

MAPLES ADOLESCENT TREATMENT CENTRE

Policy and Procedure Manual

Introduction

This manual contains policies and procedures that guide practice at the Maples Adolescent Treatment Centre (the Maples), which is a specific clinical program of the Provincial Services Division of the Ministry of Children and Family Development.

The first version of the Maples policies and procedures was approved in September, 1989. Existing policies are reviewed and updated on an ongoing basis. New policies are developed in response to new services, practices, or legislation.

Maples Adolescent Treatment Centre staff are encouraged to participate in the evolution of this manual by submitting feedback on the policies and procedures contained in this manual. These suggestions should be forwarded to your Program Coordinator or to a member of the Policy Review Committee.

What is Policy and Procedure?

A **policy** is a statement of guiding principles. Policies are acceptable practices or rules intended to influence organizational decision-making and practice. A policy is generally formal in nature, broad in its application, and reflects the organization's vision and mandate. Policies may include statements of "**what**" and/or "**why**." Policies are rarely changed and are approved at the Ministry executive level.

Procedures are more detailed and provide a description of the actions required to carry out and implement those policies. Procedures include statements of "**how**", "**when**" and/or sometimes "**who**." Procedures are prone to change and are approved at the Maples Executive Committee level.

Manual Purpose

This Policy and Procedure Manual is designed as a point of reference for Maples staff and has been developed to:

- Ensure consistency of practice by Maples staff
- Assist with employee orientation and provide a training tool for employees
- Comply with provincial and federal legislation and statutory requirements
- Meet standards established by the Council on Accreditation (COA)
- Serve as a record of Maples managerial and administrative decisions

Manual Content

This manual is divided into **seven major sections** of policy:

1. Administration (AD)
2. Community Relations (CR)
3. Departmental (DE)
4. Emergencies and Unusual Incidents (EU)
5. Health and Safety (HS)
6. Personnel (PE)
7. Youth Care (YC)

PREFACE

**Maples Adolescent Treatment Centre
Provincial Services
Ministry of Children & Family Development**

The Maples Adolescent Treatment Centre (the Maples) is mandated to provide residential, community-based and outreach services to youth in the Province of BC with mental health concerns, as well as those youth found not criminally responsible on account of mental disorder (NCRMD) or unfit to stand trial. It is our mission to partner with BC communities to recognize and develop our collective capacity to understand needs, develop, and deliver services for these youth.

This manual is designed as a point of reference for Maples staff and reflects our mandate, vision, mission and organizational goals. The manual is a source of both policies and procedures responding to and established by legislation, the Ministries of Children and Family Development and Health and standards established by the Council on Accreditation (COA). It is imperative that staff are aware of the contents of this manual and are cognizant of how these policies and procedures impact their work with our clients.

This manual is designed to be user-friendly and the agency follows strategies to engage staff in creating policies and procedures. More specific information regarding the development, content and structure of this manual is found in the introduction.

The Maples embraces the concept of rigorous and continuous quality improvement as a guiding philosophy. Just as our practice evolves, this manual will also evolve as we grow in our understanding of how to best respond to and support our youth, their families and communities. I encourage staff to participate in this evolution by submitting feedback on the policies and procedures contained in this manual. These suggestions may be forwarded to your Program Coordinator or to a member of the Policy Committee.

Ken Moore
Director
Maples Adolescent Treatment Centre
Provincial Services
Ministry of Children and Family Development

MAPLES ADOLESCENT TREATMENT CENTRE

Policy & Procedure Manual

Mandate

The Maples Adolescent Treatment Centre is a designated provincial mental health facility providing residential, non-residential, and outreach services to collaboratively support youth, families and communities.

The Maples target population consists of youth in BC with significant psychiatric and behavioural difficulties, aged 12 to 17 inclusive, as well as those youth found Not Criminally Responsible on account of a Mental Disorder (NCRMD) or Unfit to Stand Trial.

Mission

Our mission is to partner with BC communities to recognize and develop our collective capacity to understand needs, develop, and deliver services for youth with mental health concerns.

Model of Practice

For nearly two decades we have refined our understanding of attachment theory and use this understanding to intervene at both the individual and systems level. The Maples Adolescent Treatment Centre continues to make substantial contributions to growth in the field through our program development and evaluation.

**Maples Adolescent Treatment Centre
Provincial Services Division
Ministry of Children and Family Development**

**Senior Executive Director, Provincial Services Division,
Ministry of Children and Family Development**

**Sign-off of Maples Adolescent Treatment Center
Policy and Procedure Manual**

Alan Markwart
Senior Executive Director
Provincial Services Division
Ministry of Children and Family Development

Signature: _____



Date: _____

December 1, 2009

MAPLES ADOLESCENT TREATMENT CENTRE

Policy and Procedure Manual

Maintenance of the Manual

Upon approval by the Maples Adolescent Treatment Centre (the Maples) Executive Committee, the Chairperson of the Policy Committee is responsible for overseeing the distribution of the Policy and Procedures manuals.

A designated administrative support staff is responsible for maintaining and distributing all copies of the Policy and Procedure Manual, as follows:

1. Email to Senior Executive Director, Provincial Services, MCFD, for approval.
2. Revise Table of Contents as required.
3. Email Program Coordinators requesting supervisors review updated policies with staff and advise hard copy will be distributed the following day.
4. Distribute hard copies of revised policies to the distribution list below, by removing outdated policies and inserting revised ones.
5. Mail paper copy to the Executive Assistant of the Senior Executive Director.
6. File a master copy on the S drive in management file as per policy AD 200.
7. File new policy on the S drive in Policies directory.
8. Remove former policy and drafts from policy directory and archive former policy on Management / Policies / Policies Archived.
9. Ensure all computer files are "ready only" and password protected.
10. Email all Maples staff about policy changes or creation.
11. Email new policy to Webmaster to update Maples Intranet website.
12. Maintain a checklist of policy changes and distribute to the Policy Committee Chairperson within 14 working days from Executive Committee approval.

Policy Manual Distribution

Senior Executive Director, Provincial Services, MCFD	1
Director (2 copies)	2/3
Clinical Director	4
Manager, Treatment Services	5
Manager, Response Services	6
Coordinator, Nursing Services	7
Operations Coordinator	8
Business Administrator	9
Client Information Services Supvr	10
Bifrost Program (2 copies)	11/12
Crossroads Program	13

Dala Program	14
Outreach Program (2 copies)	15/16
Recreational Program	17
Response Program	18
Physician	19
Psychology Department	20
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AD 030	Computer Viruses – Prevention and Detection	2 Mar 2005
AD 050	Client Complaint Process	10 Sep 2008
AD 075	Director's Delegation and Practice Parameters – NCRMD/Unfit	10 July 2009
AD 100	Documentation / Charting	1 Jun 2005
AD 100.1	Abbreviations / Symbols	2 Feb 2005
AD 120	Clinical Reports	9 Sept 2009
AD 200	Policy Distribution and Archiving Process	9 Sept 2009
AD 400	Client Records – Request for Access by Lawyers	6 Apr 2005
AD 405	Records Disclosure to Clients, Legal Guardians/Legal Representatives of Third Parties	6 Apr 2005
AD 410	Client Records Confidentiality and Records Management	7 Feb 2012
AD 415	Client Records Release of Personal Data to Third Persons	6 Apr 2005
AD 420	Client Records Research	1 Jun 2005
AD 500	Ordering Supplies, Equipment and Repairs	2 Mar 2005
AD 651	Petty Cash – Accountable Advances to Programs Delivering Service to Adolescents Attending The Maples	4 May 2005
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Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: March 14, 2007 Amendment Date:	Administration AD 010

POLICY TITLE: ACCREDITATION MAINTENANCE

POLICY:

In order to maintain accreditation through the Council of Accreditation (COA) , the Maples Adolescent Treatment Centre (the Maples) shall:

1. Maintain compliance with COA's standards throughout the accreditation cycle;
and
2. To demonstrate continued compliance as detailed in COA's accreditation procedures through completion of required reports, including self- reporting of changes or events that could have an impact on continued compliance and cooperation with any interim review processes, site visits or external complaint review processes.

PROCEDURE:


1. The Maples will advise COA of all incidents where consumers, personnel or other stakeholders have been seriously injured and/or that conditions exist in the organization such that there is the risk of serious injury or harm or that there are reliable allegations against the organization that would impugn the credibility of COA's process. **(see table below "Reporting Requirements for Accreditation" outlining specific reportable incidents).**
2. The Maples will complete a "Maintenance of Accreditation Report" annually.
3. The Maples will notify COA when there is a change of executive leadership.
4. Notification and Documentation
 - 1.1 The Director or designate will:
 - a) complete a written report informing COA of all reportable incidents (see table below **"REPORTING REQUIREMENTS FOR ACCREDITED ORGANIZATIONS"** outlining specific reportable incidents).

- b) submit the written report to COA's Director of Policy and Legal Affairs by e-mail (selfreport@coanet.org), fax, or by any form of mail requiring signature on delivery.
- c) The Director or designate will, upon receipt from COA, complete the Maintenance of Accreditation Report and return the form within 20 business days to COA.

REPORTING REQUIREMENTS FOR ACCREDITED ORGANIZATIONS

License revocation, suspension, or other change in license status	Five (5) business days of change in license status
Change in accredited status of a service exempted from COA's review	Five (5) business days of change in accredited status of exempted service
Consumer death (other than a death resulting from natural causes or from an event unrelated to service delivery)	Three (3) business days of fatality
Consumer serious injury resulting in a licensing/regulatory investigation and/or the organization's own internal review	Three (3) business days of serious injury
Consumer sexual abuse**	Three (3) business days of abuse
Alleged occurrence of a consumer sexual abuse**	Three (3) business days of the earliest of the following, only if one of the following occurs: <ul style="list-style-type: none"> Regulatory substantiation of allegations; or Organization's termination of employee; discontinued use of foster parent, other caregiver, or volunteer; or transfer of other consumer, due to the allegations, or An indictment or other formal criminal charge against the alleged perpetrator.
Consumer physical abuse or neglect ("abuse")**	Three (3) business days of abuse
Alleged occurrence of consumer physical abuse or neglect ("abuse")**	Three (3) business days of the earliest of the following, only if one of the following occurs: <ul style="list-style-type: none"> Regulatory substantiation of allegations, or Organization's termination of employee; discontinued use of foster parent, other caregiver, or volunteer; or transfer of other consumer, due to the allegations, or An indictment of other formal criminal charge against the alleged perpetrator.

Occurrence of a fire, flood, tornado, or other natural disaster or significant change in funding availability that impacts the organization's ability to deliver services	Twenty (20) business days of occurrence
Civil or criminal action against the organization or against its employees, agents, officers, or directors for alleged conduct while acting on behalf of the organization	Twenty (20) business days of filing its Answer by sending a copy of the Complaint and Answer.
Merger , such that the "new organization" is governed or advised by a substantially different body or is owned by a different individual/entity	Twenty (20) business days of formal merger decision
Closure of organization or discontinuation of all COA-accredited services	Twenty (20) business days of closure or discontinuation
Change in chief executive leadership	Twenty (20) business days of change.
<i>*Including an occurrence on the organization's premises of while under the organization's care or control.</i> <i>** Including an abuse by staff, volunteers, foster parents, biological parents, other caregivers, and other consumers.</i>	

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: March 2, 2005 Amendment Date:	Administration AD 020

POLICY TITLE: CENSUS – DAILY YOUTH COUNT

POLICY:


A 24-hour census sheet must be completed in each residential unit at 2400 hours daily to maintain departmental and budgetary controls and for the compilation of statistics.

PROCEDURE:

1. The assigned unit staff shall complete the Census as follows:
 - 1.1 Complete the census at or near 2400 hours daily.
 - a) fill in the date and the day of the week at the top of the report, the unit and the number of beds set up (the total available in any unit).
 - b) write in the total of the last census by checking the previous day's census sheet.
 - c) complete the report by writing in any youth movement for that day in the appropriate section. Write the surname first, the given name, Maples client number, time in/out and type of movement (comments) - for example:
 - i) Harris, John #196,831 – transferred to Crossroads; or
 - ii) Caesar, Julius #197,112 – discharged to home.
 - d) take the "total last census" count for males and add all admissions, transfers in, returns from elopement or AWOL, and visit leave etc. and then subtract all discharges, transfers out, elopements, and visit leave etc.
 - e) the "plus count" is used to indicate which beds are not occupied but which remain assigned to a youth on visit leave, eloped, or otherwise away from the complex. Transfers to another unit are not placed on the "plus count."
 - f) check the form to see that all figures balance and ensure youths

already absent are not re-entered, and that elopements and returns on the same day are not reported. Sign the report legibly including your profession (CCC, RPN, RN). Ensure that a completed copy remains on the unit after the original is picked up by Client Information Services.

- g) the retention period for the Midnight to Midnight Census sheet is 3 months plus the current month.
 - h) 24-Hour Census Categories to Add:
 - i) Admissions
 - ii) definite transfers from another unit
 - iii) temporary transfers from another unit
 - iv) return from elopement or AWOL
 - v) return from visit leave
 - vi) return from a hospital
 - vii) return from a Youth Custody Centre
 - i) 24-Hour Census Categories to subtract:
 - i) discharges
 - ii) transfers from unit to unit
 - iii) temporary transfers to another unit
 - iv) eloped or AWOL
 - v) returns from visit, hospital etc.
 - vi) placed on visit leave from elopement/AWOL
 - vii) deceased
1. The Program Coordinator is responsible for ensuring that community programs complete a census on admission and discharge.
 2. The Program Coordinator shall ensure the census is accurately completed. The Coordinator shall also ensure that the original census sheet is kept in a routine place to be picked up by Client Information Services (usually in the morning of each weekday) and that a copy remains on the unit.
 3. The Client Information Services department checks all information shown on the 24-Hour Census form to ensure that the figures correspond with the previous day's figures and the figures correspond with youth movements or transfers.
 - a) a transfer between units is checked to see that the dates and figures correspond on each units' form;
 - b) all counts for each unit are entered on the computer system.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: July 16, 2004 Amendment Date:	Administration AD 025

POLICY TITLE: MAPLES COMMITTEES

POLICY:

The Maples values and promotes input from a broad cross-section of professionals and consumers. This goal is met through various committees.

PROCEDURE:

1. The Director of the Maples has the authority to appoint committees and the minutes of such committees shall be kept and reported to the Director or designate when required.
1. Occupational Health and Safety Committee exists under a requirement of WCB regulations. However, this and other committees, such as the Rehabilitation Committee, are also supported and established according to the language of various labour contracts and the BC Public Service agency.
2. Committees of the Maples Adolescent Treatment Centre Include:
 - 2.1 Executive Committee
 - a) the functions of this committee are as laid out in the "Terms of Reference."
 - b) the Director shall appoint an Executive Committee for the general co-ordination of all committees in each department of the Maples, which shall be responsible to the Director.
 - i) shall consist of the Director, Clinical Director, Quality Assurance Officer, Coordinator of Community Services, Coordinator of Residential Services, Coordinator of Nursing Services, Human Resources Consultant, and Business Administrator.
 - i) additional members may be included at the discretion of the Director and may or may not be "voting" members.
 - 2.2 Physician's Committee

- a) the functions of this committee are as laid out in the "Terms of Reference".
 - i) which shall consist of all physicians who have been appointed to the psychiatric staff of the branch, any other physician(s) who may from time to time be appointed to the medical staff of the branch, and the Director of the Maples who shall be ex-officio.
 - ii) meet four (4) times a year at the call of the Chair, and on other occasions at the call of the Chair.
 - iii) the Clinical Director of the Maples shall chair the committee, to review the clinical work of its members, develop and execute a system of clinical appraisal or evaluation of psychiatric concepts of programs, procedures, and utilization, and to discuss medical concerns relevant to the Maples.

2.3 Psychology Committee

- a) which shall consist of all persons who have been appointed to the psychology staff of the Maples.
- b) annually elect one of its members as its Chair and representative on the SMG by a simple majority of votes, which may be taken by proxy in accordance with procedures established by the Chair of the SMG.
- c) meet four (4) times a year at the call of the Chair, and on other occasions at the call of the Chair of the SMG to develop and execute a system of appraisal or evaluation of the psychological service of programs, procedures, and utilization, and to discuss the psychological service concerns relevant to the Maples.

2.4 Social Work Committee

- a) which shall consist of all Social Workers employed at the Maples; be chaired by a member designated by the Coordinator of Community Services who shall be the Social Work representative on the SMG.
- b) meet four (4) times a year at the call of the Chair, and on other occasions at the call of the Chair, to review the clinical work of its members, to recommend a system of appraisal or evaluation of social work aspects of programs, procedures, and utilization, and to discuss social work concerns relevant to the Maples.

2.5 Nursing Committee

- a) which shall consist of all Nurses employed at the Maples.

- b) be chaired by the Coordinator of Nursing Services who shall be the nursing representative of the SMG.
- c) meet four (4) times a year at the call of the Chair, and on other occasions, to review the clinical work of its members, to recommend a system of appraisal or evaluation of nursing aspects of programs, procedures and utilization, and to discuss nursing concerns relevant to the Maples.

2.6 Child Care Counsellor Committee (C.C.C.)

- a) which shall consist of all Child Care Counsellors employed at the Maples.
- b) annually elect one of its members as its Chair and representative on the SMG by a simple majority of votes, which may be taken by proxy in accordance with procedures established by the Chair of the SMG.
- c) meet four (4) times a year at the call of the Chair, to review the clinical work of its members, to recommend a system of appraisal or evaluation of C.C.C. aspects of programs, procedures and utilization and to discuss C.C.C. concerns relevant to the Maples.

2.7 Education and Training Committee

- a) consisting of a cross section of Maples employees approved by the executive committee, is chaired by Quality Assurance Officer or designate.
- b) objectives:
 - i) to contribute to the quality and effectiveness of in-service training and education at the Maples by providing timely feedback, recommendations and suggestions for improvement to the executive committee regarding policies, priorities and perceived needs.
 - ii) to foster and contribute to the development and functioning of continuing education programs for all employees.
 - iii) to encourage dialogue and discourse on principles and practices as they flow from the various disciplines and professionals contributing to Maples services and programs.
 - iv) to foster and contribute to University affiliation and its relevant tasks with British Columbia Universities and other institutions of higher learning.
 - v) to liaise with other Maples Committees as appropriate.

2.8 Policy Review Committee

- a) consisting of such members as are appointed by the Director and with the following terms of reference.
- b) reviews the Maples policy and procedure manual in an ongoing fashion.
- c) recommends policies or changes in existing policies to the Executive Committee.
- d) coordinates the development of policy and procedures.
- e) ensures that all supervisors and manual holders will receive notice of policies suggested for significant revision, and will solicit feedback from them.

2.9 Local Occupational Health and Safety (OSH) Committee

- a) as indicated previously, this committee is mandated by the collective agreement and while it may report concerns to the Executive Committee, through the Safety Officer, it must also send minutes to the W.C.B. and the Provincial Health and Safety Committee. It should be clearly understood that the role of the committee is for the protection of the health and safety of employees and contractors. The protection of the health and safety of clients is a matter of ongoing managerial effort and not part of the committee's concerns.

2.10 Case Review Committee

- a) shall consist of (but not limited to) the Coordinator of Community Services, who shall be the chair, the Clinical Director as well as the clinical team directly involved in the review. As the name implies, the ad hoc committee's function is a resource to clinical teams to review complex or challenging cases as required.

2.11 Intake Committee

- a) shall consist of the Coordinator of Community Services all social workers responsible for program wait-lists. The chair will be designated by the Co-Ordinator of Community Services. The committee is responsible for providing final recommendation to the Director.

2.12 Joint Standing Committee

- a) the functions of this committee are as laid out in the "Terms of Reference."

- i) which shall consist of equal numbers of Stewards and excluded personnel or their representatives.
 - ii) shall meet once a month unless otherwise specified.
 - iii) shall discuss and remedy pending labour relations issues.
- b) the Joint Standing Committee exists as a forum to discuss existing or predicted labour relations issues on site. The purpose is to pre-empt conflict and to better manage the work ecology. In pursuing these goals it is hoped to function as a mechanism to further a positive, inclusive and co-operative spirit between Bargaining Units and Management thereby creating a more enjoyable, more fulfilling and more productive employment experience.


2.13 Community Advisory Committee (Maples)

- a) the Community Advisory Committee is a voluntary group made up of both government and community partners. The group's mandate is to advise the Maples on current services, as well as suggesting direction for future service enhancements. Additionally, the group may offer guidance around:
 - i) community needs and priorities relating to Maples service.
 - ii) quality assurance venue for user groups – forum for feedback.
 - iii) quality assurance to review critical agency issues/incidents.
 - iv) improving interrelationships and communication between the Centre and user groups.
 - v) provide independent advice and observations.
 - vi) advocacy for appropriate / effective service delivery.
 - vii) apokespersons for Maples' programs in home communities.

2.14 Continuous Quality Improvement (CQI) Working Group

- a) the CQI working group organizes and assists with continuous quality improvement tasks, including but not limited to: data collection, information management, short and long term strategic organizational planning and client case record reviews.
- b) the CQI working group consists of personnel from a cross section of Maples programs, departments and work areas that rotate annual membership so that all staff have the opportunity to be involved.

- i) meets quarterly or more frequently as required.
- ii) findings and suggestions concerning quality improvement (CQI) activities are communicated to the executive committee for consideration and further action.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: March 2, 2005 Amendment Date:	Administration AD 030

POLICY TITLE: COMPUTER VIRUSES – PREVENTION AND DETECTION


POLICY:

Computer software that is not supplied by the Ministry of Children and Family Development shall not be introduced to computer hardware that is owned by the Ministry until that software has been approved and scanned for viruses by Systems staff

PROCEDURE:

1. Scanning for Viruses
 - 1.1 To combat viruses, anti-virus software sits on your computer and looks for viruses.
2. Prevention
 - 1.2 Ministry of Children and Family Development software shall not be lent nor shall "borrowed" software be used on the Ministry computer hardware. (It is difficult to keep PC's free of viruses when questionable diskettes are in use.)
 - 1.3 Logoff your workstation at the end of every workday so the newest anti-virus updates and security patches can automatically be installed overnight.
 - 1.4 Laptop users who have not used the laptop for an extended time should make sure that they have connected to the LAN to get updates.
3. Suspected Virus
 - 1.5 You can usually tell if you have a virus in one of two ways: the anti-virus software indicates that you have one, or your computer starts acting strangely (new unusual things happen). Early detection, as well as preventive practices, is one of the best weapons against a virus.
4. Prevention and Detection
 - 1.6 When a user suspects that a virus has infiltrated their PC, they should:

- a) write down the message you received, call the Helpdesk (604 775-4357) immediately;
 - b) log off all programs and turn off your PC;
 - c) do not circulate virus warnings other than to the Helpdesk;
 - d) delete chain letters without circulating them.
5. Complete protection against computer viruses can only be achieved by completely refraining from introducing all outside programs to your PC environment.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: September 10, 2008 Amendment Date:	Administration AD 050

POLICY TITLE: CLIENT COMPLAINT RESOLUTION PROCESS

POLICY:

Every client of the Maples Adolescent Treatment Centre (the Maples) has the right to complain about the services provided by the Maples. This right extends to youth, their parents and caregivers, and ministry staff or contractors providing service to youth. Complaints can be made verbally or in writing and may be forwarded to a line supervisor, to a Program Coordinator, to a service coordinator, to the Maples Director or to the Divisional Complaints process until the complaint is resolved. The procedures for making a complaint shall be communicated in writing and explained to the youth and parents or guardians upon admission to the Maples. Communication and explanation of these procedures shall be repeated as necessary to ensure comprehension.

There are multiple avenues for complaints to be directed. Every effort will be made locally to resolve complaints, however, at any time complaints may also be directed to the external Divisional complaints process for formal review.

PROCEDURE:

1. Internal Complaint

1.1 Guiding Principles:

- a) all staff have a duty to discuss concerns raised by a complainant and attempt to resolve those concerns;
- b) the complainant shall not be subject to adverse action as a result of filing a complaint;
- c) where the complaint is made in writing, the response shall also be in writing;
- d) complaints that are addressed directly to the Director or to an external body must be transmitted without alteration, interference or delay;
- e) the Director will respond to any complaint presented within five working days.

1.2 Medical/Psychiatric:

- a) complaints regarding medical/psychiatric services will be addressed in consultation with the Clinical Director and the Coordinator of Nursing;

- b) if there is a need to review a medical file, this shall be done by the Clinical Director and the Coordinator of Nursing.

1.3 Related Complaints:

- a) staff will endeavor to clarify the complaint, gather key facts and events and identify the remedy being sought by a complainant;
- b) if the line staff is not able to resolve the complaint the next level of recourse is the shift supervisor;
- c) if the complainant speaks to the shift supervisor and still feels their concern has not been adequately addressed they can meet with the Program Coordinator;
- d) if after speaking with the Program Coordinator, or at any time, they remain unsatisfied, they have the option of presenting their complaint to the Manager of Treatment Service, Manager of Response Services or the Director of the Maples;
- e) at all times the complainant has the right to access the Provincial Ombudsman toll free at 1-800-567-3247 as well as the Representative for Children and Youth toll free at 1-800-476-3933;
- f) language interpretation services are available to support people to share their concerns;
- g) the youth's adult advocate may assist the youth, as necessary, in presenting the youth's complaint;
- h) if a caregiver or advocate has a complaint it can be addressed through the same process set out above.

1.4 Divisional Complaints Process

- a) If the complainant has not tried to talk to the worker and/or their supervisor about a complaint, the Divisional Complaints Manager will ask them to try that first, before making a formal complaint. If the complainant really does not want to talk to the worker, and/or their supervisor, they can explain this to the Divisional Complaints Manager and ask to make a formal complaint. For the Maples, the Divisional Complaints Manager is the Assistant Director of Youth Forensic Psychiatric Services and can be reached by calling 778-452-2200.
- b) The Divisional Complaints Manager will respond to all complaints within 30 days from the date the request was received.
- c) All clients wishing to complain will be given written instructions on how to proceed.
- d) Where the complaint is directed towards other MCFD services, two documents are available, one for youth "When you disagree" and a

second for caregivers "Make a Formal Complaint". These documents can be found at www.mcf.gov.bc.ca/complaints/index.htm.

e) Formal complaints will always include a written response.

2. Procedure for Tracking Complaints

- 2.1 Internal complaints will be tracked as appropriate through the use of Incident Reports, written investigation reports or documented in the youth's chart. Required information would include complainant name, specifics of complaint, remedy being sought, agency response and any redress provided.
- 2.2 Where Incident Reports are used, staff shall indicate that it is a complaints investigation; written internal investigations will also be identified on the Incident Report tracking system.
- 2.3 A record of Formal Complaints will be maintained by the Divisional Complaints person.
- 2.4 Statistics of Formal complaints will be tallied, confirmed and presented quarterly by the Quality Assurance Coordinator to the Maples Executive and PQI Committees for review/recommendations and will be noted in the meeting minutes.

3. Other Supports

3.1 The Representative for Children and Youth:

- a) provides advocacy support by providing information about rights, policies, relevant government services and available complaints processes. In Victoria call 8-1-250-356-6710, elsewhere in BC call toll free 8-1-800-476-3933.

3.2 The Ombudsman's office:

- a) is a resource offering support around resolving complaints related to public agencies. Whenever possible the Ombudsman requests you try and resolve the dispute directly. However if you are not able to reach a resolution and you feel you have been treated unfairly the Ombudsman may be able to help. Contact 8-1-800-567-3247.

3.3 Helpline for Children:

- a) call for free, anytime - day or night. Dial 0 and ask the operator for the Helpline for Children, or call 310-1234 from anywhere in the province (you don't need to dial 1 or an area code).

3.4 Federation of BC Youth in Care Networks: Phone 8-1-800-565-8055

3.5 Advocate for Service Quality:


- a) will help youth eligible for CLBC services. Fax: 604-660-1505. In Vancouver phone: 604-775-1238. If you live outside Vancouver, call Enquiry BC (at 1-800-663-7867) and ask them to transfer you to Jane Holland's office at 604-775-1238.

3.6 For Complaints Information related to MCFD services:

- a) please see website at: www.mcf.gov.bc.ca/complaints/index.htm.

3.7 For additional information on Rights of Youth:

- a) refer to policies YC 050, YC 100, YC 830 and the Children, Family & Community Services Act 70.1.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: July 10, 2009 Amendment Date:	Administration AD 075

**POLICY TITLE: DIRECTOR'S DELEGATION AND PRACTICE
PARAMETERS – NCRMD/UNFIT**

POLICY:

The Maples Director delegates to the Manager of Treatment Services authority to act as Director with respect to youth before the BC Review Board.

PROCEDURES:


1. Director delegation will be in written form and signed by the Director confirming the specific responsibilities of the Treatment Services Manager.
2. The Manager of Treatment Services will review the clinical team's liberty/supervision plans for a youth to ensure due consideration is given to:
 - a) the need to protect the public from dangerous persons;
 - b) the mental condition of the youth;
 - c) the reintegration of the youth into the community;
 - d) any other needs of the youth.
3. The clinical team case review will include:
 - a) goals of treatment;
 - b) any relevant background information (including index offence);
 - c) Review Board orders;
 - d) youth's response to treatment course;
 - e) medication information;
 - f) proposed plan re: youth's level of access to the community, supervision requirements and other risk mitigation strategies.

4. Documentation in the client record must include the clinical discussion, risks, mitigation strategies, contingency planning, timeframes and finally decisions and approvals related to community access and supervision. The Manager of Treatment Services will approve all liberty/supervision plans either by e-mails placed into the Client Record or signed approval in the clinical notes.

REFERENCES:

Criminal Code of Canada - Section 672.56

Mental Health Act - Section 30

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date:	Administration AD 100

POLICY TITLE: DOCUMENTATION / CHARTING

POLICY:

In October 1993, the Freedom of Information and Protection of Privacy Act was proclaimed in British Columbia to represent the government's legislative commitment to make public bodies more accountable to the public and to protect personal privacy by:

1. Giving the public a right to access to records;
2. Giving individuals a right to access to, and a right to request correction of, personal information about themselves;
3. Specifying limited exceptions to the rights of access;
4. Preventing the unauthorized collection, use and disclosure of personal information by public bodies, and
5. Providing for an independent review of decisions made under this Act;
6. All staff are impacted by this legislation and are expected to support the concepts incorporated into the Act as part of their normal service delivery.


DEFINITIONS:

1. Definition of Records
 - 1.1 Records are "books, documents, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by graphic, electronic, mechanical or other means, but does not include a computer program or any other mechanism that produces records".
2. Recordings or documentation about youth are confidential and serve several purposes:
 - 2.1 to maintain a concise record of all care provided;
 - 2.2 to facilitate diagnosis;
 - 2.3 to assist the follow-up of the Youth's progress on a daily or summary basis;

- 2.4 to be utilized for legal purposes, and
- 2.5 to serve as a document for research and education.
- 3. Written documentation of observations are made on a shift by shift basis on a positive or negative change in the status or response to care and interventions.

PROCEDURE:

- 1. All recording must:
 - 1.1 Be chronological (arranged in order of time) with no vacant lines;
 - 1.2 Be without interlineations (writing between the lines);
 - 1.3 Be correct and accurate: if erroneous, a line drawn through the error corrects the entry and "error" is noted and the author initials the error and follows it with the correct entry, signed and indicating the time of the notation.
 - 1.4 Be legible, written in black ink, clearly signed, noting employee designation.
 - 1.5 Be done on the facility's approved letterhead/forms, which clearly identifies the topic youth, the date and the time of notation.
 - 1.6 Be contemporaneous (data is recorded at the time of the event or as soon as possible thereafter) – non-contemporaneous recordings shall be designated as a "late entry". A late entry is considered one not charted during the employee's shift.
 - 1.7 Be written by staff who has personal knowledge or direct knowledge of the matter being recorded.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	 BRITISH COLUMBIA The Best Place on Earth
Effective Date: February 20, 2005 Amendment Date:	Administration AD 100.1	

POLICY TITLE: ABBREVIATIONS / SYMBOLS

POLICY:

Approved Abbreviations

PROCEDURE:


	<u>Abbreviation</u>	<u>Definition</u>
A	A/ a.c.	Acting Before Meals
	A.D.	Admission Date
	ad. lib.	As much as needed, freely
	Adm.	Admission
	Admin.	Administration
	A.D.L.	Activities of Daily Living
	A.F.P.S.	Adult Forensic Psychiatric Services
	a.m.	Morning
	Amb.	Ambulatory
	Amp. A.W.	Ampoule Activity Worker
B	B.M.R.	Basal Metabolic Rate
	B&E	Break and Enter
	b.m.	Bowel Movement
	b.i.d. or bid	Twice Daily
	B.P.	Blood Pressure
	B.U.N.	Blood Urea Nitrogen
	B.Y.S.U.	Burnaby Youth Specialized Unit
	B.D. Bx	Birthdate Behaviour
C	C	Celsius
	c/o	Complaining Of
	C/O or CA	Constant Observation/Attention
	Co-res	Co-resident
	cap or caps	Capsule or Capsules

		<i>CT Scan Computerized Tomography Scan</i>
	C.C.C	Criminal Code of Canada
	CCC	Child Care Counsellor
	C.B.C.	Complete Blood Count
	C.M.S.	Current Mental Status
	C.N.S	Central Nervous System
	CPIC	Canadian Police Information Centre
	C&S	Culture and Sensitivity
	C.B.S.	Chronic Brain Syndrome
	CPR	Cardiopulmonary Resuscitation
D	D/C	Discontinued
	D/L	Day Leave
	d.o.b.	Date of Birth
		<i>DSM – IV Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition</i>
	DSO	Dangerous Sexual Offender
	D.T.s	Delirium Tremens
	Dx	Diagnosis
E	E.C.G. or E.K.G.	Electrocardiogram
	E.C.T.	Electroconvulsive Therapy
	E/L	Extended Leave
	elix	Elixir
	E.N.T.	Ears, Nose, Throat
F	F.	Female
	F.B.	Foreign Body
	F.B.S.	Fasting Blood Sugar
	F.C.C.	Family Court Centre
	FHx	Family History
	fl.	Fluid
	F.O.P.S.	Forensic Outpatient Services
	F.P.I.	Forensic Psychiatric Institute
	F.P.S.	Forensic Psychiatric Services
	F.P.S.P.C.	Forensic Psychiatric Services Commission
		<i>F.T.E Full Time Equivalent</i>
G	GC	Gonococcus, Gonorrhea
	G.I.	Gastrointestinal
	gm or GM	Gram, Grams
	G.P.	General Practitioner
	Gr. Priv.	Grounds Privileges
	gt	Drop
	gtts	Drops
	Gyn.	Gynecology

H	H.C.W	Health Care Worker
	Hg.	Haemoglobin
	H.P.I.	History or Present Illness
	hr.	Hour
	h.s.	At Bedtime
	ht.	Height
	Hx or hx	History
I, J	ICD –9-CM	International Classification of Diseases – 9th Edition – Clinical Modifications
		<i>I.D. Identification</i>
	I.M. or I/M	Intramuscular
	inj.	Injection
	Invol.	Involuntary Admission or Status
	I.Q.	Intelligence Quotient
	I.U.	International Units
	I.U.D.	Intrauterine Device
	I.V. or I/V	Intravenous
K	K	Potassium
	Kg.	Kilogram
	KRCC	Kamloops Regional Correctional Centre
L	L	Lumbar
	Liq.	Liquid
	L.M.P.	Last Menstrual Period
	L.N.M.P.	Last Normal Menstrual Period
	LOA	Leave of Absence
	L.T.C.	Long Term Care
	Lt. eye	Left Eye
M	M	Male
	MATC	Maples Adolescent Treatment Centre
	Mcg. or µg	Microgram
	mEq	Milliequivalent
	mEq./L	Milliequivalent per Litre
	mg.	Milligram
	MHA	Mental Health Act
	ml	Millilitre
N	N	Normal or Nurse
	Na	Sodium
	NAD	No Abnormality Detected or No Appreciable Disease
	NB	Note Well
	NCRMD	Not Criminally Responsible on Account of Mental Disorder
	neg.	Negative
	Neuro.	Neurology
	NPO	Nothing By Mouth

	NSR.	Nursing Services Report
O	o.b.	Occult Blood
	o.d.	Once A Day or Daily or Overdose
	O/D	Right Eye
	O/E	On Examination
	O.I.C.	Order-In-Council
	OPD	Outpatient Department
	Ortho	Orthopedics
	O.T.	Occupational Therapy
P	Pap.	Papanicolaou Smear
	p.c.	After Meals
	P.C.	Provincial Court
	P.E.	Physical Examination
	PGRCC	Prince George Regional Correctional Centre
	P.Hx.	Past History
	Physio.	Physiotherapy
	p.m.	Afternoon
	p.o.	By Mouth
	p.r.n. or prn	Whenever Necessary
	Prob.	Probation
	Prog.	Prognosis
	Psych.	Psychiatry, Psychiatric
	Pt.	Patient
	P.T.A.	Prior To Admission
	p/u	Pick Up
Q	q.	Every
	qh.	Every Hour
	q _h.	Every __ Hours
	q.h.s.	Every Night, Nocturnally
	qid	Four Times A Day
	q.s.	Sufficient Quantity
R	R.	Respiration
	RBP	Room Based Program
	Readm	Readmitted, Readmission
	Rehab.	Rehabilitation
	Req.	Requisition
	R.N.	Registered Nurse
	R.P.N.	Registered Psychiatric Nurse
	R.T.	Recreational Therapy
	Rt. eye	Right Eye
	Rx	Prescription
S	S/A	Special Attention
	s/c	Subcutaneous
	Sep.	Separated
	S.Hx	Social History

	S.O.A.P.	Subjective, Objective, Assessment, Plan
	S.O.B.	Shortness Of Breath
	SPO	Social Program Officer
	stat.	At Once, Immediately
	supp.	Suppository
	S.W.	Social Worker
	Sx	Symptoms
T	TA	Temporary Absence
	tab. or Tab	Tablet
	T.B.	Tuberculosis
	temp.	Temperature
	t.i.d. or tid	Three Times A Day
	Tinct.	Tincture
	T.L.C.	Tender Loving Care
	T.P.R. or t.p.r.	Temperature, Pulse, Respiration
	Tx	Treatment
U	U.A. or U/A	Unauthorized Absence
	µg	Microgram
	Ung. or ung.	Ointment
	U.R.I.	Upper Respiratory Infection
	USTMD	Unfit To Stand Trial Due To Mental Disorder
V	V.D. or VD	Venereal Disease
		<i>V.D.R.L. Venereal Disease Research Laboratory</i>
	V.L. or V/L	Visit Leave
	v/o	Verbal Order
W, X	W	Widowed
		<i>WBC White Blood Count</i>
	WCB	Workers Compensation Board
	W/E or w.l.	Weekend Leave
	WOC/UNFIT	Warrant of Committal – Unfit To Stand Trial
	W/P	Work Placement
	wt.	Weight
Y, Z	YFPS	Youth Forensic Psychiatric Service
	YOA	<i>Young Offenders' Act</i>
	yr.	Year

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: February 1, 2004 Amendment Date: September 9, 2009	Administration AD 120


POLICY TITLE: CLINICAL REPORTS

POLICY:

Clinical reports are an integral part of the work of the Maples. All reports and documentation will meet agency standards of practice.

STANDARDS:

1. While respecting the individual professional's training and expertise, it is expected that clinical reports prepared by Maples' staff are consistent with the Maples' model of practice.
2. Clinical reports may provide observations, interpretations and recommendations relevant for the purpose of the report. Categories may include, but are not limited to: behavioural and emotional development and functioning, interpersonal relationships, vocational, recreation, health, self-care and sexuality.
3. Clinical reports will be concise, objective and relevant to the purpose of the report. They will demonstrate a strengths focus, one built on strong and respectful engagement of youth and families. Reports will be free of prejudicial or discriminatory remarks.
4. Clinical reports will be reviewed by a qualified senior staff as required, to ensure quality control and supervisory oversight.
5. Clinical reports will include the full name of the author and their job classification. A paper copy of reports (signed by the author) must be placed on the paper client record as well as being attached to the electronic record.
6. To ensure the timely completion of reports, completed clinical reports will be placed on the client record as soon as available and no later than 2 weeks after the youth's discharge.
7. Clinical reports and related documentation are part of the client record. As such, they are subject to policies related to confidentiality (see Policy AD 410).
8. Appropriate consent and permission will be obtained from the client prior to the release and circulation of any clinical report congruent with the *Freedom of Information and Protection of Privacy Act* (see Policy AD 410).

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: September 17, 2004 Amendment Date: September 9, 2009	Administration	AD200

POLICY TITLE: POLICY DISTRIBUTION AND ARCHIVING PROCESS

POLICY:

The Maples will ensure that all staff are advised of policy revisions as they are implemented and ensure that each Policy and Procedure Manual has been appropriately updated in a timely manner. The Maples will maintain an archive of policies that have been replaced, revised or otherwise discontinued.


PROCEDURES:

1. Approval Process
 - 1.1 All policies will be approved by the Executive Committee and the Senior Executive Director of Provincial Services prior to distribution and implementation.
 - 1.2 Procedures may be changed at the discretion of the Director and the Executive Committee.
2. Policy Manual Maintenance
 - 2.1 Once a new or revised policy is approved at the agency level, a designated administrative support staff is responsible for maintaining and updating all Policy and Procedure Manuals, as follows:
 - a) e-mail to Senior Executive Director (MCFD, Provincial Services) for approval, if required;
 - b) revise the Table of Contents as required;
 - c) e-mail Program Coordinators requesting Shift Supervisors to review the updated policies with program staff and to advise them a paper copy will be distributed the following day;
 - d) the designated administrative support staff will personally and physically replace outdated policies with revised or new policies in each manual listed below;
 - e) mail a paper copy to the Executive Assistant of the Senior Executive Director;

- f) file a master copy in the Maples Management file folder;
- g) file new policy on the shared drive in Policies file folder;
- h) remove former policy and drafts from policy directory and archive in the Maples Management file folder;
- i) all computer files are “read only” and password protected;
- j) e-mail all Maples staff about policy changes or creation with a specific implementation date. E-mail new policy to the Maples Webmaster to update Maples Intranet website;
- k) maintain a checklist of policy changes and distribute to the Policy Committee Chairperson within 14 working days from Executive Committee approval;

3. Policy Manual Locations

1	Director
2	Clinical Director
3	Manager, Treatment Services
4	Manager, Response Services
5	Coordinator, Nursing Services
6	Operations Coordinator
7	Client Information Services Supervisor
8	Business Administrator
9	Bifrost Program
10	Bifrost Program Coordinator
11	Crossroads Program
12	Dala Program
13	Outreach Program
14	Outreach Program Coordinator
15	Recreational Program
16	Response Program
17	General Physician
18	Psychology Department
19	Quality Assurance Officer
20	Training Manual 1
21	Training Manual 2
22	Master Copy
23	Senior Executive Director

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 6, 2005 Amendment Date:	Administration AD400

**POLICY TITLE: CLIENT RECORDS – REQUEST FOR ACCESS BY
LAWYERS**

POLICY:

In the absence of exceptional circumstances, and subject to compliance with Ministry of Children and Family Development policies on Privacy of Information, access to Client Records shall be granted unless in the opinion of the Director or designate it is necessary:

1. to refuse access to all or part of the record for the protection of a third party; or
2. to require as a condition of access a signed undertaking from the lawyer not to disclose all or part of the record other than to specified persons and for specified purposes agreed to in advance by the Director or designate.

PROCEDURE:

1. Responsibility for Determining Access
 - 1.1 It shall be the responsibility of the Director or designate to consider and approve, reject, or approve with conditions, each request for access to a Client Record by a lawyer or articulated student.
2. Exceptional Circumstances
 - 2.1 Where it is the opinion of the Director or designate, exceptional circumstances apply to a request, said Director may at his/her discretion approve, reject, or approve with conditions the request.
3. Information Not Subject to Access
 - 3.1 The following information does not form part of the Client Record and shall not be disclosed unless required by law or specifically authorized by the Director or designate:
 - a) all third party information received from any outside source;
 - b) deficiency reports;
 - c) police reports;

- d) Review Board Dispositions;
- e) information which the Director or designate has determined shall not be disclosed.

4. Disclosure Required by Legal Authority

- 4.1 Records must be released unedited in compliance with all subpoenas, search warrants, court orders and orders to seize. These legal applications for disclosure shall be referred immediately to the Director and Client Information Services shall process the applications.
- 4.2 The Maples Adolescent Treatment Centre shall maintain original documents and shall provide certified true copies to the court or police, or the original as directed by the court order. Where doubt exists as to the authenticity of the subpoena, search warrant or court order or, where further guidance is required, the Ministry for Children and Families Legal Services Division shall be contacted.

5. Referral to Third Parties


- 5.1 Lawyers seeking access to third party information shall be advised to contact that party directly.

6. Form and Receipt of Requests

- 6.1 All requests for access to health records shall be made on the form prescribed for such purpose and duly authorized by the Director or designate and forwarded to the FOI (Freedom of Information) department.

7. Release of Information Register

- 7.1 The Supervisor of Client Information Services shall maintain a register of all requests for release of information, which shall include:
 - a) name of document;
 - b) date of request and for what date is the review requested;
 - c) youth name and admission number;
 - d) name of person or agency making request;
 - e) reason for request;
 - f) detail what information is released;
 - g) name of person authorizing release;
 - h) date sent and delivered, and method of delivery.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 6, 2005 Amendment Date:	Administration AD 405

POLICY TITLE: RECORDS DISCLOSURE TO CLIENTS, LEGAL GUARDIANS / LEGAL REPRESENTATIVES AND THIRD PARTIES

POLICY:

1. *Freedom of Information and Protection of Privacy Acts* (FOI & PP Acts) disclosure.
 - 1.1 When capable, youth may give informed consent to the release or sharing of information about themselves. If the youth is not able to give consent the parent or guardian may give consent. Health records and personal information produced at the Maples can be disclosed subject to the following criteria:
 - a) compliance with government, ministry and agency policies and procedures on Freedom of Information and Protection of Privacy;
 - b) to the client to whom the record pertains;
 - c) to the client's parents/legal guardian with consent of the client;
 - d) to a third party/legal representative with the client's consent;
 - e) through Freedom of Information requests, subject to the *FOI & PP Act* restrictions;
 - f) to protect the health or safety of a third party, with the authorization of the Director;
 - g) to authorized researchers if the record does not identify a particular client, client consent is required if the client is identified in the record;
 - h) to Maples staff and contractors as is necessary to perform the duties of their positions.
2. The Maples in disclosing health records and personal information shall comply with all acts and regulations and personal information should not be disclosed without the express consent of the capable youth or legal guardian if the youth is under 12 years old except:
 - 2.1 To Ministry of Children and Family Development employees for performance

of authorized Ministry functions provided personal data disclosed is restricted to that required to perform authorized Ministry functions, or the Director of the Maples or designate has authorized the disclosure to other areas of the Ministry and specified what the personal data may be used for.

- 2.2 To caregivers to facilitate the care or treatment of the individual concerned, provided:
- a) the individual is under the care of the facility requesting the personal data;
 - b) the individual is unable to give consent or, in the opinion of the Director or designate, it is impractical or impossible to obtain consent;
 - c) the personal data disclosed is restricted to that required to facilitate care or treatment of the individual;
 - d) the care or treatment being provided is consistent with the mandates of the Ministry of Children and Family Development; and
 - e) the Director or designate has determined what type of personal data may be released and for what purposes. (obtain client consent wherever possible).
- 2.3 To third parties for necessary administrative purposes that are consistent with the mandates of the Ministry of Children and Family Development provided:
- a) the individual is unable to give consent or, in the opinion of the Director or designate, it is impractical or impossible to obtain consent; and
 - b) the Director has determined what type of personal data may be released and for what purposes (obtain client consent wherever possible).

NOTE:

Under the *FOI & PP Act* a child with capacity can consent to the disclosure of his / her personal information without anyone else's approval.

3. Exceptions to Disclosure

- 3.1 Access to the record will be refused when there is doubt about the mental competency of the youth, guardians or legally authorized representatives having authority to consent to the release.
- 3.2 Pursuant to Freedom of Information guidelines, requests for access to records **will not** be granted when, in the determination of the Director or

designate, disclosure could reasonably be expected to:

- a) threaten anyone else's safety or mental or physical health;
- b) interfere with public safety;
- c) result in immediate and grave harm to the applicant's safety or mental or physical health;
- d) invade a third party's personal privacy, particularly if personal information relating to a medical, psychiatric, or psychological history, diagnosis, condition, treatment or evaluation is contained within the record.

- 3.3 In the case of a legally authorized representative of a minor requesting access to a health record, and the capable youth is over the age of 12 and refuses to consent to the representatives requesting access of a health record, the access shall be denied and the matter shall be referred to the FOI & PP department. [a refusal to state the reason(s) for requesting access shall not be deemed sufficient reason for refusal of access].

4. Requests made in contemplation of a lawsuit

- 4.1 Where there are reasonable grounds to believe that access to a record is requested in contemplation of a lawsuit against The Maples Adolescent Treatment Centre or any employees, access will be denied and legal counsel will be sought by the Director.
- 4.2 When access is requested in contemplation of a lawsuit between other parties, the Director and Clinical Director shall be notified and shall:
- a) determine in accordance with Section 2.0 above whether any physician involved in the treatment of the client has objections to disclosure of specific documents; and
 - b) whether information can reasonably be severed from a record, giving the applicant the right of access to the remainder of the record; or
 - c) refer the matter to the FOI & PP department for processing.
- 4.3 where the Director / Clinical Director refuses access to all or part of a client record, the party denied access shall be:
- a) advised of the reason(s) for refusal of access through the FOI department;
 - b) informed of the right of further review by the Information and Privacy Commissioner or the Ombudsman;

- c) where the Director authorizes access, the supervisor of Client Information Services shall:
 - i) arrange an appointment prior to the expiry date of the request for review of the record; or
 - ii) arrange for receipt of copies of the requested information, where considered appropriate by the Director;
 - iii) arrange, through the Director, for a representative of the facility to be present during the record review to provide an explanation of medical terminology and facility procedures.

