Louis Brier Home & Hospital

Mission, Vision and Values | January 2019- December 2023

Vision

A centre of excellence for elders providing innovative and outstanding care consistent with Jewish values and traditions.

Mission

To provide exemplary resident and family-centred care for seniors through:

- innovation, education and research
- partnerships and collaboration
- the contributions of staff, volunteers, funding partners and donors

with a focus on quality and safety, all guided by Jewish heritage.

Values – CHAI (Hebrew word for LIFE)

Caring

- We are committed to resident and family-centred care
- We treat everyone with dignity and respect
- We embrace cultural and ethnic differences
- We offer opportunities for enhancement of knowledge and skills

Health, Safety and Wellness

- We promote a culture of health, safety and wellness
- We strive to create a positive and respectful workplace
- We engage in innovation through education, research and collaboration

Accountability

- We are effective stewards of public and donated resources
- We are engaged with our communities
- We measure the impact of our work and report regularly on our performance
- We engage in continuous quality improvement
- We are committed to environmental sustainability

Integrity

- We are open, transparent and constructive in our communications
- We respond to challenges in a timely and ethical manner
- We foster a culture of compassion

POLICY & PROCEDURE	
Code - Title: AM2500 – Standards of Conduct	**Manual:** Administration
Policy Steward: Director, Human Resources	**Category:** AM – Human Resources

1.0 PURPOSE

This policy ensures that employees, students, physicians, contractors and volunteers (persons) are committed to respectful, honest and ethical behaviours during the term of their affiliation with the Louis Brier Home and Hospital/Weinberg Residence (LBHH/WR). This policy also ensures that it is the responsibility of all persons associated with LBHH/WR to observe and practice the highest standards of conduct, including ensuring that their behaviours and external interests do not conflict, or appear to conflict, with their LBHH/WR positions, duties and requirements.

All persons associated with LBHH/WR will refer to this Policy to provide them with guidance on appropriate conduct, in addition to any other professional code of ethics or standards of practice to which they are bound.

2.0 SPECIAL POINTS

This policy supplements other LBHH/WR policies intended to maintain confidence in the integrity of the organization and to ensure it is safe, respectful and free of any real or perceived conflict of interest.

3.0 POLICY

All employees, companions, contractors and volunteers are required to avoid conflicts of interest, whether real or perceived, that may impact the integrity and reputation of Louis Brier Home and Hospital. All employees, companions, contractors and volunteers are required to treat others in a respectful and safe manner and to protect confidentiality of information while carrying out Louis Brier business.

3.1 Conflict of Interest

A conflict of interest occurs when there is a potential divergence between a person's personal interests and his/her professional obligations to LBHH/WR such that if an independent observer

was informed of said interests he/she may question whether financial or personal gain influenced a person's LBHH/WR duties or professional judgment. Conflicts of interest may also arise when a person has a personal interest in an individual or industry with whom LBHH/WR has had, has or may have a business relationship.

LBHH/WR expects all persons to avoid real, perceived and potential conflicts of interest in the course of their association with LBHH/WR. To ensure there is no perceived or real conflict of interest a person shall:

- Declare all financial interests that he/she and his/her related person(s) have, or may have, that create a real, perceived, or potential conflict of interest.
- Declare all external interests, which he/she and his/her related person(s) have or may have that create a real, perceived, or potential conflict of interest.
- Comply with the standards of conduct set forth in this policy through avoidance, discontinuance, divestment, or by otherwise acting upon directions given by your manager; and;
- Not use/his/her position within LBHH/WR to solicit clients for a business or partnership he/she is personally involved with, or for a business operated by a family member, or other close relationship.

a) Gifts:

LBHH/WR seeks to engender an environment free from undue business influence. For this reason, a person must not demand, solicit, or accept any gift, favor, or service directly or indirectly from any resident, family member, individual or industry unless the gift is a normal exchange of hospitality and for a team or unit (i.e. cards, flowers, chocolates, etc.). Individuals wanting to provide monetary gifts should be encouraged to do so through the Louis Brier Jewish Aged Foundation.

This limit on gifts does not apply to reasonable expenses related to travel, accommodations, and meals paid for by non-profit organizations or the public sector for the person in relation to affiliated meetings, conferences, and award ceremonies that are of fair market value and are not extravagant.

b) Use of LBHH/WR Property:

Employees, contractors and volunteers are required to use Louis Brier Home and Hospital property, including internet and email, properly, safely, efficiently and only for Louis Brier business purposes.