4.4 when photocopies are made they shall be listed on the Client Record Review form with the following information:

- a) the name of the document and the date the documents were released;
- b) the name of the person who received them; and
- c) the method of delivery (if discharged the record must be either "hand delivered" or delivered by courier, using the double envelope method).

5. Client Record

5.1 The following information does not form part of the client record for the purposes of requests for information under the *FOI & PP Act*:

- a) information about third parties;
- b) information originating from third parties (including police reports);
- c) reports from outside physicians and facilities, unless previous consent has been obtained for the release of such information;
- d) Review Board Dispositions;
- e) deficiency slips;
- f) information which the Clinical Director has determined shall not be disclosed under Section 2.0;
- g) the categories of information above shall not be disclosed unless required by law (subpoena or court order) or authorized by the Maples Director.

6. Requests for Third Party Information

- 6.1 Anyone requesting access to third party information shall be advised to contact the third party directly.
- 7. Comment by Client or Representative
 - 7.1 Where a client or representative wishes to add to, correct or comment on information contained in the record, he/she may submit a signed and dated statement for inclusion in the legal section of the record.
 - 7.2 The Supervisor of Client Information Services shall ensure that the Director and appropriate staff review the appended comments.
- 8. Forms.
 - 8.1 All requests for access to client records by a discharged youth or legal representative shall be made in writing to the Supervisor of Client Information Services, through the use of the following forms:
 - a) Authorization for Release of Information;
 - b) Physician Approval Form;
 - c) Client Review Form;
 - d) letters or forms provided by legal representatives/professional agencies.
 - 8.2 Legal representatives must provide proof of guardianship or appointment as a representative.
 - 8.3 The originals of signed forms will be retained by Client Information Services and filed in the legal section of the client record.
- 9. Release of Information Register
 - 9.1 The Supervisor of Client Information Services shall maintain a register of all requests for release of information and all releases required by legal authority. The register shall include:
 - a) name of Client and ID number;
 - b) date request received;
 - c) name of person, profession and agency making request;
 - d) consent received;
 - e) documents sent;

- f) date sent or delivered, and method of delivery;
- g) initial of sender.

10. Disclosure Required by Legal Authority

- 10.1 Records must be released unedited in compliance with all subpoenas, search warrants, court orders and orders to seize. These legal applications for disclosure shall be referred immediately to the Director and Client Information Services shall process the applications.
- 10.2 The Maples Adolescent Treatment Centre shall maintain original documents and shall provide certified true copies to the court or police, or the original as directed by the court order. Where doubt exists as to the authenticity of the subpoena, search warrant or court order or, where further guidance is required, the Ministry for Children and Families Legal Services Division shall be contacted.

11. Youth Requests to Read their Records

- 11.1 Youth requests to read their own chart via the responsible staff, either verbally or in writing.
- 11.2 The staff determines precisely what information the youth wants to access.
- 11.3 The staff explains to the youth their choice to either:
 - a) exclude any information deemed to be harmful to individual or public safety (i.e. information that would be "severable" from their request), so that the information could be removed from the record prior to viewing; or
 - b) make a formal request for full access to the record, via FOI & PP, if the youth wants to access the complete file and any/all information in question.
- 11.4 The staff determines if the youth wants to access the original or a copy of the record. Requests for copies are forwarded to the Supervisor of Client Information Services for processing.
- 11.5 The attending Psychiatrist reviews the record to determine if any information needs to be severed-may consult with FOI& PP personnel, as required. Any information that requires interpretation must be identified so that the appropriate professional may be made available to the youth.
- 11.6 Material not part of the request should be temporarily removed from the record. If only a portion of a page needs to be removed, a copy of the page (with the unnecessary information severed) may be temporarily substituted.

11.7 A sufficient time period and any necessary staff support will be arranged for the youth to review the record.

12. Further Clarification – Information Categories:

12.1 **must share:**

- a) Information **must** be shared when:
 - i) **required** to share under law, by Court order or specific written policy that stems from relevant legislation;
 - ii) it is one's **duty** to share information to protect the health, safety and well-being of clients or others.

12.2 **should share:**

- a) Information should be shared to:
 - i) facilitate effective integrated case management;
 - ii) support continuity of care;
 - iii) ensure consistent support to the child/youth at home and at school.

12.3 **should not share:**

- a) information that is not relevant to the case **should not** be shared;
- b) information **not needed** to assist clients should not be requested.

DEFINITIONS:

“Director” means:

the Manager of the Maples and includes a person authorized by a Director to exercise a power or carry out a duty conferred or imposed on the Director.

“Legally authorized representative” includes:

a parent or legal guardian of a youth;

counsel representing the youth;

the Public Trustee if so appointed.

“Public body” means:

a ministry of the government of British Columbia;

an agency, board, commission, corporation, office or other body designated in, or added by regulation to Schedule 2 of the *FOI & PP Act*;

a local public body.

“Record” includes:

books, documents, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by graphic, electronic, mechanical or other means.

“Third party” in relation to a request for access to a record or for correction of personal information means:

any person, group of persons or organization other than:

the person who made the request; or


a public body.

PROCEDURE:

REFERENCES:

Ministry for Children and Families
A Guide to the Privacy Charter
30 November, 1999

Child and Youth Mental Health
Clinical Policy Manual Policy D-3

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: May 4, 2005 Amendment Date: February 7, 2012	Administration AD 410

POLICY TITLE: CLIENT RECORDS – CONFIDENTIALITY AND RECORDS MANAGEMENT

POLICY STATEMENT

- 1.0 All Maples employees and contractors must safeguard the integrity, confidentiality and availability of sensitive information. Youth and their families are guaranteed that private and personal information given in confidence will be used for the purpose it was originally collected and not released to others without informed consent or as required by law.

DEFINITION:

1.0 Definition of Client Record

A client record means any information about an identifiable person, directly relating to the assessment, diagnosis, treatment and outcome of care, provided to a client receiving the services of a hospital, clinic or other health care facility, and includes a compilation of pertinent facts of the client's life and health history. In addition to the clinical chart, a client record includes letters, photographs, papers, electronic storage or any other means of storage or recording, including video recording.

PROCEDURE:

1.0 Confidentiality of Client Records

- a) All client records are confidential, and their privacy must be protected pursuant to the Freedom of Information and Protection of Privacy Act.
- b) Breach of Confidentiality

Any unauthorized access, release, use, destruction, or alteration of a client record is a breach of confidentiality. Any person who has knowledge of a breach of confidentiality has a duty to report it to the Director of the Maples (or designate.)
- c) No duplicates of the client record will be kept outside of the original client record, except where expressly permitted by the Director of the Maples.

2.0 Custody and Control of Client Record

- a) All client records compiled at Maples Adolescent Treatment Center are under the custody and control of the Ministry of Children and Family Development. This includes all records produced by all employees, contracted agencies and individuals, in the course of their involvement with the Maples, regardless of where the records are produced or held.

3.0 Creation of a Record

- a) From the time of referral, prior to admission, all referral documentation is considered part of a client record and must be securely maintained.
- b) All recorded client information, whether in the form of notes, reports, email, referral or any other such documentation, must be included in the client record as soon as reasonably practical.

4.0 Access to Client Records

- a) Active client records are maintained in designated secure areas.
- b) Persons Authorized to Have Access

Maples employees and contractors will have access to client records only as is necessary to perform the duties of their position. Security of the record is the responsibility of the person having authorized access to the record.

- c) Reasons for Access to Client Records

- i) Clinical assessment, treatment and case management:

Persons directly involved in the assessment, treatment and/or case management of the client will have access to the client record. This includes psychiatrists, psychologists, social workers, nurses, health care workers, child care counselors, psychometrists, and students authorized by the Director.

- ii) Operational/administrative purposes:

Managers, Program Coordinators, Client Information Services staff, clerical staff, and other persons authorized by the Director, will have access to records only when it is necessary to perform the duties of their position.

- d) Research
 - i) Persons requiring access to client records in order to conduct research must be authorized by the Director.
- e) Audit/Investigation
 - i) Persons conducting audits or investigations will have access to client records as authorized by the Director, Program Manager or Coordinator of Nursing and Quality Assurance..
- f) Place of Access
 - i) Access to and use of client records is permitted only within the Maples premises and/or in situations where access is limited to authorized persons.
 - ii) Physical records or files are customarily not to be removed from the staff office. From time to time staff may need to remove a client file from the staff office in the performance of certain duties. In such cases the file should not be left unsecured at anytime. Should staff be uncertain they can adequately protect the record, it should not be removed from the secured area.
 - iii) When required offsite, clinical records may be stored in document security bags locked in the trunk of a car or otherwise in a locked, secured location.
 - iv) Original client records NEVER leave The Maples, unless for archiving. Only Xerox copies are made when required by court order, etc.
 - v) Client records must never be left unattended in areas accessible to unauthorized persons, including mail slots, on office desks, in the overnight mail or in unlocked cupboards or cabinets.
 - vi) Any record removed from Client Information Services must be signed out by the authorized person, for authorized purposes only. While in use, the client record must be in the immediate care and control of designated persons only.

5.0 Client Records security – portable electronic devices

- a) All staff using government portable electronic devices off-site must ensure the protection of client information as well as government assets. To ensure information security, the Information Security Branch for government issues the following directions:
 - i) Do not store any information on a laptop C:\ drives. Information should be stored using the H:\ drive thereby ensuring the information is backed up in an

encrypted form (meeting information protection standards). Other storage devices that cannot be properly encrypted should not be used;

- ii) Do not use internet café, or other publicly accessible, computers;
 - iii) Ensure all media containing sensitive material must be password protected;
 - iv) Do not leave government equipment unattended in a public place;
 - v) Ensure equipment is securely stored locked in the trunk of a car or otherwise in a locked, secured location or under staff's direct control.
- b) Report loss immediately by completing the General Incident and Loss Report (FIN 597)

6.0 Closure of Active Client Records


- a) Upon closure of the active client record, the physical record must be returned to Client Information Services for auditing, processing and storage.

7.0 Release of Information

- a) Photocopying and printing of client records will only be done by Client Information Services or by the office responsible for FOI requests for the purposes of legitimate release of information in accordance with legislation.

8.0 Archiving and Disposal of Client Records

- a) No original document may be destroyed except in accordance with the Government of BC Guidelines under the Administrative Records Classification System and Operational Records Classification System policies and procedures and the Document Disposal Act.
- b) No confidential client information may be recycled or placed in recycling bins. Rather confidential client information must be maintained in a designated secure area to be picked up for shredding.
- c) Electronic/computerized client records shall be subject to the same policies as paper client records.
- d) All media tapes used for the dictation of reports containing client information must be erased upon completion of the report.
- e) Electronic transmission (e.g. email) of client information will only be conducted on a government secured network (Intranet).

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 5, 2005 Amendment Date:	Administration AD 415

POLICY TITLE: CLIENT RECORDS – RELEASE OF PERSONAL DATA TO THIRD PERSONS


POLICY:

1. Disclosure of personal data shall comply with Ministry of Children and Family Development policy on privacy of information and personal data shall not be disclosed without the express consent of the legal guardian or capable youth, except:
 - 1.1 To Ministry of Children and Family Development employees for the performance of authorized Ministry functions provided the personal data disclosed is restricted to that required to perform authorized Ministry functions, or the Director of the Maples (or designate) has authorized the disclosure to other areas of the Ministry and specified what the personal data may be used for.
 - 1.2 To caregivers to facilitate the care or treatment of the individual concerned, provided:
 - a) the individual is under the care of the facility requesting the personal data;
 - b) the individual is unable to give consent or, in the opinion of the Director (or designate) it is impractical or impossible to obtain consent;
 - c) the personal data disclosed is restricted to that required to facilitate care or treatment of the individual;
 - d) the care or treatment being provided is consistent with the mandates of the Ministry of Children and Family Development; and
 - e) the Director (or designate) has determined what type of personal data may be released and for what purposes.
 - 1.3 To third parties for necessary administrative purposes that are

consistent with mandates of the Ministry of Children and Family Development, provided:

- a) the individual is unable to give consent or, in the opinion of the Director (or designate) it is impractical or impossible to obtain consent; and
 - b) the Director has determined what type of personal data may be released and for what purposes.
- 2. The following information does not form part of the health record and shall not be disclosed to third persons unless such disclosure is required by law or specifically by the Director (or designate):
 - 2.1 third party information received from any outside source, including police reports and report from outside facilities or physicians, unless previous consent has been obtained for the release of such information; and
 - 2.2 information, the disclosure of which, the Director has determined is likely to cause serious harm to the physical or mental well-being of the individual in care, or to a third party.
- 3. Personal data may be disclosed to protect the health or safety of a third party if, in the opinion of the Director (or designate), the health or safety of a third party may be jeopardized; or
 - 3.1 When required by legal authority.
- 4. All search warrants, subpoenas or court orders shall be referred immediately to the Director (or designate) who will then notify the Freedom of Information Office.
- 5. Unless the release of personal data is prohibited under legislation, personal data must be released if requested in a subpoena, search warrant or court order.
- 6. The Maples Adolescent Treatment Centre shall maintain original documents and shall provide certified true copies to the court or police. If there is a court order for the original record then a copy will be retained at the Maples. Where doubt exists as to the authenticity of the subpoena, search warrant or court order or, where further guidance is required, the Ministry of Children and Family Development Legal Services Division shall be contacted.

PROCEDURE:

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date:	Administration AD 420

POLICY TITLE: CLIENT RECORDS - RESEARCH

POLICY:

The Maples supports the use of best practices and therefore supports research by allowing access to clients and their Client Records.

PROCEDURE:

1. Research Submissions:
 - 1.1 All research proposals require review by the Maples Executive Committee to ensure all ethical, legal and safety issues are considered and are consistent with the above Principles and relevant Acts and Legislation (*Mental Health Act; Child, Family and Community Service Act; Freedom of Information and Protection of Privacy Act*).
 - 1.2 Research will also be reviewed not only for ethical considerations, but also in relation to its relevance to the services being provided by the Maples (both in terms of the prospective knowledge that may be derived for our client population and the impact/efficiency on our services).
 - a) university partners will act as consultants to ensure the quality of proposed research meets acceptable standards. Such ethical reviews will be completed prior to a research application being forward to the Maples.
 - b) research proposals will be submitted using the approved Ministry Research Agreement
 - c) all research projects will ensure the completion of a client consent form, which will address issues of confidentiality, data utilization and will follow a written format for communicating informed consent to clients.
 - d) participants will be informed in writing of:

Policy Title: Client Records - Research
Amendment Date: June 1, 2005

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- i) the purpose of the research;
 - ii) expected duration, and procedures;
 - iii) their right to decline to participate or withdraw from research without this impacting in any way other services they receive;
 - iv) potential risks and benefits;
 - v) whom to contact for questions about the research and research participant's rights.
 - e) research projects will be under the supervision of a senior clinician.
 - f) all research participants must provide informed consent to any sharing of information about themselves as well as understand how their information will be protected and kept confidential.
 - g) individual identifiers of clients will be destroyed /removed at the earliest reasonable time consistent with ethical requirements relating to a researchers ability to demonstrate proof of outcome results.
 - h) any subsequent use or disclosure of research information in individually identifiable form cannot occur without the express authorization of the organization and the individual.
2. Research Proposal documentation:
- 2.1 prospective researchers will complete the appropriate form developed by the Ministry of Children and Family Development
 - 2.2 where appropriate, ethical approval will be sought from sponsoring agencies as part of the research proposal submission.
3. Accessing Client Records for the Research Purposes:
- 3.1 Access to Client Records for research use is permitted only with the written authorization of the Director.
 - 3.2 The Director may impose conditions on any authorization of access for research purposes at any time

4. Unauthorized Use

- 4.1 The supervisor of Client Information Services shall report to the Director any apparent instances of unauthorized access, release, or use of client information.

5. Pledge of Confidentiality

- 5.1 All Government employees authorized to access Client Records for research purposes will abide by their *Oath of Employment and Standards of Conduct for Public Service Employees*.
- 5.2 Research persons not employed by the Ministry of Children and Family Development shall, by signing their Research Agreement agree not to collect, disclose or use the information/resources/facility to which they have been granted access except as set out in the Agreement.


6. Client Records Orientation

- 6.1 If deemed appropriate, authorized research personnel will be provided an orientation of the Client Information Services Department.

7. Coordination of Access

- 7.1 The supervisor of Client Information Services shall supervise and coordinate access to Client Records for research use.

8. All consent documentation shall be filed in the resident's record.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: March 2, 2005 Amendment Date:	Administration AD 500


POLICY TITLE: ORDERING SUPPLIES, EQUIPMENT AND REPAIRS

POLICY:

All work orders need to be on an order form and approved by the appropriate supervisor. To have equipment and appliances repaired you need to phone in a request to WSI at: 8-1-877-222-3112 and document it in the Tenant Information Handbook which is located on each unit.

PROCEDURE:

1. All order forms must be signed by the Program Coordinator or delegate acting in their absence.
2. Send order form to the stores department.
3. Purchase requisitions are drawn up from the information given on the order form and sent to the Business Administrator for approval.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: May 4, 2005 Amendment Date: May 10, 2012	Administration	AD 651

**POLICY TITLE: PETTY CASH / ACCOUNTABLE ADVANCES
TO PROGRAMS DELIVERING SERVICE TO YOUTH
ATTENDING THE MAPLES**

POLICY:

Funds are assigned to Shiftheads, Administrative Staff and Bifrost employees to cover the cost of certain expenditures incurred on behalf of adolescents receiving service from the agency.

The Petty Cash Holders are responsible for ensuring that all funds are spent appropriately and are accounted for. All Petty Cash Holders must comply with relevant government policies and must show judgement in terms of sensitivity to public perception in the use of government funds.

NOTE: Ministry of Finance Core Policy: Expense Management
Ministry of Finance: Expenditure Control Procedures
MCFD Financial Policy and Procedure Manual

Any theft or loss of petty cash **MUST** be reported **IMMEDIATELY!**
See Procedures 2 and 2.1 below.

PROCEDURE:

1. To secure petty cash the employee must have a Manager's approval and complete the "Application for Accountable Advance" form number FIN 299.
<http://www.min.fin.gov.bc.ca/OCG/ocg/forms/0299FILL.pdf>

Application forms must be signed by an Expense Authority and given to the Business Administrator for processing.
<http://www.min.fin.gov.bc.ca/OCG/ocg/forms/0299FILL.pdf>

- 1.1 Upon signing the FIN 299, the Petty Cash Holder becomes legally responsible for the money.
- 1.2 Petty cash must be kept locked in a secure place at all times. The funds should be kept in a safe or in a cash box in a locked drawer.

Policy Title: Petty Cash – Accountable Advances To Programs Delivering Service To Youths
Attending the Maples
Amendment Date: Page 1 of 5

2. Theft or Loss of petty cash must be reported immediately.
 - 2.1 You must complete a General Incident or Loss Report (<http://gilr.gov.bc.ca>). See Section 8 of the Ministry of Children and Family Policies; MCFD Financial Policy and Procedure Manual; Core Policy and Procedures Manual Chapter 20 – Loss Management.
3. The accountable advance may only be used for the expenditures as listed below.
 - 3.1 General consumable items which cannot be obtained from the MATC Stores Department may be purchased with Petty Cash;
 - 3.2 Video rentals;
 - 3.3 Taxi fares, bus fare;
 - 3.4 Gifts for Christmas and birthdays, etc.;
 - 3.5 Concert outings, recreational outings, theatre;
 - 3.6 Parking fees on outings;
 - 3.7 Restaurants on outings, and treats such as pizza or ice cream;
 - 3.8 Hair cuts and hair styling;
 - 3.9 Clothing;
 - 3.10 Vocational (includes payment for work performed within a program as part of life skills plan) and personal allowances;
 - 3.11 Supplementary groceries not available from dietary services;
 - 3.12 Other items of a similar nature.
4. To be reimbursed, the Petty Cash Holder:
 - 4.1 Completes the “Petty Cash Reconciliation / Replenishment Report”, form number FIN 095: which can be obtained from:
<http://www.min.fin.gov.bc.ca/OCG/ocg/forms/0095calcs.pdf>
 - a) this should be completed weekly by Thursday and submitted to the Business Administrator with the original and a copy.

- b) this form can be filled out on line, but cannot be saved. If filled out on line, all calculations will be made; the form should then be printed and signed;
 - c) the Petty Cash Holder is responsible for assigning expenses to the correct STOB; the Business Administrator is available to advise on this. See Section 8 for general guidelines.
 - d) the Petty Cash Holder is responsible for assigning expenses to the correct STOB. You must break out each receipt to an individual line on the Replenishment Report. Breaking out of HST/GST is no longer required. This means that one receipt may have two different STOBs and will require two lines. The Business Administrator is available to advise on this. See Section 10 for general guidelines;
 - e) receipts are required and shall meet the following criteria (as outlined in the Ministry for Children and Families Policy Manual http://icw.mcf.gov.bc.ca/corporate_services/financial_serv/docs/policy/financial_policy_procedures.pdf)
 - i) original receipts only, no photocopies;
 - ii) no substitutes, such as internally generated receipts;
 - iii) no altered receipts (purchases that are only partially paid through Petty Cash may claim an amount less than the value of the receipt; but an explanation should accompany any such claim and the receipt should not be altered);
 - iv) adolescent's name must be printed in full on receipt together with the signature of the staff or other person involved in the purchase;
 - v) date of purchase and item description must be written on the back of the receipt if it is not clearly documented on the front of the receipt.
 - f) where no receipt is available, a Lost Receipt Form must be completed and attached with your Replenishment Report.
5. The Business Administrator will perform an initial audit for completeness. They will then arrange for the Director or designate to sign authorizing the expenses, and forward the report and support documents to the divisional Finance office for processing monthly.

6. Shiftheads running short on cash should turn first to their colleagues within their program areas. However, on an emergency backup need they should access through the Admin Accountable Advances (i.e., payroll or the Business Administrator). It is the expectation that programs will operate with their program areas.
7. Petty Cash for the Arts and Recreation Programs are disbursed through Payroll's Petty Cash Advance. This must be requested through email from the responsible PC or Manager.
8. Program areas will need to proactively coordinate and plan spending.
9. Any issues with the Petty Cash system should be reported to the Business Administrator for tracking purposes.
- 10.0 General Guidelines for assigning expenses:


10.1 The most accurate list can be found through Website

s.15

10.2 The following list is for general guidance only and the actual Chart of accounts should be seen as the final authority:

<u>STOB</u>	<u>Description</u>
6501	Parking while using a government vehicle
6505	Postal services and postage (includes charges for purchasing a money order - the fee)
6508	Office stationery and supplies that are not available through Queen's Printer. Exceptional items bought for special purposes. Business expenses up to \$100 (requires a BEA - Business Expense Approval - if over \$30)
6908	Film and Film processing
6920	Food and food supplies - not for taking client to lunch.
6921	Pharmacy, medical, dental for youths
6938	Materials and supplies associated with a Government program, e.g. arts and craft supplies, CDs or DVDs for program use
7051	Car wash
7916	Client purchases and entertainment (taking a client to lunch, to a movie, entrance fees to activities, etc.), i.e.: <ul style="list-style-type: none">- Membership fees for a client (e.g. a Recreation centre)- Gifts for clients- Video rentals- Snacks and treats for a specific client (e.g. coffee, ice cream, pop, licorice etc.)- Vocational pay- "Paid chores"
7918	Personal Allowances

7919 Emergency clothing under \$100
7954 Bus fare, bus tickets, etc. for clients

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: December 3, 2003 Amendment Date:	Administration AD 700

POLICY TITLE: SECURITY PERSONNEL - DUTIES

POLICY:

Security personnel are contracted to provide:

- for the security of the physical plantsite; and
- protection of the grounds from trespassers.

Security Personnel are not to assist in the behavior management of youths except in a life-threatening situation.

PROCEDURE:

1. Duties of Security Personnel

- 1.1 a uniformed security guard will be on the premises from s.15
- 1.2 on arrival at the Maples, the guard will report to the Administration Building to:
 - a) pick up pager phone;
 - b) pick up relevant keys.
- 1.3 Continuous patrol shall be made of all grounds, including:
 - a)
 - b)
 - c) s.15
 - d)
 - e)
- 1.4 The guard must be visible and readily available to respond to calls from the

Complex Supervisors.

a) visibility means constantly walking around complex.

1.5 During walk around, the security person will check:

a)

s.15

b)

1.6 In instances where doors or windows are unlocked, guard will:

a) secure same;

b) flag;

c) note action taken in nightly report.

1.7 It is important that the security person be a visible presence on the complex grounds to deter:

a) trespassing;

b) vandalism;

c) criminal activity; or


d) other occurrences on the grounds.

1.8 Security is to immediately report to the ~~Complex Coordinator~~/Nurse in Charge if any unusual or criminal occurrences are witnessed.

1.9 Security officers shall not, under any circumstances, alone or with Maples staff, engage in any restraint activities (with) involving a youth.

a) they shall maintain a strictly polite, non-physical and duty-oriented attitude;

b) avoid dialogue with any of the youths.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date:	Administration AD 900

POLICY TITLE: VEHICLE MANAGEMENT

POLICY:

All staff have potential access to Maples vehicles including the shared ones. The Maples has two vehicles for general booking by all staff.

PROCEDURE:

1. Maples vehicles can be booked out in the administration office where the keys are kept.
2. If the vehicle is returned after hours it is the responsibility of the staff to give the keys to the complex coordinator who will put the keys in the black bag so the admin. staff can retrieve them in the morning. If you do not know who the complex coordinator is you can call 604-328-2642.
3. The employee will review and understand the Maples Adolescent Centre Vehicle Management policy (as found below) and their responsibilities therein.
4. Government vehicles are only to be used for government business, during work hours.
5. Government vehicles are not to be taken home without the written permission of the Director of the Maples or delegated person.
6. Vehicle security is the responsibility of the employee.
 - 6.1 The vehicle should be locked when unoccupied, and youth will not be left alone in the car.
 - 6.2 Government documents must not be left unattended in the vehicle at any time.
7. General use of government vehicles.
 - 7.1 An employee shall only be granted authorization to operate a government vehicle if the employee holds a valid British Columbia Driver's License appropriate to the type of vehicle to be operated.

- 7.2 Each person travelling in a government vehicle must wear a seat belt, as specified in the Motor Vehicle Act.
- 7.3 Consistent with the Occupational Health and Safety Regulation issued by the Workman's Compensation Board, smoking is not permitted in government vehicles.
- 7.4 Vehicle headlights must be used at all times while the vehicle is in motion.
- 7.5 It is the sole responsibility of the operator of a government vehicle to pay any motor vehicle infraction fines.
- 7.6 Maples Adolescent Centre employees are not permitted to use their personal vehicles to transport adolescents unless the Director has given written authorization to do so.
- 8. Accidents and/or incidents involving government vehicles must be reported.
 - 8.1 All damage to vehicles, including vandalism, must be reported to the appropriate program coordinator or to the Director.
- 9. The operator of a government vehicle involved in an accident will immediately phone the police when there is:
 - 9.1 any injury or fatality of any person;
 - 9.2 a hit and run over \$150.00, vandalism, or other criminal action such as the theft of a vehicle;
 - 9.3 a total vehicle and property damage of \$1,000.00 or \$600 if motorcycle involved;
 - 9.4 a file number should be obtained and noted on report forms.
- 10. Any occurrence listed above, including a hit and run over \$750.00, shall be reported immediately to I.C.B.C. Dial-A-Claim at **(604) 520-8222**. The claim number should be included on all report forms.
- 11. Complete the vehicle accident report that PHH VAS has provided or you may obtain a blank accident report by e-mail at **bcgov@phh.com**. Have the accident report signed off by the supervisor, and forwarded to Business Administrator within 48 hours who will fax back to PHH VAS at **1-877-PHH-VAS1 (1-877-744-8271)** and fax a copy to the Ministry Fleet Co-ordinator at (250) 387-2481.
- 12. Privately Owned Vehicles
 - 12.1 The vehicle operator is responsible for purchasing insurance coverage that is adequate for the vehicle's use (e.g., private vehicles must be covered for business purposes). Ministry expense authorities must ensure that valid third

party liability coverage has been obtained and rated business use for vehicles that are used for business purposes for more than six (6) days per month. Proof of business insurance must be supplied to the business administrator and kept on file.

13. Personal Vehicle Damage

- 13.1 Damage to an employee's privately owned vehicle is reimbursable if the damage occurs in the course of government business as a result of an accident; or by a ward or client of the province.
- 13.2 In general, the ministry must reimburse the employee the lesser of the costs of repairing the vehicle or the cost of the vehicle's insurance deductible. In either case, the maximum reimbursement is \$500 unless a collective agreement provides otherwise. The government will not pay any additional insurance premiums arising from the loss of safe driver discounts resulting from an accident. See the BC Public Service Agency's Appendix 1, section 4, Vehicle Damage Reimbursement for reimbursable costs.

14. Reporting

- 14.1 Vehicle theft or vandalism should be reported immediately to the local police and a file number should be obtained.
- 14.2 A General Incident or Loss Report must be completed within 48 hours, an electronic copy of this form is located on the Government of British Columbia's Electronic Forms website: s.15
 - a) send the completed electronic General Incident or Loss Report form to the Business Administrator, who will forward a copy to:
 - b) (i) the Risk Management Branch, Ministry of Finance, and
 - c) (ii) the MCFD Fleet Co-ordinator.

15. Reimbursement for Repair Costs – for Private Vehicle Damaged, NOT being used on government business:

- 15.1 If an employee has their private vehicle vandalized as a direct result of being employed by the government, the following guidelines will apply.
- 15.2 Alert your supervisor and the Business Administrator who will fax the following information to (250) 356-7346 at Capital and Administrative Services Branch (CASB).
 - a) a report describing what happened;
 - b) a copy of the vehicle's registration and insurance documents;

- c) a letter signed by the employee's supervisor stating that the vehicle was not being used for government business but was damaged as a result of being employed by the province e.g. Vandalized by a client;
 - d) a copy of the repair invoice showing the insurance deductible amount paid. (Note: if the insurance policy does not have comprehensive coverage, the government will pay up to a maximum of \$500.)
- 16. The use of Government credit cards.
 - 16.1 Motor Vehicle credit cards shall be used in accordance with the instructions indicated on the reverse side of the card.
 - 16.2 Each card is embossed with a vehicle number and shall only be used for the purchases pertaining to the identified vehicle.
 - 16.3 Credit cards are to be used only for the purchase of fuel, lubricants, windshield washer, anti-freeze and minor emergency repairs such as a flat tire.
 - 16.4 The motor vehicle credit card and insurance documents will be kept in a pouch attached to the vehicle key ring. The key ring and pouch will be kept in the unit when the vehicle is not in use.
 - 16.5 After the use of a credit card the customer copy should be kept in the credit card pouch.
 - 16.6 A lost credit card must be reported to the Business Administrator immediately.

GUIDELINES:

- 1. Guidelines for the use of Government Vehicles:
 - 1.2 the employee using a government vehicle is responsible for ensuring that the vehicle does not run out of gas, oil, coolant, windshield cleaner and air in the tires. A vehicle should also never have less than a quarter tank of gas.
 - 1.3 government vehicles must be parked in assigned parking spaces.
 - 1.4 all employees driving government vehicles are responsible for the safe operation and the return of a vehicle that is clean and tidy.
 - 1.5 a government employee using a vehicle must ensure that a pre-trip inspection is conducted. The inspection will include a check of the lighting system including turn signals and brake lights. An emergency equipment

check will include a check for a spare tire, a jack, and a wheel wrench, a fire extinguisher (mounted) and a windshield scraper.

- 1.6 the use of a government vehicle will be recorded in the logbook assigned to the vehicle.
- 1.7 if the vehicle assigned to a unit is in use and a second vehicle is required the employee needing a vehicle, can check with the administration receptionist to see if the loaner vehicles are available.
- 1.8 an employee who believes that a vehicle is unsafe and a possible hazard is responsible to report the situation to the Business Administrator, who will ensure that is addressed in a timely manner. The keys of the vehicle are left with the business administrator so that the unsafe vehicle can not be used in error. The vehicle will be noted as unsafe in the daily log and noted in shift hand-overs until the vehicle is repaired.

Program Area: Administration
Maples Adolescent Treatment Centre, Ministry
of Children and Family Development.

POLICY

Effective Date: April 20, 2012

Policy Section and Number:

Date Last Amended:

Administration – AD 910

Key Policy

Policy Statement

The safety and security of clients, staff, vehicles, the buildings and their contents is critical to the Maples operation. The distribution of keys, the protocols for their use, storage, and return must be carefully observed. Lost or stolen keys must be reported immediately. No staff shall share or otherwise distribute keys except as described in this policy and procedure.

Policy Purpose

To ensure that all keys are accounted, distributed and used appropriately.

Outcomes

Standards

Guidelines

Procedures

1. Acquiring keys to buildings:

- a. All Maples keys are managed by a single administrative staff. This staff will only release keys upon written direction from the Director or a Manager. A spreadsheet is maintained to track which staff possess what keys.
- b. Only staff, contractors, maintenance staff, and practicum students may receive keys. Any exceptions must be approved, in writing, by the Director or a Manager.

2. Acquiring keys to vehicles:

- a. Each program area that directly serves youth (Bifrost, Response, Dala, Crossroads, and Recreation) has its own vehicle(s). Keys to these vehicles can be accessed through a Program Coordinator or Shift Supervisor.
- b. "Admin Pool" vehicles are shared by Social Workers, Care Plan Consultants, and Administrative staff. These vehicles are booked on a case-by-case basis and keys are kept in the Admin Office. Generally these vehicles are not used by the direct-service programs (Bifrost, Response, Dala, Crossroads, and Recreation) but they can be booked in exceptional circumstances with the approval of a Program Coordinator or Manager.
- c. When not in use, vehicle keys must remain on-site. Staff that inadvertently take these keys off-site or home must return them immediately.

3. Response Seclusion Room key:

- a. s.15

The Program Coordinator and Shift Supervisor are responsible for the seclusion room use and storage.

4. Medication Storage keys (aka "Nursing" keys)

- a. Each residential program area has one set of medication storage keys. These keys are passed from Nurse to Nurse on a shift-by-shift basis.
- b. Nurses responsible for these medication storage keys will carry them on their person at all times except when leaving the complex in which case they keys will be transferred to another Nurse or the Shift Supervisor.

Effective Date: April 20, 2012

Policy Section and Number:

Date Last Amended:

Administration – AD 910

- c. Medication storage keys must remain on-site. Nurses that inadvertently take these keys off-site or home must return them immediately.

5. Staff key inventory and accountability:

- a. The original signed copy of the Personal Key Inventory and Accountability record will be maintained centrally by the administration staff identified in article 1 above. Staff and/or their supervisor may wish to keep a copy for their records.
- b. The central Personal Key Inventory record must be updated to reflect any changes. In the event of any dispute, the central record shall be taken as correct.
- c. Staff may be issued “limited circulation” keys (for example: Pool key) when on specific assignments. Their supervisor shall ensure these staff return the limited circulation key when the assignment ends.
- d. Any staff returning keys upon transfer to another position within government should ensure that their Personal Key Inventory record reflects this fact and take a copy for their records.
- e. Any staff going on extended leave (parental leave, STIIP, LTD, etc.) shall return their keys and ensure that their Personal Key Inventory record reflects this fact and take a copy for their records. Supervisors may be requested to collect keys from staff that left unexpectedly.
- f. Staff retiring or resigning shall return their keys. Supervisors must ensure these keys are returned and the Personal Key Inventory is updated as one component of the separation interview.
- g. In the event of a termination, the last supervisor of the terminated employee is responsible for ensuring any keys are returned by that former employee.

6. Keeping you and your keys safe and secure:

- a. Staff are responsible for their key security. Staff working in residential programs must keep their keys attached to their body with a lanyard or other strap/clip. For safety reasons, staff should not wear their keys around their neck. All other staff must keep their keys in the same manner or in their pocket.
- b. Do not leave your keys unattended.
- c. Do not lend your keys to others.
- d. Do not allow client's to possess your keys.
- e. Keys are government property *and* provide access to government resources. Failure to adequately ensure the security of keys may result in disciplinary action.

7. Missing keys:

- a. If your keys are lost or stolen while at work immediately notify your supervisor and colleagues. The supervisor or senior staff will assess the circumstances and determine what action is required to maintain safety and security. An Incident Report must be completed.
- b. If your keys are lost or stolen while at home notify your supervisor as soon as possible, even if you are not reporting to work that day. The supervisor or senior staff will assess the circumstances and determine what action is required to maintain safety and security. An Incident Report must be completed.
- c. If vehicle keys are lost or stolen immediately notify your supervisor and colleagues. The supervisor or senior staff will assess the circumstances and determine what action is required to maintain safety and security. An Incident Report must be completed.

8. Replacing lost or stolen keys:


- a. Replacement keys can only be acquired during business hours and through the procedure described in 1 above.

Program Area: Administration
Maples Adolescent Treatment Centre, Ministry
of Children and Family Development.

POLICY

Effective Date:	April 20, 2012	Policy Section and Number:
Date Last Amended:		Administration – AD 910

References

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: October 10, 2007 Amendment Date:	Community Relations CR 100

POLICY TITLE: POLICE INTERVIEWS OF YOUTH – STAFF ROLE

POLICY:

Staff are expected to support youth and their rights when an interview with the police is conducted.

PROCEDURE:

1. The shift supervisor must be apprised before an interview of a youth by police is conducted to ensure the youth's emotional/psychological state is taken into account. Such interviews are usually for the purpose of investigating a crime or incident in which the youth is suspected of being involved, or having relevant knowledge thereof.
2. A staff member must offer the youth the option of being interviewed alone, or having a staff member present at all times throughout the interview.
3. The duty to inform a youth of their rights to legal counsel, or other rights, remains with the police officer. However, staff will ensure the youth clearly understands their right to:
 - 3.1 speak with the legal guardian, adult advocate and/or council prior to the interview; and
 - 3.2 have their guardian or adult advocate with them during the interview process if they choose.¹

NOTE:

Generally, Maples recommends against staff taking on the role of "adult advocate."

4. When a youth requests a staff members' presence, the participating staff is primarily a silent observer. Should they perceive that a youth's emotional stability is being threatened, the staff member is to interrupt the proceedings and ask the officer to speak with them outside of the room. The concern should be expressed to the officer. Should any dispute arise, the supervisor on duty (Program Coordinator or


¹ For more information on youth rights, see Young Criminal Justice Act. Section 146(2).

Shift Supervisor) should request the meeting be suspended or contact the Director as required.

5. After the interview has been completed, the attending staff member will document the event in the youth's clinical chart, including the name and badge number of the officer involved.
6. Any concerns regarding the emotional or legal impact on the youth of the proceedings will be communicated to other staff and documented in the youth's clinical chart and as part of an incident report.

REFERENCES:

For more information on youth rights, see *Young Criminal Justice Act*, Section 146(2).

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 6, 2005 Amendment Date:	Departmental DE 010

POLICY TITLE: ADVANCE BOOKING OF MEETING ROOMS


POLICY:

The conference room and other meeting rooms are available to all staff for work-related meetings and will be assigned according to advance booking.

All non-work related meetings need the prior approval of the Director.

PROCEDURE:

1. All meetings requiring rooms must be registered with the Maples receptionist utilizing the registration book at the front counter of the Maples Administration Building.
2. All meetings requiring rooms in Cottage 1 training rooms are booked on line by going to: s.15 Make sure the folder box has the word calendar displayed. When booking on line please put your name and phone number.
3. The Business Administrator, on an ongoing basis will assign space for regularly scheduled meetings.
4. Reservations for ad hoc meetings will be made on a first-request basis through the administration receptionist.
5. All arrangements for flip charts or audio visual aids are to be made in advance with the Training Coordinator.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: April 20, 1999 Amendment Date: May 2, 2012	Departmental	DE 100


POLICY TITLE: LAUNDRY

POLICY:

The Maples will provide clean bedding and towels for residents.

PROCEDURE:

1. All laundry requisitions are to be made out on the Laundry Requisition Form. Do not exceed quotas listed on this form.
 - 1.1 The completed Laundry Requisition Form must be placed in the Laundry Coordinator's mailbox in the Maples Administration by Monday of each week for delivery to the units on Wednesday.
2. All worn and torn items should be placed in with the soiled laundry to be filtered out by the Laundry Coordinator and the laundry service.
3. All dry cleaning is to be placed into a regular white canvas bag and brought to the attention of the Laundry Coordinator.
4. All contaminated laundry must be placed in a special clear plastic water soluble red trimmed bag.
 - 4.1 This special bag is then placed into a regular white canvas laundry bag.
 - 4.2 Tag the canvas bag "contaminated" by attaching a red tag and send with the regular laundry.
5. Soiled laundry is picked up every day from the CATC mudroom and from the shed behind Response .
 - 5.1 The laundry service picks up from these areas Tuesday and Friday mornings.
6. To obtain Laundry Requisition Forms, water soluble contamination bags, or red tag cards please contact the Laundry Coordinator through the Stores mail box in the Maples Administration.
7. The Laundry Coordinator will ensure that the proper level of linen supplies are maintained in each of the units.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: February 2, 2005 Amendment Date:	Departmental DE 500

POLICY TITLE: NURSING – DRUGS – STORAGE AND INVENTORY

POLICY:


The Maples conforms with all legislation related to the storage, inventory, care and dispensing of drugs.

Storage and inventory of drugs shall be in conformity with the *Provincial Pharmacy Act*, the *Food and Drug Act* and *Controlled Drugs and Substances Act*.

PROCEDURE:

1. Label changes
 - 1.1 Only a pharmacist may change the label on a drug container.
2. Disposal of spoiled drugs
 - 2.1 Drugs which have undergone a change in colour or consistency shall be returned to the Pharmacy for disposal. Expiry dates on stock medication should be checked monthly and expired items returned to the Pharmacy for disposal.
3. Illegible Labels
 - 3.1 Containers with illegible labels shall be returned to the Pharmacy for relabeling or disposal.
4. Refused medications
 - 4.1 Tablets, capsules or liquids refused by a patient should be discarded.
5. Unstable or reconstituted drugs
 - 5.1 Unstable drugs reconstituted on the unit shall bear a "Nurse prepared" label with the following information:
 - a) expiry date;
 - b) Nurse's name or initial; and

- c) strength per unit volume.
- 6. Responsibility for inspection
 - 6.1 The Nurse in charge of the unit shall be responsible for regular inspections of drug storage areas to ensure conformity with policy numbers 1.0 to 6.0 above.
- 7. Medication storage key
 - 7.1 Nurses responsible for unit medication keys will carry them on their person at all times, except when leaving the unit, in which case this responsibility will be designated to another nurse.
- 8. Medication Policy and Procedure Manual
 - 8.1 In the medication room of each residential treatment area there will be located a copy of this manual.
 - 8.2 This manual will be labeled, and contain specific policies and procedures pertaining to the following:
 - a) writing medication orders;
 - b) processing medication orders;
 - c) pouring medications;
 - d) administration of medications;
 - e) documentation of medications;
 - f) medication errors;
 - g) care and storage of medications.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: February 2, 2005 Amendment Date:	Departmental DE 510

POLICY TITLE: NURSING – EMERGENCY SUPPLY BOX


POLICY:

Emergency supplies for the use of medical and nursing staff will be kept in each residential care unit.

PROCEDURE:

1. Emergency Boxes shall be located in each residential care area.
 - 1.1 the contents of these boxes are determined in consult with the Pharmacist and Coordinator of Nursing Services and subject to the approval of the Clinical Director.
2. If the seal on the Emergency Box is ever noted to have been broken for any reason, the contents should be checked immediately.
 - 2.1 if drugs have been used or have become outdated, they should be replaced by the Pharmacy as soon as possible.
 - 2.2 a requisition is required to cover this replacement.
 - 2.3 the Box must be returned to the Nursing Service to be resealed.
3. If any drugs are administered from this Box, the following shall be recorded on the enclosed card by the staff member administering the medication:
 - 3.1 the name of the drug.
 - 3.2 the name of the resident to whom the drug was administered.
 - 3.3 the unit on which the resident resides.
 - 3.4 the name of the Clinical Director who prescribed the drug, as per the standing orders.
 - a) (will be recorded on the enclosed card by the staff member administering the medication.)

4. The box must be returned to the Nursing Service to be resealed.
 - 4.1 In the event of unit closure, the Emergency Box must be returned to the Nursing Service.
 - 4.2 In the event that the seal is broken accidentally, the Box must be resealed; and
 - 4.3 any items not accounted for in any inspection of the Box contents must be noted on an Incident Report Form and submitted to the Coordinator of Nursing Services.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: February 2, 2005 Amendment Date:	Departmental DE 520


POLICY TITLE: NURSING – USE AND MONTHLY INSPECTION OF SUCTION EQUIPMENT

POLICY:

Suction equipment is available in each residential unit and will be kept in working order. All staff will be made aware of its location during routine orientation to the emergency procedures and equipment at each unit. (In life endangering situations, the suction equipment may be required. Nurses have received specific instruction in its use.)

PROCEDURE:

1. In instances where the use of the suction machine is indicated, the Nurse on shift in that area will immediately institute emergency procedures.
2. When there is no Nurse present at the time of any such emergency, a Nurse must be contacted immediately.
3. In instances where the suction machine malfunctions, borrow a unit from the closest residential unit, or resident will be immediately transported to Burnaby Hospital Emergency, by ambulance.
 - 3.1 all details related to such an incident must be documented, as well as the equipment malfunction;
 - 3.2 complete a Maples Incident Report.
4. The on-call physician must be notified by the Nurse of any such emergencies.
 - 4.1 The Nurse will complete a Maples Incident Report.
5. The Nursing Service will ensure that suction equipment is checked a minimum of once per month and that it is in working condition.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: February 2, 2005 Amendment Date:	Departmental DE 630


POLICY TITLE: PHARMACY ORDERS

POLICY:

All medications ordered will be from an approved pharmacy.

PROCEDURE:

1. Drugs should be ordered by generic name, using metric doses.
2. Drugs used for investigation or exceptional reasons can only be utilized with the approval of the Clinical Director.
3. Outside of the regular hours of the Central Pharmacy, prescriptions may be obtained through the unit or on-call psychiatrist, who will phone the prescription in to Shoppers Drug Mart on Kingsway.
4. Medications picked up at the pharmacy must be carefully controlled by staff until locked in the proper medication cabinet at the unit.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 6, 2005 Amendment Date:	Departmental DE 700

**POLICY TITLE: OUTDOOR RECREATION – LOWER MAINLAND
PROVINCIAL CAMP SITE CAR CAMPING (INCLUDING
WATERFRONT AND CANOEING ACTIVITIES)**

POLICY:

All youth are encouraged to participate in outdoor recreation and group outings that promote:

1. the development of social skills and individual fitness levels;
2. the enhancement of self-esteem;
3. the development of individual responsibility;
4. the accountability to a group; and
5. the appropriate use of free time.

PROCEDURE:

1. All youth involved in camping, swimming and canoeing will:
 - 1.1 Be supervised at all times by staff qualified to safely conduct such activities.
 - 1.2 Any activity that includes an overnight stay requires Clinical Team approval.
2. Camp sponsors obtain and follow the "Guidelines for Camping Outings and Trip Planning Package" from the Supervisor of the Program Department.
3. The camp sponsor will:
 - 3.1 Complete the camping trip plan in consultation with the Supervisor of the Program Department;
 - 3.2 Submit the plan to the Coordinator of Residential Services for approval.

GUIDELINES:

1. Camping Trips

1.1 Camp Staff Selection:

- a) the staff selected from a program area to supervise youth on an overnight camping trip will:
 - i) provide twenty-four hour supervision of the youth chosen to attend the camp;
 - ii) have a current Bronze Cross for supervision of waterfront activities (including canoeing).
- b) a Nurse will be required on the camping trip:
 - i) if there are youth who need medication administration.
- c) a current flatwater Level 3 (or higher) is required to provide canoeing opportunities for attending youth.
 - i) one qualified staff must be assigned to each canoe.
- d) the supervisor of the Program Department will act as quartermaster for the equipment required for the camp.
- e) Recreational department staff will be used as support staff for a camping group, i.e.:
 - i) transport;
 - ii) current Bronze Cross.

1.2 Selection of Youth for Camp

- a) the clinical team in consultation with the Program Department will be responsible and accountable for approving youth to attend camp.
- b) the appropriate documentation will be filled out by the camp sponsor and signed off by the Program Coordinator if the youth has been approved to take part in the camp.

1.3 Camp Planning

- a) the Camping Trip Planning Package must be completed; and
 - i) a copy given to the Maples Coordinator of Residential Services;
 - ii) a second copy will remain with the Program Coordinator;
 - iii) an additional copy will be taken with the camp sponsor to the camp.
- b) the Camping Trip Planning Package (see Appendices) contains the following documents:
 - i) Camping Trip Requirements Form;
 - ii) Guardian's Permission for an Off-Complex Camping Trip;
 - iii) Youth Off-Complex Outings Safety and Social Skill Profile Forms;
 - iv) Camp Outing Detailed Trip Plan Form;
 - v) Menu Planning Form;
 - vi) Equipment Requisition Form;
 - vii) confirmation that the first- aid and Emergency Response kits have been appropriately assembled by the senior trip leader and attending nurse;
 - viii) Medication Administration Records compiled by the attending nurse.