- All persons are responsible for the appropriate care and protection of Louis Brier property including exercising reasonable safeguards to prevent theft, cyber-attack or damage as needed to perform work related duties.

- Authorized users are not permitted to access sites that violate the policies, professional codes of conduct or provincial / federal laws, including but not limited to the Human Rights Code of BC.

- Employees, contractors and vendors will not use Louis Brier's facilities to conduct personal business unless approved by the CEO.

Louis Brier reserves the right to have authorized personnel access any data or sites being accessed over the internet and to monitor time spent at internet sites. The Louis Brier can disclose any internet usage to law enforcement agencies without prior notice to any user

c) Preferential Treatment:

A person shall not accord preferential treatment in relation to any official matter involving LBHH/WR to related person(s) or to individuals or industry in which the person, or his/her related person(s) have interest.

A person shall not owe a real, perceived, or potential obligation or favour to an individual or industry due to his/her employment of relationship with LBHH/WR.

d) Working Relationships:

Persons who are direct relatives or who permanently reside together may not be employed in situations where:

- A supervisory or reporting relationship exists where one person has influence, input or decision making power over the other employee's performance evaluation, salary, premiums, special permissions, conditions of work and similar matters; or

- The working relationship affords an opportunity for collusion between the two persons that would have a detrimental effect on LBHH/WR interest.

The above restriction on working relationships may be waived provided the CEO is satisfied that sufficient safeguards are in place to ensure that the LBHH/WR's interests are not compromised.

e) Outside Work and Volunteerism:

Employees may not accept money or other payment in addition to their regular salary or

expenses for duties that they perform in the course of their LBHH/WR employment at LBHH/WR.

Employees may take supplementary employment, including volunteer and self-employment, providing it avoids:

- An actual or apparent conflict of interest
- The appearance of being affiliated with, or representing a Louis Brier opinion or policy
- Interfering with the employee's LBHH/WR duties or ability to perform those duties, and/or use of Louis Brier's premises, equipment or supplies unless authorized by the CEO

3.2 Respectful Workplace:

Bullying, harassment, disrespectful conduct and discrimination is not acceptable or tolerated in this workplace. All workers will be treated in a fair and respectful manner.

- Mutual respect is a value of Louis Brier Home & Hospital/Weinberg Residence (LBHH/WR) that we commit to live by. A respectful and discrimination free workplace is a priority for LBHH/WR. All workers and persons associated with LBHH/WR are accountable for their own conduct and must conduct themselves in a civil, respectful, cooperative and non-discriminatory manner at the workplace and at work related gatherings.

3.3 Safety in the Workplace

All persons associated with Louis Brier Home and Hospital are expected to conduct themselves in a civil, respectful, cooperative, and non-discriminatory manner. Any discrimination, bullying, harassment, threat or act of violence including theft, against person(s) on Louis Brier Home and Hospital property, or location where work is performed on behalf of Louis Brier Home and Hospital, or other location where there are real or implied consequences related to the workplace, and or against staff in the course of their duties is unacceptable.

3.4 Confidentiality:

All employees of Louis Brier Home and Hospital shall treat information about residents and employees as confidential. Employees shall only discuss information in the line of duty, whether the information was obtained through official access or by chance.

- Employees shall safeguard all information against inappropriate and unauthorized access

by others and shall not provide any employee information to external sources. Information will be disclosed to persons other than employees only when that person has a lawful right to the information.

- Louis Brier Home and Hospital resident information must only be accessed for resident care or related purposes. Employee, physician, and student access shall be limited to the information required to perform legitimate care functions for residents under their care

3.5 External Communications:

Media

- Statements made to the media are regarded as public statements, and must therefore be considered in light of confidentiality.
- Only the Chief Executive Officer and/or Chair of the Board of Trustees may approve any proposed press release. Spokespeople shall be the Chair of the Board of Trustees, the CEO, or a Senior Leader if specifically designated.

Social Media

- Employees have a duty of loyalty to LBHH/WR at all times, in or out of working hours, and are obligated to be respectful of the employer, management, other staff members, residents, visitors, companions, volunteers, agencies and partners in all their actions and communications, e.g. employees must refrain from making negative comments regarding the employer, management or co-workers that could reasonably expect to become public

3.6 Email Access:

All persons are responsible for being aware of LBHH/WR policies that govern their activities and workplace behaviour, and must ensure compliance with such policies.