Parent / Guardian Consent Form

Note: If applicant is under 16, parent or guardian must sign

Youth's Name: _____ Phone: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Parent/Guardian Name: _____

Experience has shown that in connection with Maples-sponsored activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the Leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

If you will be absent from your normal place of residence during the period when the event is being held, please indicate where you can be contacted:

Name: _____ Phone: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Permission to participate:

I, the undersigned, after having read, understood and completed the above, hereby give my permission for my child/ward to attend and participate in:

☐ the following event/activity: _____

☐ at the following location: _____

☐ on the following date: _____

I have reviewed the information on my child's/ward's physical fitness certificate and confirm that the information is up to date.

SIGNED: Parent/Guardian: _____ Date: _____

Physical Fitness Certificate

Note: This form is to be filled out by the participant's Unit primary staff. It is the parent's/guardian's responsibility to update the leader of any changes in the medical condition of their child/ward.
This form should be filled out for adults as well.

Surname: _____ Given Name: _____ Initial: _____

Date of Birth: _____ Age: _____ ☐ Male ☐ Female

Address: _____ City: _____ Province: _____ Postal Code: _____

Physician's Name: _____ Group Name: _____

* Provincial Medical Plan Number: _____ Insurance Coverage Held: _____

Emergency Medical Information:

Does the applicant have any allergies? ☐ Yes ☐ No If yes, please check below (x):

☐ Medicine ☐ Insect Bites ☐ Toxins ☐ Food ☐ Smoke
☐ Plants ☐ Animals ☐ Other _____

Details: _____

Has had, please check (x)

☐ Appendicitis ☐ Mumps ☐ Chicken Pox ☐ Measles ☐ Kidney Disease ☐

Scarlet Fever ☐ Rheumatic Fever ☐ Heart Condition ☐ Other _____

Is subject to any of the following, check (x) and give details:

☐ Asthma ☐ Contact Lenses ☐ Headaches ☐ Fainting spells ☐ Bleeding disorders
☐ HIV ☐ Ear problems ☐ Diabetes ☐ Hernia ☐ Back problems
☐ Motion sickness ☐ Cramps ☐ Convulsions ☐ Sleepwalking ☐ Nightmares
☐ Bed wetting ☐ Pregnant ☐ Other _____

Medication(s)/Nursing Instructions (details): _____

Does the participant require special care or diet? (details): _____

Date of most recent physical examination (Month / Year): _____

Date of last Tetanus Shot (Month / Year): _____

Swimming Abilities: ☐ Non-Swimmer ☐ Swimmer (Highest Level Achieved): _____

Has it ever been necessary to restrict the applicant's activities for medical reasons? ☐ Yes ☐ No

Details: _____

SIGNED: Parent/Guardian _____ Date: _____

UPDATED: Parent/Guardian _____ Date: _____

SIGNED: Unit Primary _____ Date: _____

SIGNED (Read & Approved): MAC Program Dept. Supervisor: _____ Date: _____

**YOUTH OFF COMPLEX OUTINGS
SAFETY AND SOCIAL SKILL PROFILE**

Name _____ Medical # _____

Physical Disabilities _____

Medication And Nursing Instructions _____

Youth Ability to Partake in Off-Campus Activities _____

Information Pertaining to Youth's Risk to Self or Others (Violence, History of Sexual Abuse, Theft, etc.)

Approval for Participation by Program Coordinator:

Program Coordinator's Signature _____ Date: _____

MAPLES ADOLESCENT TREATMENT CENTER

**GUARDIAN'S PERMISSION FOR A YOUTH TO TAKE PART IN A
CAMPING TRIP**

I, THE PARENT OR LEGAL GUARDIAN OF _____ HEREBY
(Name of Youth)

GIVE PERMISSION FOR THE YOUTH TO ATTEND A CAMPING TRIP ON:

(Date) _____ to (Date) _____

at Location: _____

with the staff of the _____ Care Program.

**I UNDERSTAND THAT THE YOUTH WILL LIKELY GO SWIMMING
AND MAY BE IN A BOAT/CANOE**

PRINT: _____	_____	_____
Name of Parent/Guardian	Signature of Parent/Guardian	Date

PRINT: _____	_____	_____
Name of Witness	Signature of Witness	Date

PRINT: _____	_____	_____
Name of Youth	Signature of Youth	Date

PLACE CLIENT IDENTITY
LABEL HERE

CAMP OUTING – DETAILED TRIP PLAN

Name of the Provincial Camp and Site Number(s) _____

Dates and Time Lines _____

Type of Physical Ability and Skill Level of the Camp Program _____

Plan for Day One _____

Plan for Day Two _____

Plan for Day Three _____

Persons back at the Maples who have a complete Trip Plan _____

**Remember to phone into the Maples for Messages
to/from the Camp at 10:00 and 18:00 Hours**

CAMP OUTING EQUIPMENT REQUISITION

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

QUARTERMASTER: _____ DATE _____

CAMP SPONSOR: _____ DATE _____

REMEMBER THAT MISUSE IS ABUSE
TAKE CARE OF THE EQUIPMENT AS IF IT WAS YOUR OWN

M.A.T.C. CAMP REQUIREMENTS

Write NAME or CHECK

- ☐ Current Bronze Cross _____
- ☐ Canoe Flat Water Three Holder _____
- ☐ Nursing Coverage for Medications, etc. _____
- ☐ BC Class Four Driver's Licence _____
- ☐ Vehicles _____
- ☐ Transport Driver _____
- ☐ Maps of the Area _____
- ☐ Trail and Camp Ground Information _____
- ☐ Camp Ground Reservation _____
- ☐ Funding _____
- ☐ Current Industrial First Aid Level One _____
- ☐ First Aid Kit _____
- ☐ Bee Sting Kit _____
- ☐ Fishing Regulations _____
- ☐ Fishing Licenses _____
- ☐ Emergency Phone Numbers _____
- ☐ Ambulance _____
- ☐ Hospital _____
- ☐ Police _____

M.A.T.C. CAMP REQUIREMENTS

EMERGENCY PHONE NUMBERS - MEDICAL NUMBER

Youth _____

Youth _____

Youth _____

Youth _____

Youth _____

Youth _____

Youth _____

Youth _____

Youth _____

Staff _____

Staff _____

Staff _____

Staff _____


Staff _____

Staff _____

Staff _____

Staff _____

Staff _____

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 14, 2004 Amendment Date:	Departmental DE 710

**POLICY TITLE: CAMPUS RECREATIONAL PROGRAMS –
RECREATIONAL FACILITIES AND EQUIPMENT**

POLICY:


When the recreational facilities and equipment at the Maples are used by youths attending the Maples programs, qualified Maples staff will directly supervise them. Rules are posted for the use of areas requiring specialized training.

Youth who have since left the Maples may arrange alumni participation. Such involvement will be negotiated through the Rec Program team in consultation with the youth's legal guardian and the unit or program the youth last attended.

PROCEDURE:

1. The Recreation Program Department Program Coordinator is responsible for:
 - 1.1 Overall management of the recreational facility including the pool, gymnasium, weight training room, tennis courts and playing fields.
 - 1.2 Repair and purchase of all equipment used in the department.
 - 1.3 Management of the annual funding for the purchase and repair of recreational equipment.
 - 1.4 Reviewing all alumni participation to ensure the following:
 - a) the youth's legal guardian has been contacted, advised of the risks of attending and has given permission for the youth to attend. Written documentation of this will be completed and sent to Client Information Services for inclusion in the youth's Client Record;
 - b) the last Maples program the youth had attended is consulted around any potential problems arising from this youth's attending on-site activities;
 - c) the youth is advised of the expectations of them while they are participating. Written documentation of this will be completed and sent to Client Information Services for inclusion in the youth's Client Record;

- d) other procedures as determined by the Recreation Department Program Coordinator.
- 2. User group staff supervisors must report damage to the equipment or the facility to the Recreation Department Program Coordinator.
- 3. The Recreation Department Program Coordinator will schedule the activity periods for the various client groups using the facilities during the hours of 09:00 to 21:30h (9:00 am to 9:30 pm) on weekdays.
 - 3.1 Community partners will arrange access to the facilities with the Recreation Department Program Coordinator;
 - 3.2 The primary off-hours user group is the Maples adolescent population.
- 4. Staff supervising an activity block are expected to leave the area and equipment in a tidy state.
 - 4.1 Where the use of facilities (swimming pool) or equipment (weight lifting equipment) requires special accreditation, the Recreation Department Program Coordinator will:
 - a) maintain accurate records of the qualified staff group;
 - b) ensure that only qualified staff have access to these special facilities by approving the issuing of a restricted key necessary to enter these areas.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 6, 2005 Amendment Date:	Departmental DE 820

POLICY TITLE: SWIMMING POOL – SAFETY AND SUPERVISION OF USERS

POLICY:

The swimming pool will be operated, supervised and used in accordance with the *Provincial Health Act* and regulations governing swimming pools.

Access to the pool is restricted to persons supervised by staff holding a current Life Saving Society Bronze Cross Certification, or a Current National Life Guard Service Award.


The staff member acting as Life Guard assumes absolute responsibility for the enforcement of the pool rules, safety regulations and emergency procedures.

The Director of the Maples will authorize current certified Life Guards to hold pool door keys.

PROCEDURE:

1. The Life Guard must remain within the pool area and maintain constant surveillance of all persons in the pool area.
2. A second staff will act as a backup to the Life Guard and this person will remain on the pool deck at all times.
3. The Life Guard must ensure that the pool is left clean and neat, with the equipment returned to the proper storage areas.
4. The Life Guard must ensure that all access and emergency doors are secured before leaving the pool facility.
 - 4.1 Doors left open are a safety hazard and must be reported as an Unusual Incident.
5. All Unusual Incidents must be reported in writing using a *Maples Incident Report Form* and forwarded to:
 - 5.1 The supervisor of the Program Department.

6. The use of the pool by persons other than those attending programs conducted at the Maples and other authorized programs at the 3405 Willingdon Avenue campus must obtain special permission from the Director of the Maples.
7. Pool rules and emergency phone numbers are posted on the wall near the pool wall phone.
8. The Life Guard will record the use of the pool in the *Pool Use Logbook*, noting:
 - 8.1 their name;
 - 8.2 group;
 - 8.3 date;
 - 8.4 time in and out of pool facility.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 6, 2005 Amendment Date:	Emergencies and Unusual Incidents EU 100

POLICY TITLE: BOMB THREATS

POLICY:


Bomb Threat Calls

Any call received by a staff member in regards to a bomb threat shall be considered as a serious matter and the following procedures will be followed:

PROCEDURE:

1. Staff Response
 - 1.1 Stay calm and maintain the conversation as long as possible.
 - 1.2 As much as possible, complete a Bomb Threat Call Checklist which is located in the policy manual as part of EU 100.
 - 1.3 Direct another staff member (using nonverbal signals and pointing to the checklist) to contact the Burnaby RCMP at 9-911.
 - a) the RCMP will contact Telus emergency service with a trace request as needed;
 - b) do not hang up as the call may be traceable even after the caller has hung up;
 - c) do not interrupt the caller; obtain as much information as possible;
 - d) it is the responsibility of the Program Coordinator or designate to initiate an evacuation of the site;
 - e) when the building has been declared safe by the RCMP, the person who received the call will complete an Incident Form.
2. Local Program Coordinator or designate's response
 - 2.1 upon receipt of a bomb threat notification and checklist, it is your responsibility to decide whether to evacuate immediately or if there is time to conduct a search.

3. If you must evacuate immediately:
 - 3.1 Go to each work area and get the attention of all staff and youth in the area.
4. If you have time to conduct a search:
 - 4.1 Go to each area and ask if anyone has noticed anything or anyone of a suspicious nature such as unauthorized people or objects in the area.
 - 4.2 Ask the staff to search the area for anything unusual (they know the area best).
 - 4.3 Suspicious objects, when discovered, are not to be disturbed – there may be more than one suspicious object.
 - 4.4 If any suspicious objects are found, all persons are to evacuate the area immediately and proceed to the designated emergency assembly point (refer to Policy EU 115 – Fire Safety Plan).
 - 4.5 Request a person knowledgeable with the area to search adjacent areas such as washrooms, halls, and storerooms.
 - 4.6 Evacuate at least 30 minutes prior to the stated detonation time if one is given, otherwise evacuate immediately.
 - 4.7 When the RCMP arrive on the scene they will take charge of the situation.
 - 4.8 **Under no circumstances touch any foreign objects likely to be bomb and report findings to RCMP.**
 - a) **no one is to re-enter the building until authorized to do so by the RCMP.**

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: August 7, 2007 Amendment Date:	Emergencies and Unusual Incidents EU 110

POLICY TITLE: EARTHQUAKE EMERGENCY PLAN

POLICY:

All staff will receive training in safety precautions and procedures in the event of an earthquake.

All Maples buildings on complex will have an 'Earthquake Emergency Supply Container' stocked with emergency supplies.

Earthquake drills will occur annually and will be recorded by the Fire Marshall and stored with the fire drill data.

PROCEDURE:

1. Immediate Safety Precautions if Indoors:
 - 1.1 At the first indication of an earthquake staff and clients shall immediately:
 - a) take cover under a desk, table or interior doorjamb moving away from objects that may fall;
 - b) face away from windows and mirrors crouching and covering head;
 - c) remain in this position until an order to evacuate is given by the person in charge. Count aloud to 60; earthquakes rarely last longer than 60 seconds and counting can be calming.
 - 1.2 The person in charge will initiate the order to evacuate and lead the staff and/or clients to the designated assembly point (refer to policy EU 115 Fire Safety Plan) walking along an interior wall while proceeding through hallways.
 - 1.3 The person in charge will delegate staff to take the nominal role, Cardex or CIS and staff sign-in sheets to the assembly point.
 - 1.4 At the designated assembly point the person in charge will:
 - a) account for all staff and/or clients from his/her area/unit;
 - b) immediately report any missing person to management;

- c) organize a search for any missing person, while ensuring the safety of the searchers.
- 1.5 The person in charge will delegate staff to take supplies from the Earthquake Emergency Storage Container to the designated assembly point.
- 2. Immediate Safety Precautions if Outdoors or at a Beach (Sea Level):
 - 2.1 At the first indication of an earthquake staff and clients shall immediately:
 - a) get in the open, away from buildings, power-lines and trees;
 - b) if on the Maples grounds when the earthquake stops proceed to your designated assembly area;
 - 2.2 if at the beach move to higher ground after the earthquake stops (Tsunami danger).
- 3. Immediate Safety Precautions if in a Vehicle:
 - 3.1 Stop the vehicle in a safe place and stay inside it;
 - 3.2 Stop away from buildings, bridges, overpasses, tunnels, power lines, trees, etc.;
 - 3.3 Generally wait at least 10 minutes for the aftershock, then proceed with caution.
- 4. In all cases remain calm and help others.
- 5. Phone lines need to be kept clear for emergency calls. Parents or caregivers who call will be ensured of the safety of their child but calls must be brief.
- 6. Staff will remain on-the-job until relieved and supervisor approval given – overtime may be required.
- 7. Where a severe earthquake has damaged infrastructure, see policy EU 140 Emergency Preparedness / Disaster Planning.

NOTIFICATION:

- 1. The Shift Supervisor shall ensure the following are notified, at the earliest possible opportunity:
 - 1.1 the Program Coordinator (who will notify the Director);

- a) the assigned Maples Social Worker / Care Plan Consultant (for respite youth);
 - b) the youth's primary team;
 - c) the assigned Maples Psychiatrist.
- 1.2 The assigned Maples Social Worker / Care Plan Consultant (for respite youth) will ensure the following are notified:
- a) Legal Guardian;
 - b) Community Case Manager;
 - c) key community contacts as identifies by legal guardian.
- 1.3 When incidents occur outside of business hours or the circumstances are such that implementation and reporting procedures should not wait till the next normal working day, the Shift Supervisor shall also notify:
- a) the Nurse In Charge when on duty;
 - b) the Program Coordinator (as appropriate);
 - c) the Director (as appropriate) (who will notify the CYMH Director and ADM as appropriate);
 - d) the legal guardian / MCFD After Hours (as appropriate).


NOTE:

Judgement must always be exercised in the notification process, including considering the method, timing and sensitivity required with notification – for example, leaving detailed voice message will, at times, be contra-indicated.

DOCUMENTATION:

1. The Shift Supervisor will ensure that:
 - 1.1 The incident and events leading up to the incident and action taken are recorded in the Progress notes of the youth's Client Record;
 - 1.2 Details of who was notified and method of notification will be recorded in youth's Client Record;
 - 1.3 An Incident Report is completed including who was notified and method of notification.

- 1.4 The Maples Social Worker / Care Plan Consultant will ensure that:
 - a) details of who they notified and method of notification are recorded in youth's Client Record - Meeting and Contact Notes (including confirmation guardian has received notification).
- 1.5 The Program Coordinator will ensure appropriate notification has been completed as per policy.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: May 4, 2005 Amendment Date: September 9, 2009	Emergencies and Unusual Incidents	EU 115

POLICY TITLE: FIRE SAFETY PLAN FOR THE MAPLES ADOLESCENT TREATMENT CENTRE CAMPUS

POLICY:

It is the responsibility of all staff to be familiar with fire evacuation procedures and to be trained in responding to such emergencies. The *Fire Services Act* requires that a system of fire drills be adopted to facilitate regular practice.

In the event of a fire alarm, it is the primary responsibility of the work area supervisor (or most senior staff) to assume the role of Fire Marshall and ensure that all clients, visitors and staff are safely evacuated. All other concerns must be subordinate to the immediate safety of the persons occupying the Maples grounds.

Youth legally required to be at the Maples may pose unique consideration in regard to maintaining security, immediate health and safety remains foremost.

NOTE:

For Fire Drills please see Appendix A of this policy.

STANDARDS:

1. All Maples staff are issued a fire key and it must be carried on their person at all times.
2. Each residential unit and all other Maples buildings will have a posted floor plan by the main entrance to the building.
3. All fire alarms (accidental, false or real) must be reported on an Incident Report form.

PROCEDURES:

1. If you are **staff** on duty
and you discover a fire:
 - a) remove any person(s) in immediate peril;

- b) isolate the fire area by closing all doors;
- c) sound nearest fire alarm by using your fire key **and** call the Fire Department at 9-911 to report the fire(s) and the exact location(s);
- d) provide the 9-911 operator with your name, job title, agency address, nature of the emergency and the exact location of the fire. Remain on the line until the operator ends the call.

2. **When the alarm sounds:**

(Which may also be activated by a heat or smoke detector)

- a) immediately inform the supervisor of the fire alarm and they will be responsible for acting as Fire Marshall and ensuring the room by room evacuation of the building;
- b) follow the Fire Marshall's directions for the evacuation of the building via the nearest safe exit;
- c) in office buildings, all staff are responsible for ensuring the immediate safety of co-workers, identifying someone to check the building, shut doors etc. ensuring everyone is safely evacuated.
- d) proceed immediately to the building's Designated Emergency Evacuation Assembly Area as outlined below in 4.0.
- e) all staff will ensure that no person re-enters the building until the Fire Department Personnel give an "All Clear" for the re-entry of the building.

3. If you are the **Fire Marshall** on duty when the alarm sounds:

- a) check the alarm annunciator panel for the source of the fire alarm and use this information to plan the safe, room by room, evacuation of the building.
- b) retrieve client and staff information pertaining to the population currently in the building (i.e., nominal role, Cardex or CIS, attendance sheets and medication manual).
- c) assemble all evacuees in the Designated Emergency Evacuation Assembly Area see 4.0 below.
- d) take a roll call of the evacuees and reconcile the information with the client and staff lists. The Fire Warden will immediately inform the Fire Department Personnel if anyone is not present and not accounted for.
- e) send a staff member to the main entrance driveway to meet and direct

the Fire Department Personnel to the location of the fire.

4. Designated Emergency Evacuation Assembly Areas:

Cottage One	cement picnic table between Cottage One and the
Response Program	Response Program
Crossroads	the small airing court at the north-west corner of the building
Dala	the parking lot adjacent to the CATC building
Administration	the lawn south of the building
Gym and Pool	the lawn south of the building
Offices in the Gym wing	the lawn south of the building
Breakaway Program Area	the lawn to the north-west of the pool
Maples Secondary School	the lawn between Cottage One and Response Program

5. As time and safety allow during the evacuation of the building:

- a) two staff or more may use the nearest appropriate fire extinguisher to contain, control and extinguish the fire. The fire key opens both the fire hose and fire extinguisher cabinets as well as turning on the fire alarm.
- b) close windows and doors as room checks take place and the evacuation proceeds out the nearest safe exit.

6. After the safe evacuation of the building, the Fire Marshall will notify the following personnel for support co-ordination:

- a) the Responsible Service Manager during weekday business hours.
- b) Security personnel at cell: **s.15** seven days a week, including holidays from 10:00 pm to 06:00 am.
- c) Notify the Fire Department at 9-911 and the Maples Alarm Monitoring at **s.15** code: **s.15** with detailed information about the fire and ask if the monitoring station panel indicated a fire alarm originating from the Maples (this call represents a fail-safe check of the system).

7. When the Fire Department arrives on the Maples grounds:

- 7.1 The staff member assigned to meet the fire department will direct them to the site of the fire.
- 7.2 The Fire Marshall will:
 - a) identify themselves to the Fire Department Personnel;

- b) advise the Fire Department Personnel if the building has been completely evacuated or whether anyone remains in the building;
 - c) be prepared to provide a floor plan of the building available in each unit or office and duplicated in the Maples administration office lobby, posted by the Security desk;
 - d) advise the Fire Department Personnel which doors are locked or unlocked with special attention to the doors in Crossroads;
 - e) provide all necessary keys and point out which doors they unlock;
 - f) point out hydrants, hose boxes, extinguishers and alarm panels;
 - g) remain available to assist and inform the Fire Department Personnel as needed.
8. If the building is rendered unsafe for re-entry the Fire Marshall will seek Maples management support in finding alternate safe and secure housing for those in need. A list of possible locations is listed in Policy EU-140 Emergency Preparedness.
9. In the event of a significant fire or evacuation Maples staff on-site may want to contact staff on outings with residents to advise them prior to their return.
10. The Fire Alarm Reset Procedure for Fire Alarms on the Maples grounds are:
- a) in all fire alarms (accidental, false or real) Maples staff will reset the alarm system upon getting an "All Clear" from the Fire Department Personnel by:
 - i) pressing the labeled buttons on the fire alarm panel;
 - ii) if a confirmed False Alarm, call Fire Department (604) 294-7190 to cancel; and
 - iii) notify the monitoring station at **s.15** - code: s.15 of the reset and get verification of the reset registering on their master alarm panel in the monitoring station.
11. When it appears that the alarm has been deliberately set off or tampered with, Maples staff may inform the RCMP.
12. Local fire drills will be conducted as a regular monthly training exercise. See Policy EU115 Appendix A – 'Fire Drill Procedures' for procedures and responsibilities.
13. When a fire annunciator panel indicates trouble in the system:
- a) the supervisor of the area will be notified;

- b) a call will be placed to Workplace Solutions Inc. at 8-1-877-222-3112, with a request for fire alarm contractor to immediately attend to the panel indicating trouble in the system;
- c) inform the security guard (when on duty);
- d) all staff in the building will be alerted and a fire watch (visual survey Q15) will be put in place until the fire alarm contractor services the system and reports that the system is fully functional.

DEFINITIONS:

REPORT:

An interactive (2 way communication) process that requires directly communicating with someone, for example speaking on the phone where you receive and document acknowledgement and content of the interaction including any advice or direction.

NOTIFICATION:

A unidirectional process where you provide notification of an event but do not require acknowledgement of receipt of notification. You must document notification has occurred. Where no confirmation has been received, a plan of action will be documented in the client record to ensure follow-up.

REPORT and/or NOTIFICATION:

The following notification procedures will apply in the event of a fire or when it appears that the alarm has been deliberately set off or tampered with.

1. The Shift Supervisor shall ensure the following are notified, at the earliest possible opportunity:
 - a) the Program Coordinator (who will notify the Manager and or Director as appropriate).
2. In circumstances where a youth is involved in either a fire or false alarm the following people will also be notified by the Shift Supervisor or designate:
 - a) the assigned Maples Social Worker (Care Plan Consultant for respite youth);
 - b) the youth's Primary team;
 - c) the assigned program Psychiatrist;

3. The assigned program Social Worker (Care Plan Consultant for respite youth) will follow-up with the legal guardian as required and ensure the community case manager is notified.
4. When incidents occur outside of business hours and the circumstances are such that implementation and reporting procedures should not wait until the next normal working day, the Shift Supervisor shall report to:
 - a) the Nurse In Charge when on duty;
 - b) the Program Coordinator for direction;
 - c) the Director (who will notify the ADM as appropriate);
 - d) the legal guardian;
 - e) MCFD After Hours (where the youth is in the care of the Ministry (604-660-4927);
 - f) the security guard (when on duty).


NOTE:

Judgment must always be exercised in the report/notification process, including considering the urgency of reporting, method, timing and sensitivity required with notification – for example, sometimes leaving detailed voice message will at times, be contraindicated. In the case of the legal guardian, notification must include confirmation the message was received. Where no confirmation has been received, a plan of action will be documented in the client record to ensure follow up.

DOCUMENTATION:

1. The Shift Supervisor or designate will ensure that:
 - a) the incident and events leading up to the incident and action taken are recorded completely, accurately and objectively in the client record;
 - b) details of who was notified and method of notification and the specific information relayed will be recorded in the client record;
 - c) an Incident Report is completed describing the event, actions taken and required follow up including who was notified and method of notification.
2. The Maples Social Worker / Care Plan Consultant will ensure that:
 - a) details of who they notified including the method of notification are documented in the client record.

3. The Program Coordinator will ensure appropriate reporting/notification has been completed as per policy and that all documentation is complete.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: January 14, 2009 Amendment Date: September 9, 2009	Emergencies and Unusual Incidents EU 115 – Appendix A

POLICY TITLE: FIRE DRILL PROCEDURES – Appendix A

POLICY:

The Maples will conduct regular monthly fire drills.

STANDARDS:

1. The Fire Warden will lead the fire drills.
2. Fire drills generally occur at 10:00 every second Tuesday of the month unless rescheduled by the Fire Warden.
3. Fire Drills must be executed as rapidly as possible.
4. All units will complete the Fire Drill Report after each drill.

DEFINITIONS:

Role Identification

Both the **Fire Warden** and the **Alternate Fire Warden** are identified staff members trained in Fire Drill Procedures.

The **Fire Marshall** is a specific person, or role in a particular building defined as follows:

- a) In the Residential Program Areas the Shift Supervisor on duty;
- b) In the School Building, the Head Teacher, the alternate is an assigned individual from Educational Assessment Department;
- c) In Cottage One, the Bifrost Program Coordinator, the alternate is the Quality Assurance Officer;
- d) In the Administration Building, the Receptionist is the Fire Marshall for the section of the building East of the Pool Tables;
- e) In the Administration Building, the Supervisor of Client Information


Services is the Fire Marshall for the office section of the building West of the Pool Tables (including Room 21). The alternate is the Client Information Assistant;

- f) In the recreation section of the Administration Building (Gym, pool, exercise room and the 'Breakaway Café) the Fire Marshall and alternate are identified recreation staff;
- g) If the identified Marshalls are unavailable the most senior staff person will act as Fire Marshal in their place.

PROCEDURES:

1. The Fire Warden, before each fire drill, will notify:
 - a) Burnaby Fire Department Non-Emergency at (604) 294-7190;
 - b) Monitoring Centre at **s.15** Alarm Code **s.15**
 - c) all the Fire Marshalls in the other Maples buildings.
2. The **Fire Warden** will use their key to activate the alarm in the Administration Building (using a random fire activation panel) to the on position to commence the drill, and after 5 seconds turn the switch off and remove key (the alarm should continue).
3. The **Fire Marshalls** in the school, the residential units and Cottage One will use their key to activate their alarms at the time set by the Fire Warden.
4. Evacuation of the building
 - 4.1 The Fire Marshalls will initiate the evacuation of the building and delegate the following tasks:
 - a) retrieve client and staff information pertaining to the population currently in the building. (ie nominal role, CIS/Cardex, Staff sign in sheets);
 - b) close all windows and doors as you complete checking each area for youth and staff;
 - c) assemble all evacuees in the designated Emergency Evacuation Assembly Area for the building involved in the drill;
 - d) take a roll call of the evacuees;

- e) the **Fire Warden** will tour the site to ensure the alarm functioned in each building, and that all Fire Marshalls completed their roll calls. Crossroads will always be the first contact on this tour.
5. Completion of Fire Drill and Resetting the alarm system
- 5.1 The **Fire Warden**, upon ensuring that the alarm was activated, and evacuation and roll call completed, will :
- a) give the "ALL CLEAR" for evacuees to re-enter the building;
 - b) Notify:
 - i) Burnaby Fire Department at (604) 294-7190 (the non-emergency phone number);
 - ii) Monitoring centre at **s.15** Alarm Code **s.15** and verify that the alarm resets register on the master alarm panel.
 - c) Call the Fire Marshalls at each Unit to confirm the alarm reset procedure was successful for their building. They will remind the fire Marshalls to complete their Fire Drill Report at that time, and to send it to the Business Administrator.
- 5.2 The **Fire Marshalls**, upon getting an "ALL CLEAR" from the Fire Warden, will:
- a) Reset the alarm panel in their respective areas by: pressing the white "RESET" button, then the white "PUSH TO SILENCE ALARM" button in the fire alarm panel.
 - b) Complete a FIRE DRILL REPORT Form. This form is to be sent to the Business Administrator upon completion.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: May 5, 2005 Amendment Date:	Emergencies and Unusual Incidents EU 120

POLICY TITLE: INSURRECTION / HOSTAGE TAKING

POLICY:


In the event of a hostage taking and/or insurrection, the Burnaby Detachment of the RCMP (9-911) are to be contacted immediately. The RCMP, who have specially trained personnel are to be given complete freedom to handle the situation.

Documentation will be consistent with EU-600 Critical Incidents and HS-100 Incident Reports.

PROCEDURE:

1. Take immediate safety precautions:
 - 1.1 Contact the RCMP and the Director immediately;
 - 1.2 Under no circumstances are staff to attempt to negotiate with the participants unless requested to do so by the RCMP;
 - 1.3 Should the hostage taker establish communication prior to the arrival of the police, do not discontinue contact, simply listen and take notes of what he/she says and turn the information over to the police upon arrival.
2. The supervisor will:
 - 2.1 assess the situation;
 - 2.2 evacuate the immediate area;
 - 2.3 upon arrival of the RCMP:
 - a) brief the officers on the situation and provide keys to the area;
 - b) provide a floor plan of the area;
 - c) indicate which doors are locked and unlocked;
 - d) provide a list of what type of items may be found in the room and remain available to provide information and act as a guide if required;

- e) provide details of the situation including the names of those persons involved (hostages and perpetrators);
 - f) provide the names and details of persons known to be significant others to the hostage takers;
 - g) provide pertinent medical details of both hostages and hostage takers;
 - h) provide staff and resources to the RCMP as required;
3. The site coordinator or supervisor present will activate the Emergency Call Network (found on pg.3 of EU130). Only the RCMP can give the "all clear" at which time everyone from the list must be contacted and informed of this.
 4. A staff member will be designated to contact the family of those taken hostage and act as the Maples liaison with the family.
 5. Someone will be assigned to record the chain of events.
 6. At the end of the event arrangements will be made for critical incident debriefing and employee assistance program involvement if required.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: December 3, 2003 Amendment Date:	Emergencies and Unusual Incidents EU 130

POLICY TITLE: WEAPONS EMERGENCY

POLICY:

In the event of a youth threatening with a weapon, the Burnaby Detachment of the RCMP (9-911) is to be contacted immediately.

The RCMP is to be given complete freedom to handle the situation.

PROCEDURE:

1. Immediate safety precautions taken by staff:
 - 1.1 The senior staff present will evaluate the situation and make the emergency call to the RCMP.
 - 1.2 Immediately contact the senior staff of the work site.
2. The RCMP will keep the caller on the line throughout the incident, therefore the phone selected for the call must be a line available for the duration of the incident.
3. If the situation requires RCMP intervention.
4. The *Emergency Call Network* (page 2 of this policy) will be activated by the senior staff present.
5. Senior staff will have a second person activate the Emergency Call sequence while the RCMP are being called.
6. Upon the arrival of the RCMP the senior staff will:
 - 6.1 Have obtained accurate information for transmission to the RCMP of who, when, where, what, why, and a description of the person(s), clothing, weapon(s).
 - 6.2 Brief the officers on the situation and provide keys to locked doors.
 - 6.3 Provide a floor plan of the areas.
 - 6.4 Provide background information and include the names of persons known to be significant others to the weapon holder(s).


- 6.5 Provide staff and resources to the RCMP as requested.
- 6.6 Upon the conclusion of the intervention by the RCMP, give the "All Clear" by reactivation of the *Emergency Call Network Guidelines - Emergency and Unusual Incidents* (No. 10, below in this policy).
7. If the weapon wielder is on the grounds of the Burnaby site, the staff will lock all outside doors of their building and keep the occupants inside.
8. The RCMP will conduct the evacuation of the building.
 - 8.1 If the weapon wielder is in a building the staff will move youths and staff to an area isolated from the person and behind locked doors.
9. Staff should not say or do anything that could aggravate the situation.

10. **EMERGENCY CALL NETWORK GUIDELINES - EMERGENCY AND UNUSUAL INCIDENTS:**

Incident Reporter ↓	
Senior Staff ↓ <i>while on phone with RCMP & Director, senior staff asks a second staff to call:</i>	⇒ RCMP (9-911); ⇒ Ken Moore, Director 660-5811
⇒ Response Dala	660-5843 660-3878
⇒ Cottage 1 Bifrost NRCP Nursing Station	660-5503 660-5501 660-4678
⇒ Crossroads	660-5864
⇒ Outreach School Team Gym Team Art Team	775-0462 660-5830; 660-8533; 660-5575 660-5904 660-6861
⇒ Cottage 3 / Early Childhood Development	660-5722

11. **ALL CLEAR PROCEDURE:**

- 11.1 The responsible person coordinating the response to the situation will establish when the complex is safe. The senior staff will activate the Emergency Call Sequence to give the "All Clear" message.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: September 18, 2009 Amendment Date:	Emergencies and Unusual Incidents EU 140

POLICY TITLE: EMERGENCY PREPAREDNESS – MAJOR DISASTER

POLICY:

The Maples will maintain an effective emergency preparedness program to protect the safety of both clients and workers in the event of a major disaster.

STANDARDS:

1. This policy will include, at a minimum:
 - a) training requirements and frequency;
 - b) roles and responsibilities of staff;
 - c) evacuation procedures;
 - d) provision of emergency food, shelter, medical supplies
 - e) communications plan;
 - f) security issues;
 - g) coordination with local emergency services;
 - h) notification and contact with family members of staff and youth.

PROCEDURES:

1. Training requirements
 - 1.1 Emergency preparedness exercises will be carried out on an annual basis. A written 'table-top' simulation will be presented as an exercise to review the plan's effectiveness, identify issues and concerns and maintain familiarity with the plan.
 - 1.2 All new staff will be orientated to the emergency response procedures (outlined in Policies EU100-EU601) including a physical walk through of exit routes, assembly areas, emergency supply cabinets and emergency equipment.

2. Roles and responsibilities of staff

- 2.1 In a disaster, the most senior staff on site will be responsible for coordinating and implementing the Emergency Preparedness – Major Disaster plan.
- 2.2 Once the initial building evacuation has taken place, all staff will coordinate their efforts with the senior staff on-site.
- 2.3 Staff are required to remain on-the-job until relieved unless approved by the senior staff person (for detailed information on contacting Management as well as off-duty staff, see Section 9. staffing issues/expectation below).

3. Evacuation procedures

- 3.1 Initiate evacuation in compliance with appropriate policy, i.e. Fire, Earthquake, Insurrection, etc.
- 3.2 If a significant disaster has occurred, after assembling at the designated assembly point, the shift supervisor will:
 - a) calm and reassure frightened persons;
 - b) account for all staff, clients and visitors from his/her area/unit by instituting a role call (using the Nominal role and roster if accessible);
 - c) liaise and coordinate with other areas to identify the senior staff who will establish a central command centre from which to assign tasks.
- 3.3 The senior staff will ensure:
 - a) they create an Activity Log, to document decisions, allocation of personnel, resources, persons contacted, safety & security issues, injuries, staffing, etc.;
 - b) people responsible for first aid are identified (note: unless absolutely necessary, do not move injured people who have been unconscious, experienced a head injury, are disoriented or confused, until assessed by medical staff);
 - c) a search for missing persons is organized, while ensuring the safety of the searchers – working in pairs is ideal. Be very cautious in moving heavy/collapsed objects as they may create risk for searchers and injured alike;
 - d) the use of the telephone – if working – is to report life-threatening situations, significant fires, etc., as 9-911 may be initially

overwhelmed, use direct dialling to police, fire or ambulance. Listen to local radio (in emergency supply box) or television to find out when to phone significant others. Wherever possible, ensure all telephones are placed back on their cradles;

- e) extinguishing of small fires;
- f) staff are aware of structural integrity/environmental hazards and any natural gas smells – when in doubt, do not enter!
- g) sealing off areas where hazardous materials have been spilled or electrical wires have been downed;
- h) staff remain on-the-job until relieved and approval given – overtime may be required;
- i) a record is maintained of staff and youth who may leave or are relocated;
- j) to the extent possible, ministry offices and confidential records and property are secure;
- k) the safety of the current location is evaluated. Where required to move to another location, staff in charge may contact the following to discuss options:
 - i) Burnaby Youth Custody – contact Rick Faoro (778) 452-2065 or Custody reception (778) 452-2050 at 7900 Fraser Park Dr., Burnaby V5J 5H1;
 - ii) Provincial Services for Deaf and Hard of Hearing – contact Rebecca Story, A/Director at Reception (604) 660-1800 (voice) at 4334 Victory St. Burnaby, BC V5J 1R2;
 - iii) Burnaby Hospital may also be able to offer a large group room connected with their Day Treatment Program (no locked space is available. Contact person would be Pam Vickram, Manager. Contact #'s Tel: (604) 453-1911; Cell: s.15 Pager: s.15 Alternate contact would be through Administrator on-call, through Burnaby Hospital switchboard at (604) 434-4211.
- l) the acquisition and distribution of equipment, supplies and shelter as required:
 - i) primary issues will include:

- (A) safety of current location;
 - (B) addressing injuries or fires that have occurred;
 - (C) maintaining calm and keeping people together and accounted for;
 - (D) addressing basic needs, i.e. food, shelter, warmth and emotional support.
- m) use of the emergency radio (located in the emergency supply boxes) to listen to radio broadcasts for further information and direction;
 - n) knowledge of Burnaby, Disaster Response Routes (used for transporting emergency personnel) are communicated to staff. These routes include Hastings, Canada Way and Boundary Road and will be controlled by police. Please stay off roads unless absolutely required;
 - o) someone is charged with keeping track of adults and youth. If anyone leaves, ensure names are recorded, along with destination. If evacuated, leave documentation of names of evacuees and staff and new location so searchers know where you are;
 - p) if evacuating to another area, all individuals are accounted for. Place "all clear" tags on doors (indicating search not required);
 - q) Media requests will continue to be directed to the Public Affairs Bureau (PAB), Attn: Susan Williams, PEP rep for PAB at (604) 952-4846. If absolutely no other option, state "The Ministry has a Business Continuity/Disaster plan in place to deal with this kind of situation. We are following this plan."

4. Provision of emergency food, shelter, medical supplies

- 4.1 A master list of emergency supplies and expiry dates will be maintained by Stores staff. Each cabinet will be checked every three months to ensure contents are dry, undisturbed and in their correct location;
- 4.2 Location of emergency supply boxes are as follows:
 - a) Administration
 - b) School
 - c) Crossroads
 - d) Dala

s.15

- e) Response
- f) Cottage 1

s.15

5. Communications plan

- 5.1 To ensure continuity, calls to the numbers below should be coordinated through one staff identified by the senior staff;
- 5.2 When possible, contacting senior staff will be undertaken. The director's home phone has "Priority Access Dialling" (PAD- see 5.5) and should be the first point in re-establishing reporting relationships. A list of all staff contact numbers is kept in the emergency supply cases (and updated q3 months by office manager or designate) and will include staff phone numbers and distance staff live from Maples;
- 5.3 WSI-BLJC Customer Solutions Centre will be contacted where building safety issues arise at (1-877) 222-3112;
- 5.4 Provincial Emergency Program (PEP) South West Region, Surrey. Phone: (604) 586-4390 or (1-800) 663-3456 where unforeseen issues arise that require coordination;
- 5.5 Several phones have Priority Access Dialling (PAD) (given priority in emergency situations). These phones should be the first choice for use when critical calls are required. PAD designated phones included:
 - a) First Aid / Security phone (604) 561-3239;
 - b) Response (604) 660-5843;
 - c) Crossroads (604) 660-5864;
 - d) Director (604) 660-5811; Home: s.22 Cell: s.15
 - e) Fax (604) 660-5814.

6. Security issues/priorities


- 6.1 Ensuring requirements for food, shelter and warmth and emotional support.
- 6.2 Accounting for and keeping track of all staff and clients is vital in a disaster recovery process. Other issues of importance will be the security of confidential client information and building/property. As much as is reasonable:

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- a) secure building and client information;
 - b) ensure updated list of staff and youth whereabouts, injuries, etc.;
 - c) maintain reasonable distances from unstable buildings or areas.
 - 6.3 The security issues of detained residents must be of secondary importance to the safety and preservation of life. Security will be maintained where practical.
 - 7. Coordination with local emergency services
 - 7.1 As noted above (3.3 k), our primary supports will come from Youth Custody, Provincial Services for the Deaf and Hard of Hearing and Burnaby Hospital and local reception centres identified or other locations identified by emergency radio.
 - 8. Notification and contact with family members of staff and youth
 - 8.1 During a major disaster the ideal is for all youth who can return home are able to, however this will not always be possible. Families of both staff and youth will be anxious to hear of the safety and location of loved ones. Staff will take direction from emergency radio broadcasts as to timing for alerting families.
 - 8.2 Maintaining up-to-date lists of staff and youth locations will be critical in providing accurate information during any recovery initiative as well as providing accurate information to families.
 - 9. Staffing issues/expectations
 - 9.1 Staffing will be a critical issue. Staff are required to remain on-the-job until relieved and approval received by the senior staff – overtime may be required. As much as possible staffing responsibilities should continue as normal, with staff supporting clients until they are relieved. Staff scheduled to work, after having made immediate provision for their family are expected to report for duty in order to relieve those staff already on duty. Where communication is possible, staff will notify the employer if they are unable to report to work by phoning the First Aid/ Security or unit phone numbers.
 - 9.2 An updated staff list with names and contact information will be available to person in charge to contact senior staff as well as address immediate staffing needs. The list will include a comprehensive list of staff phone numbers and their distance from work (e.g. 15 min., 30 min. etc).
 - 9.3 Updated staff lists will be kept in each s.15
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- 9.4 In a disaster, where roads and communication lines are significantly damaged, non-essential staff should only report to work after the situation has stabilized, telephone communication has been restored and roadways have been reopened and, only after the safety and well being of your family and your personal crisis has been attended to. Seek details from your supervisor, manager or work area designate.
- 10. Emotional well-being
 - 10.1 The Director or designate will ensure that all employees are reminded of, and offered access to Employee Assistance Programs – BC Employee and Family Assistance Program [24hr calling: (1-800) 655-5004]. All clients will be afforded similar opportunities.
- 11. Damage Assessment
 - 11.1 Detailed information on more comprehensive damage assessment, records recovery, etc. can be accessed through the MCFD Business Continuity Plan document Appendix H (see s.15)
- 12. Incident Review
 - 12.1 A post-incident review will be completed, bringing together all information and anecdotes from first-hand interviews. Issues arising and any lessons learned will be documented.

REFERENCES:

Addendum: List of Emergency box contents

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date:	Emergencies and Unusual Incidents EU 500

POLICY TITLE: POISON CONTROL

POLICY:

Staff are to respond immediately to situations of actual or suspected poisoning. Workers' Compensation Board (WCB) regulations require employees and supervisors to become familiar with the Workplace Hazardous Materials Information System (WHMIS) and the relative hazards of the products kept within their work area. This responsibility is increased for those employees who work in areas that are residences for youth who may be impulsive.


PROCEDURE:

1. Staff will immediately inform their supervisor in cases of suspected poisoning and contact the Poison Control Centre. They should expect questions as to the kind of materials involved, colour, quantity, markings, labels, size, aroma etc. Should the Poison Control Centre advise any emergency assistance, an ambulance should be called.

<u>Poison Control Centre</u>	Vancouver Hospital	9-604-682-5050
	Alternate line	9-604-682-2344, Ext. 62126
	Outside Lower Mainland	1-800 567-8911

<u>Fire, Police, Ambulance</u>	9-911
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2. The Nurse is to advise the shift head, on-call physician or psychiatrist, as well as the unit psychiatrist, and ensure proper charting and that an incident report is completed.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: February, 2004 Amendment Date: March 4, 2009	Emergencies and Unusual Incidents EU 600

POLICY TITLE: CRITICAL INCIDENTS REPORTING

POLICY:

All Critical Incidents* must be immediately reported to the Program Coordinator and Director.

Incident reports should be provided at the earliest opportunity (see policy on Incident Reports HS 100).

Director or designate will prepare and forward briefing note to Senior Executive Director, Provincial Services within 24 hours of the event.

Certain circumstances (see specific details in procedures) require immediate additional contact with the Senior Executive Director. Where the Director is unavailable senior supervisory staff will contact the Senior Executive Director.

DEFINITIONS:

***Critical Incidents** include:

fatality or critical injury to a client, staff member, contractor, visitor or any other person at the work site. A "critical injury" is a serious injury or condition that may lead to death or cause serious or long term impairment of health and includes a suicide attempt;

receipt of a bomb threat;

a riot, or hostage taking;

a disaster or event which poses a serious threat to or actually seriously damages a facility, e.g. serious fire, earthquake, explosion, spillage of hazardous materials, outbreak of serious infectious/contagious diseases;

allegations of staff or contractor misconduct involving sexual abuse or serious physical abuse of clients or other persons;

criminal investigations initiated or charges laid against staff or contractors, including non-work-related criminal matters;

absconding of a client from a residential program who is considered to be a danger to the community or to him / herself;

serious, violent offence committed by a client while in residence under treatment / supervision, or on leave or leave without permission status;

mass arrival of illegal migrants;


staff misconduct that could result in immediate suspension;

anticipated or actual work stoppage (i.e. labour relations, health and safety issues);

any other serious matter that may lead to intense public and media scrutiny due to the high profile of the incident.

PROCEDURE:

1. All critical incidents must be immediately reported to the Program Coordinator and Director.
2. The Senior Executive Director is to be informed immediately by the Director or designate by phone at (250) 387-0985 or via cellular at **s.15** of the following:
 - 2.1 Fatality of a client, staff member, contractor, visitor or any other person at the work site;
 - 2.2 Riot or hostage taking;
 - 2.3 A disaster or event which poses a serious threat to or actually seriously damages a facility/program, e.g. serious fire, earthquake, explosion, spillage of hazardous materials, outbreak of serious infectious/ contagious diseases;
 - 2.4 Mass arrival of illegal migrants;
 - 2.5 Imminent or actual work stoppage;
 - 2.6 Any matter that has led to actual media scrutiny due to the high profile of the incident.
3. The Senior Executive Director's office is responsible for relaying reports of death or critical injury of a child to the Office of the Representative for Children and Youth.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: November 3, 2004 Amendment Date:	Emergencies and Unusual Incidents EU 601

POLICY TITLE: CRITICAL INCIDENTS - DEBRIEFING

POLICY:

The Maples Adolescent Treatment Centre will provide appropriate support to any staff member who has been physically, emotionally, sexually or otherwise exposed to particularly stressful, traumatic and unusual incidents as a direct result of their work.


Support includes regular informal debriefing sessions after all stressful incidents (also called defusing sessions), Critical Incident Response (CIR) as well as in-service stress management training.

Additional support services include the Employee Assistance Program (EAP) and Worker Wellness Committee.

PROCEDURE:

1. Teams will meet as is practical after stressful events to provide each person involved with support and an opportunity to share perceptions, concerns and feelings about the event. Suggestions to minimize future occurrences (also see Incident Reports and WCB requirements) should also be considered.
2. A second level of response to consider is Critical Incident Response (CIR) and is dependent upon the impact of the traumatic events and/or cumulative stress / grief.
 - 2.1 Guidelines for determining need for CIR (keeping in mind that individuals react differently to different situations) are:
 - a) sudden death of an employee, client or other at the workplace;
 - b) death of a client in unusual, compelling and traumatic circumstances;
 - c) death of a non-employee as a result of ministry business operations;
 - d) multiple casualty incident;
 - e) life threatening injury or event at the workplace such as an assault, hostage taking or a menacing client threatening staff;
 - f) natural disasters directly involving Ministry workers such as an earthquake or flood where loss of life or high risk of injury exists;

- g) workplace medical emergency or severe accident; for example, a social worker goes to a client's home to discover a death or other traumatic event;
 - h) workplace incidents beyond the range of normal experience, for example, the office is subjected to intense public and media scrutiny as a result of a high-profile Ministry incident.
- 2.2 Requests for CIR debriefing can be requested by any Maples staff.
- 2.3 If CIR is requested, the immediate supervisor (as soon as possible, within 24 hours) is responsible for contacting the appropriate Coordinator for approval to initiate the CIR intervention.
- 2.4 Any critical incident having a potential to necessitate CIR intervention will be documented and reported to the appropriate Program Coordinator who will review all relevant information (e.g., type of incident, number of staff involved, etc.), the current course of action and any additional follow-up required.
- 2.5 If, after the CIR session, the group or any individual staff member requires further assistance, resources for professional counseling with EAP will be offered.
- 2.6 Each group member will be contacted by the appropriate Coordinator for follow-up and evaluation of the CIR process.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date:	Health and Safety HS 100

POLICY TITLE: INCIDENT REPORTS

POLICY:

The Maples Adolescent Treatment Centre is concerned whenever any unusual incidents occur and as such we take steps to ensure the safety of our youth, and inform relevant members of their occurrence.