To keep informed of important updates, each person shall activate their email account and are to access their account when they are at work, at least once a week. Persons should notify their supervisor where they do not receive a minimum of 15 minutes per week access to a computer during work time.

4.0 PROCEDURE

4.1 Compliance with Standards of Conduct and the Law:

All persons are required to comply with these Standards of Conduct, the policies of LBHH/WR, and with all laws.

4.2 Duty to Report and Failure to Comply:

- Employees, contractors and volunteers are under obligation to report any real or perceived infractions of the Standards of Conduct to Human Resources for investigation. Employees, contractors and volunteers who report in good faith, can expect no retaliation from reporting. Where possible, such identifying information will be kept in confidence.
- Failure to comply with the Standards of Conduct, LBHH/WR policies and/or other laws, may be subject to discipline up to and including termination and/or prosecution if allowable under the law.

Reporting of violations should follow the relevant policy process. Further details on the above topics can be viewed through the specific policies noted below. If additional clarification is required, please contact the Senior Leader or Human Resources.

Louis Brier Home and Hospital/Weinberg Residence Policies:

AM0600	Respectful Workplace
AL1100	Protection of Employees from Violence in the Workforce
AM2700	Safe Reporting
AM2210	Theft
AM0320	Criminal Record and Credit Checks (Pre-employment)
AM1500	Property (Residents') Purchasing and Borrowing
AP0600	Vendor Relationships – Fair Business Practices
AP0700	Vendor Relationships – Gifts to Staff
AC1000	Outside Agency Liaison
AE0400	Privacy and Confidentiality of Information
AE0800	Ethics
AE0930	Use of Computers and Related Equipment
AJ0200	Media Relations
AM0340	Social Media

However, if there is not a specific policy to report under, refer to the Safe Reporting policy for the process on how to report.

4.3 Annual Review:

This policy will be reviewed every year. All employees, contractors and volunteers will be provided with a copy.

Reviewed and approved by: _____ 30-Apr-2018
Signature Date

JoAnne Fernando
Chair, Policy & Procedures Committee

Reviewed and approved by: _____ 02-May-2018
Signature Date

David Keselman
Chief Executive Officer

POLICY & PROCEDURE	
Code - Title: AE0400 – Confidentiality of Information	**Manual:** Administration
Policy Steward:	**Category:** AE – Legal/Ethical/Cultural

1.0 POLICY

1.1 All employees of Louis Brier Home and Hospital shall treat information about residents and employees as confidential. Employees shall only discuss information in the line of duty, whether the information was obtained through official access or by chance.

1.2 Information will be disclosed to persons other than employees only when that person has a lawful right to the information.

1.3 Employees shall not alter, interfere with, copy, destroy or take information except with authorization and in accordance with established policy.

1.4 Louis Brier Home and Hospital resident information must only be accessed for resident care or related purposes. Employee, physician, and student access shall be limited to the information required to perform legitimate care functions for residents under their care.

1.5 Employees shall safeguard all information against inappropriate and unauthorized access by others and shall not provide any employee information to external sources.

1.6 Employees shall report any misuse or suspected misuse of information to their immediate supervisor or Department Head.

1.7 If employees are unsure of how to deal with certain confidential information they should consult the Department Head for guidance.

5.1 An employee found to be in contravention of this policy may be subject to discipline, up to and including dismissal.

6.0 REFERENCES

- Freedom of Information and Protection of Privacy Act (B.C.)
- Policies:
  - AE0400 – Appendix B: Confidentiality Agreement – Volunteers

- AE0400 – Appendix C: Confidentiality Agreement – Contractors
- AE0420 – Liability Release Forms
- AE0500 – Consents
- AE0900 – Facsimile (Fax) Transmissions
- AE1000 – Health Records Access
- AE1900 – Release of Resident Information
- AM1200 – Personnel Files - Access To
- CE0900 – Documentation of Health Records (Resident Care Manual)

POLICY & PROCEDURE	
Code - Title: AH1400 – Resident Incident Management	**Manual:** Administration
Policy Steward: Director, Quality & Risk Management	**Category:** AH – Environment/Security/Equipment

1.0 PURPOSE

To establish a consistent approach and mechanism to report, document, investigate, resolve, monitor, and review incidents, including adverse events and near misses.

2.0 SPECIAL POINTS

Resident safety is a priority in the delivery of quality care services. When harmful events happen, they must be managed in an effective and efficient manner. Prevention and management of resident safety incidents is part of Louis Brier Home & Hospital's Safety Framework.