All unusual incidents shall be reported on an Incident Report form to the Director or delegate as soon as practicable, but not more than 24 hours, after the occurrence or discovery of the incident except on weekends, where the reporting will be forwarded by the next regular work day.

All unusual incidents involving Maples youth shall be reported to the youth's parents or guardians.

The youth's parents or guardian's wishes will be considered in determining follow-up care and management; the best interests of the youth must guide prudent clinical and administrative practices.

DEFINITIONS:

Unusual incident - is an event that is not consistent with the routine of the facility, or routine of care of the youth, employee or visitor.

PROCEDURE:

1. Notification of Supervisor
 - 1.1 The person discovering the incident shall notify their immediate supervisor as soon as practicable after discovery of the incident.
2. Completion of Forms
 - 2.1 The employee reporting the incident shall complete an Incident Report Form:
 - a) listing the events in chronological order; and

- b) forward the completed form through their supervisory channels as soon as practicable for review.

2.2 The Supervisor shall:

- a) conduct further investigations when warranted;
- b) append comments to the Incident Report Form; and
- c) forward the completed form to the Program Coordinator.

2.3 The Coordinator or designate shall review the completed form and where warranted:


- a) conduct further investigations;
- b) take any necessary action; and
- c) append comments to the Incident Report Form and forward same on to the Quality Assurance Officer for the purposes of review and statistics,

3. Filing of Completed Incident Forms

- 3.1 Completed Incident Forms shall not be filed on the youth's chart. The Program Coordinator shall retain a copy in a separate file for a minimum period of one year.
- 3.2 The Program Coordinator will forward the original Incident Report to the Coordinator of Residential Services for comment and it will then be forwarded to the appropriate Service Coordinator or Quality Assurance Officer (QAO) as necessary.
- 3.3 the Quality Assurance Officer will gather the appropriate statistical information and copy central filing in Maples administration.

4. Notification to Parent / Guardian

- 4.1 The responsible Shift Supervisor will ensure that the parents or guardians of the youth involved are orally advised of those unusual incidents, high risk behaviours or other occurrences that have resulted in, or may potentially cause, injury, illness or other damage to the youth.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date:	Health and Safety HS 150

POLICY TITLE: VIOLENCE IN THE WORKPLACE


POLICY:

A significant proportion of the Maples Adolescent Treatment Centre's clients present a potential risk for violence. The Maples seeks to reduce risks and promote a safe environment for all users of its facilities. To this end, ongoing training and educational awareness programs will be made available for all employees, including staff training in the prevention and management of aggressive behaviour. Worker support programs are also available.

PROCEDURE:

1. The Maples will provide appropriate support to any staff who has been physically, emotionally, sexually, or otherwise assaulted in the workplace (for further information on reporting, debriefing or critical incidents see HS-100, HS-160, EU-600 & EU-601). This support may include any of the following:
 - 1.1 Employee Assistance Program referral;
 - 1.2 First Aid or appropriate medical care;
 - 1.3 Occupational Health Services support;
 - 1.4 Debriefing (immediate post-incident debriefing);
 - 1.5 Critical Incident Response (CIR);
 - 1.6 Support in seeking legal recourse
2. Significant cooperation on the part of staff and management to ensure that the following objectives are recognized and addressed:
 - 2.1 Reduce environmental risks;
 - 2.2 Assist employees in identifying attitudes and experiences that affect their own responses to aggression;
 - 2.3 Educate employees to the necessity of doing ongoing risk assessment for violent behaviour of youths;

- 2.3 Educate employees in the skills of defusing and de-escalating potentially abusive encounters;
- 2.4 Assist employees with the skills required to physically protect themselves when appropriate interventions have failed;
- 2.5 Provide an Emergency Response backup for staff in need of support;
- 2.6 Provide debriefing and support for employees following an incident;
- 2.7 Track incidents that occur in order to further reduce risk and improve staff safety.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: September 17, 2004 Amendment Date:	Health and Safety HS 160

POLICY TITLE: VIOLENCE IN THE WORKPLACE AND WORKER CONDUCT

POLICY:


All public service employees have the right to expect and the responsibility to create a workplace where all employees are safe.

DEFINITIONS:

Violence in the workplace is unacceptable and is defined as the attempted or actual exercise by a worker (for Policy on Violence for all other situations, see HS150) towards another worker of any physical force so as to cause injury, and includes any threatening statement or behaviour which gives the worker reasonable cause to believe he or she is at risk of injury.

PROCEDURE:

1. Employees must report any incident of violence directed towards them or their co-workers by other workers. Any employee hearing a threat must report the threat to their immediate supervisor if he or she has reasonable cause to believe the threat is serious.
2. Any incident or threat of violence in the workplace must be addressed immediately.
3. Threats will be reported and investigated by:
 - 3.1 Addressing the situation directly (where safe to do so);
 - 3.2 Immediately reporting incident to senior staff available in the agency;
 - 3.3 Completion of Incident Report;
 - 3.4 Completion of on-line OSH form (CF0653 - found under the Template option in Word) and forwarded to MCFOSH with a hard copy saved locally and forwarded to Management with Incident Report.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date:	Health and Safety HS 200

POLICY TITLE: INFECTIOUS DISEASES – PREVENTION AND MANAGEMENT

POLICY:

In accordance with good medical practice, all reasonable attempts will be made to control the spread of infectious diseases within the Maples and between the Maples and the general community. Also in accordance with Ministry of Health and Ministry of for Children and Family Development policies and procedures, all youths shall be considered as potential carriers of infectious diseases and “Universal Blood and Body Fluid Precautions” shall be used in the care of all youths. This policy is reviewed annually by the coordinator of nursing services to ensure it is compliant with up to date medical advice.

If a prospective youth is suffering from an acute contagious disease of a type from which recovery can be expected within two weeks, their admission to the Maples will usually be deferred until recovery.

Prospective youths suffering from chronic contagious diseases (e.g. tuberculosis) will normally not be admitted to the Maples, except in very unusual circumstances.

Staff Education:

All staff in direct care areas shall receive education and training the epidemiology, modes of transmission, and prevention of infectious diseases, including HIV, Hepatitis B and other blood-borne pathogens; and of the need and use of “Universal Blood and Body Fluid Precautions.” This policy document covers issues, which may be more thoroughly discussed in the Infection Control Manual and other literature available through the Training Coordinator. Education and training in the subject of Infection Control will form part of the orientation and on-going in-service staff training program.

Youth Education:

An educational program designed to teach youths the modes of transmission and methods of prevention of infectious diseases shall be available, on an on-going basis, to all youths. The program shall be presented in a manner commensurate with the youth’s ability to understand and use the information.

Consent to Treatment and Testing:

Informed consent to treatment is required prior to any testing procedure being

carried out; however

Where a youth refuses consent for testing, a staff member who has experienced significant exposure, shall be offered testing, follow-up, and counseling as if they have had an exposure.

Responsibilities and Rights:

All staff have a responsibility to provide safe and compassionate care to all youths including those with an infectious disease; however

Reassignment of duties may be permitted for those staff members with medical conditions which make them especially susceptible to infection (e.g., exudative lesions or weeping dermatitis); and

All staff are expected to comply with policies and procedures aimed at preventing the accidental exposure and transmission of infectious diseases.

Confidentiality:

The results of tests for infectious diseases shall be considered as part of the clinical record and as such are subject to the same rules of confidentiality; and

Information shall only be made available to those persons involved in care of the youth or as otherwise required by law (i.e., *Venereal Disease Act*, Communicable Disease Regulations).

Documentation:

All clinical information concerning youths with infectious diseases shall be clearly and fully documented on the youth's clinical record.

DEFINITIONS:

Acquired Immune Deficiency Syndrome (AIDS)

Is the presence of a reliably diagnosed disease at least moderately predictive of cellular immune deficiency in the absence of an underlying cause for this deficiency. The commonest diseases encountered are *Pneumocystis carinii* pneumonia and Kaposi's Sarcoma. Recent findings suggest that the HTLV-III virus is the cause of this infection.

AIDS-Related Complex (ARC)

Is a constellation of clinical signs/symptoms and laboratory abnormalities that have been described in persons belonging to groups with an increased incidence of AIDS.

Antibody

When a person is infected with a virus, the body's immune system fights the infection by producing these special substances (antibodies). If a laboratory test is able to detect these antibodies in the blood, it means that the person has been infected by the specific organism – in this case HTLV-III.

Persistent Generalized Lymphadenopathy (PGL)

The presence of persistent lymph node enlargement involving two or more extrainguinal sites for three months or longer.

Hepatitis B

is a virus transmitted by body fluids such as blood, vaginal secretions, semen, saliva and other membranous fluids, which cause inflammation of the liver. The virus must be present in sufficient concentration and enter the body of the person. Entry into the body can be through oral routes, cuts, skin punctures (needlesticks), contact with the conjunctiva of the eye, or intimate personal contact such as sexual intercourse.

High Risk Behaviour

Illicit drug users, multiple unprotected sexual contacts and, homosexuality.

Human T-Lymphotropic Virus – III (HTLV – III)

The virus which is believed to be the probable, but not sole cause, of AIDS:

- “Human” indicates that the virus affects human beings;
- “T” refers to the particular kind of white blood cell which the virus infects, the T-lymphocyte;
- “Lymphotropic” signifies that the virus attacks lymphocytes;
- “V-III” indicates that this virus is the third one discovered in this series.

A “Reactive” Antibody Test means one of the following

The individual is infected with HTLV-III (most of these persons can transmit a virus; or

The individual was exposed to the virus in the past but is no longer infected; or

The individual may have a false positive test due to cross-reacting substances in the blood (a rare occurrence).

A “Reactive” Antibody Test does not mean

The individual has or will develop AIDS or a related condition in the future; or

The individual is protected from future infection.

A “Non-Reactive” Antibody Test” means one of the following

The individual is not infected with HTLV-III; or

The individual is infected but the body has not yet had time to produce enough antibody to make the test positive; or

The individual is infected but incapable of producing antibody.

A “Non-Reactive” Antibody Test does not mean

The individual is not infectious to others; or

The individual is immune to infection with the virus; or

The individual will not develop AIDS or AIDS-related conditions in the future.

Serum Conversion is the “Immune State”

Any individual who has commenced a Hepatitis B immunization program, but has not yet received the results of blood tests which indicate that they are in the “Immune State” or have “Serum Converted,” should consider his or herself to be at risk of exposure.

Significant Exposure

The transfer of any infected body fluid between two persons by any means which might result in the introduction of Hepatitis B into the body. Examples of risk are needlesticks, I/V drug users, someone from a geographic region where Hepatitis is epidemic, or those who engage in “high risk” behaviours or activities.

PROCEDURE:

1. General Precautions

1.1 Hand Washing:

- a) It is important for all staff to develop the practice of frequent and thorough hand washing using soap and water. Hands must be washed before preparing food and meals, after using the washroom and before and after any youth care activity. In instances where hands are soiled by any moist body substance, the hands should be scrubbed thoroughly with soap and water for at least 1 to 2 minutes.

1.2 Skin Care:

- a) All staff must be alert to the condition of their skin and hands, recognizing that breaks in the skin are a possible route of virus entry. In all instances, even minor, where body fluids contact a break in the skin, the incident shall be reported immediately to a supervisor (refer to s.4.0 of these Precautions – Management of Exposures page 6).

1.3 Gloves:

- a) disposable, non-permeable gloves shall be worn when:
 - i) handling any article contaminated by blood or body fluids;
 - ii) touching blood and body fluids, mucous membranes, or the non-intact skin of a youth;
 - iii) performing venipuncture or any other vascular access procedure;
 - iv) cleaning and decontaminating spills of blood or body fluids;
 - v) performing body and room searches;
 - vi) gloves must be changed after contact with each youth and hands must be washed after removal of gloves.

1.4 Protective Clothing:

- a) gowns are not necessary under usual conditions; however, plastic coated aprons should be worn when there is a high probability of clothing being soiled by body fluids. Masks and goggles should be worn should spraying or aerosolization of secretions be anticipated.

1.5 Disposable Needles and Other Sharp Items

- a) all staff shall take precautions to prevent injuries caused by needles, scalpels and other sharp items as follows:
 - i) to prevent needlestick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand;
 - ii) after use, disposable needles and syringes, scalpel blades and other sharps shall be placed in a puncture-resistant container for disposal;
 - iii) the puncture-resistant disposal container shall be kept in an accessible place; and

- iv) large-bore reusable needles shall be placed in a puncture-resistant container for transport to the reprocessing area.

1.6 Mouth to Mouth Resuscitation:

- a) to minimize the risk involved in emergency mouth to mouth resuscitation, disposable face and mouth pieces, resuscitation bags, oxygen or other ventilation devices shall be available for use in all youth care areas. In the event that CPR is required and the equipment is not available, staff are urged to perform mouth to mouth resuscitation. No cases of HIV transmission have yet been identified as being transmitted in this manner.

1.7 Staff with Medical Conditions:

- a) staff members who have exudative lesions, weeping dermatitis or other medical conditions, which make them susceptible to infection, shall refrain from direct care of infected youths and from handling youth-care equipment until the condition resolves. This may include a reassignment of duties or work areas.

1.8 Pregnant Staff:

- a) if a staff member develops an infection during pregnancy, the infant is at risk of infection from perinatal transmission. Because of this risk, pregnant staff should be especially familiar with, and strictly adhere to, precautions to minimize the risk of infection.

1.9 Response to Injuries

- a) Staff shall exercise caution and ensure they are adequately protected, regardless of whether an injury is accidentally or deliberately inflicted. Protective barriers such as gloves shall be worn. After involvement in such an incident, staff should check their own clothing to ensure contamination has not occurred.

1.10 Restraining Youths

- a) All efforts should be made to avoid a confrontation and/or altercation that might result in injuries to youths or staff. In instances where it is necessary to restrain an infectious youth, staff shall exercise extreme caution and wear protective clothing and gloves where the situation permits.

2. Environmental Precautions

2.1 Disinfection and Sterilization:

- a) standard disinfection and sterilization procedures using hospital approved tuberculocidal disinfectants are adequate to disinfect and sterilize items contaminated with blood or other body fluids from persons infected with blood-borne pathogens including Hepatitis B and HIV. A solution of one part sodium hypochlorite (household bleach) to nine parts cold water is an effective solution for disinfecting contaminated items and for cleaning spills of blood and/or other body fluids. The solution must be mixed daily and stored in a closed glass or plastic container.

2.2 Housekeeping:

- a) walls, floors, and other surfaces are not associated with transmission of infections to youths or health care staff; therefore no extraordinary measures need be taken. Regular cleaning and removal of soil is all this is required. It is however, recommended that gloves be worn during the cleaning process.

2.3 Laundry:

- a) soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. Linen soiled with blood or body fluids shall be placed in water-soluble plastic bags and identified as contaminated linen prior to transport to the laundry (see policy DE 100– Laundry).

2.4 Dish Washing:

- a) no special precautions are necessary as viruses are killed by the heat and detergents used in the process. Dishwashers purchased have this as standard.

2.5 Waste Disposal:

- a) waste baskets and garbage cans shall be lined with plastic bags which, when removed, can be disposed of in the routine manner.

2.6 Disposal of Infective Waste:

- a) staff shall identify those wastes with the potential for causing infection during handling and disposal and for which some special precautions appear prudent. Hospital wastes for which special precautions appear prudent include blood products. While any items that have had contact with blood, exudates, or secretions may be potentially infective, it is not usually considered practical or necessary to treat all such waste as infective. Infective waste, in general, should either be incinerated or should be autoclaved prior to disposal in a sanitary


landfill. Bulk blood, suctioned fluids, excretions, and secretions may be poured down a drain connected to a sanitary sewer.

3. Management of Infected Health Care Staff

- 3.1 Staff with impaired immune systems resulting from HIV infection or other causes are at increased risk of acquiring or experiencing serious complications of infectious disease. Any staff member with an impaired immune system shall be counseled about the potential risk associated with taking care of youths with any transmissible infection and should continue to follow existing recommendations for infection control to minimize risk of exposure to other infectious agents. Staff who prepare food will be BC FoodSafe certified. Staff will not prepare food if they have symptoms of an acute illness or an open, untreated wound.
- 3.2 The question of whether a staff member infection with HIV or other infectious disease can adequately and safely be allowed to perform youth care duties or whether their work assignments should be changed shall be decided on an individual basis in consultation with the staff member's personal physician(s) and the Director of the Maples.

4. Management of Exposures (see also Infectious Diseases – Hepatitis B Policy)

- 4.1 If a staff member has a parenteral (e.g., needlestick or cut) or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids or has skin contact involving large amounts of blood or prolonged contact with blood, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis, the source youth should be informed of the incident and tested for serologic evidence of HIV or Hepatitis B infection after consent is obtained.
- 4.2 If the source youth has AIDS, or positive for HIV antibody or Hepatitis B Surface Antigen, or refuses the test, the staff member shall be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of infection as soon as possible after the exposure.
- 4.3 In the event of exposure to AIDS or HIV Antibody, the staff member shall be advised to report and seek medical evaluation at Burnaby Hospital Emergency.
- 4.4 If a youth has a parenteral or mucous membrane exposure to blood or other body fluid of a staff member, the youth shall be informed of the incident, and the same procedure outlined above for management of exposures shall be followed for both the source staff member and the exposed youth.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: February 2, 2005 Amendment Date:	Health and Safety HS 210

POLICY TITLE: MANAGEMENT OF NEEDLE STICKS AND ACCIDENTAL EXPOSURE TO BLOOD AND BODY FLUIDS

POLICY:

All personnel at the Maples are to use Universal Precautions when dealing with youth.

In the event of accidental exposure to blood and body fluids, the staff member will immediately report the exposure so that the risk can be assessed and recorded by the Occupational First Aid Attendant. The staff member will be afforded such appropriate medical assessment and intervention, as is appropriate to the exposure.

Staff with a probable, definite or massive exposure to blood or body fluids which may be contaminated, will be transported immediately to the Emergency Department of Burnaby Hospital for medical assessment, counseling and/or treatment.

DEFINITIONS:

Accidental exposure to HIV includes parenteral or mucocutaneous exposure to blood or infectious body fluids

infectious source known to be HIV positive or at high risk of being HIV positive (if source is unknown, consider high risk);

infectious body fluids

blood, semen, CSF, amniotic, pleural, pericardial, peritoneal, synovial fluids, inflammatory exudates and any body fluid visible contaminated with blood


non-infectious body fluids (unless bloody)

stool, urine, tears, saliva

non-intact skin

healing wound (less than three days old) and skin lesion causing disruption of the epidermis.

PROCEDURES:

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date:	Health and Safety HS 300

POLICY TITLE: OCCUPATIONAL FIRST AID ATTENDANTS (OFAs)

POLICY:

The agency will meet its obligations to provide Occupational First Aid support to its employees as described by the Worker's Compensation Act.

Employees can access qualified first aid while on duty.


All injuries and treatment will be documented as described by the *Worker's Compensation Act*.

PROCEDURES:

1. Employee responsibilities
 - 1.1 The employee requiring First Aid attention (or another employee on their behalf) will summon the Occupational First Aid Attendant (OFA) by telephoning 604-341-5770 and informing them of:
 - a) the name of the employee requiring assistance;
 - b) the location of the employee;
 - c) the nature of the illness/injury.
 - 1.2 The employee, or designate, will immediately notify the responsible supervisor.
 - 1.3 The employee will need to attend the First Aid Room (west end of Gym corridor) for assessment, treatment and documentation of the injury/illness. For more serious injuries, the OFA will attend the employee at their location.
 - 1.4 If the casualty is unconscious or bleeding heavily, immediately activate the Emergency Medical Service by calling 9-911.

- 1.5 The employee, or the employee most knowledgeable about the incident, must complete a Youth Services Incident Report.
- 1.6 In anticipation of a WCB claim being initiated (i.e., time lost or follow-up doctor's appointments), the employee must notify their supervisor. Failure to do so may result in the claim being denied by the WCB.
2. The designated OFA will be responsible to
 - 2.1 Ensure the cellular telephone is operational at the commencement of every shift, by calling the MAPLES switchboard and informing the receptionist that they are on duty. If it is an evening, midnight or weekend/holiday shift, all OFA level 1 staff will advise their Shifthead that they are qualified in the case of an emergency. Their Shifthead will then plan the shift to ensure that first aid support is always available on complex.
 - 2.2 Remain on-site and be available to respond to all requests for First Aid assistance.
 - 2.3 Assess the employee's injuries, and
 - 2.4 Provide First Aid treatment for the employee
 - 2.5 Assess the employee's ability to either:
 - a) return to duty;
 - b) go home and see a medical practitioner, or
 - c) go to the Burnaby Hospital Emergency Room
 - 2.6 Ensure that appropriate transportation and any necessary staff support are provided or initiated as required.
 - 2.7 The OFA should not be the driver if the casualty needs to be transported to their home or to hospital.
3. Document the injury and treatment by
 - 3.1 The OFA to complete immediately after treatment:
 - a) Occupational First Aid Patient Assessment (WCB form 55M60) if being sent to medical aid (doctor or hospital);

- b) First Aid Record (WCB form 55B23);
 - c) First Aid Report 7A (WCB form 7A). Forward Form 7A to the employee's responsible supervisor, keeping all required forms in one package.
- 4. The responsible supervisor will:
 - 4.1 Ensure the Youth Services Incident Report form (Rev. Dec. 1992) is completed with sufficient detail.
 - 4.2 Ensure the WCB Form 7 is completed within 24 hours, for all compensable injuries, and forward to the Pay Office with the 7a, the 55M60 and 55B23. The Pay Office will deal with the WCB as required and will forward the Youth Services Incident Report to the Coordinator – Residential Services.
 - 4.3 Recommend and refer to the responsible supervisor, any Critical Incident Stress Management (CISM) interventions that may be required to support the injured employee.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 6, 2005 Amendment Date:	Health and Safety HS 400


POLICY TITLE: SPILLS

POLICY:

The Workplace Hazardous Materials Information System (WHMIS) is intended to assist in reducing the likelihood of disease or injury in the workplace.

PROCEDURES:

1. In the event of spillage of potentially hazardous materials found in the program areas (i.e., cleaners, bleach etc) locate and follow the directions from the Material Safety Data Sheets (MSDS) found in all program area's WHMIS manual.
2. If you are unable to locate clean-up information, or instructions that indicate special processes are required, contact Workplace Solutions Inc. at 8-1-877-222-3112 for assistance.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: August 7, 2007 Amendment Date:	Health and Safety HS 600

**POLICY TITLE: NEW WORKER / YOUNG WORKER OCCUPATIONAL
HEALTH AND SAFETY ORIENTATION**


POLICY:

The Maples will ensure that every new/young worker is given a health and safety orientation and training specific to that workplace before the new/young worker begins work.

PROCEDURES:

1. The following topics will be addressed prior to initial commencement of work for all new employees:
 - 1.1 The name and contact information for the new worker's supervisor;
 - 1.2 Rights and responsibilities under the *Workers Compensation Act* and Regulations, including the reporting of unsafe conditions and the right to refuse to perform unsafe work;
 - 1.3 Workplace health and safety rules;
 - 1.4 Hazards to which the new worker may be exposed, including risks from robbery, assault or confrontation;
 - 1.5 Working alone or in isolation;
 - 1.6 Violence in workplace;
 - 1.7 Personal protective equipment;
 - 1.8 Location of first aid facilities and means of summoning first aid and reporting illnesses and injuries;
 - 1.9 Emergency procedures;
 - 1.10 Instruction and demonstration of the new worker's work tasks or process;
 - 1.11 The employer's health and safety program;
 - 1.12 WHMIS information requirements;

- 1.13 Contact information for the Occupational health and Safety Committee.
- 1.14 CQI function and structure (*COA PQI 6.02*)
- 2. The Maples will keep records of all orientation and training related to this Policy. A checklist with the above information will be reviewed with each new employee, signed by same and stored in their Personnel File.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: July 16, 2004 Amendment Date:	Health and Safety	HS 700

POLICY TITLE: WORK ENVIRONMENT SAFETY AND HEALTH

POLICY:

The Maples Adolescent Treatment Centre located in Burnaby is committed to the maintenance of an optimally safe and healthy work environment for all staff. In achieving this goal the Maples shall operate in compliance with the Workers' Compensation Board Joint Occupational Health and Safety regulations.


PROCEDURES:

1. It is expected that all staff working at the Maples will know, understand, and comply with the following program elements:
 - 1.1 it is the responsibility of all staff to:
 - a) follow established work procedures;
 - b) observe all regulations and policies pertaining to their work, and
 - c) assist in attaining an accident and disease free work environment.
 - 1.2 It is the responsibility of all supervisory personnel to:
 - a) Ensure that all staff are trained in proper work procedures and have a full understanding of the relevance of such procedures;
 - b) Ensure that work is carried out in accordance with established standards of practice, and that policies and procedures are understood and practised;
 - c) Ensure that direction and clarification is given to all staff around safety matters.
 - 1.3 It is the responsibility of the Director to ensure:
 - a) that appropriate policies and procedures are developed and implemented for maintenance of an accident and disease free workplace;

- b) attention is given to the maintenance of all equipment and all established policies and procedures are observed.

1.4 It is the responsibility of the Coordinator of Nursing Services to:

- a) maintain records of Health and Safety training;
- b) maintain regular training programs in First Aid, CPR, Progressive Intervention, Fire Safety, and WHMIS;
- c) coordinate and/or assist in the development of all Health and Safety programs;
- d) sit as a member on the Occupational Health and Safety Committee;
- e) coordinate training for all Industrial First Aid Attendants.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: June 1, 2005 Amendment Date:	Health and Safety	HS 800


POLICY TITLE: SAFETY AND MAINTENANCE SURVEY AND REPORTING PROCEDURES

POLICY:

The Maples is committed to ensuring a safe work environment for all of its employees by operating within the policies, principles, and philosophies outlined in the WCB/ Occupation Health and Safety (OHS) regulations and the collective agreements.

PROCEDURES:

1. Inspections will be carried out on a regular basis in all areas of the Maples.
 - 1.1 Inspections will be conducted to identify and assess safety, security, and maintenance needs and problems.
 - 1.2 The inspection team will be comprised of representatives from the OHS committee.
 - 1.3 Inspections will be documented in OHS minutes at least once annually.
2. Monitoring of safety issues is the responsibility of each Program Coordinator.
3. Any emergency, safety, security, or maintenance issues must be reported directly to Workplace Solutions Incorporation (WSI) for immediate attention, and recorded in the building maintenance log for follow up.
 - 3.1 Staff are expected to call in day-to-day maintenance requests to the WSI call centre at 8-1-877-222-3112.
 - 3.2 WSI will assign the appropriate person to take corrective action and will give a reference number to staff, which should be documented in the building maintenance log for follow up.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date:	Personnel PE 050

POLICY TITLE: STAFF ROSTER AND SCHEDULING – RESIDENTIAL SERVICES

POLICY:


The Maples schedules are designed to meet the optimal needs of our youth and also agree with the terms of the BCGEU, RPNABC, and RNABC collective agreements. The four days on, two days off shift rotational roster is the predominant schedule presently in use.

Local agreements, mutually agreed between employees and the employer, may be made to alter this shift rotation in accordance with the limits established by collective agreements.

Rosters must be posted fourteen days in advance of their commencement date.

PROCEDURES:

1. Some of the following factors need to be considered for a balance of staff resources on a schedule:
 - 1.1 The balance of female to male staff;
 - 1.2 The balance of experienced and inexperienced staff;
 - 1.3 Ensuring nursing coverage for youth requirements on all shifts;
 - 1.4 The nature and number of the youth group;
 - 1.5 The balance and distribution of auxiliary staff.
2. Vacation, Earned Time Off (ETO), Compensatory Time Off (CTO) and other leaves will be prioritized and scheduled as per contract entitlement.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date:	Section typed here PE 100

POLICY TITLE: PLACEMENTS – STUDENT / CONTRACTOR

POLICY:

All student field placements, internships or contractors working in or at the Maples Adolescent Treatment Centre must undergo a Criminal Record Check and Criminal Record Review Act.

All students and contractors who have successfully completed a Criminal Records Check and Criminal Record Review Act must sign an Agreement of Nondisclosure/Confidentiality. This Agreement of Nondisclosure/Confidentiality must be witnessed by their placement sponsor, prior to beginning their placements and working in or near a situation or position where they may have contact with persons under 19 years of age.

All student placements will be approved and coordinated by the responsible Service Coordinator:

The Coordinator of Community Services will process all Social Work, Psychology (MA & Ph.D.) students.

The Coordinator of Nursing Services will process all Nursing (RN, RPN, and B.Sc.N.) students.

The Coordinator of Residential Services will process all Criminology, Child and Youth Care, Psychology (BA), or other non-nursing students.

The Director, who may delegate responsibility of processing Criminal record reviews to one of the Service Coordinators, will approve contractors.


The Clinical director is responsible for all medical students.

PROCEDURES:

1. All applicants for student or contracted placements will be interviewed by the responsible Service Coordinator, and advised of the requirement for a Criminal Record Check and Criminal Record Review Act to be completed.
2. The Student applicant must complete the "Consent for Criminal Records Check - Schedule F", contractors should complete Schedule A.

3. The responsible Service Coordinator must complete their section of the consent for Disclosure of a Criminal Record for the municipality in which they reside (we have RCMP, Vancouver City police and New Westminster forms on file), noting their name, title, agency name, agency mailing address and their signature.
 - 3.1 The Service Coordinator will attach a self-addressed envelope for the police department to mail the results of the Criminal Records Check.
 - 3.2 The Service Coordinator may attach a request to the police department asking that they waive the student applicant's fees, should the applicant indicate any financial hardship.
4. The applicant will be responsible for attending the local police detachment in their home community to process the Criminal Records Check authorization forms. Normally, the applicant is responsible for any associated fees, except as noted in Section 3.2) above.
5. Upon receipt of the completed Criminal Records Check or Police record check, the responsible Service Coordinator will apprise the applicant that the required information has been received, indicating that they may attend the site to begin their placement.
 - 5.1 This means the student may begin when one check is returned, either the CCRA or the Police check. Should the other check be returned with a concern, the student should be suspended until reviewed by the appropriate Service Coordinator. No student will be allowed to continue if their criminal history contains offences against children or youth, sexual offences or 'violence' offences. Pending charges will result in suspension until resolution.
 - 5.2 No student will be left unsupervised with any youth until both record checks are returned with negative findings (that is no record found).
6. The "Agreement of Non-Disclosure / Confidentiality" must be completed by the applicant and witnessed by the Service Coordinator prior to the applicant accessing any confidential information in the service.
7. The Service Coordinator will log the completed Criminal Records Check, Criminal Record Review Act, and Agreement of Non-Disclosure / Confidentiality documents in the applicable section of the "Student's" log.
 - 7.1 The Service Coordinator will note the student or contractor's name, sponsoring agency, start and finish dates, and staff contact person's name on the tracking sheet in the front of the logbook.
8. The completed original Criminal Record Check forms will be maintained for a minimum of 5 years, and must then be destroyed, in order to comply with the audit requirements of the RCMP.

9. The completed original Agreement of Non-Disclosure/Confidentiality forms will be maintained for the duration of the student's practicum placement and/or contractor's employment.
10. Regular supervision for student field placements and internships is the responsibility of the assigned supervisor and is made according to the purpose of the field placement or internship and the discipline of study.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: August 14, 2007 Amendment Date:	Health and Safety PE 200

POLICY TITLE: WORKING ALONE OR IN ISOLATION

POLICY:

In compliance with the provisions of WCB Regulations 4.21-4.23, the Maples is committed to the well-being of workers who are required to work alone or in isolation and may require emergency assistance.

DEFINITIONS:

A worker assigned to work in a situation where they are alone or isolated from any person who would be able to secure assistance for them in case of a disabling injury or other misfortune.

PROCEDURES:

1. There are 3 conditions that must exist before written procedures are required to be used for checking a worker's well-being:
 - 1.1 A worker must be assigned to work alone or in isolation;
 - 1.2 The work must be under conditions which present a risk of disabling injury; and
 - 1.3 The worker might not be able to secure assistance in the event of the disabling injury or other misfortune.
2. In order to determine time intervals between well-being checks, relative risk needs to be determined. The following information is a general guide to identify some of the more common working alone situations:
 - 2.1 High Risk (expected to be avoided wherever practical – avoid task, work in tandem or seek police assistance):
 - a) interacting with a client known or reasonably believed to exhibit violent behaviour.
 - 2.2 Medium Risk:

- a) working alone in remote or isolated areas;
- b) traveling between communities on infrequently traveled roads (i.e. logging roads);
- c) interact with clients who are not known or not predicted to exhibit violent behaviour.

2.3 Low Risk:

- a) working alone in an office or similar building before or after normal work hours;
- b) coming into the office to do work on the weekends or holidays;
- c) traveling alone on well traveled public roads;
- d) telecommuting arrangements.

2.4 Weather, time of year, worker experience and comfort level should also be considered.

3. Though each situation should be determined with the worker, general guidelines for checking a worker's well-being are:


- 3.1 High Risk – s.15
- 3.2 Medium Risk – s.15
- 3.3 Low Risk – s.15

4. Workers are expected to:

- 4.1 Ensure their communication device is charged and functioning effectively.
- 4.2 At the beginning of working alone, initiate contact with the contracted **Call Centre (1-866-257-0344)** providing the following information (as applicable):
 - a) your name;
 - b) your base office and region;
 - c) contact numbers including cell phone, hotels, home and destinations, etc.;
 - d) name and contact numbers of your supervisor;
 - e) intended destinations or addresses and routes of travel;

- f) when you will call for well-being checks;
 - g) estimated time for the end of shift check;
 - h) your vehicle description (year, make, model, colour, and license plate);
 - i) any special instructions (info. about dead zones for cell phone coverage, code names for threat situations, etc).
- 4.3 Contact the **Call Centre (1-866-257-0344)** when working alone task has ended.
- 4.4 The Call Centre will record the date, time, location and status of well-being checks (this includes the check at the beginning and end of the working alone shift as well as the intervals in between, if applicable).
- 5. Emergencies:
 - 5.1 If the worker does not call the Call Centre at the pre-arranged time, the Centre will attempt to contact the person for the **s.15**. This will include calling the contact numbers provided by the worker at the beginning of the working alone shift to try and determine the worker's location and well-being status.
 - 5.2 If the worker cannot be contacted or the status of the workers well-being cannot be confirmed, the Call Centre will contact the worker's supervisor. If the supervisor cannot be reached within **s.15**
 - 5.3 The Call Centre will continue to monitor the phone and continue to make reasonable attempts to contact the worker. Any new information obtained will be communicated to the supervisor and /or local Police as soon as possible.
- 6. Training will be provided for all staff who have the potential to meet working alone criteria. Documentation of completion is required.
- 7. Records: all well-being checks must be recorded by the call centre and kept for one year after an annual review of the working alone system and procedures.
- 8. Workers assigned to work alone will be supplied with an appropriate and effective communication device suitable to the circumstances.
- 9. Yearly reviews of the Working Alone system and procedures will be completed reviewing:
- 10. Written procedures for checking the well-being of a worker;
- 11. Contact records (available from contracted services);

12. Training records for workers assigned to work alone or in isolation.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: September 17, 2004 Amendment Date:	Health and Safety PE 300

POLICY TITLE: FILLING OUT WCB / FIRST AID PACKAGE FOR STAFF INJURY OR ACCIDENT

POLICY:

Staff must inform their supervisors of any injury or accident that occurs in the course of performing their duties.

There are 6 forms in the first aid package envelope and 2 forms on line. Please fill out ONLY the forms needed and return ALL 6 forms to the envelope.


Staff must complete their part of the first aid package and forward it to their supervisor.

The supervisor is required to complete the package, sign it and return it within 24hours, or the next regular workday, to the Payroll Coordinator.

PROCEDURES:

1. The employee who was injured must complete WCB form 55B23 (FIRST AID RECORD) for **ALL** injuries. If the First Aid attendant does not see the employee, this should be noted in the "Remarks" section at the end of the form with an explanation as to why.
2. The Immediate Supervisor must complete the WCB form 7 and the On-Line Incident Report (CFO653).
3. The Immediate Supervisor should complete the On-Line Joint Incident Investigation form with a shop steward of the appropriate union, if necessary.
4. If the employee is seen by first aid, the attendant must fill in the First Aid Report form 7A and the Accident and Treatment Record.
5. If a youth is involved in the injury or accident the shift supervisor and employee must also complete an Incident Report.
6. If a Ministry vehicle is in an accident the employee and immediate supervisor must complete a Vehicle Accident report (both sides).

If in doubt please read the front of the first aid envelope for detailed directions.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: November 7, 2007 Amendment Date:	Health and Safety PE 400


POLICY TITLE: STAFF IMMUNIZATION HEPATITIS B

POLICY:

This agency is committed to contain and minimize any risks to employees or youths. Therefore, the Maples Adolescent Centre shall make available to all direct care staff the vaccine for immunization against Hepatitis B.

PROCEDURES:

1. As an employee of the Maples Adolescent Treatment Centre, it is quite likely that you may at some point work with adolescents who are considered "high risk" in a variety of ways. One area of such risk is the potential for the exposure to, and spread of, "Infectious and/or Communicable Diseases".
2. Should it be your decision to be immunized against Hepatitis B, it is important that you fully understand this is a process which takes place over seven months, and will require some education for the immunization to be an effective protection against the disease. No vaccine will protect an individual as well as following the "Universal Precautions to Prevent Transmission of Infectious Diseases" outlined in the policy on Infectious Diseases – Prevention and Management HS-200.
3. Anyone wishing to pursue the option of vaccination is expected to:
 - 3.1 Discuss the vaccination procedure with his/her family doctor;
 - 3.2 Pre-screening blood work may be done;
 - 3.3 If the results indicate a negative Hepatitis "B" Surface Antigen, and negative Anti-hbc, a copy of this will go to your family physician or to the Maples Adolescent Centre General Practitioner. You will then be provided with the ENGERIX B vaccine. Bring it along with a follow up Lab requisition to your family physician to be administered;
 - 3.4 It is important to acquire and maintain an updated immunization card as this will be requested.
4. For information on protocols for exposure, please see YC-600.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: November 23, 1999 Amendment Date:	Health and Safety PE 655

POLICY TITLE: STAFFING PRACTICES

POLICY:

Introduction

The policies contained herein shall be consistent with the current collective agreements between the government and the BCGEU, UPN and BCNU.

This document shall also be consistent with all legislation, and the policies of the Ministry for Children and Families, Public Service Employee Relations Commission (PSERC) as noted in the Personnel Policies and Procedures Manuals Volumes 1 and 2.

PROCEDURES:

POLICY

1. Absence/Illness/Injury – Notice to Employer and Reports Required:

In order to maintain safe, consistent, and therapeutic residential staffing, employees are required to give sufficient notification to the employer prior to and following absence/illness.

PROCEDURE

- 1.1 For the employees that are unable to report for the next scheduled shift at the required time:
- 1.1 the Unit in which the employee is scheduled to work must be notified
- 1.2 if the employee is absent for reasons other than illness, an explanation of same must be provided
- 1.2 for incidents of lateness, an explanation as well as a projected time of arrival must be communicated to the shift supervisor and/or Program Coordinator
- 1.3 For employees returning to work following absence/illness, phone prior to the commencement of the employee's next shift, and within the following notification times:

- a) Day Shift - 12 hrs (by 2000h of the preceding evening)
 - b) Evening Shift - 6 hrs (by 0900h same day)
 - c) Midnight Shift - 8 hrs (by 1500h of the preceding midnight)
- 1.4 Failure of an employee to comply with the above notification times shall result in the employee being sent home without pay for the shift in question.
- 1.5 the employee shall have the option of charging this missed shift to unused ETO, CTO, vacation or LWOP (leave without pay) as outlined on the Leave Management Transaction (LMT) form
- 1.6 Employees 'with benefits' returning from illness of more than two hours duration are to complete an LMT form and submit this to their supervisor.
- 1.7 Employees 'with benefits' who are ill for six consecutive scheduled days or more are to complete an LMT form, and a Medical Certificate (STO 2) is to be completed by their physician and forwarded to the Supervisor (BCGEU Appendix 4, Article 1.4 (a), (b) or (c)). See 7.0 below.
- 1.8 Reporting Absence Due to Illness and/or Injury Report
- 1.9 Upon return to work from illness, employees 'with benefits' must complete an LMT and submit it to their supervisor.
- 1.10 The supervisor signs the form and submits it to the Payroll Leave Coordinator in the Administration Office.
- 1.11 Supervisor's illness reports will be signed by the Program Manager of the relevant Department.
- 1.12 Benefits may cease to be paid when an employee fails to provide satisfactory evidence of medical disability during the benefit period.
- 1.13 Injury Reports
- a) any employee who sustains any injury on the job must immediately notify the First Aid Attendant on duty (see Policy & Procedure HS 300 'Work-Related Injuries – First Aid Care), and make a report in the Accident Report Book
 - b) depending on the severity of an injury they may require
 - c) to leave the workplace immediately
 - d) transport to a hospital

- e) such occurrences require that a supervisor make an entry in the Accident Book, and complete a Workers Compensation Board Form 7.
 - f) they may also require an Incident Report (MAPLES) and an Accident and Incident Report Ministry for Children and Families (MCF).
- 1.14 In all cases of accidents or serious injury, refer to the Accident Prevention Manual of the MCF (available in all Units).
- 1.15 If a vehicle is involved, also refer to the policy on Vehicle Management for additional reporting procedures.

POLICY

2. Advancement Opportunities

Vacancies for regular positions that are to be filled shall be posted and appointments will be made on the basis of merit in accordance with the Public Service Act.

PROCEDURE

- 2.1 Competitions for vacant regular positions are published in the Government Postings tabloid.
- a) job descriptions and specifications shall be available for all regular established positions within the Maples Adolescent Treatment Centre
- 2.2 Employees wishing to apply for a posted position must complete an application form and forward it to the specific closing location specified with each position.
- 2.3 application forms are available at all Human Resources Offices.
- 2.4 Applicants who are selected to be put on the interview short list will be notified by the Human Resources Office of the time and date of their interview.
- 2.5 Employees called for interviews must notify their supervisor of the time and date of the interview panel before leaving the work area.
- 2.6 Official notification of an employee's status in a competition will be sent to the applicant from the Human Resource Office.
- a) applicants may appeal the outcome of a competition within a 14 day period.
 - b) Check the relevant Collective Agreements and with the Human

Resources Office for details.

POLICY

3. Performance Appraisals

- a) a written assessment of the work performance of each employee, based on their job description, shall be completed at regular intervals and at other times as deemed necessary

Supervision in the most productive context is a mutual sharing of objectives around an employee's performance.

- b) while at times it may be disciplinary in nature, the general intent is to assist the employee to maintain his/her performance at optimal levels.
- b) while the supervisor has the opportunity and responsibility of identifying observed areas of appropriate or inappropriate performance, the employee has the opportunity in supervision to identify their own objectives around job performance and training needs.
- c) as indicated in the policy entitled Training Guidelines, each employee will be expected to collaborate with their supervisor in the creation of individual development plans designed to optimize their potential as employees.
- d) these plans will form the basis for training approvals and planning, and will assume a greater importance as an employee becomes more senior.

PROCEDURE

- 3.1 A new employee shall be on a probation period not to exceed six months (913 hours) and shall receive written appraisals after three and five months service.
- 3.2 All employees shall receive a written appraisal upon completion of each anniversary year of service.
- 3.3 The supervisor may complete an appraisal at other times where the employee's performance warrants such action, or for other reasons.
- 3.4 Performance appraisals may be completed to mark a change in employee's status, promotion panels, transfer or move to another work site, etc.
- 3.5 Appraisals shall be completed on forms designed for such use, and additional comments may be attached on plain paper.

3.6 The employee who receives a performance appraisal is required to sign their appraisal as agreed or disagreed.

- a) they shall also be given the opportunity to attach their comments

POLICY

4. Progressive Discipline

The concept of progressive discipline is employed throughout the Public Service of the Province.

Any employee may be disciplined for just cause by their supervisor.

PROCEDURE

4.1 Verbal Warning

- a) from the immediate supervisor
 - i) an employee is to be advised, before any meeting occurs, of the right to have a Shop Steward present
- b) a supervisor is to state that an issue requires, or may lead to disciplinary action
 - i) during a meeting, a supervisor shall state:
 - (A) the area(s) of concern.
 - (B) give specific examples.
 - (C) state what improvement(s) are expected.
 - (D) what supervisory and other help is available for the employee.
 - (E) how progress will be monitored and evaluated with time frames for review.
 - ii) mutual discussion is encouraged and the goal should be to take corrective action and to prevent further problems
 - iii) the supervisor is responsible to follow through in helping the employee with training or retraining

4.2 Written Warning or Reprimand

- a) from the immediate supervisor
 - i) when appropriate improvements are not forthcoming, after discussion as above, the employee is to be advised of their right to have a Shop Steward present as above
- b) mutual discussion is encouraged about what improvement(s) are required
- c) a supervisor then follows up by a letter given to the employee (BCGEU Article 10.5, and UPN/BCNU Article 10.09) with copies to Shop Steward and employee's personnel file
 - i) this letter should:
 - (A) confirm previous discussion(s), plus facts discussed and date(s) as remembered.
 - (B) state specific problem(s) and/or violations of policy.
 - (C) specify what supervisory and other help available.
 - (D) specific (re)training required and by whom to be given.
 - (E) state future consequences if expected improvement does not occur within reasonable and specific time period (i.e. one, two or more months)
 - (F) if a second warning letter is issued, refer to the above, plus the fact that inability to meet the required improvement(s) could result in a more serious action being recommended to the senior level

4.3 Suspension/Dismissal

- a) unless specifically directed by law or policy (such as in apprehension at a time of theft or a severe breach of policy related to child abuse) suspension should not be initiated without discussion with the ~~Complex Supervisor~~ or Program Manager
- b) suspension can be authorized by the Executive Director / Manager and termination or dismissal can be authorized by the Deputy Minister only

POLICY

5. Dress Code Requirements

Sound judgement must be used at all times in the choice of staff dress.

The nature of the duties being performed will guide staff in their choice of clothing and footwear.

PROCEDURE

- 5.1 Staff are expected to maintain an awareness of their choice of staff dress
 - a) the nature of the duties being performed will guide staff in their choice of clothing and footwear
- 5.2 in order to prevent injury, staff shall wear appropriate footwear at all times
 - a) as per WCB regulations, the wearing of open sandals and high heeled shoes is discouraged, especially in closed residential areas
 - b) injuries cause by such apparel may not be eligible for compensation
- 5.3 shirts or other clothing which advertise products or display slogans or pictures of a potentially controversial or offensive nature, shall not be worn.

POLICY

6. Medical certificates for illness.

PROCEDURE

- 6.1 It is the supervisor's responsibility to inform the Leave Recorder in the Administration Office of employees who are away more than five days.
 - a) The Leave Recorder will then mail a Medical Certificate to the employee to have completed by their doctor.
- 6.2 The employee will have their doctor complete the form and return it to the Leave Recorder who will notify the Program Manager.
- 6.3 Benefits may cease to be paid when an employee fails to provide satisfactory evidence of medical disability during the benefit period.

POLICY

7. On-Call or Auxiliary Policy

PROCEDURE

- 7.1 On-call employees are responsible for advising the ~~Complex Supervisor~~ of

their current and accurate

- a) address
- b) phone number or pager number (one only – two calls will be made to the one number only)

7.2 On-call employees who will not be available during the established call-in period (see section 8.8 for the call-in period definition) or who suspect problems with their receiving equipment, phone, etc., are responsible for call in to the ~~Complex Supervisor~~ prior to the pre-set call-in period.

7.3 When an on-call employee is contacted during the pre-set call-in period and declines the work offered, the employee will clearly explain their reasons, if claiming circumstances under section 9.3 below.