3.0 DEFINITIONS

Adverse Event: Unintended injury or complication that results in disability, death, or increased use of healthcare resources

Close Call: An event that could have caused harm but was prevented from reaching the patient/resident.

Resident Safety: Is the practice of reducing risk of unnecessary harm associated with care to an acceptable minimum.

4.0 POLICY

Resident incidents, adverse events, and close calls will be reported and investigated appropriately and in a just manner.

5.0 PROCEDURE

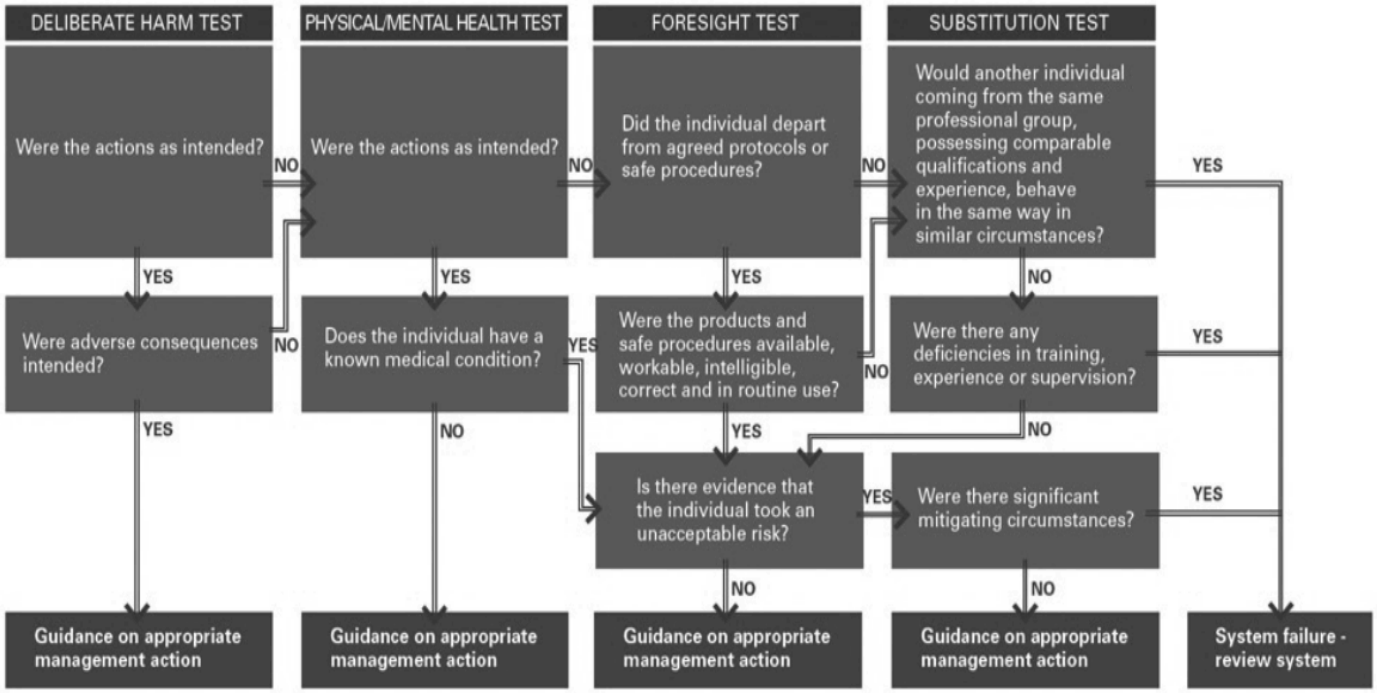
5.1 Staff Member

When a staff member recognizes that a resident has, or may have, suffered an incident, adverse event, or near miss:

- First attend to the immediate needs of the resident. This may include providing the care themselves or notifying the most responsible member of the care team.
- As soon as reasonably possible notify the immediate supervisor (e.g. charge nurse, department supervisor) and/or the most responsible administrator of the area (e.g. Director, Manager).
- Document all resident safety incidents in Risk Management in PCC prior to the end of the shift during which the incident occurred.
- If the resident incident meets criteria designated by VCH, complete an Adult Care Facilities Serious Incident Report to VCH Licensing, Local Health Unit (Continuing Care) and a copy to the Director, Quality and Risk Management. The Director, Quality and Risk Management shall review the information on the incident form, sign it, remove and retain the top (white) copy and immediately forward the Licensing Officer's copy to the Local Health Authority, and the Funding Agency copy to the Funding Agency. A photocopy of the Facility Follow-up (back of page 1, white copy) should also be forwarded to the local Community Care Facilities Licensing office.