7.4 On-call employees who decline work, or are unavailable in the following circumstances, will not have these count as an occurrence for purposes of BCGEU Article 31.4(d), or Nurses Article 29.04(d)

- a) unavailability for, or a decline of work offered outside of the call-in periods
- b) where scheduled in advance
 - i) vacation or earned time off
 - ii) maternity leave
 - iii) mutually agreed and approved periods of “no call”
 - iv) leave to participate in activities of the reserve components of the Canadian Armed Forces
 - v) absence on WCB claim
 - vi) illness – proof of illness may be required if the absence is greater than five days or where it appears a pattern is developing
 - vii) illness of a child of the employee where no one other than the employee can care for the child – provided the employer is notified in advance of the shift or scheduling period:
 - (A) such leave is not to exceed two days
 - viii) union leave without pay under BCGEU Article 2.10, or Nurses Article 20.03

- ix) bereavement leave
 - x) jury duty
 - xi) medical or dental appointments.
- 7.5 Auxiliary BCGEU employees unavailable for, or declining work offered to them, in addition to the BCGEU Article 31.5(o), accept the resulting loss of hours worked and possible changes in rank on the seniority list as less senior employees work these shifts.
- 7.6 The employer is not required to recall auxiliary employees who have accumulated 1827 hours (straight time) in less than a twelve month period (until the twelve months have elapsed).
- 7.7 As indicated by BCGEU Article 31.5(o), auxiliary BCGEU employees who decline work on 3 separate occasions or who are unavailable for work when required during an official call-out time on 3 separate occasions, shall lose their service and classification seniority and shall be considered terminated for just cause.
 - a) the 3 separate occasions must be within the calendar periods between January 1 and June 30 inclusive, or July 1 and December 31 inclusive, as per BCGEU Article 31.5
 - b) on-call Nurses may suffer a loss of seniority for any decline of work.
- 7.8 Accumulation of seniority – on-call employees
 - a) seniority shall be accumulated upon completion of 30 working days (7 hour shifts) and shall include the accumulated 30 working days (210 hours [BCGEU Article 31.1(3)])
 - b) this accumulation is calculated on the basis of all hours worked at the straight time rate, designated holiday and lieu days, annual vacation and other contractual leave (BCGEU Article 31.3, Nurses Article 29.03)
- 7.9 Call-in periods - on-call employees
 - a) In the event on-call staff are required for work at the Maples Adolescent Treatment Centre, they will be contacted in order of seniority.
 - i) on-call staff are required to be available by phone on a daily basis (BCGEU Article 31.5(e) or Nurses Article 29.01(b)) between the hours of:

- (A) 0600 – 0630h (for one D shift assignment only)
 - (B) 0900 – 1030h
 - (C) 2000 – 2100h
 - b) on-call staff will be called twice only
 - i) if on the first attempt they are not available, they will be called again in five (5) minutes times
 - ii) if they remain unavailable, they will be considered as unavailable for work in accordance with BCGEU Article 31.5(h)
 - c) those on-call employees who will not be available during the preset call-in periods (for specific reasons as outlined in BCGEU Article 31.5(j)) are required to phone in before the preset times to ascertain if work is available
 - d) the ~~Complex Supervisor~~ phone number is ~~660-5813~~ or cell phone ~~s.15~~
 - e) all on-call employees are expected to be available for full-time work except in cases where certain limited availabilities for specific periods of time were identified and agreed on with the ~~Complex Supervisor~~ at the time of employment
 - i) those employees with “limited availability” should supply the ~~Complex Supervisor~~ with a detailed list of the actual shifts they will be available for the month at the beginning of each month (BCGEU Article 31.05(p))
 - f) on-call employees are reminded that an on-call position is “as required by the employer,” consequently all periods of unavailability must be negotiated through the ~~Complex Supervisor~~
- 7.10 Auxiliary employees who report for work shall be paid a minimum of two hours (BCGEU Article 31.5(s) and Nurses Article 29.01(d))
- a) where an employee commences work they will be paid for 3.5 hours at their regular rate, and will usually work that length of time as per 8.9(a) above
 - b) shorter work periods may be arranged in advance with the employee.

POLICY:

8. Overtime

Overtime will be assigned only when regular or auxiliary staff are not available to work at regular straight time rates.

Overtime is to be allocated according to safety considerations, clinical needs and equitability.

PROCEDURE

- 8.1 All overtime assignments will be offered as per Article 15 of the relevant Collective Agreement.
- 8.2 Overtime assignments are normally arranged by the area supervisor where it is to occur
 - a) the ~~Complex Supervisor~~ may assist if requested, or when clarification is required
- 8.3 Overtime should be offered in the following sequence
 - a) to a regular staff member of the same job classification working the area where the overtime is located (ie. a line vacancy is to be filled by a Nurse 4 or Child Care Counsellor 2)
 - b) to a regular staff member of the same classification working on complex
 - c) to a regular staff member of any classification (ie., Child Care 3 or 4 or Nurse 5 or 3) working on complex at the time of the assignment
 - d) to an auxiliary staff on complex
 - e) to a regular staff, not working on the complex at the time of the assignment, for whom the overtime shift would be either an extension or an abutment of their normal shift
 - f) to a regular staff for whom the overtime would be worked on a day of rest
- 8.4 An overtime shift should not be assigned to any employee without an eight hour (BCGEU Article 15.12) and preferably a sixteen hour (Nurses Article 15.13) rest period before the start of the next shift.
 - a) when the overtime shift is an abutment to the regular shift it shall be separated from the preceding regular shift by a clear 8 hours (as per

BCGEU Article 15.11)

for example – when any staff has worked an overtime shift from 1500h to 2400h and is then assigned a shift which begins at 0700h the next day, both the Nurses and BCGEU contracts indicate that that following shift is to be paid at overtime rates

- 8.5 Any staff, regular or auxiliary, should notify their supervisor if such an assignment occurs, and other assignments should be made to not incur overtime expenses.
- 8.6 Where an 'extra' staff is being sought for an overtime assignment, the area supervisor may offer it to either a Child Care Counsellor or a Nurse.
- 8.7 As stated in the applicable Collective Agreements, overtime shall be assigned on an equitable basis.
 - a) a staff should not be offered a second overtime opportunity if it is clear that other staff on complex are available, interested and have yet to be offered a first shift within a certain period of time.
 - b) over the longer term, records in payroll are available for reference, should it be felt that systemic inequity is occurring.

POLICY

9. Resignations or Termination of Employment

PROCEDURE

- 9.1 Employees intending to resign shall submit their resignation in writing to their supervisor (or department head) with a final date of work indicated.
- 9.2 Employees are requested to give 28 calendar days' notice of resignation (BCGEU Article not specified in the contract, Nurses' Article 30.02).
- 9.3 Circumstances surrounding oral resignations should be documented by the supervisor and witnessed, if possible, at the time.
 - a) such a situation should be immediately discussed with the Human Resource Officer
- 9.4 Employees leaving the Service shall be interviewed by a supervisor, whenever possible, and an exit interview report shall be completed.
 - a) a package of forms is available from the Human Resource Office or the Maples Administration for this purpose

- b) the exit interview shall document on the forms provided:
 - i) the reason for separation.
 - ii) employee's comments and signature.
 - iii) a brief supervisory assessment of an employee's performance and suitability for rehire.
 - iv) date of separation and date of interview.
 - v) signature of supervisor.

9.5 Upon completion of the exit interview, the supervisor will promptly submit the completed Separation Report forms to the Human Resource Office via the Payroll Coordinator.

- a) whenever possible, the employee should be afforded the opportunity to read the information on the exit interview forms and add their signature

POLICY

10. Staff conduct towards residents

Pursuant to Ministry for Children and Families policies, employees of the Maples are expected to comply with the following standards of employee conduct

PROCEDURE

10.1 Standards of employee conduct include adherence to the rules and regulations of the Maples

- a) within the scope of their responsibilities, to actively offer services to meet the clients' needs and to respect the individual's rights and dignity
- b) to maintain congenial, objective relations with clients, their families and the community as a whole
- c) to ensure protection from abuse for those persons in care
- d) to utilize resources in an effective and efficient manner including time, materials, and equipment
- e) within the scope of their responsibilities, to actively participate as a member of a multidisciplinary team and to support supervisory direction

- f) to recognize the need for efficient and cooperative working
 - g) relationships with fellow employees and with employees of other ministries and agencies
 - h) to carry out all responsibilities in a safe, alert, and efficient manner
 - i) to be available and punctual for all scheduled working days unless absent on approved leave
- 10.2 Employees are expected to assume the responsibility of the role of a healthy adult for adolescents whose past experiences with adults often has included physical and sexual abuse
- 10.3 Due in part to the strong relationships that may form during a resident's stay at the Maples, several restrictions have evolved which are more detailed than other adolescent residential care facilities.
- 10.4 Employees at the Maples must maintain their professional standards of conduct and personal internal controls while managing resident behaviour which can be challenging, alarming, provocative and demanding
- 10.5 It is therefore essential that our standards of employee conduct towards adolescents in our care be both exemplary and enforced.
- 10.6 Any staff member who abuses a youth in care at the Maples will be subject to immediate disciplinary action and possible civil and criminal charges.
- a) abuse is defined in the policies on Allegations of Physical and Sexual Abuse (RC 200 and RC 210 in this manual)
 - b) it is also outlined in the professional codes of conduct of the care professions employed at the Maples
 - c) abuse may be broadly defined as any action intended to harm, exploit, degrade, humiliate, intimidate or terrify
 - d) it may be of a physical, sexual, or verbal nature
 - e) further discussion is undertaken on the subject of sexuality in RC 930 of this manual.
- 10.7 Any staff who has knowledge of a child allegedly being abused must report this as detailed in the policies on Allegations of Abuse.
- a) failure to do so may also result in disciplinary action and charges under the protection of children provisions of the *Family and Child*

Services Act of BC.

- 10.8 Staff will not involve themselves with residents during their off-duty hours.
 - a) prior authorization by the Manager may be arranged on rare occasions.
- 10.9 Under no circumstances are staff allowed to take residents into their own homes.
- 10.10 Staff are not allowed to transport residents in their private vehicles.
 - a) the express authorization of the Manager is required for any exception to this policy.
- 10.11 some agency staff are authorized to use their own vehicles to transport residents.
- 10.12 When staff, whether on or off duty, meet up with residents off the complex, who are known to have eloped (AWOL), they may verbally encourage the resident(s) to return to the Maples and notify the relevant unit
 - a) under such circumstances any discussion should be brief
 - b) the authority to apprehend a resident when they are off the complex is severely restricted to cases of actively suicidal or homicidal residents, or if seen in the commission of a criminal act (see RC 500 Elopement in this manual)

POLICY

11. Transfers within the Maples

Staff are hired to work for the MAPLES and may be placed in any program area at the discretion of management and within contractual agreements

PROCEDURE

- 1.1 because treatment programs espouse a team approach requiring staffing stability, all transfers will be made in a planned way with due regard to program requirements and staff capabilities
- 1.2 staff may request a transfer within the MAPLES at any time, but such transfers are infrequently approved unless a staff person has worked in the present program area for at least twelve months
- 1.3 Final decisions on any staff transfer will rest with the Program Coordinator of the relevant program area.

- 1.4 Direct supervisors and the staff involved will be consulted prior to any transfer decision being made.
- 1.5 Transfers of staff who have worked in a program area for less than twelve months will only be considered based on:
 - a) urgent operational requirements
 - b) perceived benefit to program and staff.
- 1.6 All efforts will be made to ensure the compatibility of staff to the program area and resident population.
- 1.7 Interdepartmental transfer appointments may be preceded by an application and interview process in order to ensure fairness and opportunity.
 - a) interdepartmental transfer will require the approval of the Program Coordinators and Manager
- 1.8 Prior to any transfer request, a staff member must discuss the request with his/her immediate supervisor who will, in turn, inform the Program Coordinator of the department of the request, with any attendant recommendations.
 - a) transfer requests will be discussed at the departmental Management Team meeting prior to any decision.
- 1.9 Transfer requests must be made in writing to the employee's immediate supervisor and will include :
 - a) reasons for the request
 - b) perceived benefits of the transfer
 - c) the program areas to which the staff would like to move
- 1.10 All transfer decisions will take into account the need for staff teams which are properly balanced, especially in the following areas:
 - a) nursing / child care
 - b) experience / inexperience
 - c) male / female

POLICY

12. Vacation Carry-Over

Employees may carry over vacation time in accordance with their appropriate collective agreements

- a) vacation carry-over in excess of the amount provided in the relevant Master and Component Agreements, will not be approved except for reasons of extreme pressures of work, illness, or similar unforeseen events

PROCEDURE

- 12.1 Employees should refer to their appropriate collective agreement to determine their eligibility to carry-over vacation.
- 12.2 Employees requesting vacation carry-over must submit their request in writing to their supervisor or department head by December 1 each year
- 12.3 Vacation carry-over in excess of contract allowance must be submitted to the Human Resource Office via the Payroll Coordinator prior to the end of the year.
- 12.4 Vacation time unused and not approved for carry-over is frozen until termination of employment.

Auxiliary Staff Orientation

Welcome to the Maples Adolescent Centre. As an auxiliary staff you may be called to work in any of four program areas.

You will receive orientation on the core principles of our model of practice, a workshop on progressive intervention, and an overview of the agency soon after you join us.

We hope that the information contained in this package will help you adjust to your new position.

Auxiliary Staff Expectations and Responsibilities

An auxiliary staff is hired to replace a regular employee who is not at work because of illness, vacation, training or any other leaves.

The first four shifts working for the agency will be mainly observational, for the purpose of being oriented to a specific program area by a senior team member. It is expected that for the first twenty-eight shifts it will be the responsibility of each auxiliary staff to arrange with each shift supervisor to complete an "Auxiliary Feedback Form," for each shift or set of shifts worked. These forms are to be forwarded to the ~~Complex Supervisor~~ by the shift supervisor and placed on the employee's file. This feedback process is critical for reviewing performance and discussing any areas of concern, which occur in the early stages of employment with the agency. Prior to completion of the first twenty-eight shifts, suitability decisions can be made by the employee or the employer.

All auxiliary staff on the On-Call Roster will be under the direct supervision of the ~~Complex Supervisor~~. When auxiliary staff are assigned to work in a line on a unit, the supervisor of that program area will take over the supervisory responsibilities. A 3 and 6 month Appraisal during the probationary period can be expected.

Auxiliary Staff Orientation

As an auxiliary, your perceptions and feedback to staff on management techniques with residents, and unit- and complex-wide dynamics are valuable and appreciated. You will have the opportunity to engage with, and observe, all the staff and residents, and this information is important in keeping everyone abreast of developing and ongoing situations. Although you will be expected to learn the routines and expectations at the Maples, and be able to function successfully in each of the programs, it is understood that familiarity, comfort and competence will occur gradually over time. To help you arrive at this performance level, it is suggested that you read information found on each of the units and ask questions whenever you have them.

On-Call Roster

The auxiliary staff are rostered in order of seniority. The most senior available staff is scheduled whereby a Nurse replaces a Nurse and a Child Care Counsellor replaces a Child

Care Counsellor when possible. Operational requirements are a consideration in determining backfill.

An auxiliary Child Care Counsellor must have eight clear hours off from the end of one shift to the start of the next shift.

For Nurses, it is fifteen hours and forty-five minutes from the end of one shift to the start of the next.

A Child Care Counsellor may choose to decline a shift if less than sixteen hours have elapsed between shifts. In doing so, they thereby give up their seniority rights to that shift (GCGEU Article 15.04). The auxiliary is expected to inform their supervisor when less than sixteen hours have elapsed between shifts, and there is no penalty for refusing an offered shift at any time under these circumstances.

The work week is Sunday to Saturday.

Auxiliary staff should not be working more than four days consecutively without a day off. You will be provided with two days off in a seven day period. You should not be scheduled for more than five shifts between Sunday and Saturday. If this should occur, please inform your supervisor.

Should you arrive at work, and for any number of reasons not be needed, you should always sign in. If you are sent home within the first five minutes, you will be paid for two hours of work. If you are kept beyond five minutes, you will be paid for three and one-half hours of work. Register these hours on the yellow auxiliary sign-in sheet.

Call-Out Times

Call-Out times are as follows:

0600h to 0630h (to book you for this morning's Day shift only, because someone **scheduled for this morning's shift** phoned in sick during the **midnight shift**)

0900h to 0930h (for prebooking upcoming shifts and/or to book for **Evening shift that day**)

2030h to 2130h

Being available at call-out time, or refusing a shift offered to you during Call-Out time, is not acceptable. If **(a shift is) you** refuse a shift, or if there is no answer (after following Call-Out procedure), an "R" in red ink will be marked on the auxiliary roster, along with the date and time **that you were** called. The next most senior available **auxiliary** staff will then be called. On the third such occasion **of an "R" being marked on the roster**, and after being notified in writing of the first two occasions, auxiliary Child Care Counsellors can be dismissed. You can, however, refuse shifts offered to you outside of **the** Call-Out times **listed above** without penalty.

There are six different shifts that you can be booked for:

De (days early)	0700h to 1500h	D (days)	0800h to 1600h
E (evenings)	1500h to 2300h	EI (evenings late)	1600h to 2400h
M (midnights)	2300h to 0700h	MI (midnights late)	2400h to 0800h

A shift is **not** considered confirmed until **(the auxiliary staff) you** verbally accept the work assignment. When working, please sign in, clearly and correctly, on the yellow Attendance Sheet.

Communication

If you **(are) will not be** available during Call-Out times, contact the Complex Supervisor, prior to 2030h, either on their cellular phone at **s.15** or in their office at **660-5813**

Call-Out procedure is as follows:

During Call-Out times two attempts, at least five minutes apart, will be made before an employee is considered unavailable **(on) for** that day. You can choose to have a pager number used as one of your contact lines.

Sickness

If you are unable to work a booked shift, phone the program area **to which you have been booked** prior to **the** Call-Out time **(preceding that shift)**

You must phone in “well” to the Complex Supervisor, otherwise you will be presumed sick for your next scheduled shift **and for any successive shifts for which you could be booked (if you have not phoned in “well” to the Complex Supervisor as follows).**

Call in “well” to the ~~Complex Supervisor~~ as follows:

- by 1500h for an M/MI shift
- by 0900h for an E/EI shift
- by 2030h for tomorrow's De/D shift

If you fail to notify the ~~Complex Supervisor~~ **that you are calling in “well,”** and then show up for work, you will most probably be sent home, particularly if a replacement staff has been booked.

Please familiarize yourself with the Policy and Procedure Manual relating to Staffing Practices: On-Call Staff and Illness.

If you are unable to work, and have not previously been booked for a shift, you are expected to inform the agency, either through the ~~Complex Supervisors~~ during their working hours (1800h to 0430h), or by contacting the (front desk) Administration Office at 660-5800.

Availability

The auxiliary staff and the ~~Complex Supervisors~~ will negotiate and sign an agreement of shift availability. Auxiliary employees are reminded that an On-Call position is “as required by the employer” rather than “at the convenience of the employee.” Consequently, the ~~Complex Supervisors~~ must approve all leaves or periods of unavailability, and these conditions will be strictly adhered to.

Where there appears to be miscommunication around employee availability, and where this results in booking errors, a financial remedy can be provided only when a request to modify the availability has been made **between you and the Complex Supervisors**, and accepted in writing.

Changing availability as an auxiliary has two aspects:

You may increase your availability to informing the ~~Complex Supervisors~~ with ten days written notice

or

Should you wish to reduce your availability, you may request this in writing at any time.

Reducing or increasing availability, and requests for time off, remains a management decision, **based on the operational needs of the agency**.

Availability arrangements will be maintained on a month-to-month basis.

Pre-Booking Shifts

Management chooses, for operational reasons, to pre-book shifts. The ninety-six hours following the Call-Out time is considered a reasonable period for this purpose.

To explain –

For example, if you are unavailable during Call-Out time on Monday **(to accept) and during the Monday Call-Out you would have been offered** shifts on Tuesday, Wednesday and Saturday, you will receive a shift refusal for Tuesday's shift and your seniority rights will be waived for the Wednesday and Saturday shifts. Only by the **Complex Supervisors** indicating that your seniority rights **(are) have been waived** will less senior staff be contacted and offered those shifts.

Work that becomes available for periods of longer than a week will be offered to the most senior On-Call employee who is available to work the **(days)** shifts required. These longer periods of On-Call work will be prescheduled and will not be subject to daily Call-Out

requirements, except in extenuating circumstances, such as low resident count in a unit, resulting in no requirement for an auxiliary staff. You may then be debooked.

For Your Enjoyment

As an employee of the Maples, we encourage you to utilize the recreational facilities and equipment that is located on the complex. Please contact Stephen Sjoberg in the Program Department about any specific questions you may have. He can be reached at 660-5468 or 660-5469. During off-hours, contact Security **(9-341-5770)** for access to the Administration Building.

Gym – the gym is used all day for Maples and **Burnaby Mental Health Services**. Auxiliary staff are welcome to participate during all Maples recreation times. Evenings and weekends the gym is available when not in use by Burnaby Youth Services, BMHS or the Maples. Badminton is often played at lunch time.

Mini-Gym – during the day the mini-gym is open for drop-in workouts except for the following periods:

Monday to Friday	0930h to 1030h
Monday	1030h to 1130h, 1430h to 1530h
Tuesday	1400h to 1500h
Wednesday	1430h to 1600h
Thursday	1430h to 1530h

Fitness appointments can be made with one of the rec staff for those interested in having a fitness/weight program developed to meet their specific needs.

Pool – open at lunch for staff-only swims (1200h to 1300h) where program staff will provide life guard supervision and swim instruction.

Tennis Courts – open at all times for use by all staff on site.

Billiard Tables – are also available for your enjoyment.

Get Outside - our beautiful grounds are great for those who love to stroll, jog or run.

Staff Activities

Staff basketball is held on Tuesdays from 1600h to 1800h, October to May. All staff are welcome to play and skill instruction is available on request. Emphasis is on fun, participation and exercise.

Staff floor hockey is played Wednesdays from 1600h to 1800h from October to May. Conditions as above.

Staff softball teams meet every Monday at 1830h. Russ and Stephen (program staff) have entered a Maples Slo-Pitch softball team in the Vancouver YMCA League. All staff are

welcome; just check with Russ or Stephen about the schedule or to arrange any desired instruction.

All facilities are open for staff use Monday to Friday, 1200h to 1300h.

The Breakaway Café is open from 1030h to 1055h weekdays. This is a great place to relax, enjoy coffee and a donut while socializing with staff and residents from other units and departments.

Hill Street Meetings are held every Tuesday at the Breakaway, starting at 0930h. Everyone is welcome, and it's a way of keeping abreast of events or changes occurring within the organization.

Extra Tidbits

Your paycheque will be sent to the unit where you are scheduled to work next. Any questions you may have about your pay can be discussed with your supervisor. She can be reached at 660-5813.

A Personnel Advisor, of Human Resources (660-3907), can answer any questions you may have about employment benefits or internal postings.

The staff lounge is equipped with a phone and television for your use. Mailboxes are located on the back wall. Please feel free to label one with your name and use it as your mailbox and as a place to keep your non-confidential papers.


A Maples Reading Room is located in room 21, Administration Building. Feel free to check out what resources are available.

On the bulletin board in the Administration Building you will find current workshops and courses available, plus current job postings. Many of these items may also be found on unit bulletin boards.

Occupational First Aid Attendants are on site during the week to deal with any staff injury that may occur. During off-hours, all Security personnel are qualified First Aid Attendants.

While an employee of the Maples, you will have an opportunity to attend in-service training, as well as doing CPR re-certification, progressive intervention and fire safety.

The vaccine for immunization against Hepatitis B is made available to direct care staff. Please refer to your Policy and Procedure Manual (RC 600) and speak to the Complex Supervisors.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	 BRITISH COLUMBIA The Best Place on Earth
Effective Date: May 16, 2005 (reviewed, no changes)	Health and Safety	PE 700
Amendment Date:		

POLICY TITLE: STAFF TRAINING AND EMPLOYEE DEVELOPMENT

POLICY:

STAFF TRAINING – see page 4

EMPLOYEE DEVELOPMENT – see page 9

PROCEDURES:

STAFF TRAINING – see page 7

EMPLOYEE DEVELOPMENT – see page 12

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Staff Training and Employee Development

INTRODUCTION

POLICIES:

Two separate policies for Staff Training and for Employee Development were implemented in March 1999. The policies are included for information purposes at the beginning of each section. In addition, the Public Service Employee Relations Commission (PSERC) has developed government-wide policies for Staff Training and Employee Development. Where there are conflicts between Ministry policy and PSERC policy, the Ministry policy applies.

PROCEDURES:

These procedures apply throughout the Ministry and replace any and all employee education, training and development procedures from the Ministries from which MCF programs originate (Ministries of Attorney General; Education, Skills, and Training; Health; Social Services; and Women's Equality).

These procedures do not, nor are they intended to, address all education-related entitlements outlined in the Master or Component Agreements of the unions representing Ministry staff. Additional education-related entitlements not specifically addressed in these procedures may exist, and the appropriate Master or Component Agreements should be consulted. Collective Agreements may provide for other education-related entitlements not included in these procedures.

These procedures distinguish between employee development and training.

A definition of these terms is included at the beginning of each section. These definitions are based on the individual employee's skills, abilities, and learning needs, as well as the identified competencies for the position the employee occupies.

An offering identified as training for one employee may be identified as development for another employee.

If you are unclear whether a learning opportunity should be classed as training or development, consult with the Staff Training and Employee Development Branch (STED).

These procedures cover staff training and employee development opportunities only. For conference attendance procedures, contact your Regional Training Contact.

STATEMENT OF PRINCIPLE

1. Staff training and employee development are responsibilities shared by the employer and the employee.
2. **Training helps people achieve Ministry required competencies. The focus is to identify competencies to satisfactorily perform Ministry roles and functions.**
3. Training provides opportunities to build upon existing experience and learning, and to develop required competencies, when and where those competencies are needed.
4. Training supports a quality improvement environment. It is one component of a comprehensive strategy to recruit and retain the best people for the job. Training that enhances individual competencies supports quality job performance.
5. Ministry training and development is provided equitably, inclusively, consistently and fairly to employees in a cost-effective and timely manner.
6. Employee development recognizes that individualized learning is part of a comprehensive training plan. Employee development opportunities are balanced by Ministry operational and fiscal requirements.
7. The Ministry supports employee participation in educational opportunities that fit with the Ministry's current and future needs.
8. A work environment that encourages employees to improve their educational level enhances opportunities for internal promotion and improves current job performance.
9. Training supplements professional education. The Ministry is committed to increasing the delivery of specialized professional education and training through the post-secondary system, where appropriate and feasible.
10. Training is not a substitute for performance management, performance expectations, and good supervision.

In addition, the Ministry is committed to the principles outlined in the Accord between government and post-secondary institutions with regard to training and education of government employees.

POLICY:**STAFF TRAINING**

All Ministry employees are eligible for training required for job performance.

The Ministry will bear the full costs of staff training through direct payment or reimbursement. Costs borne by the Ministry include tuition fees, admission, registration, laboratory, examination and other approved fees, books and resource materials required to complete the course, necessary travelling and subsistence expenses, intervenor costs, additional child care costs (see Financial Administration Procedures section 4AC), and other approved costs (operational needs and budgetary considerations may impact the Ministry's ability to provide staff training).

Time spent on staff training attended during regular scheduled work hours is considered the same as time spent on the job. Time spent on course-related study completed during non-working hours is not eligible for overtime.

Competencies

When employees join the Ministry, they bring the pre-employment competencies that prepare them for the requirements of their job. In addition, the Ministry provides a range of training opportunities to meet all levels of competency.

Level	Competency	Definition
1	Pre-Employment	Competencies which employees are expected to possess at entry level in a job. These typically form the basis for hiring and selection of candidates for a specific job.
2	Core/Mandatory	Training in order for the employee to perform their current job. This may include both mandatory (obligatory training such as WCB required safety training and/or government wide, required training) and essential (operationally required for job performance) training. Determination of core/mandatory training is based on an employee's job duties and, therefore, what constitutes core training will vary from one employee to another. In other words, for any given position or group of positions certain training may be core while the same training will not be core training for a different position or groups of positions.
3	Enhanced, Update or Continuous Learning	Training to ensure continued competent practice. This includes all training that updates, maintains, or provides newly required skills for current job performance.

4	Specialized or Expert	Training that supports specialization within a discipline. Examples of this type of training include a youth probation officer developing a speciality in working with sexual offenders or a child protection worker specializing in clients with substance abuse issues.
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Staff Training Roles and Responsibilities

Supervisors/Managers/Team Leaders/Directors' responsibilities:

- Offer training and development opportunities fairly and equitably to all employees;
- Encourage staff to engage in learning opportunities;
- Consult with employees and agree on a plan to meet their learning needs;
- Clearly outline performance expectations to employees. Where performance gaps are due to a lack of knowledge, skills, or abilities, consider how this gap can be met using appropriate and cost-effective solutions;
- Review employee training and development applications in accordance with established policies and procedures;
- Consult with regional training contacts and/or training advisors about employee learning needs and opportunities, and share information with staff;
- Discuss with employees how they can apply their learning to their work situation;
- Provide opportunities for employees to apply new knowledge and skills they have learned; and,
- Recognize that training is not a substitute for performance management and good supervision.

Employee responsibilities

- Speak with your supervisor, and jointly develop a plan to meet your learning needs;
- Seek learning activities that improve your job performance and support your personal career aspirations;
- Attend and participate fully in courses; and,
- Apply new knowledge/skills to the job.

Regional/Divisional Training Contact responsibilities

- Ensure regional divisional staff are aware of training offerings;
- Provide consultation to regional/divisional staff regarding training opportunities available; and,
- Communicate with STED on behalf of regional staff to facilitate application and approval procedures.

DEFINITION:

Training:

Where the Ministry requires an employee to take training in order to competently perform their current job. Training may include enhanced, updated, or continuous learning required for staff to continue to remain current in their field. It may also include learning to meet new or changing job requirements. The Ministry will bear the full costs of tuition and related costs for employees attending training events. Time spent at training is considered the same as time spent on the job.

Rationale:

The Ministry is committed to a competency-based approach in which the skills and abilities of individuals are measured against skills and abilities required for specific position functions. In order for employees to meet competencies, the Ministry supports staff training programs that enhance individual competencies so as to support quality job performance.

Staff training in the Ministry for Children and Families, is provided to support: core/mandatory training when new employees require additional skills or knowledge specific to Ministry duties; enhanced, update or continuous learning required for staff to continue to remain current in their field or to meet new or changing job requirements; specialized or expert training required in order for an employee to develop expertise in a speciality related to their duties; or Ministry needs when the Ministry trains an employee to fill an internal Ministry position.

PROCEDURE:

1. STAFF TRAINING

- 1.1 Employee and Supervisor/Manager/Director identify training need (determine whether the identified need should be classed as training or development);
- 1.2 Training offering to meet the need is identified in consultation with the Regional/Divisional Training Contact;
- 1.3 Depending on the training offered, registration may be the responsibility of the employee or may be arranged through the regional training contact or through STED. The registration process should be outlined in the training calendar. If the registration process is unclear, consult with the contact for the training offering identified in the training calendar;
- 1.4 If required, employee completes the Application for Training and Development (PSERC4) form;
- 1.5 Supervisor/Manager/Director recommends approval or denial on application form. All employees must be given the opportunity to access core or mandatory training;

- 1.6 An employee attending training is considered for all intents and purposes to be at work (a Leave Management Transaction form is not required);
- 1.7 Application is forwarded to STED for approval of tuition and travel costs (all external training requires the approval of STED before training is attended);
- 1.8 Confirmation of approval is sent to the employee with a copy to the Regional Training Contact. The course provider may independently send confirmation of registration to the employee;
- 1.9 If tuition costs apply, STED will pay directly; and
- 1.10 Upon completion of the training offering the employee submits a travel voucher to STED for payment. If required, the employee also submits proof of course completion.

STAFF TRAINING PROCESS

Employee/Supervisor identifies training need.
<p>Application:</p> <p>PSERC4: Application must be recommended by Supervisor/Manager and forwarded to STED for approval with a copy to Training Contact. STED to confirm or deny approval via e-mail or memo.</p>
<p>Registration:</p> <ul style="list-style-type: none"> • If employee is responsible for registration, the employee is advised of this by STED when training approved, and is advised of registration procedures; • If STED registers on behalf of employee, the employee is advised of this by STED when training is approved, and employee will receive confirmation of registration from course provider; and, • If registering directly with STED, supervisor/manager identifies approved employees to attend the training opportunity and a participant list is established. Employee will receive confirmation of registration via e-mail. <p>Note: Consult training calendar for registration procedures. If unclear, contact the course contact identified in the training calendar.</p>
<p>Payment:</p> <p>If employee was required to pay for course registration, the employee will be reimbursed upon submission of receipts and proof of course completion. STED pays all travel expenses for employees travelling to attend approved training. Submit travel voucher to STED with receipts.</p>
<p>Documentation:</p> <p>STED is responsible for CHIPS entry.</p>

NOTE:

Employees attending training are considered to be at work. A Leave Management Transaction form is not required. Absences from work to attend training are managed using the PSERC4 form.

Travel expenses for employees attending approved training are the responsibility of STED. Submit claim for travel while training using the travel voucher.

POLICY:

EMPLOYEE DEVELOPMENT

Employees with at least 2 years regular service in government may apply for Ministry support of employee development through reimbursement of tuition and other approved costs and/or education leave. Employee development eligible for Ministry support provides skills required in the Ministry for difficult to recruit positions. Such employee development provides knowledge and skills useful to the public service, and skills applicable to the employee's current job. **Operational needs and budgetary considerations may impede the Ministry's ability to grant support.**

The Ministry will support applications for reimbursement as possible, balanced by operational and budgetary requirements. The Ministry may provide reimbursement of up to 75% of tuition and related fees and up to \$300/year for required books and resource materials upon satisfactory completion of the course/program. All applications must be approved before the applicant attends the educational opportunity.

Education leave of up to one year may be granted if Ministry operational and budgetary requirements are not compromised. Education leave may be unpaid or paid at a rate of up to 100% of basic pay. If an educational opportunity can be reasonably accomplished outside of work hours or with a temporary rearrangement of duties those options should be exhausted before application for education leave. Requirements of applicable collective agreements and/or the Personnel Management Policy must be met when education leave is granted.

All education leave applications, whether approved or denied, paid or unpaid, shall be forwarded to STED, along with any applicable information, within 14 working days of the decision. If an application for leave is denied, the employee shall be given reasons in writing, by the authority denying the application.

If reimbursement after course completion would cause a level of personal financial hardship that would prevent an employee from participating in approved employee development, the employee after exhausting all other reasonable options, may apply for an accountable advance by the Ministry. The accountable advance will be cleared upon: successful completion of the course(s), or, if the course is not successfully completed, re-payment of

the advance in full unless the employee experiences extraordinary circumstances that would act in such a way as to preclude successful completion of the course(s).

Roles and Responsibilities:

Supervisors/Managers/Team Leaders/Directors' Responsibilities:

- Offer employee development opportunities fairly and equitably to all employees;
- Encourage staff to engage in learning opportunities;
- Clearly outline performance expectations to employees. Where employees identify opportunities to enhance their performance or which will lead to career development, fully explore how these opportunities can be pursued in an appropriate cost-effective manner;
- Review employee development applications in accordance with established policies and procedures;
- Discuss with employees how they can apply the learning to their work situation;
- Provide opportunities for employees to apply new knowledge and skills they have learned; and,
- Approve/deny leave to attend employee development when the employee cannot attend courses outside of work hours.

Employee Responsibilities:

- Speak with your Supervisor/Manager/Director, and jointly develop a plan to meet your plans for employee development;
- Identify learning activities that improve your job performance and support your personal career aspirations;
- Consult with supervisors and/or training contact regarding employee development application and procedures;
- Attend and participate fully in courses; and,
- Apply new knowledge/skills to the job.

Training Contact Responsibilities:

- Provide consultation to staff, Supervisors/Managers and Directors regarding the use of employee development opportunities.

DEFINITION:

Employee Development:

Employee-initiated learning opportunities which benefit both the employee and the employer. Developmental opportunities are those which prepare the employee for **potential future** duties or areas of specialization within the Provincial Government. The Ministry may support employee development with financial support (reimbursement of tuition), and/or educational leave (unpaid or with a percentage of basic pay).

Employee Development Includes:

Professional Development:

Employee-initiated taking of courses or pursuit of a degree or certificate in an area related to an employee's current field of expertise but not required for the employee's current duties.

Career Development:

Employee-initiated education unrelated to an employee's current field of expertise that improves educational levels and/or enhances opportunities for promotion within the public service.

Rationale:

This policy recognizes that employee development is a responsibility shared by employees and the Ministry. Employee development adds value to the public service, and, for the Ministry, reduces recruitment and training costs through supporting employee development opportunities to meet current and future Ministry skill shortages.

PROCEDURE:

1. EMPLOYEE DEVELOPMENT

Reimbursement of Employee Development Tuition Costs:

- The employee, in consultation with Supervisor/Manager/Director, establishes an employee development plan, which identifies the employee's plans for professional or career development. The plan should include:
 - benefit to employee
 - benefit to employer
 - time needed to complete course
 - options for completing course outside of work hours or through flexible work arrangements
 - operations considerations/impacts and how they will be addressed
 - relationship of educational opportunity
- The employee submits the PSERC 4 form, *Application for Training and Development* to the Supervisor/Manager/Director for a recommendation regarding the level of support to be provided (see Employee Development Reimbursement Assessment, page 14, for decision making guidelines);
- Depending on budget availability, the Ministry may support employee development through reimbursement of up to 75% of tuition and other related fees, and up to \$300/year for textbooks and resource materials required for course completion;

- The Supervisor/Manager/Director documents a recommendation regarding the level of financial support for tuition and books on the form;
- For information regarding levels of authority for approving and/or recommending the level of support to be provided, consult the Sign-Off Matrix (Appendix E);
- All applications are forwarded to STED for approval/denial of financial support;
- The applicant is advised of the decisions regarding educational leave and financial support by STED;
- The employee attends the educational opportunity;
- To claim reimbursement of tuition and/or textbook costs, the employee must submit original receipts together with proof of course completion to STED;
- Course costs are almost always required by educational institutions at the time of registration. Some Ministry staff may find such pre-payment would create a level of personal financial hardship that would actually prevent their taking advantage of an employee development opportunity the Ministry has committed to support;
- Employees, for whom payment in advance would pose a hardship, may apply to STED for an accountable advance for the amount of subsidy committed by the Ministry. All other reasonable options must be exhausted before completing an application for an accountable advance. The amount of the accountable advance will be determined by applying the percentage of financial subsidy approved to fee statements; and,
- For information regarding accountable advances, refer to Appendix D.

Educational Leave:

- Before educational leave is granted, verification should be made that the educational opportunity cannot be taken advantage of either outside working hours or through a temporary rearrangement in duties;
- The Ministry may support employee development through educational leave of up to one year;
- Educational leave may be unpaid or paid at up to 100% of basic pay;
- Any Ministry employee with at least two years regular service with the BC Government may complete an application for educational leave;
- The Supervisor/Manager/Director assesses the application for leave against the Educational Leave Assessment Matrix (page 17) and documents approval/denial of leave on the form;
- As a condition of being granted educational leave the employee may be required by the Ministry to formally share knowledge or skills acquired, through a presentation or other organized format;
- For applications **ten days or less** in duration, granting of educational leave, and any associated pay, occurs on the recommendation of the employee's supervisor, and approval by the appropriate local spending authority;
- If **over ten days'** duration, the application for educational leave (and any associated pay) must be recommended by the employee's Manager or Director, in consultation with regional or central Personnel, and approved by the employee's Regional Executive Director (RED) or Assistant Deputy Minister (ADM). These will be assessed against the Educational Leave Assessment Matrix. Applicants should be able to identify specific and realistic future functions achievable with the addition of the skills or knowledge provided by the educational opportunity (supported by relevant job descriptions or competency profiles);

- Application for educational leave for periods of **four months or longer** must be submitted six months prior to the beginning of the requested leave period;
- An employee granted educational leave over four months is required to sign undertakings (as per their collective agreement) to remain in service for a length of time (see sample Education Leave Agreement, Appendix C):
 - a) if leave is unpaid, equal to the length of the leave;
 - b) if leave is paid, equal to three times the length of the leave multiplied by the percentage of basic pay received; or,
 - c) **If the employee leaves before the end of this period they must repay to the Province the total costs of their training on a pro rata basis.**
- All educational leave (whether paid or unpaid) must be recorded as educational leave on the Leave Management Transaction form, and processed accordingly;
- Employees must also sign an educational leave agreement, which states a return date. If the employee does not return to work on the pre-arranged date, or fails to maintain a satisfactory standing in their course of study, the employee will be required to repay monies paid out by the Ministry;
- All educational leave applications, whether approved or denied, must be forwarded to the Staff Training and Employee Development Branch within 14 working days of a decision on the application. If leave is denied, reasons for the denial shall be provided to the applicant and forwarded with the application; and,
- The Staff Training and Employee Development Branch will provide the Article 29 Joint Committee (established under the BCGEU Article 20.1 collective agreement) and the Joint Education Committee (established under Article 23.01 of the Nurses collective agreement), with educational leave applications for leave over 4 months, and associated decisions no later than two months after submission to STED.

Employee Development Reimbursement Assessment

This matrix applies to all applications for reimbursement of employee development costs. Some collective agreements may provide for levels of reimbursement that differ from those below. In such cases, the provisions in the collective agreement shall prevail.

Mandatory Requirements:

- ✓ Support is dependent on Ministry operational needs and budgetary considerations.
- ✓ Applicant has a minimum of two years regular public service with satisfactory performance.
- ✓ If the educational opportunity is a program of studies at an educational institution, the applicant must already be accepted into the proposed program.

	Degree of Relationship		
	None	Some	Direct
Relationship of educational opportunity to present or specifically identified, realistic, future duties (supported by relevant job descriptions or competency profiles). The	0	1	2

extent to which knowledge or skills to be derived from the educational opportunity are essential for effective and/or safe job performance.			
Relationship to Ministry occupational-skill scarcity areas and Ministry personnel needs.	0	1	2

Points	Support
3 or 4	Reimbursement of up to 75% of tuition and related fees and \$300/year for required books and resource materials.
2	Reimbursement of up to 50% of tuition and related fees and \$300/year for required books and resource materials.
1	Reimbursement of up to 25% of tuition and related fees and \$300/year for required books and resource materials.
< 1	Not available.

Educational Leave Assessment

This matrix may be used to guide decision making when determining the level of educational leave for applications over ten days in duration.

Mandatory Requirements:

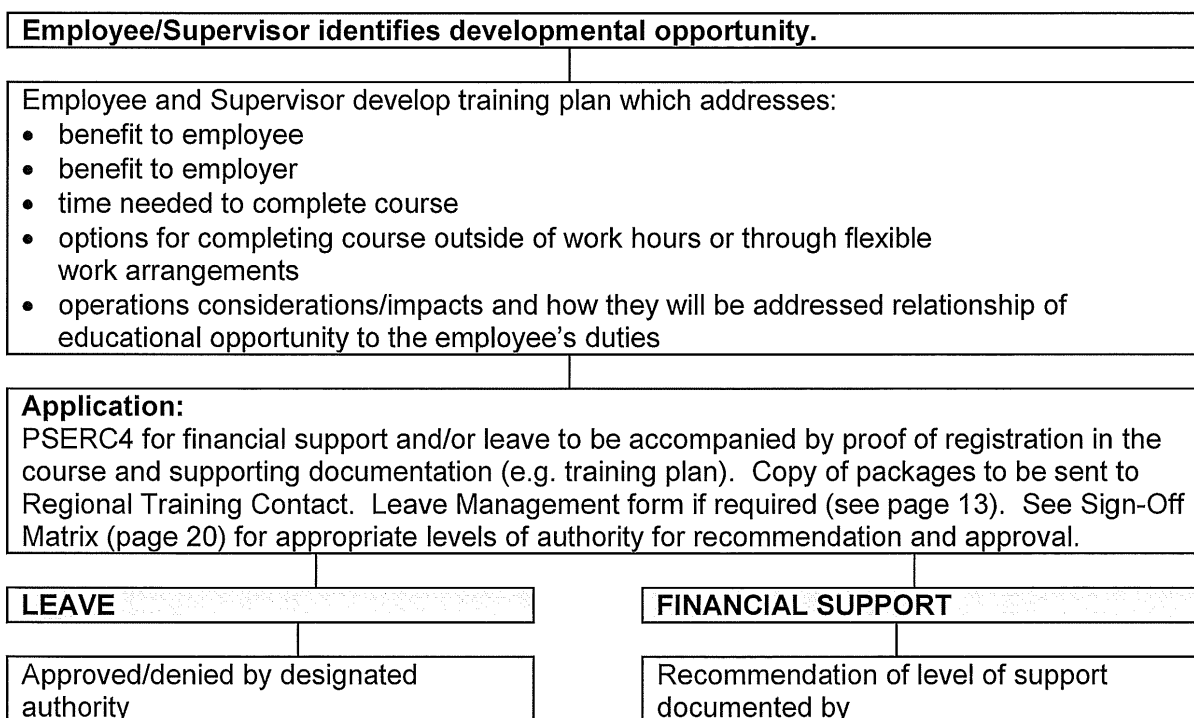
- ✓ The leave will not compromise Ministry operations and/or budgetary considerations.
- ✓ Leave must be recommended by the employee's Manager/Director, in consultation with regional or central Personnel, and approved by the appropriate RED or ADM.
- ✓ Applicant has a minimum of two years regular public service with satisfactory performance.
- ✓ Verification that applicant cannot take advantage of the educational opportunity either outside working hours or through a temporary rearrangement in duties.
- ✓ The knowledge and/or skills expected from the educational opportunity are needed and of specific benefit to the Ministry.
- ✓ The applicant must already be accepted into the proposed program, if the educational opportunity is a program of studies at an educational institution.
- ✓ Applicant formally agrees to return for a period of service equal to the period of leave per collective agreement.

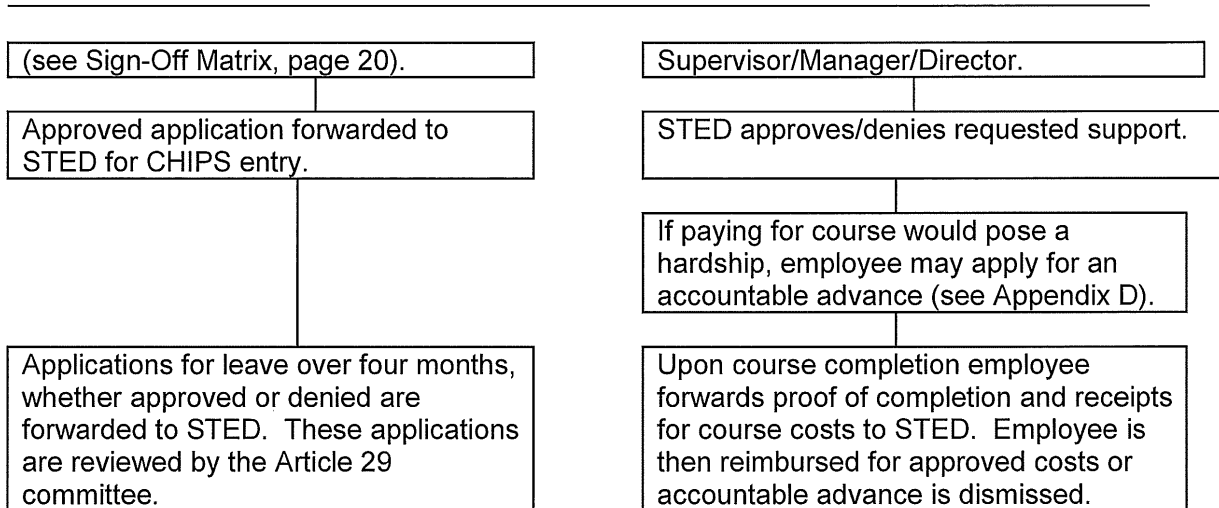
	Degree of Relationship		
	None	Some	Direct
Relationship of educational opportunity to present or specifically identified, realistic, future duties (supported by relevant job descriptions or competency profiles). The extent to which knowledge or skills to be derived from the educational opportunity are essential for effective and/or safe job performance.	0	1	2
Relationship to Ministry and public service occupational-skill scarcity areas.	0	1	2

Points	Support
4	Educational leave, with up to 100% pay.
3	Educational leave, with up to 75% pay.
2	Educational leave, with up to 50% pay.
1	Educational leave, unpaid.
< 1	General leave without pay may be appropriate.

Employees may use educational leave in combination with other leaves, such as professional development leave or annual vacation.

2. EMPLOYEE DEVELOPMENT PROCESS





* Educational leave, whether unpaid or paid, must be recorded as education leave on the Leave Management Transaction form, please include the applicable Article number which the leave is taken under.

Please note: For employees represented by the BCGEU collective agreement leave while taking, single, one-time courses for employee development is considered "Leave for Taking Courses" (20.7 (b)) rather than Educational Leave. Decisions on leave for taking courses shall use the same criteria governing educational leave.

REFERENCES:

Master and Component agreements (BCGEU, Nurses, PEA) and the *Personnel Management Policy Manual* (excluded employees) may provide for other educational or training related entitlements.

This policy applies throughout the Ministry and replaces any and all training or development policies, except where it conflicts or is in any way inconsistent with the following authorities, in which case the other authority shall prevail:

- a collective agreement.
- guidelines or an arbitrated award related to a collective agreement or compensation plan.
- a Treasury Board or other similar policy initiative, or implementation order a court or adjudicator's ruling.

APPENDIX A

TRAINING AND DEVELOPMENT APPLICATION

Application, Registration and Reimbursement Form is available on the internet at:
www.bcpublicservice.ca/forms/pdfs/bcpsa04FILL.pdf
(BCPSA 4 – rev. 2003/09/02)

APPENDIX B

SIGN-OFF MATRIX

Key:

R=

Recommends

A = Authorizes

This matrix indicates where signing authority rests for different training and employee development activities.

Activity	Authority			Responsibility for Costs	
	Supervisor/ Manager	RED or ADM	Staff Training and Employee Development Branch	Employee's Branch or Division/Region	STED Administered Funds
Internal Staff Training **	R		A	4	4
External Staff Training **	R		A	4	4
Travel to Staff Training	R		A		4 *
Granting Educational Leave of 10 days or less	R	A		4	
Granting Educational Leave Over 10 days		A		4	
Granting Financial Support of Course Costs for Employee Development		R°	A		4 +
Conferences	R	R	A		4 ~

** Region/Division approves and is responsible for operational costs associated with internal and external training such as travel, staff time. Staff Training and Employee Development approves and is responsible for costs of tuition/course fees.

- ◇ Manager or Director recommends leave in consultation with regional or central Personnel.
- + up to 75% of tuition fees, admission, registration, laboratory, examination and other approved fees; and up to \$300/year for books and resource materials required to complete the course.
- ~ includes travel
- * as of October 1, 1999
- where RED approval is indicated, the RED may delegate approval to a manager or Regional Training Contact

APPENDIX C

EDUCATION LEAVE AGREEMENT

You have been approved for _____ days of (paid/unpaid/partially paid) educational leave to attend courses as indicated on the attached PSERC4 form.

Your Team Leader must approve the timing for these leave days on a Leave Management Transaction form.

In accordance with the Master Agreement (20.7 and 20.8), upon completion of your education, you are required to remain in the service of the Province of B.C. for a period equivalent to three times the length of your educational leave multiplied by the percentage of your basic pay. If your leave is unpaid, you are required to remain in the service of the Province of B.C. for a period equal to the length of your leave. Should you leave the service of the Province before this period expires, you shall refund to the Province the total cost of your training, including allowances and expenses on a pro rata basis.

You may be required to share knowledge or skills acquired through this educational opportunity through a presentation or other organized format.

If the leave is for a period in excess of four months, I agree to return to work on _____. If I fail to return to work on this date, or fail to maintain satisfactory standing in my course, I will repay all monies paid out in relation to the course by the Ministry.

This agreement applies to the current fiscal year only. If your course extends over more than one fiscal year, a separate application and agreement is required for each fiscal year. Support in one fiscal year does not ensure support in subsequent fiscal years.

A copy of this agreement, signed by you, must be returned to your Regional Training Contact to indicate your understanding of and agreement with this approval.

Regional Executive Director

Employee

Date: _____

Date: _____

APPENDIX D

ACCOUNTABLE ADVANCES

Application for Accountable Advances

In order to apply for an accountable advance you must have previously had your application for employee development support approved by STED (i.e., the Application for Training and Employee Development (PSERC4) form must have been approved).

To apply for an accountable advance you should complete the FIN 299 - Application for Accountable Advance form.¹ This form should be submitted to STED with a covering letter outlining your need for an advance and your inability to pay course costs in advance and await reimbursement. Information provided in the letter is used to decide whether an advance can be provided, and this information provided will be kept confidential.

Due to the cost of providing accountable advances, applications will normally be accepted when the approved subsidy and accountable advance requested is more than \$400.

Deadlines for Application

Applications for accountable advances should be submitted after you have received a commitment of Ministry funds, and as soon as you identify your need for an accountable advance. Applications must be submitted at least fifteen working days (3 weeks) before funds are required.

Assignment of Salaries and Wages

The accountable advance application requires you to sign an assignment of salaries and wages as part of the application form (explained on the Application for Accountable Advance FIN299).

Clearing the Accountable Advance

The accountable advance will be cleared and the expense incurred by STED on proof of successful (pass) completion of the course(s) and submission of original receipts of tuition and fees showing amount paid in full or upon extraordinary circumstances such as those addressed below. In either event, the accountable advance will be cleared. In case of extraordinary circumstances, a proportionate refund, where applicable, must be obtained and used to reduce the amount of the advance.

Within seven days of course completion and receipt of a statement of standing (if applicable) you must notify STED in writing of completion, and provide proof of completion


¹ Ensure that you attach a copy of your completed registration forms and do the following:

- Section A - Place an X at "OTHER" for Type of Advance
- Section B (REASON FOR ADVANCE) - Enter "EDUCATION ADVANCE" and enter the date you expect to receive your results or course certificate of completion
- Section C - Do not use.

at a passing level (for example a copy of a certificate of completion, or a letter from your supervisor indicating their knowledge of your successful completion). If you are unsuccessful in passing, or drop out of the course, the advance must be repaid at that time.

If the amount is not repaid, payroll staff will deduct the amount from your net pay as per the assignment of wages agreement you signed on the application for the advance.

The requirement to repay the advance may be waived by the Ministry when an employee experiences extraordinary circumstances that would act in such a way as to preclude successful completion of the course(s). Such extraordinary circumstances would normally include serious illness of the employee, serious illnesses or deaths of family members, or situations where the institution is unable to provide the capacity to allow for successful completion or if management requires attendance at work which precludes completion. In many cases, alternative arrangements may be made with the educational institution to allow successful completion.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: March 12, 2007 Amendment Date:	Youth Care	YC 050

POLICY TITLE: MENTAL HEALTH ACT REQUIREMENTS

POLICY:


The Maples is a Provincial mental health facility designated under the *Mental Health Act*. As such, the agency standards for treatment, care and protection of clients and their rights are governed by this Act and the accompanying Regulations. Practice standards for youth enrolled in agency services other than residential services are governed by best practice, agency policy and procedures, professional codes of ethics and any legislation or regulatory scheme that pertains to the specific profession.

Section 30 of the *Mental Health Act* clarifies under what conditions the *Criminal Code of Canada* can order a client to a Provincial mental health facility for treatment.

All staff are expected to be familiar with the relevant acts and the practice standards governing their professional practice.

The Guide to the *Mental Health Act* and Regulations can be found at:
<http://www.health.gov.bc.ca/mhd/pdf/MentalHealthGuide.pdf>

The *Criminal Code of Canada* can be found at:
<http://laws.justice.gc.ca/en/C-46/index.html>

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: July 6, 2004 Amendment Date: November 4, 2009	Youth Care	YC 100

POLICY TITLE: REFERRALS AND INTAKE OF A YOUNG PERSON TO THE MAPLES

POLICY:

Admission to the Maples programs will be consistent with the *Mental Health Act*, all legal, ethical and documentation requirements and Agency mandate.

PROCEDURES:

1. Referral Process
 - 1.1 Referrals to the Maples may be initiated by any community member but must be routed through the local Child and Youth Mental Health gatekeeper.
 - 1.2 Typically, the Care Plan process should be completed prior to participation in a treatment program. When this process is not completed prior to a youth's admission to a treatment program, the Care Plan will be completed in the initial period of a youth's stay.
 - 1.3 Once the referral is approved by the gatekeeper at the local level, it is forwarded to the Maples Admissions Coordinator who ensures that the referrals are complete and appropriate to the Maples mandate. The referral is then entered into the client record. If incomplete, the case manager is contacted by e-mail requesting missing information and the note is also documented. Further processing of the referral will not occur until all referral information is complete. Note: Treatment program referrals must include a recent medical/psychiatric report and diagnosis.
 - 1.4 Referrals to the Response Program are placed on that program's waitlist by the Admissions Coordinator.
 - 1.5 Referrals for the Bifrost, Crossroads, and Dala Programs are forwarded to the program Social Worker for review by the clinical team. The Admissions Coordinator informs the referring Case Manager about the transfer of the referral to the appropriate treatment team. The program Social Worker must inform the community case manager on the status of the referral within 15 business days.

- 1.6 Once a referral has been reviewed, the decision for acceptance / rejection will be immediately entered in CARIS by the program Social Worker and communicated to the referring Case Manager in a timely manner.
- 1.7 The rationale and supporting documentation for all withdrawn referrals will be documented in the client record.
- 1.8 All referrals require an identified case manager who is responsible for describing the Maples program to families, coordinating community involvement during the Maples program and continuity after the youth leaves the Maples.
- 1.9 Reasons to query the appropriateness of a referral would be a youth outside the mandated agency age range, lack of a diagnosable mental disorder, impaired cognitive function, acute psychosis, adjudicated sexual offender, advanced pregnancy, or a disorder requiring significant medical care.
- 1.10 Unless revised for clinical reasons, Clinical teams will prioritize youth admissions based on their placement on the referral waiting list.
- 1.11 A waitlist will be kept for the Response and Treatment Programs as well as a list of projected discharges and updated weekly.

2. Admission Meeting


- 2.1 Admissions will be arranged in advance and at a time convenient to both the Maples and the referring community.
- 2.2 The youth and legal guardian must be present at the time of admission and whenever possible accompanied by the community case manager.
- 2.3 The Social Worker (Care Plan Consultant for respite admissions) assigned to manage the case, will arrange with the referring case manager a date and time for admission and communicate this in writing. The Social Worker will also coordinate the attendance and introduction of key agency staff.
- 2.4 The Admission Meeting is chaired by the Maples Social Worker to ensure that the administrative tasks of admission are legally fulfilled and documented. Paramount importance is given to ensuring that the youth, the youth's family and/or the community caregivers are providing informed consent, that rights have been clearly explained and that families and youth are aware of the program involvement expected of them. The Social Worker (Care Plan Consultant for respite admissions) must sign as witness for each document requiring consent and as evidence that the document has been fully explained to the signing parties.

- 2.5 Where an admission cannot be completed due to the absence or refusal of the youth or legal guardian, the program vacancy may be held open at the discretion of the agency.
- 3. Welcome and Orientation
 - 3.1 The assigned Social Worker (Care Plan Consultant for respite admissions) is responsible for admission arrangements including attendance of, and introduction to, key staff.
- 4. Residential Youth
 - 4.1 To facilitate admission planning, the Program Coordinator will have advance access to written assessments and reports.
 - 4.2 Whenever possible, one member of the assigned Primary team will be present to meet the youth and participate in a thorough orientation of the youth to the unit. The youth's family will also be encouraged to accompany the youth and to participate in the intake orientation to the unit.
 - 4.3 Upon admission to a unit, a resident will be welcomed and provided with a clear explanation of the unit rules and routines by the Program Coordinator or Primary team.
 - 4.4 As articulated in the *Mental Health Act*, a youth and their legal guardian shall be advised of their right to a hearing by a Review Panel, to legal counsel, and to apply to a Court for discharge.
 - 4.5 Avenues for complaint and discussion of rules and problems will be made clear to each new youth in writing (see admission document "When You Disagree").
 - 4.6 A staff member will be assigned to maintain Special Attention (as per Policy YC 700) of the youth during the orientation and settling period. This Special Attention is partly intended as a positive step in assisting the youth during a period of integration. Where appropriate, a senior youth may also be assigned, to assist the new youth in their orientation.
 - 4.7 Any medications in the possession of the youth must immediately be brought to the attention of the attending physician or nurse.
 - 4.8 A Personal Items Checklist/Clothing List will be completed by the Primary team as part of the admission process. Items not permitted will be returned to the guardian by unit staff.

- 4.9 Criminal Code Admissions: Youth may also be admitted to residential services under the *Criminal Code* (Section 30 – *Mental Health Act*). Rights are within the limits of the court order/Review Board disposition.
5. Community Youth:
- 5.1 The Admission Meeting is chaired by the Maples Social Worker to ensure that the administrative tasks of admission are legally fulfilled and documented. Paramount importance is given to ensuring that the youth, the youth's family and/or the community caregivers are providing informed consent, that rights have been clearly explained and that families and youth are aware of the program involvement expected of them. The Social Worker (Care Plan Consultant for respite admissions) must sign as witness for each document requiring consent and as evidence that the document has been fully explained to the signing parties

DOCUMENTATION:

1. Forms completed upon admission are a combination of *Mental Health Act* and Agency requirements (see Admission Checklist and CARIS Operations Manual for details).
2. Client Information Services will provide a complete admissions package. Unused forms will be returned.
3. The Social Worker Admission Checklist and the Admission Package (Gray) will be used to document completion of admission tasks.
4. All new residential admissions shall be recorded on the Census Report or reported in CARIS.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 14, 2004 Amendment Date:	Youth Care YC 200

POLICY TITLE: ALLEGATIONS OF PHYSICAL OR EMOTIONAL ABUSE OR NEGLECT

POLICY:

A youth's right to safety and security is of paramount concern at the Maples. Therefore all allegations of abuse are taken seriously.

PROCEDURES:

1. General

1.1 Reporting of Allegations or Incidents.

- a) all allegations of physical or emotional abuse, or neglect, of Maples youths made **against staff** shall be reported to the Director or designate.
- b) where injuries are sustained by a youth or where it appears that a criminal offence has been committed, the police will be notified.
- c) all allegations of physical abuse or neglect, other than allegations against a legal guardian, shall be reported to the legal guardian(s).

1.2 Investigation and Documentation of Allegations.

- a) any individual / staff person receiving the allegation shall:
- b) record the details of the alleged physical/emotional abuse, or neglect in the Progress Notes, omitting names and/or initials;
- c) complete an Incident Report Form, which shall include the name(s) of the alleged abuser.
- d) immediately notify the Shift Supervisor;
- e) make clear that all youths have a right to call the police if they believe that they are the victim of a crime, and chart this in the progress notes;

- f) if the police become involved staff must chart the name of the investigating officer(s), and the police file number for subsequent follow-up.
- 1.3 The Shift Supervisor shall notify, at the earliest possible opportunity:
 - a) the Program Coordinator;
 - b) the ~~Complex Coordinator~~
 - c) the assigned Social Worker;
 - d) the Primary Worker;
 - e) the assigned Psychiatrist.
- 1.4 The assigned social worker shall notify:
 - a) MCFD Social Worker; and
 - b) the appropriate police department immediately (if applicable);
 - c) the legal guardian(s) of the victim and the abuser where applicable and appropriate.
- 1.5 The shift supervisor shall:
 - a) follow up to determine the seriousness and veracity of the allegation;
 - b) gather information and, if a reasonable concern exists, notify the Program Coordinator to consult with the Director regarding further actions.
- 1.6 If an investigation is warranted the Program Coordinator shall:
 - a) investigate the circumstances of the alleged abuse;
 - b) coordinate any response required by, or resulting from, investigations by the MCFD social worker and/or the police; and
 - c) submit a report of the investigation to the Director including opinions, conclusions, and recommendations resulting from the investigation.
- 1.7 The appropriate Police Department may conduct, in parallel fashion, their own criminal investigation.
- 1.8 Where injuries are suspected, a nursing assessment will be done.
 - a) all observations should be documented and medical treatment may

be sought from the emergency ward of any General Hospital or from our general practitioners.

- 1.9 When allegations are made outside of “normal” business hours and the circumstances are such that implementation and reporting procedures should not wait till the next normal working day, the Shift Supervisor shall notify:
- a) the ~~Complex Coordinator~~ when on duty;
 - b) the Program Coordinator;
 - c) the Director (as appropriate);
 - d) the legal guardian (as appropriate).

2. **Specific:**

- 2.1 Allegations of physical abuse or neglect made by Maples youths, ***against staff*** shall be investigated by the Director or designate.
- a) The Program Coordinator or designate shall:
 - i) remove from the treatment unit, any staff member(s) alleged to have physically or emotionally abused a youth;
 - ii) may assign the staff member to new duties, or recommend suspension from duty, pending completion of the investigation.
 - iii) notify the Public Service Agency Consultant and the Director when the allegation is against a staff member.
- 2.2 All allegations of physical or emotional abuse ***against another Maples youth*** will be immediately acted on.
- a) the Program Coordinator or designate may place the alleged abuser on Constant Observation until such time as an investigation is completed;
 - b) when the alleged victim and the alleged abuser reside in the same unit, the alleged abuser may be moved to another unit until such time as the investigation is completed and the safety of all youths can be reasonably assured.
- 2.3 All allegations of physical abuse made by a Maples youth against ***any non-staff person(s) on the Maples premises*** shall be reported immediately to the Director or designate. Further action will be determined by the Director or designate as the situation dictates.
- 2.4 Allegations of ***historical or current physical abuse or neglect within a***

youth's family, where suspected, will be reported to the MCFD Social Worker.

- a) investigations of historical or current physical abuse or neglect shall be conducted by the Ministry of Children and Family Development.

DEFINITIONS:¹

These definitions are not inclusive of all potential abuse situations. Understanding what child abuse and neglect are and knowing how to take appropriate action is critical in ensuring the safety and well being of children.

Physical Abuse:

A deliberate, non-accidental physical assault or action by an adult or significantly older or more powerful child that results or is likely to result in physical harm to a child. It includes the use of unreasonable force to discipline a child or to prevent a child from harming him/herself or others. The injuries sustained by the child may vary in severity and range from minor bruising, burns, welts or bite marks to major fractures of the bones or skull, and in its most extreme form, the death of the child.

Emotional Abuse:


The most difficult type of abuse to define and recognize. Emotional abuse can include a pattern of scapegoating, rejection, verbal attacks on the child, threats, insults, or humiliation.

Neglect:

Involves an act of omission on the part of the parent or guardian that results or is likely to result in physical harm to the child. It generally refers to situations in which a child has been, or is likely to be physically harmed through action or inaction by those responsible for the care of the child. This may include failure to provide food, shelter, basic health care, or supervision and protection from risks, to the extent that the child's physical health, development or safety is harmed or is likely to be harmed. This also includes failure to thrive. Not always intentional, neglect may be a result of insufficient resources or other circumstances beyond a person's control.

REFERENCES:

¹ The BC Handbook for Action on Child Abuse and Neglect, (1998) pg. 7-9

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: September 17, 2004 Amendment Date:	Youth Care YC 210

POLICY TITLE: ALLEGATIONS OF SEXUAL ABUSE

POLICY:

A youth's right to safety and security is of paramount concern at the Maples Adolescent Treatment Centre. Therefore all allegations of abuse are taken seriously.

The Maples follows the protocols laid out in the *B.C. Handbook for Action on Child Abuse and Neglect* (1998) and *Child and Family Services Act* (CFCS Act – 2001), stating that children are entitled to be protected from abuse, neglect, harm and threat of harm.

All staff should be familiar with the contents in the *B.C. Handbook for Action on Child Abuse and Neglect* (1998), there is a copy at every unit on complex.

All individuals, where they have reason to believe a child is likely to be in need of protection, must report these concerns.

DEFINITIONS:

Sexual abuse

Sexual abuse generally means any sexual use of a child by an adult or significantly older or more powerful child. The Ministry for Children and Family Development (MCFD) states that sexual abuse is any behaviour of a sexual nature toward a child, including one or more of the following:

- a) Touching or invitation to touch for sexual purposes, or intercourse;
- b) Menacing or threatening sexual acts, obscene gestures, obscene communications or stalking;
- c) Sexual references to the child's body or behaviour by words or gestures;
- d) Requests that the child expose their body for sexual purposes;
- e) Deliberate exposure of the child to sexual activity or material;
- f) Prostitution or production of material of a pornographic nature.

PROCEDURES:

1. **General** guidelines when responding to allegations of sexual abuse:
 - 1.1 Any staff receiving allegations from youth shall immediately inform the Shift Supervisor.
 - 1.2 The Shift Supervisor will notify the following personnel at the earliest possible opportunity:
 - a) the Program Coordinator (immediately);
 - b) the assigned Maples Social Worker;
 - c) the assigned Maples psychiatrist.
 - 1.3 The assigned Maples Social Worker shall notify:
 - a) MCFD child protection Social Worker;
 - b) the appropriate police department (if applicable);
 - c) the Legal Guardian (if appropriate).
 - 1.4 The Program Coordinator shall notify the Director or designate (immediately).
 - 1.5 The Director or designate shall investigate allegations. The Police Department may conduct a parallel investigation.
 - 1.6 Where circumstances warrant, the Director or designate shall assign a senior staff member to conduct an investigation.
 - a) this investigation shall cover:
 - i) circumstances surrounding the alleged abuse;
 - ii) coordination of any responses required by, or resulting from investigations by MCFD and/or the police;
 - iii) submission of a report of the investigation to the Director including opinions, conclusions and recommendations resulting from the investigation.
 - 1.7 The Director shall, where appropriate, forward a follow-up report to the MCFD social worker.

- 1.8 The staff receiving the disclosure will document the details in both of the following ways:
 - a) youth's chart in the progress notes (excluding names and/or initials);
 - b) an Incident Report (including names and/or initials of the alleged abuser).
 - 1.9 Inform youth of their right to involve the police and provide support in following this process. Staff should document the name of the investigating officer, badge number and file number.
 - 1.10 When allegations are made outside of normal operating hours and the circumstances warrant, immediate action will be taken by the Shift Supervisor, who shall notify the Program Coordinator. The Program Coordinator will inform the Director or designate and will contact the legal guardian (if appropriate).
2. **Detailed guidelines when responding to allegations of sexual abuse:**
- 2.1 Allegations of historical or current sexual abuse within youth's family shall be:
 - a) Reported to and investigated by Ministry for Children and Families, Child Protection branch;
 - b) Maples staff will ensure the youth is protected from the alleged abuser until an investigation is completed;
 - c) Reporting of allegations to family members shall be the responsibility of a Social Worker.
 - 2.2 Allegations of sexual abuse against Maples staff:
 - a) will be reported immediately to the Director or designate and to the Burnaby detachment of the RCMP Sex Crime Unit by the Director or designate;
 - b) the Director will inform the Human Resources Consultant of the allegation against a staff member;
 - c) the Director will remove from the unit any staff member alleged to have sexually abused a youth;
 - d) the Director may assign the staff member to new duties, or suspension from duty, pending completion of the file.
 - 2.3 Allegations of sexual abuse against another Maples youth:
 - a) The alleged abuser shall be placed on constant observation until such

a time as an investigation is completed;

- b) When the alleged victim and alleged abuser reside on the same unit, the alleged abuser will be moved to another unit until such time as investigations are completed and the safety of all youth can be assured.

2.4 Allegations of sexual abuse against non-staff (i.e. contractors, visitors):

- a) all allegations made by youth against non-staff members on the Maples premises shall immediately be reported to the Program Coordinator or designate;
- b) further action will be determined by the Director as the situation dictates.

2.5 Allegations of sexual abuse outside Maples by persons other than family members:

- a) shall be reported to the Police Department in the appropriate jurisdiction.

2.6 Physical Evidence of sexual abuse:

- a) when injuries are suspected, or evidence is to be collected, the victim of an alleged sexual assault may, with the consent of the youth, be taken to emergency for examination according to the following criteria:
 - i) Vancouver General Hospital will assess females and males 12 years of age and older. The youth may be requested to fill out a consent form for examination;
 - ii) B.C. Children's Hospital will assess females under 14 years and males under 18 years. They prefer that written parental/legal guardian consent and a physician's written referral have been obtained.
- b) evidence of sexual abuse should be carefully preserved (i.e. clothing, physical evidence).
- c) evidence of sexual abuse arising from medical investigations for venereal disease shall be dealt with in accordance with the *Venereal Disease Act*.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: August 7, 2007 Amendment Date: February 6, 2012	Youth Care YC 250

POLICY TITLE: **Youth Assault Against Staff – Guidelines for Investigation and for Staff on Laying a Complaint**

POLICY:

Given the nature of the clients served at the Maples, there is an inherent risk for aggressive acts against people and things.

The Maples will investigate all incidents involving assault by a youth against a staff with a view to preventing future such incidents or reducing their likelihood.

Our model of practice attempts to strike a balance between a clinically-informed response to acting out versus a criminal sanction response. There are circumstances, however, when an individual staff may wish to exercise their right to lay a complaint with the police regarding the actions of one or more youth.

GUIDELINES:

1. The victim of the assault is willing to follow through with a police investigation and possible trial process.
2. All employees who are required to appear in court to testify in relation to an alleged assault of a staff by a resident will be granted leave with pay as per the appropriate contract article (BCGEU 20.5(a), BCNU/UPN 20.04(a), PEA 24.03(a) or (d) as appropriate).

PROCEDURES:

1. Notwithstanding whether the RCMP are involved, an internal investigation will be conducted.
 - 1.1 Any incident of assault will be investigated within 72 hrs (immediately for serious injury or death), jointly by a worker and management representative. Where warranted, the investigation team may also initiate a joint accident/incident investigation by contacting the local OSH committee. The investigation should review the causes of the incident to identify any unsafe conditions, acts or procedures that contributed to the incident and recommend corrective action as appropriate.

- 1.2 Care must be taken not to disturb an accident scene where a serious injury/fatality occurred except to prevent further injury and await direction from Police.
 - 1.3 All accident reports will be reviewed by the joint chairs of the local OSH committee as soon as practical and monthly by the larger committee.
 - 1.4 After reviewing the circumstances, and if in the victim's opinion a police investigation is warranted, the Burnaby RCMP may be called.
 - 1.5 The victim will notify the RCMP that an alleged criminal act has occurred and an investigation is being requested.
 - 1.6 Where police are contacted, the clinical team will be informed to ensure treatment issues that may arise can be addressed.
 - 1.7 All affected staff should be provided an opportunity to debrief the incident as well as additional supports through supportive supervision, Critical Incident Stress Debriefing, Victims' Services, or the Employee Family Assistance Program.
 - 1.8 Senior staff will determine how best to manage the interactions of the alleged perpetrator youth and victim staff, taking into consideration clinical, legal, and operational concerns.
-

REPORT and NOTIFICATION

DEFINITIONS

REPORT- An interactive (2 way communication) process that requires directly communicating with someone, for example speaking on the phone where you receive and document acknowledgement and content of the interaction including any advice or direction.

NOTIFICATION- A unidirectional process where you provide notification of an event but do not require acknowledgement of receipt of notification. You must document notification when it has occurred. Where no confirmation has been received, a plan of action will be documented in the client record to ensure follow-up.

1. The Shift Supervisor will ensure the following are notified, at the earliest opportunity:
 - a) the Program Coordinator (who will notify the Manager &/or Director, as appropriate);
 - b) the program Social Worker (Care Plan Consultant for respite admissions);

- c) the youth's Primary team;
 - d) the program Psychiatrist.
- 2. The assigned program Social Worker (Care Plan Consultant for respite admissions) will follow up with the legal guardian as required and ensure the following are notified:
 - 2.1 community case manager;
- 3. When incidents occur outside of business hours or the circumstances are such that implementation and reporting procedures should not wait till the next normal working day, the Shift Supervisor or designate may notify:
 - a) the Nurse In Charge when on duty;
 - b) the Program Coordinator (for direction);
 - c) the responsible service Manger
 - d) the Director (who will notify the Senior Executive Director as appropriate);
 - e) the legal guardian
 - f) MCFD After Hours (as appropriate).


NOTE:

Judgment must always be exercised in the report/notification process, including considering the urgency of reporting, method, timing and sensitivity required – e.g. leaving detailed voice messages will, at times, be contra-indicated. Where no conformation has been received, a plan of action will be documented to ensure follow-up.

DOCUMENTATION:

- 1. The Shift Supervisor or designate will ensure that:
 - a) the incident and events leading up to the incident and action taken are recorded completely, accurately and objectively in the client record;

- b) details of who was notified or reported to, method of notification and the specific information relayed will be recorded in the client record (including confirmation guardian has received notification);
 - c) an Incident Report is completed describing the event, action taken and required follow-up including who was notified or reported to and method of notification;
- 2. The program Social Worker/Care Plan Consultant will ensure that:
 - a) details of who they notified including the method of notification are recorded in youth's clinical chart – Meeting and Contact Notes (including confirmation guardian has received notification).
- 3. The Program Coordinator will ensure appropriate notification has been completed as per policy.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: August 14, 2007 Amendment Date:	Youth Care YC 300

POLICY TITLE: ALLEGED CRIMINAL ACTIVITY OF YOUTHS

POLICY:

Adolescents at the Maples are responsible for their behaviour and are subject to investigation and/or proceedings under criminal law.

PROCEDURES:

1. If staff is concerned that a youth has committed a crime, prior to commencing an interview with a youth, the staff member shall advise the youth of the following:
 - 1.1 the purpose of the interview;
 - 1.2 any statements of criminal activity may need to be reported to the police detachment in which the alleged offences occurred;
 - 1.3 staff may be compelled to answer questions in court regarding statements made to the staff by the youth.
2. If a disclosure of criminal activity is initiated by a youth, staff will ensure that the youth is aware of the limits of confidentiality.
3. A staff member who becomes aware that a youth has, or may have committed a criminal offence or is planning the commission of a criminal offence, shall:
 - 3.1 immediately inform his/her immediate supervisor;
 - 3.2 confiscate any material evidence (weapons, drugs, stolen property) and place it in an envelope or box, seal it and initial the seal, and store it in a safe place. Material evidence should be left undisturbed pending arrival of responding police officers (broken or destroyed equipment, furnishings or other damaged property), providing immediate safety of staff and youths is not in jeopardy;
 - 3.3 advise the youth of their right to silence and the right to be free from self-incrimination;
 - 3.4 note verbatim any statements made by the youth concerning the offence.

4. If the RCMP investigates an incident:
 - 4.1 the relevant staff person will provide the officer with pertinent information concerning the alleged offence;
 - 4.2 the material evidence will be made available by staff to the investigating officer and any staff signature or initials identified for the officer;
 - 4.3 at the request of the investigating officer, staff members will make a verbal or written statement of their knowledge of the circumstances of the alleged offence;
 - 4.4 the officer may choose to interview the youth in the presence of a staff member, not involved in the investigation, unless the adolescent requests that a staff person not be included;
 - 4.5 Youth may request staff presence during the police interview. The role of the staff members is solely as support to the youth, the officer should be reminded that the staff member is not the youth's guardian. (see the policy "Police Interview of Youths – Staff Role" CR 100).

NOTIFICATION:


1. The Shift Supervisor shall be immediately notified of any alleged offence being committed or planned.
2. The Shift Supervisor, being satisfied that a criminal offence has been committed, or is being planned, shall notify at the earliest possible opportunity:
 - 2.1 the Program Coordinator (who will notify the Director, if appropriate);
 - 2.2 the assigned Maples Social Worker / Care Plan Consultant (for respite youth);
 - 2.3 the youth's primary team;
 - 2.4 the assigned Maples psychiatrist.
3. The assigned Maples Social Worker / Care Plan Consultant (for respite youth) will ensure the following are notified:
 - 3.1 legal guardian;
 - 3.2 community case manager;
 - 3.3 key community contacts as identified by legal guardian.

4. When incidents occur outside of business hours or the circumstances are such that implementation and reporting procedures should not wait till the next normal working day, the Shift Supervisor shall also notify:
 - 4.1 the Nurse In Charge when on duty;
 - 4.2 the Program Coordinator (as appropriate);
 - 4.3 the Director (as appropriate) (who will notify the CYMH Director or ADM as appropriate);
 - 4.4 the legal guardian / MCFD After Hours (as appropriate).
5. **NOTE:**
6. Judgement must always be exercised in the notification process, including considering the method, timing and sensitivity required with notification. For example, leaving detailed voice messages will, at times, be contra-indicated. In the case of the legal guardian, notification must include confirmation the message was received. Where no conformation has been received, a plan of action will be documented to ensure follow- up.

DOCUMENTATION:

1. The Shift Supervisor will ensure that:
 - 1.1 the incident and events leading up to the incident and action taken are recorded in the Progress notes of the youth's clinical chart;
 - 1.2 details of who was notified and method of notification will be recorded in youth's clinical chart (including confirmation guardian has received notification);
 - 1.3 an Incident Report is completed describing the event and subsequent follow-up including who was notified and method of notification;
 - 1.4 if RCMP are involved, the file number and the investigation officer's name and badge number are recorded in the youth's clinical chart and on the Incident Report.
2. The Maples Social Worker / Care Plan Consultant will ensure that:
 - 2.1 details of who they notified and method of notification are recorded in youth's clinical chart – Meeting and Contact Notes (including confirmation guardian has received notification).
3. The Program Coordinator will ensure appropriate notification has been completed as

per policy.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: August 21, 2007 Amendment Date:	Youth Care YC 310

POLICY TITLE: CRISIS CALL FROM YOUTH OR CAREGIVERS

POLICY:

Staff will respond to crisis calls from current Maples youth and families in a supportive, professional fashion while initiating all reasonable actions to maintain safety for all concerned.

PROCEDURES:

1. If a youth is actively suicidal or a danger to others, have a co-worker contact the RCMP on another phone. Provide the police with specific concerns, a physical description, location, and condition of the youth. If the youth refuses police intervention, continue the conversation while advising the police of the situation.
2. If a youth is returned by the RCMP under a *Mental Health Act* warrant or due to suicidal or dangerous behaviour, caution should be exercised upon their arrival. See policy on Leave Without Permission (AWOL): YC 500; Suicide Precautions: YC 950; Searches: YC 840.
3. When a call comes in from a caregiver expressing concern, staff will not only actively listen, but will try to reassure the caregiver by stating what they have done, what they are doing and what they plan to do within the bounds of confidentiality appropriate to the circumstances.
4. We can expect that even after discharge, youth and communities may periodically contact select staff. In such situations, staff are expected to use good judgment, offering emotional support and providing information on appropriate community supports as required. Outreach services would also be identified. As in all cases where there are issues of danger to self or others, it is our responsibility to share information with appropriate resources to protect the health, safety and well-being of our clients and others.

GUIDELINES:

1. Establish Rapport.
 - 1.1 do not overreact verbally;

- 1.2 let the caller know who you are, that you are listening and trying to understand.
2. Get Information
 - 2.1 learn as much as you can about what is going on with the caller by using open-ended questions:
 - a) are you OK (any injuries, intoxicated, details)?
 - b) who are you with?
 - c) what is the phone number you are calling from?
 - d) where are you located right now (street address)?
3. Problem Solve
 - 3.1 Where appropriate, encourage youth to return to the Maples.

NOTIFICATION:

1. The Shift Supervisor shall be immediately notified.
2. The Shift Supervisor shall notify, at the earliest possible opportunity:
 - 2.1 the Program Coordinator (who will notify the Director, as appropriate);
 - 2.2 the youth's Maples Social Worker / Care Plan Consultant (for respite youth);
 - 2.3 the youth's primary team;
 - 2.4 the youth's assigned Maples psychiatrist.
3. The Program Coordinator shall notify, as appropriate and as soon as is practical:
 - 3.1 the Maples Director;
 - 3.2 either the Response or Treatment Service Coordinator.
4. The assigned Maples Social Worker / Care Plan Consultant (for respite youth) will notify (as appropriate):
 - 4.1 legal guardian;
 - 4.2 community case manager;
 - 4.3 key community contacts as identified by legal guardian.


5. When incidents occur outside of business hours or the circumstances are such that implementation and reporting procedures should not wait till the next normal working day, the Shift Supervisor shall notify:
 - 5.1 the Nurse In Charge when on duty;
 - 5.2 the Program Coordinator (as appropriate);
 - 5.3 the Director (as appropriate) (who will notify the CYMH Director and/or the ADM as appropriate);
 - 5.4 the legal guardian / MCFD After Hours (as appropriate).

NOTE:

Judgment must always be exercised in the notification process, including considering the method, timing and sensitivity required with notification - for example, leaving detailed voice messages will, at times, be contra-indicated. In the case of the legal guardian, notification must include confirmation the message was received. Where no conformation has been received, a plan of action will be documented to ensure follow-up.

DOCUMENTATION:

1. The Shift Supervisor will ensure that:
 - 1.1 the incident and events leading up to the incident are recorded in the Progress notes of the youth's clinical chart.
 - 1.2 if RCMP are involved, the file number and the investigation officer's name / badge number are recorded in the youth's clinical chart and on the Incident Report.
 - 1.3 details of who was notified and method of notification will be recorded in youth's clinical chart (including confirmation guardian has received notification).
 - 1.4 an Incident Report is completed describing the event and subsequent follow-up including who was notified and method of notification.
2. The Maples Social Worker / Care Plan Consultant will ensure that:
 - 2.1 details of who they notified and method of notification in the youth's clinical chart-Meeting and Contact Notes (including confirmation guardian has received notification).
3. The Program Coordinator will ensure appropriate notification has been completed as per policy.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: November 7, 2007 Amendment Date:	Youth Care	YC 400

POLICY TITLE: DISCHARGE OF A YOUTH FROM THE MAPLES

POLICY:

Authorization to discharge youth from Maples programs and services are made in compliance with the *Mental Health Act (1996) (M.H.A.)*. The Director must authorize discharge of youth admitted voluntarily if they meet the criteria set out below. Authorization for discharge of youth admitted involuntarily is a clinical decision made by a physician authorized by the Director.

PROCEDURES:

1. Discharge of youth admitted voluntarily:

- 1.1 The Director must discharge youth admitted voluntarily, where:
 - a) the youth is 16 years or older and requests to be discharged 20(6)(a);
 - b) the youth is under 16 years and the legal guardian requests the discharge 20(6)(b);
 - c) a physician is of the opinion the youth is not a person with a mental disorder 20(3) and 20(6)(c);
 - d) they are under the age of 16 years and the results of a Review Panel or Court so determines.
- 1.2 If the discharge is against medical advice, the social worker, after consultation with the unit psychiatrist, will request the person making the request sign a release acknowledging the discharge is against medical advice. Note: failure to obtain a signed release will not affect the release of the person in question.
- 1.3 Voluntary youth, who are on Leave Without Permission (AWOL) for more than 14 days, may be discharged by the director.

2. Discharge of youth admitted involuntarily:

- 2.1 Authorized by attending physician or Clinical Director.

- 2.2 Review Panel or Court so determines.
- 2.3 Except as provided in *M.H.A. section 41, subsection (4)*, youth detained under the *M.H.A.* and on elopement may be discharged at the end of 60 days from the date the patient leaves the designated facility.
- 2.4 Any request for discharge not covered by the above, may require information relating to Review Panels (see *M.H.A. sections 21 & 25; M.H. Guide 7.2 and Appendix 7*).

NOTIFICATION:


- 1. Whenever a youth informs (verbally or in writing) a staff member that they wish to discharge themselves from the Maples:
 - 1.1 Staff are bound by the *Mental Health Act* to promptly notify the person in charge of a unit of any desire a youth may form to leave the facility. This would include both the shift supervisor and the Program Coordinator.
 - 1.2 The Program Coordinator shall immediately inform:
 - a) the Director;
 - b) the responsible Service Coordinator;
 - c) the ~~Complex Coordinator~~/ Nurse In Charge (when on duty);
 - d) the youth's Maples Social Worker;
 - e) the assigned psychiatrist;
 - f) the youth's primary team.
 - 1.3 The assigned Maples Social Worker will ensure the following are notified:
 - a) referring agency;
 - b) parent or legal guardian;
 - c) Community Case Manager;
 - d) Probation Officer if attendance or residence at the Maples is a term of a Probation Order.
- 2. In the event that the youth withdraws their request to discharge themselves, the unit staff, Program Coordinator and Maples Social Worker will notify all parties involved as outlined above.

NOTE:

Judgement must always be exercised in the notification process, including considering the method, timing and sensitivity required with notification - for example, leaving detailed voice messages will, at times, be contra-indicated. In the case of the legal guardian, notification must include confirmation the message was received. Where no conformation has been received, a plan of action will be documented to ensure follow-up.

DOCUMENTATION:

1. The Program Coordinator shall ensure that the time a youth's request for discharge was made and who was notified is documented in the youth's Client Record.
2. The Maples Social Worker will ensure that:
 - 2.1 At least one month prior to a proposed discharge date, the final discharge plan is documented in the social work section of the youth's Client Record;
 - 2.2 Upon discharge he/she will document in the social work section of youth's Client Record the reason for discharge, a review of goals, treatment recommendations, identification of placement and any recommendations for follow-up;
 - 2.3 If the discharge is against medical advice the social worker will document same on the separation document and in the social work section of the youth's Client Record;
3. In the event that the youth withdraws their request to discharge themselves, staff, Program Coordinator and Maples Social Worker will document in the youth's Client Record all parties that were notified.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: November 7, 2007 Amendment Date: October 7, 2009	Youth Care	YC 500

POLICY TITLE: LEAVE WITHOUT PERMISSION

POLICY:

Youth residing at the Maples may not leave the unit or grounds without staff permission. Staff will intervene in all situations where it appears a youth is going to leave without permission. There will be a differential response linked to the youth's legal status, level of risk, and any other relevant considerations.

DEFINITIONS:

Leave Without Permission

The Maples uses the term leave without permission to describe youth that have left complex without staff permission, generally for over an hour, unless assessed as high risk as soon as they leave.

Escaping Lawful Custody

The term escaping lawful custody describes high risk youth legally required to be at the Maples that have left the unit without staff permission.

High Risk

The following youth are considered to be **HIGH RISK**:

- a) certified under the *Mental Health Act*;
- b) under Review Board of BC dispositions (i.e. NCRMD or Unfit), Youth Court Disposition (i.e. Fit but Fragile) or Warrant of Committal;
- c) significant danger to self or others;
- d) significant risk for victimization due to age or developmental delay.

PROCEDURES:

1. GENERAL RISK

- a) when a youth leaves either the unit or grounds without staff permission, the Shift Supervisor is responsible for initiating the leave without permission/escaping lawful custody procedures, i.e.:
 - i) encourage the youth to return to the unit;
 - ii) maintain verbal and visual contact as appropriate;
 - iii) maintain a staff presence on the grounds to monitor the youth's activities;
 - iv) continue to assess level of risk and intervene as appropriate.
- b) staff will begin interventions when they become aware a youth is planning to leave the grounds or on the grounds without permission.
- c) staff will intervene in all situations where it appears a youth is going to leave without staff permission no matter what level of risk the youth poses. The level of risk will determine the staff's interventions up to and including physical restraint (if indicated).
- d) staff will fax the RCMP [FAX: (604) 570-3652] after 03:00hr including the Fax Cover Sheet and Record Description Sheet for each youth still unaccounted for after 03:00hr.

2. HIGH RISK Leave Without Permission/ Escaping Lawful Custody

2.1 When the youth is assessed as **high risk**, the staff will:

- a) immediately notify the Police. Call 911;
- b) obtain all support necessary, including the Police:
 - i) have the following information ready: the youth's full name, D.O.B, age, clothing description, physical appearance (i.e. complexion, eye colour, height/weight, etc), possible destination, names of witnesses;
 - ii) provide your name and job title;

- iii) if applicable, explain that a youth has escaped custody under a Review Board disposition (i.e. NCRMD or UNFIT), a Youth Court disposition, or the *Mental Health Act* (i.e. certified).
 - c) make every effort to maintain verbal and visual contact;
 - d) pursue and return the youth to the unit if safe to do so;
- 2.2 For youth who are **NCRMD/Unfit**, provide a photocopy to the Police (by fax if appropriate) of the most recent Disposition Order and Warrant of Committal; all of which is commonly referred to as the "warrant package".
- 2.3 For youth that are **certified** under the *Mental Health Act*, complete Form 21 Director's Warrant (Apprehension of Patient) for Police.
- 2.4 In the case of a **voluntary youth who is at Significant Danger to self or others**, inform authorities that a youth is at large who poses a significant danger to self, others, or is a grave medical risk.
- 3. RETURN FROM Leave Without Permission/Escaping Lawful Custody
 - 3.1 Upon return from Leave Without Permission/Escaping Lawful Custody, safely reintroduce youth into the milieu by:
 - a) welcoming the youth back;
 - b) continuing to assess their mental and physical status and establishing the required observation level;
 - c) informing the youth regarding the staff's obligation to report any criminal activity that is disclosed;
 - d) inquiring about the youth's activities during their absence from the facility (i.e. sexual/criminal activity or drug/alcohol use);
 - e) assessing the need for a pat search for unit safety.
 - 3.2 Provide an opportunity for youth to debrief the incident (often including discussing events, feelings and reactions, strategies etc. – also see YC 900).
 - 3.3 Cancel missing person with RCMP if necessary.

REPORT and/or NOTIFICATION:

1. HIGH RISK - Leave Without Permission/Escaping Lawful Custody
 - 1.1 Immediately report to the Shift Supervisor.
 - 1.2 The Shift Supervisor will ensure the following are immediately reported to:
 - a) the Program Coordinator (who will notify the Manager and/or the Director as appropriate);
 - b) the Nurse In Charge (when on duty).
 - 1.3 The Shift Supervisor will ensure the following are notified, at the earliest opportunity:
 - a) other Maples units;
 - b) the Security Guard (when on duty);
 - c) the assigned Maples Social Worker (Care Plan Consultant for respite admissions);
 - d) the youth's Primary team;
 - e) the assigned program Psychiatrist;
 - f) the legal guardian;
 - g) MCFD After hours (where the youth is in the care of the Ministry 604 660-4927).
 - 1.4 The assigned program Social Worker (Care Plan Consultant for respite admissions) will follow up with the legal guardian as required and ensure the community case manager is notified.
2. GENERAL - Leave Without Permission
 - 2.1 Immediately report to the Shift Supervisor.
 - 2.2 The Shift Supervisor will ensure the following are notified:

- a) the legal guardian (at mutually agreed upon times);
- b) MCFD After Hours (where the youth is in the care of the Ministry at (604) 660-4927);
- c) Nurse In Charge (when on Duty);
- d) the Program Coordinator;
- e) the assigned program Social Worker (Care Plan Consultant for respite admissions);
- f) the assigned program Psychiatrist;
- g) the youth's Primary team.

- 2.3 The assigned program Social Worker (Care Plan Consultant for respite admissions) will follow up with legal guardian as required and ensure the community case manager is notified.

DEFINITIONS:

REPORT:

An interactive (2 way communication) process that requires directly communicating with someone, for example speaking on the phone where you receive and document acknowledgement and content of the interaction including any advice or direction.


NOTIFICATION:

A unidirectional process where you provide notification of an event but do not require acknowledgement of receipt of notification. You must document notification has occurred. Where no confirmation has been received, a plan of action will be documented in the client record to ensure follow-up.

DOCUMENTATION:

1. The Shift Supervisor or designate will ensure that:
 - a) the incident and events leading up to the incident and action taken are recorded completely, accurately and objectively in the client record (ensure RCMP file number is included as appropriate);

- b) details of who was notified or reported to, method of notification and the specific information relayed will be recorded in the client record (including confirmation guardian has received notification);
 - c) an Incident Report is completed describing the event, action taken and required follow-up including who was notified or reported to and method of contact. Ensure RCMP file number is included (as appropriate) and names of staff involved.
- 2. The Maples Social Worker / Care Plan Consultant will ensure that:
 - a) details of who they notified including the method of contact are recorded in the client record ;
 - b) confirmation guardian has received notification.
- 3. Upon the youth returning from Leave Without Permission/Escaping Lawful Custody, follow procedures set out above for notification and documentation.
- 4. The Program Coordinator will ensure appropriate reporting/notification and documentation has been completed as per policy.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: November 7, 2007 Amendment Date:	Youth Care	YC 600

POLICY TITLE: INFECTIOUS DISEASES - HEPATITIS

POLICY:

In accordance with good medical practice all reasonable attempts will be made to control the spread of infectious disease (Hepatitis B) within the Maples Adolescent Treatment Centre and between the Maples and the general community.

PROCEDURES:

1. All adolescents attending programs at the Maples Adolescent Treatment Centre shall be considered as potential carriers of Hepatitis B and "Universal Blood and Body Fluid Precautions" shall be used in the care of the adolescents.
2. Screening Criteria:
 - 2.1 All youths upon admission physical will be asked about their vaccination history, including Hepatitis B.
 - 2.2 All youths identified as high risk for Hepatitis B who have not been immunized prior to admission shall be tested for Hepatitis B Surface Antigen and highlighted for immunization as part of the admission physical examination.
 - 2.3 All youths who have been exposed to Hepatitis B within the Maples shall be tested for Hepatitis B Surface Antigen and offered HBIG, and the immunization program.
3. Any youth awaiting admission who is a known carrier of Hepatitis B must be identified at the time that the admission date is confirmed and the following precautions shall be implemented by the Program Coordinator.
 - 3.1 Educate youths regarding personal hygiene requirements and behaviour expectations.
 - 3.2 Educate staff regarding precautionary measures to be taken (see Policy HS-200 for guidelines) as well as exposure protocols noted below.
 - 3.3 Notify housekeeping department;
 - 3.4 Notify laboratory.

4. Managing Exposure:

- 4.1 Where a possible transmission has occurred for individuals not immunized or not yet serum converted:
- a) Acquire physician's order for blood work from an exposed youth and suspected carrier (where suspected carrier is a youth);
 - b) Two clotted blood specimens, one from the client and one from the "victim" must be sent within 48 hours of exposure to the Canadian Blood Service for testing;
 - c) Notify MDS Metro Laboratory Services and request that blood samples be taken and transported to the Canadian Blood Service, as follows:
 - i) phone MDS at (604) 412-4495;
 - ii) blood samples are to be taken within a 48 hour period of exposure;
 - iii) the Lab Technician may come to Maples to take blood for youth based on information and circumstances (e.g., after hours, weekends, etc).
 - iv) transportation of specimens will be arranged by the:
 - (A) Nurse, Nurse in Charge, or Coordinator of Nursing Services; and
 - (B) both samples must be sent together along with the appropriate Canadian Blood Services form;
 - (C) samples are to be placed in metal containers with appropriate WHMIS labels.
 - d) Complete **all** forms as per the Accident Reporting.
 - e) Where indicated, the Canadian Blood Service or family physician will supply the HBIG vaccine for administration with a 72 hour period of confirmation of the exposure.
 - i) an immunization series should also be commenced within seven days of exposure, subject to the "victim's" consent.
 - f) The following information should accompany the blood sample:
 - i) approximate time and date of the incident;
 - ii) birth dates of both parties;

- iii) results of any recent blood work completed;
- iv) the time the blood samples were taken.

DEFINITIONS:

Hepatitis (Hep.) B

Hepatitis B is a virus which is transmitted through body fluids which include blood, vaginal secretions, semen, saliva and other membranous fluids. The virus must be present in sufficient concentration and must enter the body of another individual via these routes:

- a) cuts;
- b) skin punctures;
- c) through contact with the conjunctiva of the eye; or
- d) through intimate personal contact such as sexual intercourse.


Significant Exposure

Significant Exposure is the transfer of any infected body fluid between two people by any means which might result in the introduction of the Hepatitis B virus into the body. Examples are:

- a) all of the above plus needle pricks;
- b) I/V drug use;
- c) Someone from a geographic region where Hepatitis is epidemic;
- d) Those who engage in high risk behaviours or activities.

Serum Conversion

Serum Conversion is the "immune state". Any individual who has commenced a Hep. B immunization program but has not yet received their blood work results indicating that they are in their "immune state" or have "serum converted" should consider his or herself to be at risk of exposure.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: November 7, 2007 Amendment Date:	Youth Care YC 649

POLICY TITLE: INJURIES TO YOUTHS

POLICY:

All injuries to youths must receive immediate medical attention.

PROCEDURES:

1. In all incidents deemed to require immediate emergency care, at least one staff should remain with the injured person, while another designated staff telephones 9-911 and remains on the phone to relate all the information required by emergency personnel.
2. All non-emergency injuries requiring medical attention will be referred to nursing staff who will attend and advise in the decision regarding further disposition and treatment.
3. After business hours and on weekends, in the absence of nursing staff, the supervisor or designate shall refer directly to the duty doctor.