5.2 Clinical Nurse Leader/Clinical Care Educator

- Review incident within 1 week and ensure that appropriate follow-up has been completed. Determine whether the incident requires a further incident analysis as it represents a systems failure. Use the following decision tree: (*see next page*)



- If the incident does not represent a system failure, complete sign-off in PCC.
- If the incident does represent a systems failure, report the incident to QRM Manager for follow up.

5.3 Quality & Risk Manager (or Designate)

- Review incident reports on a monthly basis to ensure accurate documentation and closure of reports.
- Present a trend report and analysis of incidents to the Director, Quality and Risk Management to discuss trends and develop recommendations.
- Present report to Resident Safety Committee monthly with recommendations to address resident safety issues.
- For incidents reported as systems failures, QRM Manager will investigate and report findings and recommendations to Resident Safety Committee.

5.4 Resident Safety Committee

- Resident Safety Committee will meet monthly and review trend report, analysis, and recommendations by QRM Manager.
- Through a collaborative process, the Resident Safety Committee will determine whether to accept, reject, or modify the recommendations of the QRM Manager.
- The Resident Safety Committee is responsible to ensure follow-up and evaluation of approved safety recommendations.
- The Resident Safety Committee will report quarterly to the Integrated Quality and Safety Committee.

Reviewed and approved by: _____ 10-May-2018
Signature Date
JoAnne Fernando
Chair, Policy & Procedures Committee

Reviewed and approved by: _____ 11-May-2018
Signature Date
David Keselman
Chief Executive Officer

POLICY & PROCEDURE	
Code - Title: AM2700 – Safe Reporting	**Manual:** Administration
Policy Steward: Director, Human Resources	**Category:** AM – Human Resources

1.0 PURPOSE

Louis Brier Home and Hospital/Weinberg Residence (LBHH/WR) is committed to delivering high quality care in a professional and ethical manner and expects employees to conduct themselves with honesty, integrity and accountability. LBHH/WR will address concerns and issues when it is believed that possible wrongdoing has occurred, in particular those that are in violation of (but not limited to) the LBHH/WR AM2500 Standards of Conduct policy.

This policy establishes a process for individuals to bring forward information about wrongdoing by LBHH/WR employees, in good faith and without fear of reprisal. It also provides for a consistent and administratively fair investigations process into reports of wrongdoing.

This policy does not replace other established processes or reporting structures, nor does it replace or supersede reporting obligations mandated in legislation.

2.0 SPECIAL POINTS

2.1 Scope

This Policy applies equally to all individuals associated with LBHH/WR including executives and management employees. More specifically, our policy applies to:

- All employees of LBHH/WR or any of its affiliated Programs (including companions);
- Executives, and all management and supervisory employees;
- Residents, family members and the public;
- Volunteers of LBHH/WR;
- Medical Staff including physicians, dentists, and others who have been appointed with privileges in accordance with agency by-laws at LBHH/WR;
- Physicians on contract, residents, and clinical trainees;

- All researchers and members of staff who conduct research at or under the auspices of LBHH/WR;
- Suppliers, contractors and their employees and subcontractors and their employees;
- Students working for or associated with LBHH/WR or any of its affiliated Programs; and,
- All other parties associated with LBHHWR

2.2 Exceptions

This policy is not intended to be the primary mechanism to address matters for which there are other established processes for the reporting and investigation of improper conduct or violations, including:

- Labour agreement violations covered by collective agreements;
- Reports on safety hazards and unsafe conditions made in accordance with the provisions of the Workers' Compensation Board's Occupational Health and Safety Regulations;
- Misconduct related to behaviours identified in LBHH/WR's Respectful Workplace and Violence in the Workplace policies;
- Actions or incidents which constitute privacy breaches or unauthorized access to, collection, use or disclosure of personal information per the Privacy and Confidentiality of Information policy;
- Resident safety or quality of care issues which are covered by the Complaints policy and reporting process.

This policy is not intended to address the behavior or actions of employees when not working or acting on behalf of LBHH/WR unless such behavior or actions reflect upon their professional judgment or ability to perform their duties.