NOTIFICATION:

1. The Shift Supervisor shall ensure the following are notified, at the earliest opportunity:
 - a) The Program Coordinator (who will notify the Director, as appropriate);
 - b) The assigned Maples Social Worker / Care Plan Consultant (for respite youth);
 - c) The youth's primary team;
 - d) The assigned Maples psychiatrist.
2. The assigned Maples Social Worker / Care Plan Consultant (for respite youth) will ensure the following are notified:
 - a) Legal guardian;

- b) Community case manager;
 - c) Key community contacts as identified by legal guardian.
- 3. When incidents occur outside of business hours or the circumstances are such that implementation and reporting procedures should not wait till the next normal working day, the Shift Supervisor shall also notify:
 - a) The Nurse In Charge/ ~~Complex Coordinator~~ when on duty;
 - b) The Program Coordinator (as appropriate);
 - c) The responsible Service Coordinator;
 - d) The Director (as appropriate) (who will notify the CYMH Director or ADM as appropriate);
 - e) The legal guardian / MCFD After Hours (as appropriate).


NOTE:

Judgement must always be exercised in the notification process, including considering the method, timing and sensitivity required with notification - for example, leaving detailed voice messages will, at times, be contra-indicated. In the case of the legal guardian, notification must include confirmation the message was received. Where no confirmation has been received, a plan of action will be documented to ensure follow-up.

DOCUMENTATION:

- 1. The Shift Supervisor will ensure that:
 - a) The incident and events leading up to the incident and action taken are recorded in the Progress notes of the youth's Client Record.
 - b) Details of who was notified and method of notification will be recorded in youth's Client Record (including confirmation guardian has received notification).
 - c) An Incident Report is completed describing the event and subsequent follow-up including who was notified and method of notification.
- 2. The Malples Social Worker / Care Plan Consultant will ensure that:
 - d) Details of who they notified and method of notification are recorded in youth's Client Record – Meeting and Contact Notes (including confirmation guardian has received notification).

3. The Program Coordinator will ensure appropriate notification has been completed as per policy.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: July 16, 2004 Amendment Date: November 4, 2009	Youth Care YC 650

POLICY TITLE: MEDICAL AND PSYCHIATRIC TREATMENT – EMERGENCY AND NON-EMERGENCY

POLICY:

Medical and psychiatric treatment are authorized by the *Mental Health Act* and by informed consent confirmed through the signing of the admission agreement forms by the parent or legal guardian and youth.

STANDARDS:

1. Diagnostic and medical treatment services to the youth will be in accordance with accepted medical standards.
2. Routine medical and psychiatric treatment of residential youth at the Maples is authorized by the voluntary admission (Form 1, *Mental Health Act*) consent signed by the parent/legal guardian and youth.
3. An additional consent for treatment (Form 2, *Mental Health Act*) may be requested of voluntary youth for clinically indicated, specialized and specific treatment.

PROCEDURES:

1. RESIDENTIAL YOUTH

1.1 Treatment Provision

- a) a physician will complete a physical examination within 48 hours of admission for each youth admitted to a residential program and is available to provide medical care or consultation during the term of the residential care;
- b) a psychiatrist will complete a Mental Health Status Examination of each youth within 24 hours of admission and follow up as required on the youth's emotional and mental health during the term of residential care;
- c) youth voluntarily admitted have the right to refuse treatment;

- d) youth involuntarily admitted have limited rights to refuse services pursuant to Section 31 of the *Mental Health Act*.

1.1 Access to Physician Care

- a) a Maples physician is available to see youth after the youth has a preliminary consultation with a nurse;
- b) a staff member will accompany all youth to appointments with a physician, preferably nursing staff when available;
- c) when the physician requires the attendance of a staff member for a disrobed examination, only a staff member of the same sex as the youth may be present;
- d) the reason for the youth's appointment, will always be recorded in the client record prior to an appointment. The youth's physical client record must be brought to the appointment by staff to maintain continuity of care;
- e) if a youth does not wish to divulge details as to the reason for an appointment, this will be documented in the client record prior to the appointment.

1.2 Medical Emergency Response and Intervention

- a) where immediate medical intervention is required, beyond routine outpatient care, staff will arrange for the immediate transport of the youth to the hospital. The parent or legal guardian will be notified as soon as possible;
- b) the Social Worker will ensure that the parent or legal guardian is updated of the emergency and the medical procedures undertaken.

1.3 Non-Emergency Referrals and Hospital Care

- a) the recommendation for elective medical procedures will be made in consultation with the youth, the program psychiatrist, and when possible, the youth's personal physician;
- b) in all cases a youth should be fully informed of the reason for referral and their consent sought before proceeding;
- c) with the youth's consent, the Social Worker will inform the parent or legal guardian of the elective procedure;
- d) pregnancy;

- e) refer to policy YC 715.


2. COMMUNITY YOUTH

2.1 Treatment Provision

- a) the medical care of youth admitted to Maples community programs will remain the responsibility of the youth's parent or legal guardian;
- b) in exceptional circumstances, a youth admitted to a community program may be examined and treated by the Maples Physician;
- c) youth must have a Mental Status Examination (MSE) completed within 7 days of admission.

2.2 Medical Emergency Response and Intervention

- a) where immediate medical intervention is required, staff will arrange for the immediate transport of the youth to the hospital and inform the legal guardian as soon as possible.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: July 16, 2004 Amendment Date: July 10, 2009	Youth Care YC 700

POLICY TITLE: LEVELS OF OBSERVATION

POLICY:

In order to maintain the health and safety of self, others and property, each youth admitted to a residential program will be placed on the level of observation prescribed in writing by the attending physician or duty doctor.

DEFINITIONS:

General Attention

General Attention is the awareness of a youth's general location at all times.

General Attention will be maintained at all times except when the youth meets the criteria for Special Attention or Constant Attention (noted below).

Special Attention

Special Attention is the awareness of a youth's specific location at all times, and the visual observation and accounting for the youth at least every **s.15**

Special Attention should be invoked under any of the following circumstances:

- a) upon admission to a residential program, and prior to being seen by the attending physician or duty doctor;
- b) the youth has a medical condition that is known to pose a significant risk;
- c) the youth appears to be a significant risk to self, others or property;
- d) if ordered by a physician or psychiatrist;
- e) while in seclusion.

Constant Attention

Constant Attention is the immediate and continuous observation of a youth;

Constant Attention should be authorized when a clear and significant risk of harm exists for the youth or others, or the youth has a medical condition that is known to pose a significant risk, and Special Attention is considered inadequate to mitigate that significant risk.

NOTE:

Staffing ratios (number of staff to youth) are an additional consideration to Levels of Observation. Careful consideration, first of levels of observation and then staffing ratios must be undertaken whenever there is increased risk to youth, staff or the public.

PROCEDURE:

1. Observation Orders on Admission
 - 1.1 Upon Admission all youths will be placed on Special Attention until reviewed by a psychiatrist.
 - 1.2 Within **24** hours of a youth's admission a psychiatrist is required to assess the youth and authorize a specific level of observation.
2. General Attention
 - 2.1 With the exception of visit leave, unit staff must be aware of and account for the youth's general location and agreed-upon activities at all times. On day and evening shift, Unit staff must communicate with the youth at least once per shift.
 - 2.2 At a minimum **s.15** checks are required during the Midnight shift.
3. Special Attention
 - 3.1 The Shift Supervisor will assign staff to provide Special Attention coverage.
 - 3.2 Assigned staff must ensure the following:
 - a) be aware of the youth's specific location at all times;
 - b) visually observe the youth at least every **s.15** and record in the Special Observation Record and log completion in the Document Management Section of the electronic client record.
 - 3.3 Shift Supervisors will document in the behaviour log and inform the oncoming Shift Supervisor (or senior staff person on nights) all youth currently on Special Attention.

- 3.4 A Shift Supervisor must assess and document in the client record the need for ongoing Special Attention at least once every 24 hours.
- 3.5 Doctor's orders that place a youth on Special Attention require a doctor to review and discontinue Special Attention status.
- 4. Constant Attention
 - 4.1 The Shift Supervisor will assign staff (ideally on a 2-4 hour rotational basis), and throughout the shift, to provide Constant Attention coverage.
 - 4.2 Assigned staff must ensure the following:
 - a) continuously observe the youth;
 - b) maintain arm's length distance;
 - c) in situations where privacy is indicated a staff member of the same sex is to assume the Constant Attention process;
 - d) when the youth uses the washroom, the degree of privacy should be assessed on a situational basis by the Shift Supervisor, and if determined safe, a youth may be allowed for a brief time to be out of direct sight but never out of hearing range;
 - e) prior to leaving the immediate presence of a youth on Constant Attention, staff will ensure that they are replaced by a staff member who is adequately briefed as to the current mental status of the youth and events leading up to youth's placement on Constant Attention.
 - 4.3 Shift Supervisors will document in the behaviour log and inform the oncoming Shift Supervisor (or senior staff person on nights) of all youth currently on Constant Attention.
 - 4.4 A Constant Attention order must be reviewed every 24 hours by a psychiatrist. Whenever possible, this should be reviewed by the attending Maples psychiatrist during business hours.
- 5. Changes to level of observation
 - 5.1 The Shift Supervisor may change a youth's level of observation as follows:
 - a) from General to Special Attention;
 - b) from Special to General Attention, provided a psychiatrist did not order the Special Attention;
 - c) may increase a youth's level of observation to Constant Attention but a psychiatrist must authorize a decrease from Constant Attention.

- d) a psychiatrist must order a decrease in level of observation if a psychiatrist ordered an increase.

DEFINITIONS:

REPORT:

An interactive (2 way communication) process that requires directly communicating with someone, for example speaking on the phone where you receive and document acknowledgement and content of the interaction including any advice or direction.

NOTIFICATION:

A unidirectional process where you provide notification of an event but do not require acknowledgement of receipt of notification. You must document notification has occurred. Where no confirmation has been received, a plan of action will be documented in the client record to ensure follow-up.

REPORT and/or NOTIFICATION:

1. When the psychiatrist writes an order, they will notify the Shift Supervisor or Nurse when ordering any change to a youth's level of observation.
2. When a youth is placed on Constant Attention during business hours, the Shift Supervisor shall ensure the following are notified, at the earliest reasonable opportunity:
 - a) the attending psychiatrist or on-call psychiatrist immediately;
 - b) the Program Coordinator;
 - c) the assigned Maples Social Worker (Care Plan Consultant for respite admissions);
 - d) the youth's primary team;
 - e) the legal guardian (unless contraindicated).
3. When a youth is placed on Constant Attention, the assigned program Social Worker (Care Plan Consultant for respite admissions) will ensure the following are notified and follow-up as required:
 - a) the community case manager;
 - b) key community contacts previously identified by the legal guardian.

-
4. When incidents occur outside of business hours and the circumstances are such that implementation and reporting procedures should not wait until the next normal working day, the Shift Supervisor shall also report to:
- a) the Nurse In Charge when on duty;
 - b) the Program Coordinator for direction;
 - c) the responsible Service Manager;
 - d) the Director (who will notify the ADM as appropriate);
 - e) the legal guardian
 - f) MCFD After Hours.

NOTE:

Judgment must always be exercised in the report/notification process, including considering the urgency of reporting, method, timing and sensitivity required – e.g. leaving detailed voice messages will, at times, be contraindicated. Where no confirmation of a report can be made, a plan of action will be documented in the client record to ensure follow-up.

DOCUMENTATION:

1. The psychiatrist will:
- 1.1 within **24** hours of a youth's admission, assess the youth, and:
 - a) document the assessment in CARIS under 'Admission and Discharge Form' on the Psychiatric Admission Notes:
 - i) if the psychiatrist is unable to complete this in CARIS, they may complete the defunct paper form called 'Psychiatric Admission Notes – Admission Form 6';
 - ii) if paper is used, the Primary worker on shift when the psychiatrist completes the Admission exam should write a note on the Psychiatric Admission note in CARIS. It should read – 'See paper chart for Admission notes by Dr. [name]'. The Primary should then finalize the Psychiatric Admission note.
 - b) under 'Clinical Forms and Assessments' complete the 'DSM-IV (TR) Diagnostic Classifications'; and then the Diagnostic Classification Formulation:

- i) if the psychiatrist is unable to complete this in CARIS, they may complete the defunct paper form called 'Psychiatric Admission Notes – Admission Form 6';
 - ii) this must then be copied and the copy forwarded to the Client Information Services (CIS) department. They will add this information on behalf of the Psychiatrist;
 - iii) the primary worker will file the original on the paper chart;
 - iv) CIS will note that the signed original diagnosis and formulation is on the paper chart.
- c) write doctor's orders specifying the required level of observation.
- d) whenever reviewing or ordering a change to a youth's observation level the psychiatrist will:
 - i) enter the observation level on the Doctor's Order Sheet and include the following:
 - (A) reason for the level of observation;
 - (B) time at which the level of observation commences;
 - (C) the review date.
 - ii) document the assessment of the youth in CARIS under Case Forms: Meeting and contact Notes. Set the meeting type to Clinical Consultation and complete the form. Or, they may document in the progress notes.
 - (A) If the psychiatrist is unable to complete this in CARIS, they may complete the defunct paper form called Psychiatric Progress Notes and file this in the youth's client record;
 - (B) The primary worker should scan this document, and attach it in CARIS under 'Clinical Consultation' with a note in the Note field saying 'See paper chart for original'.

2. The Shift Supervisor will ensure that:

- a) all changes (increase or decrease) to level of observation are documented in the client record with the appropriate rationale and the specific time the changes were made. The documentation should include all events leading up to the decision to change the

observation level and any information essential to the continuity of communication between shifts.

- b) details of who was notified, or reported to method of notification and the specific information relayed, will be recorded in the client record.
- c) there is documentation including verification that the guardian has received notification
- d) an Incident Report is completed describing the event and subsequent follow-up including who was notified or reported to and method of notification.
- e) assess the need for Special Attention at least once every 24 hours and documents the rationale for continuing in the client record.

2.1 Special Attention is recorded in:

- a) the client record;
- b) the Special Attention Record;
- c) an Incident Report is completed including who was notified and method of notification;
- d) the behaviour log.


2.2 Constant Attention is recorded in:

- a) the client record;
- b) an Incident Report is completed including who was notified and method of notification;
- c) the behaviour log.

3. The Maples Social Worker / Care Plan Consultant will ensure:

- a) details of who they notified or reported to including the method are documented in the client record.
- b) confirmation guardian has received notification.

4. The Program Coordinator will ensure appropriate reporting / notification and documentation has been completed as per policy.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 14, 2004 Amendment Date: July 10, 2009	Youth Care YC 705

**POLICY TITLE: ESCORT OF NCRMD/UNFIT YOUTH OFF
UNIT/COMPLEX**

POLICY:

With respect to youth before the BC Review Board or Youth Court, Maples staff must exercise due diligence in balancing youth access to the community with public safety.

STANDARDS:

1. When escorting these youth off unit, Maples staff must ensure compliance with the conditions of BC Review Board dispositions, Youth Court dispositions, warrants of committal, Director's authorization and related doctor's orders.
2. When escorting these youth off unit, Maples staff must ensure sufficient resources are available to them to provide the supports described in the dispositions, Director's authorization and doctor's orders.
3. Prior to departing the unit, staff must assess the youth for stability for the outing and document this in the youth's client record.
4. Prior to departing the unit, staff must have a contingency plan for action should the youth escape lawful custody. This plan will be reviewed with the Shift Supervisor and documented in the client record.
5. Risk to the youth, staff and the general public must be considered when determining escort procedures.

PROCEDURE:

1. Prior to Escort
 - 1.1 Prior to leaving the unit, staff will ensure they are aware of and in compliance with pertinent doctor's orders as well as the conditions of BC Review Board dispositions, Youth Court dispositions, warrants of committal and Director's authorization. This will also include supervision levels required.
 - 1.2 All NCRMD/Unfit youth will have doctor's orders specific to the circumstance of escorting the youth in the community for necessary medical treatment or

an emergency.

- 1.3 A separate doctor's order is required for any additional off-unit activity.
- 1.4 All NCRMD/Unfit youth will have a "warrant package" that must be carried by the escorting staff. This "warrant package" will include:
 - a) extended demographic information (CARIS-case face sheet);
 - b) a copy of disposition/committal papers;
 - c) youth's height, weight, hair length and colour, and eye colour;
 - d) physical description (include build, scars, tattoos);
 - e) clothing description;
 - f) current picture;
 - g) possible destination if the youth escapes lawful custody;
 - h) pertinent aspects as related to risk (legal orders, current and prior charges).

2. Escort-assisted by external bodies.

- 2.1 Assistance may be requested in advance from the Sheriff to escort youth to court appearances and for transfers to correction facilities.
- 2.2 Assistance in exceptional circumstances may also be requested of the RCMP (e.g. assistance in returning a youth who has escape lawful custody.) Whenever possible support should be arranged in advance.
- 2.3 The Shift Supervisor is responsible for:
 - a) assessing the level of risk incurred to the youth, staff and the general public in order to escort the youth off unit;
 - b) assessing the skills and abilities of the escorting staff to carry out the responsibilities of escorting the youth;
 - c) ensuring the availability of the youths "warrant package" and a cell phone;
 - d) reviewing and ensuring the documentation of the escorting staff's contingency plan for action should the youth escape lawful custody. This plan must be consistent with the youth's legal status and specific orders.

3. During the Escort:

- 3.1 Escorting staff are responsible for the supervision of the youth and maintaining visual contact and close proximity (2 meters) to the youth at all times.
- a) escorting staff will carry their government identification card, a cell phone and the youth's "warrant package" on their person at all times during the escort;
 - b) staff must be aware of the safety of the area and monitor possible escape routes;
 - c) in the event that the NCRMD/Unfit youth escapes or attempts to escape lawful custody during the escort, staff should:
 - i) immediately contact 911. Identify yourself, indicate that an NCRMD or Unfit youth has escaped your custody and you require assistance. Provide the RCMP with your current location, phone number and description of the youth;
 - ii) make every effort to maintain visual contact of the youth and encourage them to return;
 - iii) contact the unit as soon as possible and advise the senior staff member of the situation and current location of the youth;
 - iv) detain the youth when safe to do so.

NOTE:

Staffing ratios (# of staff to youth) are an additional consideration to Levels of Observation. Careful consideration first of levels of observation and then staffing ratios must be undertaken whenever there is increased risk to youth, staff or the public.

DEFINITIONS:

REPORT:

An interactive (2 way communication) process that requires directly communicating with someone, for example speaking on the phone where you receive and document acknowledgement and content of the interaction including any advice or direction.

NOTIFICATION:

A unidirectional process where you provide notification of an event but do not require acknowledgement of receipt of notification. You must document notification when it has

occurred. Where no confirmation has been received, a plan of action will be documented in the client record to ensure follow-up.

REPORT and/or NOTIFICATION:


1. The Shift Supervisor will be immediately informed if a youth escapes or attempts to escape lawful custody.
2. If the youth escapes lawful custody, the Shift Supervisor shall immediately report to:
 - a) the Program Coordinator;
 - b) the Director;
 - c) the Treatment Services Manager;
 - d) the Nurse In Charge (when on duty);
3. The Shift Supervisor shall notify, at the earliest possible opportunity:
 - a) the other Maples units;
 - b) the security guard (when on duty);
 - c) the assigned Maples Social Worker;
 - d) the assigned program psychiatrist;
 - e) the youth's primary team;
 - f) the legal guardian (at mutually agreed upon times);
 - g) MCFD After hours (where the youth is in the care of the Ministry 604-660-4929).
4. The assigned program Social Worker will ensure the following are notified and follow-up as required:
 - a) the community case manager;
 - b) key community contacts as previously identified by legal guardian.
5. Upon return from escape, or attempting to escape lawful custody, staff will follow the notification procedures as outlined in Policy YC 500.

DOCUMENTATION:

1. The Shift Supervisor or designate will ensure that:
 - a) there is documentation in the client record **prior** to the escort off unit that includes the level of risk involved, the youth's level of stability, as well as their contingency plan should the youth escape lawful custody;
 - b) in the event that the youth escapes or attempts to escape lawful custody, the incident and events leading up to the incident are recorded in the client record –ensure RCMP file number is included;
 - c) details of who was notified or reported to including the method of notification and the specific information relayed will be recorded in the client record;
 - d) an Incident Report is completed describing the event and subsequent follow-up including who was notified or reported to and method of notification – ensure the Incident Report includes RCMP file number and names of staff involved.
2. The Maples Social Worker will ensure that:
 - a) details of who they notified or reported to including the method are documented in the client record;
 - b) confirmation guardian has received notification.
3. Upon return from escape or attempted escape of lawful custody, staff will follow the documentation procedures as outlined in Policy YC 500.
4. The Program Coordinator will ensure appropriate reporting/notification and documentation has been completed as per policy.

REFERENCES:

Criminal Code of Canada – Part XX.1 MENTAL DISORDER Section 672
Mental Health Act – Section 30

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: November 7, 2007 Amendment Date: July 10, 2009	Youth Care	YC 710

POLICY TITLE: PERSONAL POSSESSIONS – USE OF AND LIABILITY FOR LOSS OR DAMAGE

POLICY:

The Maples recognizes a youth's right to personal possessions that are consistent with a safe and therapeutic setting. Careful consideration should be undertaken about the risks and benefits of bringing items of significant or sentimental value to the Maples.

PROCEDURES:


1. On admission, staff will encourage youth to leave possessions of significant or sentimental value with their parent or legal guardian. The youth and their parent or legal guardian will be advised that staff members and the Maples assume no liability for loss or damage to personal possessions.
2. On admission, staff will complete a list of personal possessions. Identifying marks, numbers and descriptions of these items should be used whenever possible. This list will be updated as required.
3. Youth should not be in possession of excess money. Any money in excess of \$20 should be noted and maintained in safekeeping by staff until such time as it is returned to the youth, parent or legal guardian. Staff should keep a running record of disbursements, co-signed by the youth. Funds in excess of \$100.00 should, where practical, be deposited in a bank as soon as can be arranged with the youth.
4. Unit staff will take reasonable precautions to ensure that a youth's personal possessions are protected from abuse or theft by other youth and are available for the personal use and enjoyment of the youth. Safe locations will be available to youth to keep personal possessions and valuables.
5. Staff may restrict or confiscate weapons, illegal items, pornography or other offensive materials including personal items such as money and gifts that are inconsistent with a safe and therapeutic setting.
6. Personal possessions may not be sold or bartered without permission of the Program Coordinator and the parent or legal guardian.
7. Any articles, including clothing and money, found in the possession of a youth and

Policy Title: Personal Possessions – Use Of And Liability For Loss Or Damage
Amendment Date: July 10, 2009

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not appearing on the youth's list of personal effects may be confiscated. Such property should be returned to the rightful owner.

8. Any items that appear to be stolen, illegal or where no rightful owner can be identified may be surrendered to the RCMP. Such actions will be documented in the client record and incident report.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: March 2, 2005 Amendment Date: July 10, 2009	Youth Care YC 715

POLICY TITLE: PREGNANCY

POLICY:

The Maples seeks to maintain reasonable security for all youth and will take special precautions with pregnant youth to ensure whether their interests can be best met within our residential programs.

PROCEDURES:

1. Referred Youth
 - 1.1 In circumstances where a youth is pregnant, admission may be authorized after a thorough risk/benefit analysis is conducted. The psychiatrist, in consultation with the general practitioner and the assigned social worker will consult with Maples management to reach a decision which will be documented in the client record.
 - 1.2 On medical evidence that a condition of pregnancy exists, the attending physician will seek the youth's permission to arrange a consultation with the youth's personal or family physician. (Refer to YC650)
2. Admitted Youth
 - 2.1 If a pregnant youth is admitted or is found to be pregnant during their stay, thorough on-going risk/benefit analysis will be performed and documented regularly by the psychiatrist, general practitioner and the assigned social worker.
 - 2.2 If the youth gives informed consent (within the parameters of the *Infants Act*) to the Maples staff, the parent or legal guardian will be kept informed as to the youth's general physical and emotional health.

DEFINITIONS:

REPORT:

An interactive (2 way communication) process that requires directly communicating with someone, for example speaking on the phone where you receive and document

acknowledgement and content of the interaction including any advice or direction.

NOTIFICATION:

A unidirectional process where you provide notification of an event but do not require acknowledgement of receipt of notification. You must document notification has occurred. Where no confirmation has been received, a plan of action will be documented in the client record to ensure follow-up.

REPORT and/or NOTIFICATION:

1. Referred Youth
 - 1.1 When a pregnant youth is identified prior to admission, the person who receives the information will alert the clinical team for a comprehensive risk/benefit analysis.
2. Admitted Youth
 - 2.1 In circumstances where a youth is determined to be pregnant post-admission, the person receiving the information will:
 - a) document the relevant information in the client record;
 - b) inform their Shift Supervisor.
 - 2.2 The Shift Supervisor shall ensure the following are notified:
 - a) the Program Coordinator (who may notify the Manager/Director as appropriate);
 - b) the assigned program Social Worker (Care Plan Consultant for respite admissions);
 - c) the youth's primary team;
 - d) the assigned program Psychiatrist;
 - e) the Nurse in Charge (when on duty).
3. If the youth gives informed consent to the assigned program Social Worker (Care Plan Consultant for respite admissions) to share information about the pregnancy they will notify the Legal Guardian.

NOTE:

Judgement must always be exercised in the report/notification process, including considering the urgency of reporting, method, timing and sensitivity required – e.g.

leaving detailed voice messages will, at times, be contraindicated. Where no confirmation of a report can be made, a plan of action will be documented in the client record to ensure follow-up.

DOCUMENTATION:


1. Referred Youth
 - 1.1 The clinical team is responsible for documenting their assessment of the risks and benefits of proceeding with the admission and their final decision in the client record.
2. Admitted Youth
 - 2.1 In circumstances where a youth is determined to be pregnant post-admission, the person receiving the information will:
 - a) document the relevant information in the client record;
 - b) inform their Shift Supervisor.
 - 2.2 The Shift Supervisor or designate will ensure that:
 - a) the incident and events leading up to the incident and action taken are recorded completely, accurately and objectively in the client record;
 - b) details of who was notified or reported to method of notification and the specific information relayed will be recorded in the client record (including confirmation guardian has received notification);
 - c) an Incident Report is completed describing the event and subsequent follow-up including who was notified or reported to and method of notification.
 - 2.3 The attending psychiatrist will document all on-going evaluations of risk in the appropriate sections of the client record.
 - 2.4 The general practitioner will document all on-going evaluations of risk in the appropriate sections of the client record.
 - 2.5 The Maples Social Worker/Care Plan Consultant will ensure that:
 - a) details of who they notified or reported to including the method are documented in the client record, as well as
 - b) all on-going evaluations of risk in the appropriate sections of the client record

- c) permission granted or denied by youth to inform parent, legal guardian or community case manager.
- 2.6 The Program Coordinator will ensure appropriate reporting/notification and documentation has been completed as per policy.

REFERENCES:

Infants Act

YC650 Medical Treatment – Emergency and Non-Emergency

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: February 10, 2004 Amendment Date: July 10, 2009	Youth Care YC 720

POLICY TITLE: PSYCHIATRISTS – ON-CALL

POLICY:

The Clinical Director of the Maples Adolescent Treatment Centre will schedule psychiatric coverage for all Maples' programs during normal business hours. An on-call psychiatrist shall be available to all programs after normal business hours.

DEFINITIONS:

Normal business hours

Normal business hours are Monday to Friday from 0830-1630.

PROCEDURES:

1. The responsibility of assigning psychiatrists to the joint Maples and Youth Forensic Psychiatric Services on-call list rests with the Clinical Director of Youth Forensic Psychiatric Services. This list will be provided to the Maples administration at least 5 days in advance of the month to be covered.
2. YFPS will provide all programs and Program Coordinators with the on-call roster.
3. Staff may attempt to contact their own program psychiatrist as a primary resource person, prior to contacting the on-call psychiatrist.
4. The Nurse may contact the on-call psychiatrist after normal business hours by contacting I.A.U. at 778-452-2219. The Nurse is to clearly identify themselves, the unit program to be called, and the telephone number. The on-call psychiatrist will return a call to the program as identified.
5. In instances where an on-call psychiatrist does not return the call the Nurse will contact I.A.U. for follow-up and document the details in the client record and file an Incident Report.

REPORT and/or NOTIFICATION:

1. A copy of the Incident Report is to be forwarded to the Program Coordinator,

Policy Title: Psychiatrists – On-Call
Amendment Date: July 10, 2009

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Program Psychiatrist and appropriate Service Manager (who may alert the Director as appropriate). In addition a paper copy of the IR is to be given directly to (or put in the mailbox of) the Coordinator of Nursing Services Quality Assurance and Training for follow-up.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: February 10, 2004 Amendment Date: June 4, 2012	Youth Care	YC 770


POLICY TITLE: REPORTS – CHILD CARE AND NURSING

POLICY:

Child Care Counsellors and Nurses will be expected to prepare regular written reports related to their professional observations and assessment of a youth's development and progress during the youth's stay at the Maples.

PROCEDURES:

1. Child Care Counsellor and Nursing reports will provide relevant observations related to behavioural, emotional, interpersonal, peer group, vocational, recreational, and social skill involvement and progress of youths assigned to them.
 - 1.1 Such reports shall be concise, objective, brief, and relevant to the purpose of the report. All Child Care Counsellor / Nursing reports must be reviewed by the shift head. Program Coordinators may periodically audit reports and reviews at their discretion.
 - 1.2 When completed all reports shall be placed on the youth's chart.
 - 1.3 These reports are solely for internal use and will not be circulated outside of the Maples unless authorised by the Director or designate.
 - 1.4 Child Care Counsellor and Nursing reports are subject to all policies related to confidentiality.
 - 1.5 When signing reports or Progress Notes, staff will ensure that their full name is legible and followed by the initials of their job classification, such as L. Setzer, CCC or B.Kelley, RPN.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date: July 10, 2009	Youth Care YC 800

POLICY TITLE: RESTRAINT

POLICY:

Physical restraint is used only in emergency or crisis situations and only when less-restrictive measures have proven ineffective and discontinued as soon as possible. Physical restraint must not be used for the purposes of discipline, compliance or convenience.

STANDARDS:

1. The Maples does not permit the use of chemical restraint, mechanical restraint or Holding Therapy.
2. Personnel who use Non-Violent Crisis Intervention are trained and evaluated on a bi-annual basis.

DEFINITIONS:

Physical restraint

Physical restraint is the application of physical force by one or more individuals that reduces or restricts the movement of a youth.

Mechanical restraint

Mechanical restraint is the practice of using physical devices to limit movement of a youth.

Chemical restraint

Chemical restraint is the use of a psychopharmacological drug as a restraint to control behaviour or restrict freedom of movement that is not a standard treatment for the youth's medical or psychiatric condition.

PROCEDURES:

1. Physical restraint may be used only when:

- a) the youth poses an imminent risk of physical harm to self or others,
and
 - b) the youth's behaviour cannot be managed using other less restrictive measures.
- 2. The shift supervisor or designate must authorize a physical restraint except in exceptional and emergency circumstances.
 - 3. The shift supervisor is responsible for ensuring the youth is assessed throughout the restraint.
 - 4. Physical restraint must cease as soon as the staff assess that the youth has regained sufficient self control.
 - 5. Physical restraint will be discontinued immediately if it produces severe adverse side effects that are assessed to outweigh the benefits of the restraint.
 - 6. Physical restraint should take no longer than needed to secure the youth or move them to a safe location. Any physical restraint lasting longer than 30 minutes should be discontinued unless unsafe to do so. Note: This does not include time taken to escort an ambulatory youth to a safe location.
 - 7. Sufficient staff must be available to physically restrain a youth.
 - 8. Physical restraint by one staff member may be used only in response to exceptional and emergency circumstances. Physical restraint by one staff member is not otherwise an acceptable practice.
 - 9. An Incident Report will be completed for any physical restraint conducted.
 - 10. The youth must be offered the opportunity to debrief the incident of physical restraint. It is important to initiate this process as soon as the youth is able to manage. Some elements of the debriefing process may occur immediately but all will be addressed within 24 hours. They include the following in no particular order:
 - a) the evaluation of the youth's current physical and emotional wellbeing;
 - b) the identification of the need for medical care or other follow-up services related to the incident;
 - c) the identification of antecedent behaviour and the modification of the service plan as appropriate and;
 - d) the facilitation of the youth's re-entry into routine activities.

11. The Program Coordinator will complete an administrative review of any restraint lasting longer than 30 minutes, along with the Incident Report. This review will identify:
 - a) the unusual circumstance warranting a prolonged restraint;
 - b) any changes to the youth's management plan;
 - c) any supervision of staff that results from this review.
12. Mechanical restraints employed by external agents (e.g. police or sheriffs) will be removed prior to Maples staff assuming responsibility for the youth.

DEFINITIONS:

REPORT:

An interactive (2 way communication) process that requires directly communicating with someone, for example speaking on the phone where you receive and document acknowledgement and content of the interaction including any advice or direction.

NOTIFICATION:

A unidirectional process where you provide notification of an event but do not require acknowledgement of receipt of notification. You must document notification has occurred. Where no confirmation has been received, a plan of action will be documented in the client record to ensure follow-up.

REPORT and/or NOTIFICATION:

1. The Shift Supervisor or designate shall ensure the following are notified:
 - a) the Program Coordinator (who will notify the Manager and/or Director, as appropriate);
 - b) the assigned Maples Social Worker (Care Plan Consultant for respite admissions);
 - c) the youth's primary team;
 - d) the assigned program psychiatrist;
 - e) the legal guardian (unless contraindicated).
2. The assigned program Social Worker (Care Plan Consultant for respite admissions)

shall:

- a) upon admission, notify the legal guardian and the youth about the potential use of physical restraint;
 - b) in the event of physical restraint, notify:
 - i) key community contacts as previously identified by the legal guardian.
3. When incidents occur outside of business hours and the circumstances are such that implementation and reporting procedures should not wait until the next normal working day, the Shift Supervisor or designate shall also report to:
- a) the Nurse In Charge when on duty;
 - b) the Program Coordinator (as appropriate);
 - c) the responsible Service Manager (as appropriate);
 - d) the Director (as appropriate);
 - e) the legal guardian.
 - f) MCFD After Hours (where the youth is in the care of the Ministry (604-660-4927))

NOTE:


Judgment must always be exercised in the notification process, including considering the urgency of reporting method, timing and sensitivity required with notification - for example, leaving detailed voice messages will, at times, be contraindicated. In the case of the legal guardian, notification must include confirmation the message was received. Where no confirmation has been received, a plan of action will be documented in the client record to ensure follow-up.

DOCUMENTATION:

1. The Shift Supervisor or designate will ensure that:
- a) the incident and events leading up to the incident including the clinical rationale for the use of physical restraint and any subsequent debriefing are recorded in the client record and on an Incident Report.
 - b) any physical restraint lasting longer than 30 minutes will be documented with rationale for continuing in the client record and on

an Incident Report.

- c) details of who was notified or reported to, method of notification and the specific information relayed will be recorded in the client record and on the Incident Report (including confirmation that guardian has received notification).
- 2. The Maples Social Worker / Care Plan Consultant will ensure that:
 - a) upon admission, notification of legal guardian and youth about the potential use of physical restraint is documented in the client record;
 - b) in the event of a physical restraint, details of who was notified or reported to including the method of contact are documented in the client record and confirmation guardian has received notification.
- 3. The Program Coordinator will prepare and submit to the responsible Service Manager a written review of any restraint lasting longer than 30 minutes, along with the Incident Report. This review will identify:
 - a) the unusual circumstance warranting a prolonged restraint;
 - b) any changes to the youth's management plan;
 - c) any supervision of staff that results from this review.
- 4. The Program Coordinator will ensure appropriate reporting/notification and documentation has been completed as per policy.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: April 6, 2005 Amendment Date: October 7, 2009	Youth Care	YC 805

POLICY TITLE: ACCESS TO FAMILY AND COMMUNITY

POLICY:

The Maples supports and encourages a youth's access to their family and significant members of their community in order to maintain these relationships. Access to these individuals will be at times and locations that are mutually agreeable for all parties.


There may be occasions where access to family and friends is limited by clinical direction. This direction will be duly noted in the client record and communicated to all parties.

PROCEDURES:

1. Visit leaves will be arranged and approved as per Policy YC 995.
2. The Maples will not permit withholding of family contact, restrictions on, or cancellation of visits for disciplinary reasons.
3. Phone (including similar communication devices) and visit information and restrictions will be detailed by the youth's parent or legal guardian on admission. Admitting staff will document restrictions in the client record and cardex and take reasonable steps to ensure these are adhered to.

Staff will document and notify the youth's parent or legal guardian of any additional restrictions placed on the youth's access to visit leaves or use of telephone (or other similar communication devices).

4. All residential programs will have a designated area where a youth may use the telephone to contact family and members of their community. Reasonable provision will be made for youths requesting privacy when using the telephone.
5. Visits with approved family and community contacts will be supported by staff. Staff will determine on an individual case basis how to support the maintenance of family and community relationships while simultaneously respecting the privacy and confidentiality rights of other youth at the Maples. Visits may occur in a designated area on the unit, on the Maples grounds or in the community as determined by the youth's primary team and in accordance with the clinical direction determined by program staff and/or clinical team.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 6, 2005 Amendment Date:	Youth Care YC 810


POLICY TITLE: RELIGIOUS, SPIRITUAL AND CULTURAL PRACTICE

POLICY:

Youth admitted to residential programs at the Maples are free to express and practice their religious, spiritual and cultural beliefs.

PROCEDURES:

1. The admitting staff will ascertain the wishes of the youth and their parent or legal guardian and work to resolve any differences regarding religious or spiritual practices.
2. All youth will be provided with appropriate opportunities for religious or spiritual practice.
 - 2.1 These opportunities will include necessary supports, such as transportation and schedule adjustments.
 - 2.2 Appropriate opportunities do not include any practice that includes harming self or others, including animals.
3. The Maples will conduct an ongoing assessment of participant interest in religious or spiritual development.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: February 1, 2004 Amendment Date:	Youth Care YC 820

POLICY TITLE: RIGHTS OF YOUTH - MAIL


POLICY:

Youth shall receive their mail uncensored and unopened at all times.

When there are specific indications, or any reason to suspect weapons, drugs or similar contraband is being mailed to a youth; a package or letter must be opened with staff present.

PROCEDURES:

1. Youth will receive their mail as soon as possible after its arrival.
2. Articles that may be deemed hazardous to the safety of a youth or others, shall be confiscated. Arrangements should be made to turn over such articles to the legal guardian as soon as is practicable.
3. Drugs, guns and any item that is an offence to possess, shall be confiscated and handled according to the policy Criminal Activity by Youth (YC 300), and turned over to the RCMP as soon as possible.
4. In the event of confiscation for any reason, specific documentation must appear in the youth's chart.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: April 6, 2005 Amendment Date: June 25, 2012	Youth Care YC 830

POLICY TITLE: RIGHTS OF YOUTH

POLICY:

The Maples supports and protects the fundamental human, constitutional, and statutory rights of each youth in our care.

Note: The following sections outline rights which this agency endorses and expects staff to maintain. Section One is written to be understandable to youth. Section Two elaborates rights in detail, which staff may interpret for youth.

STANDARDS:

1. Section One – Rights of Youth

1.1 All youth at the Maples have the following rights:

- a) to be treated with respect and dignity at all times;
- b) to protection;
- c) to medical and physical care;
- d) to have access to their Social Worker, legal guardian, Representative for Children and Youth and the Ombudsman;
- e) to contact the Mental Health Law Program for free advice on Review Panels;
- f) to see a lawyer;

(Note: The Mental Health Law Program of the Community Legal Assistance Society (CLAS) provides patients with information and assistance regarding Review Panels. The Mental Health Law Program can be contacted at (604) 685-3425 or toll free at 1 888 685-6222 Fax: 604-685-7611

- g) to information about the services to be provided and to involvement in decisions made about them;

Policy Title: Rights of Youth at the Maples
Amendment Date: June 25, 2012

- h) to have a second opinion about what services and treatment planning is being offered to them;
- i) to privacy;
- j) to confidentiality of their client records;
- k) to be informed of the rules of the unit, the reasons for the rules and the consequences for breaking the rules;
- l) to send and receive mail;
- m) to have their right to complain taken seriously;
- n) to express their religious and spiritual beliefs (See Policy YC 810);
- o) to balanced meals and necessary clothing;
- p) to education;
- q) to play;

2. Section Two

2.1 Youth receiving services at the Maples have the following rights:


- a) to impartial access to services, regardless of race, religion, sex, ethnicity, age or disability, unless inconsistent with the Maples mandate;
- b) to the recognition and respect of each youth's personal dignity in the provision of services;
- c) to receive individualized treatment and care planning services;
- d) to the provision of adequate and humane services within the least restrictive environment possible;
- e) to protection of the youth's personal privacy;
- f) to the periodic review of the youth's service or treatment plan;

- g) to the opportunity for active participation of youth and their parents, relatives or guardians in the planning of services or treatment;
- h) to the provision of competent, qualified and experienced professional clinical staff to supervise and implement services or treatment;
- i) to be informed, at admission (verbally and in writing – MHA Form 13 or 14), of the youth's rights. When a youth is Certified under the MHA, this information will be given as soon as the youth is capable of understanding;
- j) to be informed of the program rules and consequences in a timely manner, presented in plain language the youth will understand;
- k) to a full explanation of the rights and responsibilities of the youth and the youth's family when admitted on a Court Order;
- l) that confidentiality will be maintained unless required by law or compelling circumstances exist that affect anyone's health or safety;
- m) where treatment is Voluntary, Informed Consent to service planning is discussed
 - i) the nature and type of any service for the youth;
 - ii) the likely benefits of the service;
 - iii) the known side effects, adverse reactions or risks of the service, treatment or medication;
 - iv) the known and safe alternatives to any proposed service, treatment or medication;
- n) to expect, where treatment is Involuntary, that the absence of consent will not in any way ignore the need for careful consultation, sufficient to choose an appropriate course of treatment;
- o) to expect, where consent is impractical, or in a medical emergency, that treatment will be limited to what is practical and necessary under the circumstances;

- p) to refuse to participate in any research or teaching program without threat of reprisal or coercion of any kind;
- q) to be advised, prior to being interviewed by any staff member relating to potential legal matters, that although most discussions are confidential, the staff member may be compelled to attend in Court and answer questions regarding statements made by the youth to the staff member. Further, the youth is entitled to choose not to discuss certain topics;
- r) to refuse any service, treatment or medication, and to have any consequences for such a refusal explained to them. These consequences may be loss of opportunity or benefit intrinsic to the service, treatment or medication or loss of opportunity or benefit dependent on accepting the service, treatment or medication. These consequences may range from relatively minor (refusing to brush teeth may result in bad breath) to termination of service (discharge as a result of non-participation or lack of benefit).

NOTE:

Such rights are limited under the *Mental Health Act (MHA)* for Involuntary youth who, under Section 31 *MHA*, “treatment authorized by the Director is deemed to be given with the consent of the patient.” Treatment in this context means safe and effective psychiatric treatment and “includes any procedure necessarily related to the provision of psychiatric treatment”.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date:	Youth Care YC 830.1

POLICY TITLE: RIGHTS OF YOUTH AT THE MAPLES – SECOND MEDICAL OPINION

POLICY:

Every youth has the right to request, and have the Maples facilitate the acquisition of a second medical opinion pursuant to the following procedures.

PROCEDURES:

- 1.0 Youth or involved family members (or others who have an obvious legitimate interest in the youth's welfare) may request a second medical opinion regarding any aspect of the youth's medical or psychiatric care.
- 2.0 If the youth or involved family member asks the involved Social Worker directly to arrange a second opinion, the physician will ascertain from the youth or involved family member the nature of the request. The physician will document the request in the youth's chart.
- 3.0 If the youth or involved family member does not make the request for a second opinion, directly to the physician, or involved Social Worker the unit staff to whom the request is made will inform the Director at the earliest opportunity, and staff will document the request in the youth's chart.
- 4.0 Where there is disagreement over the need or desire for a second medical opinion between the youth and the involved family member the Director may contact the Physician to assist in resolving the conflict.

Family members may not obstruct a capable youth's request for a second opinion. A capable youth may refuse to participate in a second opinion if a family member has made the request for the second opinion.

- 5.0 The youth or family member will be advised by the involved Social Worker that they will be entitled to receive a second opinion from a physician not on staff at the Maples.
- 6.0 The youth or family member will be asked by the involved Social Worker if they have identified a physician they would like to conduct the second opinion.


If the opinion is desired from a physician who is not on the medical staff at the Maples, and the physician is not able to provide the opinion, the youth or family

member will be provided assistance in identifying alternate physicians.

- 7.0 In all cases where a second opinion will be sought the Director or designate will facilitate the arrangements with the support of the physician as required.
- 8.0 Where a second opinion is to be received from a non-Maples physician the unit staff will arrange for the youth to be taken to the required appointment.
- 9.0 Upon receipt of the second opinion the treatment team will share the information with the youth and consider a course of action in regard to the opinion.

Release of Information policies will be followed in regard to providing the results of the second opinion to the family or others.

- 10.0 Where the content (results) of the second opinion are in direct conflict with the opinion of the unit physician, or the nature of the second opinion is such that care is recommended that cannot be provided at the Maples, the Director will contact the Physician for assistance in resolving the conflict to the satisfaction of the youth, family, and treatment team.
- 11.0 The second opinion will be filed in the youth's chart under "Consultations".
- 12.0 Section 31 of the *Mental Health Act* and regulation 8 of the Act provide specifications to the issue.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date: October 7, 2009	Youth Care YC 835

POLICY TITLE: **PROHIBITED PRACTICES: CORPORAL AND DEGRADING PUNISHMENT**
(COA Standard: RTX 6.03; BSM 2.0; BSM 5)

POLICY:

The Maples maintains strict ethical and professional practices that prohibit punitive or aversive acts.

DEFINITIONS:

Mechanical restraint

Mechanical restraint is the use of any physical device to limit movement and prevent harm to self or others.


Chemical restraint

Chemical restraint is the use of a psychopharmacological drug that is not standard treatment for the youth's medical or psychiatric condition in order to control behaviour and movement.

PROCEDURES:

1. The following practices or procedures are strictly prohibited by any employee or contracted personnel delivering Maples services:
 - a) corporal punishment (which includes in any form: hitting, shaking, slapping, pinching, inappropriate restraining, holding or containing);
 - b) seclusion, restraint or use of medication as a form of routine discipline or for the convenience of staff;
 - c) use of aversive stimuli, such as electric shock devices;
 - d) interventions that involve withholding nutrition or hydration, or which inflict physical or psychological pain;
 - e) the use of demeaning, shaming or degrading language or activities

- f) unwarranted use of invasive procedures or activities as a disciplinary action;
 - g) unnecessarily punitive restrictions including cancellation of visits as a disciplinary action;
 - h) forced physical exercise to eliminate behaviours;
 - i) punitive work assignments;
 - j) punishment by peers;
 - k) group punishment or discipline for individual behaviour;
 - l) mechanical restraints;
 - m) chemical restraint.
2. Any employee observed engaging in any of the above practices shall be immediately reported to a supervisor and, subsequent to a review by the Director or designate, may be subject to disciplinary action.
3. Any contracted personnel observed to be engaging in any of the above practices shall be immediately reported to the appropriate authority and, subsequent to a review by the Director or designate, may be subject to disciplinary action or termination of contract.
4. Following the review of the incident, when appropriate, a restorative process will be undertaken. This may include debriefing the incident with staff, the youth, their family, and/or legal guardian, if appropriate.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: June 1, 2005 Amendment Date: July 10, 2009	Youth Care	YC 840

POLICY TITLE: SEARCHES – PERSONAL PAT OR STRIP SEARCH OF A YOUTH

POLICY:

The Maples Adolescent Treatment Centre recognizes that a search of a youth is an intrusion of a youth's personal privacy. All searches must be undertaken preserving the dignity and respect of each youth. More invasive searches will only be undertaken when there is a clear threat to the safety of the youth or others.

DEFINITIONS:

Pat search

A pat search is a search of a youth's outer clothing, jackets, pockets, waistbands, socks, shoes and hand carried bags or parcels.

Skin search

A skin search is a search of a youth involving the removal of part or all of their clothing. It does not include anal or vaginal searches (cavity search) which are not permitted under any circumstances at the Maples.

PROCEDURES:

1. Pat Search Criterion

1.1 A pat search may be conducted where there are:

- a) reasonable grounds to believe that the youth is concealing dangerous, stolen, or illegal objects, weapons or substances that pose a threat to the safety of the youth or others.

2. Skin Search Criterion

2.1 Skin searches may only be conducted where:

-
- a) clear evidence indicates that a youth is concealing, dangerous, or illegal objects, weapons or substances upon their person;
and
 - b) the youth is considered to be a significant threat to themselves or others;
or
 - c) where the clinical team determines the need for regularly scheduled skin searches as part of the youth's clinically indicated care. Such a plan must be approved by the Director.
3. Circumstances which may warrant a search are determined by the perceived level of risk of harm to the youth or others and may include a history of assault with weapons, narcotics offences or extensive use of narcotics and self-harming behaviour. Searches may be considered during the following times:
- a) admission – in rare circumstances staff may determine a search is required at admission. The parent or legal guardian should be advised.
 - b) elopement – youth may be searched upon return from elopement.
 - c) prior to placement in locked room – youth must be pat searched prior to placement in a locked room in order to ensure that they are not carrying sharp objects, matches, etc. (see the policies on Restraint YC 800 and Seclusion YC 900).
4. Search Guidelines
- 4.1 A pat search may be authorized by a line staff.
 - 4.2 A skin search must be authorized by a Shift Supervisor or other senior staff **before** it occurs.
 - 4.3 When a youth refuses to be searched alternate strategies will be considered such as an increased level of observation, or to place the youth on Constant Observation until the youth agrees to be searched.
 - 4.4 The reason for any search must be clearly explained to the youth in language readily understood by the youth and documented in the client record.
 - 4.5 At all times, searches by staff will be undertaken in a manner that is respectful of the privacy and dignity of the youth.
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- 4.6 At least one staff of same sex as the youth must be present for a pat search. At least two staff of same sex as the youth must be present for a skin search. When additional staff may be required to be in attendance, the youth's dignity and reasonable privacy must be maintained. This must be documented in the client record.