3.0 POLICY

3.1 LBHH/WR fosters the highest standard of honesty, integrity and accountability.

3.2 LBHH/WR takes seriously all reports of wrongdoing, and where appropriate conducts objective and impartial investigations in a timely manner.

3.3 LBHH/WR will not take any indirect or direct reprisal against a person who, in good faith and based on reasonable belief, reports a wrongdoing, a person who acts as a witness in an investigation, or a person who carries out an investigation under this policy. Reporters of wrongdoing, and those participating in investigations under this policy, will be treated in a

supportive manner.

3.4 All employees, companions and volunteers are expected to behave ethically and professionally towards each other and toward residents, family, and other members of the public.

3.5 A wrongdoing is a wrongful act or misconduct by a LBHH/WR employee that contravenes (but is not limited to) the Standard of Conduct policy. Wrongdoing may include:

- Mistreatment of residents staff, family or members of the public;
- Actions that pose a danger to residents, public health, or the environment;
- Actions that are unlawful or not in compliance with any laws or regulations;
- Theft, fraud, bribery or corruption;
- Unethical or unprofessional conduct;
- Unauthorized use, misuse, or waste of public funds or resources;
- Non-compliance with procurement rules or other unfair trade practices;
- Actions that are not in compliance with LBHH/WR policies or procedures, internal financial controls, or audit procedures;
- Continuing to act while in a real or perceived conflict of interest; or
- Constitutes any other unethical or improper conduct or abuse

4.0 PROCEDURE

4.1 Reporting:

a) LBHH/WR Employees, Companions, Volunteers and Physicians:

Employees are encouraged to first report verbally in person or by telephone, or in writing by email or mail any real or suspected wrongdoing to their manager or director.

Where an employee believes that:

- Reporting a wrongdoing to management is not appropriate; or
- Management has not responded appropriately to a reported wrongdoing, the staff member may report the wrongdoing through the LBHH/WR safe reporting phone line - (604) 267-4747 or email at safereporting@louisbrier.com.
- Contact Human Resources

b) Residents, Family and Visitors:

Any resident, family member or visitor may report real or suspected wrongdoing by a LBHH/WR employee, companion or volunteer can call (604) 267-4747 or email at safereporting@louisbrier.com.

All reports should provide as much detail as possible, including the nature of the wrongdoing, the date and time of the event, the name of the person alleged to have committed the wrongdoing, and other pertinent information. The information should be as accurate and detailed as possible.

4.2 Reporting in Good Faith:

A person must report wrongdoing only in good faith based on reasonable grounds. A report must not be intentionally false, misleading or malicious.

Where an investigation determines that a person's report was made in bad faith or with malicious intent, appropriate actions will be taken and may include disciplinary proceedings or termination of employment or contractual relationships with LBHH/WR.

4.3 Timeliness of Reporting:

All reports of wrongdoing must be made in a timely manner; however, the lapse of time will not limit a person's ability to report wrongdoing or affect whether the wrongdoing will be investigated in accordance with this policy.

4.4 Investigation of Reports:

All managers who receive a report of a wrongdoing will consult with Human Resources to determine best approach for an impartial investigation. Human Resources will monitor the safe reporting phone line and email and upon receipt of a report will consult with management to determine the best approach for an impartial investigation.

Where an investigation determines that wrongdoing has occurred, action will be taken by management and Human Resources. The specific action taken in any particular case will depend on the nature and gravity of the conduct or activity. If appropriate, the individual(s) responsible will be disciplined, up to and including the termination of employment or the termination of the individual's relationship with LBHH/WR.

4.5 Safe Reporting Protection:

LBHH/WR will not dismiss, suspend, demote, discipline, harass or otherwise disadvantage a person, or deny that person treatment or a benefit because:

- That person, acting in good faith and on the basis of reasonable belief, has reported a wrongdoing;
- That person participated in or conducted an investigation into a wrongdoing under this policy; or
- It is believed that person will do in the future anything described in paragraphs a) or b).

Any employee who uses threats, force, intimidation, or duress (direct or indirect) to dissuade a person making a report under this policy; or who acts contrary to this section will be subject to disciplinary action up to and including dismissal from employment or termination of contractual relations with LBHH/WR.

Any violation of these safe reporting protections will, itself, be considered a serious breach of this policy and subject to investigation under this policy. A person may report a violation of these safe reporting protections in the same manner as it would a report of wrongdoing under this policy.