DEFINITIONS:**REPORT:**

An interactive (2 way communication) process that requires directly communicating with someone, for example speaking on the phone where you receive and document acknowledgement and content of the interaction including any advice or direction.

NOTIFICATION:

A unidirectional process where you provide notification of an event but do not require acknowledgement of receipt of notification. You must document notification has occurred. Where no confirmation has been received, a plan of action will be documented in the client record to ensure follow-up.

REPORT and/or NOTIFICATION:

1. Where skin searches form part of a youth's clinically indicated care, the Social Worker will notify the parent or legal guardian. The consent of the youth and their parent and legal guardian will be sought. Where the youth, parent or legal guardian disagree, they will be reminded of the complaints procedure outlined in written form at the admission meeting. If the youth is not certified under the Mental Health Act or under the jurisdiction of the Review Board, families and youth may consider withdrawing from treatment.
2. Where a skin search was conducted, the Shift Supervisor or designate shall ensure the following are notified:
 - a) the Program Coordinator (who will notify the Manager and/or Director, as appropriate);
 - b) the assigned Maples Social Worker (Care Plan Consultant for respite admissions);
 - c) the youth's primary team;
 - d) the assigned program psychiatrist;
 - e) the legal guardian (unless contraindicated);

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- f) the Nurse in Charge (when on duty);
3. The assigned program Social Worker (Care Plan Consultant for respite admissions) will follow-up with legal guardian as required.
 4. When incidents occur outside of business hours and the circumstances are such that implementation and reporting procedures should not wait until the next normal working day, the Shift Supervisor shall also report to:
 - a) the Nurse In Charge when on duty;
 - b) the Program Coordinator for direction;
 - c) the responsible Service Manager;
 - d) the Director (who will notify or report to the Senior Executive Director, Provincial Services, as appropriate);
 - e) the legal guardian;
 - f) MCFD After Hours (where the youth is in the care of the Ministry (604-660-4927)).


NOTE:

Judgment must always be exercised in the notification process, including considering the urgency of reporting, method, timing and sensitivity required with notification - for example, leaving detailed voice messages will, at times, be contraindicated. In the case of the legal guardian, notification must include confirmation the message was received. Where no conformation has been received, a plan of action will be documented in the client record to ensure follow-up.

DOCUMENTATION:

1. The Shift Supervisor or designate will ensure that:
 - a) details of the search are recorded in the client record;
 - b) the incident and events leading up to the incident and action taken, including a clear rationale are recorded in the client record;
 - c) details of who was notified or reported to and method of notification and the specific information relayed will be recorded in the client record (including confirmation guardian has received notification);

- d) an Incident Report is completed describing the event and subsequent follow-up including who was notified or reported to, method of notification and confirmation if known before the Incident Report is filed. Subsequent confirmation will be documented in the client record/Incident Report as required.
- 2. The Maples Social Worker / Care Plan Consultant will ensure that there is confirmation that the guardian has received notification.
- 3. Where skin searches form part of a youth's clinically indicated care, the Social Worker will document in the client record contact with the parent or legal guardian to advise them of the required intervention.
- 4. The Program Coordinator will ensure appropriate reporting/notification and documentation has been completed as per policy.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: December 3, 2003 Amendment Date: February 6, 2012	Youth Care	YC 850

POLICY TITLE: YOUTH SAFETY, YOUTH ON ROOF

POLICY:

Staff will engage youth who have accessed the roof from the ground unless they assess that an immediate direct intervention is required to prevent harm to one or more of the youth on the roof. In general, if the youth require intervention, but it is not critical, they will call the RCMP.

If staff choose to access the roof, they will use the following procedures and then only if the situation is such that waiting for the RCMP or EMS to arrive will result in serious injury or death.

Staff may choose to engage in a patrol of the roof to search for contraband or other to retrieve property from the roof. Such patrols will only be conducted during the day, and will usually involve WSI contractors.

STANDARDS:

1. Interventions that involve staff accessing the roof must be carefully considered in terms of the youth's risk of being on the roof against the possible increased risk of staff/youth falling and the difficulty of safely transporting/escorting youth to the ground. All decisions involving roof access will be made in consultation with the most senior staff.

PROCEDURES:

1. If youth are on the roof staff will monitor their activities from the ground and attempt to coach them off the roof. Judgement is required to gauge what level of engagement is optimal for monitoring for safety and coaching down without provoking additional acting out.
2. In the event that staff determine active intervention on the roof is required due to overt and imminent risk to self or other, the shift supervisor from the affected unit (or most senior staff on duty if no shift supervisors on duty) will

direct the intervention. Except in the most critical circumstance, staff should not access the roof until RCMP have arrived. Once the RCMP have arrived, they will take charge and direct staff.

3. All ladders and their use must comply with WorkSafeBC Regulation Section 13; specifically 13.2, 13.3 13.5, and 13.6 (a youth would qualify as a heavy or bulky object and so shouldn't be carried down a ladder).
4. Access to the roof can be accomplished by locating the Emergency CSA approved Ladder (found CATC laundry/shipping room. A minimum of two staff will provide roof based interventions (though judgement must be exercised as too many staff may exacerbate the situation. The ladder must be safely stabilized by a third staff who will stabilize the ladder and ensure that it is not removed or used for unauthorized access during the intervention.
5. Once on the roof, staff should intervene cautiously, aiming to engage and "talk down" youth rather than physically intervene. It is critically important to avoid situations that prompt youth to jump off the roof to escape. Discussion of consequences or discipline should be saved until everyone is safely on the ground.
6. Where contraband or other materials stashed by youth become a concern, staff may contact WSI for assistance in accessing the roof and performing a search.
7. Whenever staff intervene with youth on the roof, either by accessing the roof themselves or by involving the RCMP, they will document the incident and report/notify as described below.

REPORT and/or NOTIFICATION:


1. The Shift Supervisor will ensure the following are notified:
 - a) the Program Coordinator;
 - b) the assigned program Social Worker (Care Plan Consultant for respite youth)
 - c) the youth's Primary team
 - d) the assigned program Psychiatrist
2. The assigned program social worker (Care Plan Consultant for respite youth) will follow up with the legal guardian as required and ensure the following are notified:
 - a) community case manager, MCFD Social Worker

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3. When incidents occur outside of business hours and the circumstances are such that implementation and reporting procedures should not wait until the next normal working day, the Shift Supervisor shall report to:
- a) Nurse in Charge when on duty;
 - b) the Program Coordinator for direction
 - c) the responsible Service Manager
 - d) the legal guardian
 - e) MCFD After Hours (where the youth is in the care of the Ministry 604-660-4927)

Note: Judgement must always be exercised in the report/notification process, including considering the urgency of reporting, method, timing and sensitivity required – e.g. leaving detailed voice messages will, at times, be contra-indicated. Where no confirmation of a report can be made, a plan of action will be documented in the client record to ensure follow-up.

DOCUMENTATION:

1. The Shift Supervisor will ensure that:
- a) the incident and events leading up to the incident and action taken are recorded completely, accurately and objectively in the client record;
 - b) details of who was notified or reported to, method of notification and the specific information relayed will be recorded in youth's clinical record;
 - c) an Incident Report is completed describing the event, action taken, required follow-up including who was notified or reported to and method of contact.
2. The program Social Worker / Careplan Consultant will ensure that:
- a) details of who they notified including the method of contact are documented in the client record;
 - b) confirmation guardian has received notification
3. The Program Coordinator will ensure appropriate reporting/notification and documentation has been completed as per policy.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: June 1, 2005 Amendment Date: September 21, 2009	Youth Care	YC 900

POLICY TITLE: SECLUSION

POLICY:

The practice of seclusion is used under limited circumstances and only when less restrictive measures have proven ineffective. Seclusion will be discontinued as soon as possible. Seclusion must not be used for the purposes of routine discipline, compliance, or convenience.

Voluntary seclusion may be granted at a youth's request, however all procedures must be followed as set out below.

DEFINITIONS:

Seclusion

Seclusion is the placement of a youth in a locked room.

Isolation

Isolation is the practice of separating a person from others and placing him/her in a monitored, non-locked or "quiet" room in order to calm the person. A person in isolation is physically prevented from leaving the designated space or room where they are placed.

PROCEDURES:

1. Seclusion Permitted

1.1 Seclusion is permitted when:

- a) the youth poses an immediate risk of physical harm to self or others, or in situations where the damaging of property by the youth involves an imminent danger to the youth or others;
- and:
- b) the youth's behaviour cannot be managed by using other less restrictive measures;

- c) upon the youth's request.
- 2. Seclusion (under 2 hours)
 - 2.1 A Shift Supervisor or designate:
 - a) may authorize the use of seclusion to a maximum of 2 hours;
 - b) will review the continued use of seclusion at minimum once every s.15
 - c) will consult a psychiatrist if the youth is unable to regain behavioural control during seclusions under 2 hours.
- 3. Seclusion (exceeding 2 hours/under 24 hours)
 - 3.1 All seclusions exceeding 2 hours require a seclusion order authorized by a psychiatrist.
 - 3.2 The seclusion order may be authorized by telephone but must not exceed 24 hours.
 - 3.3 A psychiatrist must assess a secluded youth within 24 hours of the initial telephone order for seclusion.
 - 3.4 The Shift Supervisor or designate is responsible for reviewing the need for seclusion to continue.
- 4. Exceptional Circumstances - Seclusion (over 24 hours)
 - 4.1 In those rare and exceptional circumstances where clinical care requires seclusion to continue for over 24 hours, the following expectations will be undertaken:
 - a) a psychiatrist must assess a secluded youth within 24 hours of the initial telephone order for seclusion.
 - b) the attending psychiatrist shall report to the Director their determination of the need for continuing seclusion over 24 hours.
 - c) the Director in consultation with the Clinical Director may request an independent assessment of the youth by another psychiatrist who will forward this assessment to the Director and Clinical Director within 24 hours of the request.
 - d) within 24 hours of receiving an independent assessment, the Clinical Director, in consultation with the attending psychiatrist, shall approve continuation of seclusion (including a schedule for review) or terminate seclusion.

5. Room Safety Checks

- 5.1 Staff will check the seclusion room for safety and cleanliness before, during and after use.
- 5.2 Lock empty seclusion room.
- 5.3 Use of a room other than a designated seclusion room, for the purposes of seclusion, should only be used in exceptional circumstances. Staff should conduct a safety inspection of this room and determine the appropriate level of observation necessary for ensuring the safety of the youth.

6. When secluding a youth

- 6.1 Request the youth's cooperation;
- 6.2 Explain the reasons for seclusion to the youth;
- 6.3 Obtain sufficient staff assistance if the youth is not cooperative; and
- 6.4 Only one youth may be secluded in a given room at one time.
- 6.5 Searches:
 - a) search the youth and remove all potentially harmful objects;
 - b) two staff must be present for the search;
 - c) at least 1 staff must be the same sex as the youth;
 - d) if the Shift Supervisor deems necessary Maples pyjamas will be provided to the youth so that their clothing can be removed and examined for dangerous objects.
- 6.6 Monitoring and ongoing assessment of youth:
 - a) throughout the duration of any seclusion, there must be a minimum of s.15 which will be documented on a Special Observation Record;
 - b) staff will monitor the door whenever anyone enters seclusion;
 - c) talk openly and frequently to the youth to maintain connection and provide opportunities for ongoing assessment of the youth.
- 6.7 Distressed youth - if the youth's distress escalates:

- a) assess the risks of discontinuing seclusion against the risks to the youth if seclusion continues and decide whether to continue seclusion;
- b) increase frequency of visual checks;
- c) consult with the Shift Supervisor or designate;
- d) consult a psychiatrist.

6.8 Self-destructive youth - If the youth appears self-destructive:

- a) assess the risks of discontinuing seclusion against the risks to the youth if seclusion continues and decide whether to continue seclusion;
- b) provide Constant Observation, consult a psychiatrist immediately.

7. Seclusion Provisions

7.1 Bedding:

- a) at the discretion of the Shift Supervisor, provide mattress and blankets, sheets or strong blankets.

7.2 Hygiene and Toilets:

- a) provide hygiene and toilet needs as required.

7.3 Meals:

- a) provide regular meals for any youth in seclusion at meal times, or ensure that a meal is served upon release;
- b) use only plastic spoons and paper plates, cups and trays and account for them after every meal.

7.4 Visitors while a youth is in seclusion:

- a) visitors are allowed only in exceptional circumstances and only after consulting with the Shift Supervisor or designate.
- b) the Shift Supervisor or primary worker must advise visitors why they may not visit the youth.
- c) if visitors are permitted, the Shift Supervisor or primary worker must advise the visitors of any concerns or risks related to entering seclusion. Visitors must agree to follow staff direction and agree on an

exit strategy. Suitable staffing will be provided for support as appropriate.

8. Terminating Seclusion

- 8.1 A psychiatrist or Shift Supervisor/designate must terminate seclusion as soon as the youth regains control over their behaviour.
- 8.2 The youth and involved staff must debrief the incident within 24 hours of the seclusion in a safe and confidential setting. This debriefing should include:
 - a) an evaluation of the youth's physical and emotional well-being;
 - b) the identification of the need for medical care or other follow-up services related to the incident;
 - c) the identification of antecedent behaviour and the modification of the service plan as appropriate, and
 - d) the facilitation of the youth's re-entry into routine activities.

DEFINITIONS:

REPORT:

An interactive (2 way communication) process that requires directly communicating with someone, for example speaking on the phone where you receive and document acknowledgement and content of the interaction including any advice or direction.

NOTIFICATION:

A unidirectional process where you provide notification of an event but do not require acknowledgement of receipt of notification. You must document notification has occurred. Where no confirmation has been received, a plan of action will be documented in the client record to ensure follow-up.

REPORT and/or NOTIFICATION:

- 1. Staff will immediately inform the Shift Supervisor or designate of any change in the youth's behaviour while monitoring and assessing youth at minimum on visual checks. s.15
- 2. The Shift Supervisor shall report:
 - a) to the legal guardian (unless contraindicated);
 - b) if after hours, and the youth is in the care of the Ministry, to MCFD After-Hours (where the youth is in the care of the Ministry) at (604) 660-4927.

3. The Shift Supervisor shall ensure the following are notified:
 - a) the Program Coordinator (who will notify the Director, as appropriate);
 - b) the assigned Maples Social Worker (Care Plan Consultant for respite admissions);
 - c) the youth's primary team;
 - d) the assigned program psychiatrist
4. The assigned program Social Worker (Care Plan Consultant for respite admissions) will:
 - a) upon admission, notify the legal guardian and the youth about the potential use of seclusion;
 - b) in the event of seclusion ensure and document that the legal guardian was reported to.
5. When incidents occur outside of business hours and the circumstances are such that implementation and reporting procedures should not wait until the next normal working day, the Shift Supervisor shall also report to:
 - a) the Nurse In Charge when on duty;
 - b) the Program Coordinator;
 - c) the responsible Service Manager;
 - d) the Director.
6. The Psychiatrist assigned to the case will report to the Director any seclusion exceeding 24 hours.


NOTE:

Judgement must always be exercised in the report/notification process, including considering the urgency of reporting, method, timing and sensitivity required – e.g. leaving detailed voice messages will, at times, be contraindicated. Where no confirmation of a report can be made, a plan of action will be documented in the client record to ensure follow-up.

DOCUMENTATION:

1. The Shift Supervisor or designate will ensure that:

- a) the incident and events leading up to the incident and action taken are recorded completely, accurately and objectively in the client record.
 - b) details of who was notified or reported to method of notification and the specific information relayed will be recorded in the client record. (including confirmation guardian has received notification).
 - c) an Incident Report is completed describing the event and subsequent follow-up including who was notified or reported to and method of notification.
 - d) monitoring and ongoing assessment of youth on minimum s.15 is recorded on the Special Observation Record (see Policy YC 700 Level of Observation).
2. The Maples Social Worker/Care Plan Consultant will ensure that:
- a) upon admission, notification of legal guardian and youth about the potential use of seclusion is documented in the client record.
 - b) in the event of seclusion, details of who was notified or reported to and the method of notification will be documented in the client record.
3. The program Psychiatrist will ensure that:
- a) all psychiatric assessments of youth reviewing the need for seclusion to continue or terminate are documented in psychiatric progress notes of the client record;
 - b) they report to the Director any seclusion exceeding 24 hours and ensure it is documented in the psychiatric progress notes of the client record;
 - c) orders for seclusion will be written on the Doctor's order sheet and will include:
 - i) reason for seclusion;
 - ii) time the seclusion was started;
 - iii) duration of the seclusion order;
4. The Program Coordinator will ensure appropriate documentation and notification has been completed as per policy.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: July 16, 2004 Amendment Date:	Youth Care YC 910

POLICY TITLE: SEIZURES - EPILEPTIC

POLICY:

All staff members should be aware that the possibility exists for our youths to experience an epileptic seizure. If you do witness a seizure, observation of the following procedure will help protect the youth. If a physician is not immediately available a nurse or first aid attendant should be called to attend as soon as possible.


PROCEDURES:

1. Call, or have someone call a Maples physician, the on-call psychiatrist or other medical assistance. Take note of the start and end times of the seizure.
2. Remain calm. This will reassure the youth, if they have not lost consciousness, and also reassure other people nearby, who may have to assist you.
3. Do not leave the youth alone until the seizure has passed. If you leave to seek help, the youth may sustain an injury while you are gone.
4. If the youth is out of bed, help them to the floor to prevent them from falling.
5. Do not attempt to place anything in the youth's mouth. Do not try to force anything between the youth's clenched teeth.
6. Remove or loosen tight clothing, such as a scarf, tie or belt if possible.
7. Post seizure, turn the youth on their side with the face slightly downward. This lets secretions and vomitus drain from the airway and lets the tongue fall forward.
8. Place a pillow, folded jacket or other padding under the youth's head or, if they are on the floor, place their head in your lap. Try to reduce all stimuli in the immediate areas as much as possible (e.g., turn radio off, move people away).
9. Do not move the youth unless they are near something that might cause injury, such as traffic. Instead, try to move the dangerous objects away from the youth. If the youth is in bed, remove extra pillows and bedclothes that might block their airway.
10. A youth wandering around during a temporal-lobe seizure should not be immobilised unless they are in danger.

Policy Title: Seizures - Epileptic
Amendment Date: July 16, 2004

Page 1 of 2

11. Reassure and reorient the youth post seizure as the seizure may leave them frightened or disoriented.
12. If the youth begins to have another attack before regaining consciousness, it may signal the onset of status epilepticus, a medical emergency.
 - 12.1 immediately call a doctor and/or an ambulance.
 - 12.2 stay with the youth, maintain an open airway, and observe the above precautions until help arrives.
 - 12.3 time the duration of seizure and number of seizures to relay information to medical aid.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: July 16, 2004 Amendment Date: May 2, 2012	Youth Care	YC 915


POLICY TITLE: SHARP AND DANGEROUS OBJECTS

POLICY:

The Maples Adolescent Treatment Centre controls access to sharp and potentially dangerous objects as some of our clientele have the potential for self harm or harm to others.

PROCEDURES:

1. Anything that is considered a weapon and/or contraband, such as knives, will be sent home with the legal guardian or reported to authorities if required.
2. All youths will be supervised, to the level necessary to maintain safety, with sharp and/or potentially dangerous instruments such as razors, scissors, sewing needles, etc.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: December 3, 2003 Amendment Date: July 18, 2012	Youth Care YC 920


POLICY TITLE: SHIFT CHANGE HANDOVER – RESIDENTIAL UNITS

POLICY:

The shift supervisor shall ensure the complete and accurate shift change handover of the unit to the on-coming shift.

PROCEDURES:

1. The shift supervisor on each shift is responsible for ensuring that:
 - 1.1 All youths are accounted for (census);
 - 1.2 The physical unit is safe and secure;
 - 1.3 Problem areas are identified and understood by the on-coming shift.
2. The shift supervisor will document and communicate all necessary information to the oncoming shift to ensure the safety of the unit.
3. In addition to ensuring that all charting is complete, the shift supervisor, or delegate, will complete a written Behaviour Report at the end of each shift.
4. A shift change handover is not complete until the immediate safety and security needs of the youths are planned for.
5. Outgoing staff will not leave the unit until suitable staffing levels are met. Meal breaks should not be taken by staff in the first or last hour of their shift.
6. During shift change handover and key passover and drug counts are completed at this time.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: December 3, 2003 Amendment Date:	Youth Care	YC 930

POLICY TITLE: SEXUALITY

POLICY:

Staff are expected to demonstrate a high level of professional and personal maturity, comfort and self-awareness in responding to issues related to human sexuality with youth at the Maples.

PROCEDURES:


1. Most of our youth are struggling to understand their sexuality. Many have been sexually abused. Some young people, whose abuse forced them into adult sex roles, may seem sophisticated beyond their years. They may use this learned behaviour and/or survival skill to influence adults around them, for self-protection or other purposes. It is vitally important, therefore, that as staff we present as adults who are comfortable with our own sexuality and demonstrate firm and clear personal boundaries. To this end, staff must avoid suggestive remarks, gestures or any ambiguous overtures, which may be open to interpretation by a suggestible or confused youth. Staff should avoid placing themselves in situations where they become vulnerable to allegations of misconduct.
2. Staff of the Maples are obligated to deal with issues of sexuality and sexual behaviour with youth.
3. Sexual intercourse, "necking", "petting" and sexual foreplay in the units or on the grounds of the Maples is prohibited.
4. Staff should be aware of the probability of sexual activity, discourage it in appropriate ways and provide more supervision when necessary.
5. Staff will be prepared to discuss with youth the normal development of sexuality in adolescents. While the formal elements of sex education may be more completely covered in school or other courses offered, all direct care staff should have some familiarity with such instruction.
6. Staff should be aware of themselves as a role model and consider how their actions and comments are seen and interpreted by youth.
7. Pin-ups of nude women or men are not to be displayed on walls or elsewhere at the

Policy Title: Sexuality
Amendment Date: December 3, 2003

Page 1 of 2

Maples.

8. Concerns around birth control or abortion are to be referred to the youth's personal physician or the Maples physician.
9. Any staff who suspects that a youth is initiating sexual overtures towards a staff or themselves, or hears of a youth who is developing a "crush" on a staff should discuss this immediately with their supervisor. This may need to become a matter for open discussion at staff meetings, so that staff may work together to reduce staff and youth vulnerability to allegations, and possibly to assist the youth in developing social skills necessary to establishing more "acceptable" relationships. Any staff feeling compromised by the apparent advances of a youth should seek the immediate advice and support of their supervisor.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: May 4, 2005 Amendment Date:	Youth Care YC 950

POLICY TITLE: SUICIDE - PRECAUTIONS: RESIDENTIAL

POLICY:

When a youth has been identified as a possible suicidal risk, the staff member shall take immediate steps to have the youth seen by a psychiatrist. Meanwhile, the level of observation and supervision for the youth will be as necessary to prevent the youth from harming themselves.

Any suicidal ideation or unusually risky behaviour should not be minimized as manipulation or dismissed as a gesture.

PROCEDURES:

1. A Suicidal Ideation Questionnaire (SIQ-JR) "About My Life" questionnaire is to be completed by **all** adolescents as part of their admission procedure.
 - 1.1 This is a self-report measure that assesses "thoughts about suicide," and provides an admission baseline measure of risk.
 - 1.2 Results will be brought to the psychiatrist's attention and recorded in the youth's Client Record and in the unit Behaviour Log.
 - 1.3 Scores on the SIQ at or above 31 will be considered for further evaluation.
 - 1.4 Further evaluation should also occur when 2 or more critical item responses (numbers 2, 3, 4, 7, 8 and 9) are scored as 5 or 6.
2. At any time when a staff member has suspicions and/or when clues of suicidal ideation are apparent:
 - 2.1 Complete a Suicide Risk Assessment Checklist (not the SIQ-JR); see form at end of policy.
 - 2.2 Ask direct questions to determine if a plan has been formulated, its viability and lethality.
 - 2.3 Communicate result of your assessment to other staff, the shift supervisor, the Program Coordinator and the psychiatrist as soon as possible – never keep this information to yourself.

Policy Title: Suicide – Precautions: Residential
Amendment Date: May 4, 2005

Page 1 of 8

- 2.4 Develop an action plan in consultation with the clinical team.
- 2.5 Identify the level of observation required.
- 2.6 Record the assessment, plan and level of observation in the youth's Client Record and, for youth admitted to a residential program, the unit Behaviour Log. Document in the youth's Client Record that the caregiver has been advised, and of the plans made to support the youth.
- 2.7 Explain clearly to the youth any changes in their level of observation and reasons why.
- 2.8 During the course of the plan, re-evaluation of risk must occur daily.
- 2.9 If you have assessed the youth is at risk, you should actively support alternatives to the suicidal behaviour.
 - a) do not leave the youth alone until a plan has been developed.
 - b) make it clear that you do **NOT** think suicide is a valid solution to any problem.
 - c) continue to assess their intention - why do they want to die?
 - d) empathize with their situation, but not with their solution. Help them to problem solve alternatives. Don't get caught up in the situation - that may not be something that you can change; focus on how the youth can cope with the situation.
 - e) contract a safety plan. Recognize that the contract is only as strong as their relationship with you and their ability to maintain that commitment when you are not there.
 - f) call on cultural and religious factors the youth has, that restrict suicide.
 - g) increase the level of supervision and decrease access off the unit, as determined by your assessment.

DISCUSSION AND INFORMATION:

1. Reasons for Suicide:

There are many different reasons why an adolescent may take their own life. Some of the types of suicide, which may be encountered at the Maples, are:

1.1 Intentional Suicide

- a) This is done with full awareness of the consequences of the act. It may happen when a youth feels they have nothing to live for.

1.2 Psychotic Suicide

- a) This is an act motivated by an episode of distorted thinking. The intention may be not to die, they may believe that they will be miraculously preserved from an otherwise lethal act. More rarely, the person suffering from paranoia may expect to die but feel that dying is preferable to further persecution.

1.3 The Cry-for-Help Suicide

- a) This is usually an attempt, meant as a warning, a plea and a hope to elicit a response from significant people in the victim's life. Tragically some attempts to cry for help result in death.

1.4 Accidental Suicide

- a) This is risk-taking behaviour by youth where something goes wrong. High-risk behaviour coupled with an attitude of 'who cares if I die' can result in more deaths than those that are labelled as suicide. Very often drug use (including alcohol) disinhibits the user and other forms of high-risk behaviour follow. High-risk activities (driving under the influence or 'playing in traffic,' for example) and diminished capacity for clear judgement sometimes lead to fatal accident. This is often described as 'Death by misadventure' but because of the "who cares" attitude can be considered a passive form of suicide.

2. Clues to Detect Suicidal Intent and Ideation

- 2.1 Most suicides occur during the night and/or in the absence of other youth or staff. A young person receiving disturbing news of a loved one, being harassed by other youth, being denied a privilege or having been disciplined may engage in a suicide attempt or may make a suicidal gesture which, though intended to bring attention to their mental anguish, may have fatal consequences.

- 2.2 Following publication of a suicide, there is a problem for some persons to ruminate over the topic. For these and other clues, it is necessary to talk with the youth. Ask them how things are going and how they feel, and listen for the following:

- a) Withdrawal

They have few friends and may say, "I am not needed." Or, they can say "No one truly cares about me" and mean it.

b) Depression

It seems obvious, but many people who attempt suicide are significantly depressed. Disruption in sleeping and eating patterns can be an indication of deepening of depression.

c) Fear of the Future

Some people commit suicide because they are afraid of the future. "I know it is cowardly to think of suicide," they say, but actually they are thinking that if they can accomplish suicide, they will not have to fear the things that really worry them, e.g., living seems the more awful alternative.

d) Negative Protest

This is a deceptive factor. If a person asks for help and then overemphasizes that they are certainly not thinking of suicide, observe them closely.

e) History of Alcohol or Drug Abuse

This indicates the person handles problems by avoiding them and suicide may be the final avoidance. Alcohol abusers usually attempt suicide while intoxicated. Stimulant abusers may attempt suicide during the "crash" period after several days of stimulant abuse.

f) Psychosis

People may hear voices telling them to end it all. Visual and auditory hallucinations may indicate schizophrenic or other thought disordered problems, which require psychiatric assessment. Suicide in people with psychosis is difficult to predict. They are often secretive about their intent and tend to use more lethal means.

g) Past History of Suicide Attempts

A past history of frequency of suicide attempts is important in the prediction of risk for further attempts. How lethal past attempts were, is of some use, but many people escalate the lethality of subsequent attempts.

h) Giving Things Away

The giving away of treasured personal things or other forms of arranging for what will happen after their death (may be non-verbal). It is rarely identified until after an attempt occurs, but when present, it is one of the highest risk factors.

i) Setting the stage

This is creating a scene that will be found by the survivors, i.e., open to specific passages in a book, room set up etc.

3. The success of efforts to prevent suicide is dependent upon information and communication.

3.1 Information regarding suicidal tendencies may come from the youth's family or caregivers, the police, social workers, probation officers, files, the extended family, friends and other youth. This information should be recorded and reported to all Maples staff working with the youth.

3.2 The most important source of information is the youth. Communication with staff or other youth and their appearance and general demeanour may provide indications or clues of depression, disorientation, fearfulness, etc. This depends upon alert staff who can relate to the youth and who will question them when necessary, particularly at critical periods during residential care.

4. Critical periods for precautions to prevent suicide are:

4.1 Shortly after being admitted or close to discharge.

4.2 Following a court appearance.

4.3 Following bad news, such as a death in the family.

4.4 At any time where the youth perceives they've been harassed or unfairly treated.

4.5 Following disclosure of family secrets.

4.6 During and shortly after intoxication with drugs or alcohol. It is at these points that communication between staff and youth is most important. The youth may need to know where and to when they can turn for help and advice. In many instances, an understanding staff member is all that is required to help a youth through a difficult period. In others, the unit psychiatrist or social worker will be the more helpful person to provide the necessary advice and assistance to the youth.

5. Characteristics of a Person who has a High Risk for Suicide:

5.1 Some personality and personal history characteristics of youth who are higher than usual risks are:

- a) A history of depression, psychosis or impulsive risk-taking behaviour.
- b) A history of previous suicide attempts, threats or self-inflicted injuries. In 75% of accomplished suicides, there has been a previous attempt. Persons who have had a suicide in the family (especially one or both parents) are more likely to commit suicide than those who have not are.
- c) Indications of drug, alcohol, and/or other substance abuse are common in suicidal youth.
- d) Being charged with a criminal offence which is likely to produce an abnormal degree of remorse, shame or fear. Similarly, a first offence in the case of a youth who will suffer severe blows to the self-esteem, loss of social position, etc.
- e) Three times as many males kill themselves, as do females.
- f) Gay, lesbian, bisexual and transgendered youth (including those who are questioning their sexual orientation) are 2 to 3 times more likely to attempt suicide than their heterosexual peers are.

6. Protective Factors

6.1 Some characteristics of a person which statistically seem to make suicide, or suicide attempts, less likely to occur are:

- a) However depressed, a person who seems clearly aware that another person truly cares about them, and they clearly welcome this caring, is less of a risk. Psychologist Harry Stack Sullivan once claimed, "No one suicides who has faith in one human relationship." Unfortunately depression and other factors may lead a person to believe they no longer have connections or relationships which they previously depended on.
- b) Being a 'Survivor'; a clear history of previous serious depressive episodes without a suicide attempt correlates with decreased risk.
- c) A youth who seems honestly baffled, confused, and disbelieving when asked about any suicidal intent or who ridicules the idea with apparent sincerity.

- d) A youth who feels that another person is dependent on them. "Another person needs me, I couldn't abandon them." This seems most applicable to women (less so with men) with young children but may apply rarely to an adolescent.
- e) Deeply religious people (of a religious persuasion which prohibits suicide) are statistically less likely to commit suicide. However, some religions allow for, or even encourage, suicide to save face. Similarly, thoughts of joining someone in the 'after life' may be provoking the suicidal behaviour.


7. Questions on Suicidal Thoughts and Plans

- 7.1 There are no indications that asking questions about suicidal thoughts or actions contributes to the incidence of suicide attempts. There are two sayings about suicide: "Those who talk about it, don't do it," and, "Don't ask about it because you will only be putting ideas in their heads." Both these sayings are false. Do ask and do take their answers seriously.
- 7.2 If they have given the matter enough thought and they have actual plans on how they are going to do it, pay special attention. If they frequently mention that they have the means, this factor has double weight. Consideration of the accessibility of lethal means, such as firearms, is essential.

NOTE:

Should clues of suicidal ideation be apparent, it must be communicated with other staff, reported to a supervisor and unit psychiatrist, and recorded on a youth's Client Record. The involvement of caregivers, close observation and care planning can often avert a crisis from developing.

Maples Adolescent Centre	Place Client Identity label Here																																																								
Suicide Risk Assessment Checklist Instructions: 1. All youth should complete the SIQ-JR - "About my life" questionnaire upon admission or enrolment in any Maples program. 2. Complete this checklist at anytime during the youth's stay when staff feel there may be a risk of suicide. 3. <i>Highlight or circle the appropriate level of risk for each criterion.</i> See the suicide policy, YC950: Suicide Precautions, for reference. The indicators on this list maybe helpful in making staff more aware of suicidal intent, but it should not replace clinical judgement. 4. The completed checklist is to be placed at the beginning of the Progress Notes. 5. An entry must be made in the progress Notes which address the following questions: - What is the assessment outcome of the checklist? - What is the follow-up process or plan of action? 6. Please sign and date after all steps are completed.																																																									
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Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: June 1, 2005 Amendment Date:	Section typed here YC 955

POLICY TITLE: SUICIDE - PRECAUTIONS: COMMUNITY

POLICY:

When a youth has been identified as a possible suicidal risk, the level of observation and supervision for the youth will be as necessary to prevent the youth from harming themselves. Legal guardians and caregivers will be notified at the first available opportunity to develop and implement safety precautions.

Any suicidal ideation or unusually risky behaviour should not be minimized as manipulation or dismissed as a gesture.

PROCEDURES:

1. A Suicidal Ideation Questionnaire (SIQ-JR) "About My Life" questionnaire is to be completed by **all** adolescents as part of their admission procedure.
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 - 1.2 Results will be brought to the psychiatrist's attention and recorded in the youth's Client Record.
 - 1.3 Scores on the SIQ at or above 31 will be considered for further evaluation.
 - 1.4 Further evaluation should also occur when 2 or more critical item responses (numbers 2, 3, 4, 7, 8 and 9) are scored as 5 or 6.
2. At any time when a staff member has suspicions and/or when clues of suicidal ideation are apparent:
 - 2.1 Complete a Suicide Risk Assessment Checklist (not the SIQ-JR); see form at end of policy.
 - 2.2 Work collaboratively with community caregivers to determine best course of action, including direct support and supervision, accessing community supports (hospitals, community mental health etc), developing risk plans etc.
3. Where an immediate intervention is required:

- 3.1 Ask direct questions to determine if a plan has been formulated, its viability and lethality;
 - 3.2 Communicate result of your assessment to caregivers/legal guardians/case managers and as soon as practicable, to the Program Coordinator and Psychiatrist – never keep this information to yourself;
 - 3.3 Staff will assist the caregiver in planning if necessary, and provide support in implementation where indicated - this will be done in consultation with the clinical team and/or available community supports;
 - 3.4 Discuss the level of observation required with the legal guardian/caregiver;
 - 3.5 Record the assessment, plan and level of observation in the youth's Client Record as well as the fact that community supports have been advised and any plans that have been made to support the youth;
 - 3.6 Explain your concerns to the youth and any action taken. This may sound something like "We are concerned about your safety, so people will be checking in with you frequently";
 - 3.7 During the course of the plan, Maples staff will remain informed of any changes in risk and document same.
4. If you have assessed the youth is at risk, you should actively support alternatives to the suicidal behaviour.
- 4.1 Don't leave the youth alone until a plan has been developed. The youth can be left in the care of their caregiver once the risk has been communicated. Staff should work with the caregiver in developing a safety plan when necessary.
 - 4.2 Make it clear that you do **NOT** think suicide is a valid solution to any problem.
 - 4.3 Empathize with their situation, but not with their solution. Help them to problem solve alternatives. Don't get caught up in the situation - that may not be something that you can change; focus on how the youth can cope with the situation.
 - 4.4 Contract a safety plan. Recognize that the contract is only as strong as their relationship with you and their ability to maintain that commitment when you are not there. Communicate this contract to community caregivers.
 - 4.5 Call on cultural and religious factors the youth has, that restrict suicide.

5. **DISCUSSION AND INFORMATION:**

6. Reasons for Suicide

7. There are many different reasons why an adolescent may take their own life. Some of the types of suicide, which may be encountered at the Maples, are:

7.1 Intentional Suicide:

- a) This is done with full awareness of the consequences of the act. It may happen when a youth feels they have nothing to live for.

7.2 Psychotic Suicide:

- a) This is an act motivated by an episode of distorted thinking. The intention may be not to die, they may believe that they will be miraculously preserved from an otherwise lethal act. More rarely, the person suffering from paranoia may expect to die but feel that dying is preferable to further persecution.

7.3 The Cry-for-Help Suicide:

- a) This is usually an attempt, meant as a warning, a plea and a hope to elicit a response from significant people in the victim's life. Tragically some attempts to cry for help result in death.

7.4 Accidental Suicide:

- a) This is risk-taking behaviour by youth where something goes wrong. High-risk behaviour coupled with an attitude of 'who cares if I die' can result in more deaths than those that are labelled as suicide. Very often drug use (including alcohol) disinhibits the user and other forms of high-risk behaviour follow. High-risk activities (driving under the influence or 'playing in traffic,' for example) and diminished capacity for clear judgement sometimes lead to fatal accident. This is often described as 'Death by misadventure' but because of the "who cares" attitude can be considered a passive form of suicide.

8. Clues to Detect Suicidal Intent and Ideation

- 8.1 Most suicides occur during the night and/or in the absence of other youth or staff. A young person receiving disturbing news of a loved one, being harassed by other youth, being denied a privilege or having been disciplined may engage in a suicide attempt or may make a suicidal gesture which, though intended to bring attention to their mental anguish, may have fatal consequences.

- 8.2 Following publication of a suicide, there is a problem for some persons to ruminate over the topic. For these and other clues, it is necessary to talk with

the youth. Ask them how things are going and how they feel, and listen for the following:

- a) Withdrawal
- b) They have few friends and may say, "I am not needed." Or, they can say, "No one truly cares about me" and mean it.
- c) Depression
- d) It seems obvious, but many people who attempt suicide are significantly depressed. Disruption in sleeping and eating patterns can be an indication of deepening of depression.
- e) Fear of the Future
- f) Some people commit suicide because they are afraid of the future. "I know it is cowardly to think of suicide," they say, but actually they are thinking that if they can accomplish suicide, they will not have to fear the things that really worry them, e.g., living seems the more awful alternative.
- g) Negative Protest
- h) This is a deceptive factor. If a person asks for help and then overemphasizes that they are certainly not thinking of suicide, observe them closely.
- i) History of Alcohol or Drug Abuse
- j) This indicates the person handles problems by avoiding them and suicide may be the final avoidance. Alcohol abusers usually attempt suicide while intoxicated. Stimulant abusers may attempt suicide during the "crash" period after several days of stimulant abuse.
- k) Psychosis
- l) People may hear voices telling them to end it all. Visual and auditory hallucinations may indicate schizophrenic or other thought disordered problems, which require psychiatric assessment. Suicide in people with psychosis is difficult to predict. They are often secretive about their intent and tend to use more lethal means.
- m) Past History of Suicide Attempts
- n) A past history of frequency of suicide attempts is important in the prediction of risk for further attempts. How lethal past attempts were,

is of some use, but many people escalate the lethality of subsequent attempts.

- o) Giving Things Away
 - p) The giving away of treasured personal things or other forms of arranging for what will happen after their death (may be non-verbal). It is rarely identified until after an attempt occurs, but when present, it is one of the highest risk factors.
 - q) Setting the stage
 - r) This is creating a scene that will be found by the survivors, i.e., open to specific passages in a book, room set up etc.
- 9. The success of efforts to prevent suicide is dependent upon information and communication.
 - 9.1 Information regarding suicidal tendencies may come from the youth's family or caregivers, the police, social workers, probation officers, files, the extended family, friends and other youth. This information should be recorded and reported to all Maples staff working with the youth.
 - 9.2 The most important source of information is the youth. Communication with staff or other youth and their appearance and general demeanour may provide indications or clues of depression, disorientation, fearfulness, etc. This depends upon alert staff who can relate to the youth and who will question them when necessary, particularly at critical periods during residential care.
- 10. Critical periods for precautions to prevent suicide are:
 - 10.1 Shortly after being admitted or close to discharge.
 - 10.2 Following a court appearance.
 - 10.3 Following bad news, such as a death in the family.
 - 10.4 At any time where the youth perceives they've been harassed or unfairly treated.
 - 10.5 Following disclosure of family secrets.
 - 10.6 During and shortly after intoxication with drugs or alcohol. It is at these points that communication between staff and youth is most important. The youth may need to know where and to when they can turn for help and advice. In many instances, an understanding staff member is all that is required to help

a youth through a difficult period. In others, the unit psychiatrist or social worker will be the more helpful person to provide the necessary advice and assistance to the youth.

11. Characteristics of a Person who has a High Risk for Suicide

11.1 Some personality and personal history characteristics of youth who are higher than usual risks are:

- a) A history of depression, psychosis or impulsive risk-taking behaviour.
- b) A history of previous suicide attempts, threats or self-inflicted injuries. In 75% of accomplished suicides, there has been a previous attempt. Persons who have had a suicide in the family (especially one or both parents) are more likely to commit suicide than those who have not are.
- c) Indications of drug, alcohol, and/or other substance abuse are common in suicidal youth.
- d) Being charged with a criminal offence which is likely to produce an abnormal degree of remorse, shame or fear. Similarly, a first offence in the case of a youth who will suffer severe blows to the self-esteem, loss of social position, etc.
- e) Three times as many males kill themselves, as do females.
- f) Gay, lesbian, bisexual and transgender youth (including those who are questioning their sexual orientation) are 2 to 3 times more likely to attempt suicide than their heterosexual peers are.

12. Protective Factors

12.1 Some characteristics of a person which statistically seem to make suicide, or suicide attempts, less likely to occur are:

- a) However depressed, a person who seems clearly aware that another person truly cares about them, and they clearly welcome this caring, is less of a risk. Psychologist Harry Stack Sullivan once claimed, "No one suicides who has faith in one human relationship." Unfortunately depression and other factors may lead a person to believe they no longer have connections or relationships which they previously depended on.
- b) Being a 'Survivor'; a clear history of previous serious depressive episodes without a suicide attempt correlates with decreased risk.

- c) A youth who seems honestly baffled, confused, and disbelieving when asked about any suicidal intent or who ridicules the idea with apparent sincerity.
- d) A youth who feels that another person is dependent on them. "Another person needs me, I couldn't abandon them." This seems most applicable to women (less so with men) with young children but may apply rarely to an adolescent.
- e) Deeply religious people (of a religious persuasion which prohibits suicide) are statistically less likely to commit suicide. However, some religions allow for, or even encourage, suicide to save face. Similarly, thoughts of joining someone in the 'after life' may be provoking the suicidal behaviour.

13. Questions on Suicidal Thoughts and Plans

- 13.1 There are no indications that asking questions about suicidal thoughts or actions contributes to the incidence of suicide attempts. There are two sayings about suicide: "Those who talk about it, don't do it," and, "Don't ask about it because you will only be putting ideas in their heads." Both of these sayings are false. Do ask and do take their answers seriously.
- 13.2 If they have given the matter enough thought and they have actual plans on how they are going to do it, pay special attention. If they frequently mention that they have the means, this factor has double weight.
- 13.3 Consideration of the accessibility of lethal means, such as firearms, is essential.

NOTE:

Should clues of suicidal ideation be apparent, it must be communicated with other staff, reported to a supervisor and unit psychiatrist, and recorded on a youth's Client Record. The involvement of caregivers, close observation and care planning can often avert a crisis from developing.

Maples Adolescent Treatment Centre	Place Client Identity label Here
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Suicide Risk Assessment Checklist

Instructions:

All youth should complete the SIQ-JR - "About my life" questionnaire upon admission or enrolment in any Maples program.

Complete this checklist at anytime during the youth's stay when staff feel there may be a risk of suicide.

Highlight or circle the appropriate level of risk for each criterion. See the suicide policy, YC950: Suicide Precautions, for reference. The indicators on this list maybe helpful in making staff more aware of suicidal intent, but it should not replace clinical judgment.

The completed checklist is to be placed at the beginning of the Progress Notes.


An entry must be made in the progress Notes which address the following questions:

- What is the assessment outcome of the checklist?
- What is the follow-up process or plan of action?

Please sign and date after all steps are completed.

Level of risk:	Low	Moderate	High
Level of Intent	Thoughts of death	Thoughts of suicide	Plan for suicide
Method: Specificity	No real plan	Considered, but details not worked out	Details worked out; well formulated plan
Method: Availability	Not available; no opportunity	Method would take time and effort	Method and opportunity are readily available
Preparation	None	Partial (e.g. starting to collect pills)	Complete (e.g. had pills, loaded gun, rope etc.)
Statement or Cues of Intent	None	Few, but not specific	Many, reference to suicide, poetry/artwork about death
Final Arrangements	None	Few	Many; has a will, saying goodbye, giving away possessions
Recent Losses	None	One	Many
Changes in Alcohol or Drug Use	None	Slight increase	Dramatic increase, "risky doses."
Support of Family & Friends	Many	Few	None, isolated
Previous Suicide Attempts	None	One	Multiple
Recent Life Crisis	None	One	Many, divorce, etc.
Change in Mood	None	Slight change	Increasing depression or lightening of mood
Suicide In Family	Absent	Present	Present in parent of same gender
Recent Suicide in Peer Group	Absent	Present	Present in friend or person identified with.

Staff Signature and Profession:	Date:
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Maples Adolescent Treatment Centre	Ministry of Children and Family Development	
Effective Date: April 1, 2005 Amendment Date: October 7, 2009	Youth Care	YC 995

**POLICY TITLE: HOME VISIT /VISIT LEAVE – VOLUNTARY /
INVOLUNTARY**

POLICY:

The Maples endorses Home Visits, Visit Leave and Extended Leave as treatment options in maintaining or facilitating community integration.

GUIDELINES:

1. Conditions of Visit Leave/Extended Leave may include the following information: destination, duration, supervision, emergency arrangements, support and other terms and conditions.
2. Guardian/caregivers will be reminded of their responsibility for the care of the youth while on the home visit and briefed on any relevant concerns.


PROCEDURES:

1. Home Visit – Voluntary youth
 - 1.1 Voluntary youth are admitted through a signed consent (Form 1), formalizing their agreement to follow a prescribed treatment plan. Home visits are often a component of such a plan.
 - 1.2 Home Visits for voluntary youth will be by agreement between the youth, their family/legal guardian and Clinical team and authorized by a Maples Psychiatrist.
 - 1.3 Maples psychiatrists will exercise the same care and prudence as any competent physician in developing their opinion that a youth will be reasonable safe during a Home Visit.
 - 1.4 Guardian/caregivers will be reminded of their responsibility for the care of the youth while on the home visit and briefed on any relevant concerns.
2. Visit Leave – Involuntary youth – 14 days or less
 - 2.1 Visit Leave may be granted for involuntary youth, where appropriate supports exist in the community to meet the conditions of the leave.

- 2.2 Visit Leave, authorized under Section 37 of the *Mental Health Act*, must be authorized by a Maples Psychiatrist.
 - 2.3 The hospital continues to maintain responsibility for the treatment, care, health and safety of a patient while on leave.
3. Extended Leave – Involuntary youth – over 14 days
 - 3.1 Authorization for Extended Leave requires the completion of a *Mental Health Act* Form 20 and authorized by a Maples Psychiatrist (consistent with Section 9 of the *Mental Health Act Regulations*).
 - 3.2 Extended Leave usually involves assigning the responsibilities of the designated facility to an identified physician in the youth's community.
 - 3.3 The Maples continues to be responsible for completing Involuntary Renewal Certificates within the required periods as if the youth still resided at the Maples.
4. Exceptions: Leave provisions are not in effect for youth admitted under the Criminal Code – see Section 40 of the *Mental Health Act* and any limitations stipulated by Youth Court/Review Board dispositions.

DOCUMENTATION:

1. The attending psychiatrist will write an order in the youth's client record prior to the Home Visit/Visit Leave, which will include all necessary essential details relating to the leave.
2. Youth that are absent from the facility due to a stay at the hospital or a stay at a detention facility will be considered to be on Home Visit/Visit Leave and documented as such by staff in the client record.
3. Unit staff will document when Visit Leave commences and concludes in the client record and Behaviour Log and note in CARIS under bed occupancy.

Maples Adolescent Treatment Centre	Ministry of Children and Family Development 
Effective Date: March 2, 2005 Amendment Date:	Youth Care YC 999

POLICY TITLE: USE OF TOBACCO PRODUCTS BY YOUTH

POLICY:

Youth admitted to the Maples Adolescent Treatment Centre often come with addictive behaviours, which may include the use of tobacco products. The acquisition and use of tobacco products will be discouraged. Staff members *will not* purchase or facilitate the acquisition of tobacco products for any adolescents.

PROCEDURES:

1. The Admitting social worker / care plan consultant (in the case of respite) will inform the adolescent and the legal guardian(s) of this policy on admission, and this will be noted on the green "Permission Form on Admission-Residential"
2. Adolescents who use tobacco products upon admission to the Maples will be supported to address the issue through any educational programs provided.
3. General Practitioners and program staff will offer counselling to adolescents concerning the health hazards related to the consumption of tobacco products.
4. All government buildings are non-smoking areas.