The safe reporting protection will apply to reporters regardless of the mechanism by which the wrongdoing was reported.

4.6 Protection of Confidentiality and Anonymous Reporting:

To the fullest extent possible, LBHH/WR treats as confidential the identities of those involved in the reporting and investigation of a wrongdoing. All information collected during the course of an investigation will remain confidential, except as necessary to conduct a fair investigation and to take corrective or remedial action, and except where disclosure is permitted or required by law (see section Legal Action).

Individuals who fail to protect the confidential nature of the investigative process, including those who make the report, respondents to the alleged wrongdoing or witnesses will be subject to disciplinary measures, up to and including termination or employment of contractual relationship with LBHH/WR

4.7 Legal Action:

As permitted or required by law, LBHH/WR may disclose information about an investigation to a law enforcement agency and may take legal action based on the findings of an investigation.

4.8 Record Keeping:

Human Resources will retain a copy of records relating to the investigations and any resulting reports and actions taken. Investigation outcomes will be reported to the appropriate Senior

Leadership Team (SLT) member. As requested by the SLT aggregate reports will be provided with the following information:

- Number of complaints
- Nature of complaints; and
- The nature of process or resolution
- Aggregate reports will not identify the individuals involved

Reviewed and approved by: _____ 30-Apr-2018
Signature Date
JoAnne Fernando
Chair, Policy & Procedures Committee

Reviewed and approved by: _____ 02-May-2018
Signature Date
David Keselman
Chief Executive Officer

POLICY & PROCEDURE	
Code - Title: AL1100 – Protection of Employees from Violence in the Workplace	**Manual:** Administration
Policy Steward: Director, Human Resources	**Category:** AL – Occupational Health and Safety

1.0 PURPOSE

Louis Brier Home & Hospital/Weinberg Residence (LBHH/WR) is committed to the prevention of workplace violence and will take all reasonable steps to reduce or eliminate physical or emotional injury to staff, or threat to personal safety, or damage to property, caused by aggressive behaviour or overt actions by a resident, family, visitor, companion, volunteer, another staff member, or outsider.

2.0 POLICY STATEMENT

All persons associated with LBHH/WR are expected to conduct themselves in a civil, respectful, cooperative, and non-discriminatory manner. Any threat or act of violence against person(s) on LBHH/WR property, or location where work is performed on behalf of LBHH/WR, or other location where there are real or implied consequences related to the workplace, and or against staff in the course of their duties is unacceptable. Perpetrators, where mentally competent, will be held accountable for their behaviour. It is recognized that dementia or other medical conditions may cause a resident to behave aggressively toward care givers.

3.0 DEFINITIONS

LBHH/WR recognizes violence in the workplace as being a hostile incident or act and may involve (but is not limited to) verbal abuse such as name calling, swearing, threats, gossip; use of weapon; sexual harassment; physical abuse such as assault and/or battery; and/or inappropriate written material, to which the employee or their personal property may have been subjected during the normal course of regular job duties and responsibilities. It also includes any threats or actions against LBHH/WR property.

Person(s): Includes all staff (excluded and unionized), students, researchers, physicians, volunteers, contractors, suppliers, employees of academic institutions, visitors, residents, families, and companions.

Staff: All workers including excluded staff, union staff, medical staff, researchers, students, and volunteers who are on a Louis Brier Home and Hospital site.

Verbal and non-verbal de-escalation skills: Intervention skills used to de-escalate or defuse an emotional crisis. Skills include awareness of body language, personal space and stance, validation and active listening.

Emotional Crisis: A process during which a person's coping skills and abilities are significantly challenged by a combination of internal and external events.

Behavioural Emergency: An acute situation where there is imminent danger of serious harm or death to self or others.

Health Care Team: Interdisciplinary Resident Care Team and clinical staff responsible for the care of the resident.

4.0 ROLES AND RESPONSIBILITIES

4.1 Employer & Senior Leadership Team:

- Support, model and promote LBHH/WR's commitment to the prevention of violent behaviour.
- Establish specific responsibility for the implementation and maintenance of the Violence Prevention Program.
- Ensure all levels of leadership are accountable for occupational health and safety performance in their areas of responsibility.
- Monitor the Violence Prevention Program through review of statistical information relative to workplace risk assessment, training records, and incident reports.
- Inform and encourage all persons of the need to report workplace violence incidents or threats of violence, and ensure all persons are aware of how to do so.
- Provide suitable protective measures, such as building security (locked entrance/exit doors, video cameras, restricted-access to basement, "panic buttons", etc).
- Inform Vancouver Coastal Health's Client Relations and Risk Management Patient Care Quality Office, and Vancouver Coastal Health liaison.
- Inform licensing agencies as appropriate.

4.2 Managers / Leaders:

- Support, model and promote LBHH/WR's commitment to violence prevention.
- Inform staff of the nature and extent of the risk(s) from violence in their workplace and act to remedy any hazard related to violence in the workplace.
- Inform and encourage all persons of the need to report workplace violence incidents or threats of violence, and ensure all persons are aware of how to do so.
- Appropriately communicate to residents and family members about their applicable code of conduct while at LBHH/WR including displaying clear signage outlining the code of conduct.
- Provide access to education and training in the prevention and management of violence.
- Ensure appropriate policies and procedures are established to eliminate or minimize violence.
- Monitor and ensure compliance with safe work practices with respect to the prevention of violence in the workplace program.
- Provide appropriate violence prevention instruction and training necessary to ensure the health and safety of all staff.
- Investigate reported incidents of violence in conjunction with Joint Occupational Health and Safety Committee (JOHSC) members.
- Ensure an up to date violence risk assessment has been completed, reviewed, and recommendations have been implemented and evaluated as required by Worker's Compensation Act regulations.
- Participate as required in workplace inspections and investigations of incidents involving violence or threats of violence in the workplace.
- Inform Vancouver Coastal Health Client Relations and Risk Management Patient Care Quality Office and Vancouver Coastal Health as appropriate.
- Communicate to the leadership team and record all staff reported incidents in which their personal health or safety or the health and safety of other persons were at risk.
- De-brief with staff involved in a violent incident (including threats of violence) and ensure support and resources are offered as soon as possible.
- Ensure that staff use or wear any required personal protective equipment, devices, or clothing.

- Cooperate with the site Joint Occupational Health and Safety Committee.
- In the event a staff person wishes to involve the police following an incident of violence, assist by:
    - Supporting the staff member's right to file criminal charges
    - 2. Contacting the appropriate law enforcement authority as appropriate
    - 3. Notifying the Employer and the Senior Leadership Team
    - 4. Advising all staff members of the support systems available to them, such as Family Services Employee Assistance Program (FSEAP).

4.3 Staff:

- Model the substance and intent of this policy, and demonstrate in their words and actions their commitment to intolerance of abusive/aggressive/threatening behaviour of any kind in the workplace.
- Report all threats or incidents of violence in which their personal health and safety, or the health and safety of other persons were at risk, whether injured or not. All incidences should be reported to the Senior Team and their manager as required by LBHH/WR.
- Take reasonable care to protect their health and safety and the safety of others in the work site.
- Follow safe work procedures and safety requirements as outlined in LBHH/WR policies and procedures.
- Use or wear any required personal protective equipment, devices, or clothing.
- Cooperate with the site Joint Occupational Health and Safety Committee.

4.4 Students:

- Model the substance and intent of this policy, and demonstrate in their words and actions their commitment to intolerance of abusive/aggressive/threatening behaviour of any kind in the workplace.
- Report all threats or incidents of violence in which their personal health and safety, or the health and safety of other persons were at risk, whether injured or not.
- Take reasonable care to protect their health and safety and the safety of others in the work site.

- Follow safe work procedures and safety requirements as outlined in LBHH/WR policies and procedures.
- Use or wear any required personal protective equipment, devices, or clothing.
- Students should inform their clinical instructor and preceptor, in addition to informing their on-site manager, if applicable.

4.5 Residents, Volunteers, Families, Companions, and Visiting Public:

- Follow the applicable policy and procedures outlined in Resident's Rights and Obligations – AS0900.
- Report any violence-related health and safety concerns to the manager.

4.6 Joint Occupational Health and Safety Committees:

- Monitor the Violence in the Workplace program through review of statistical information relative to workplace risk assessment, training records, and incident reports.
- Participate in an annual program review, and ensure violence risk assessments are conducted regularly.
- Participate and provide expertise as required in workplace inspections and investigations of incidents involving violence or threats of violence in the workplace; assist with the development of violence prevention policies and procedures.
- Assist with the performance of risk assessments through an analysis of resident and staff incidents, as well as site and staff surveys.
- Evaluate the effectiveness of the workplace violence prevention program. Based on this evaluation, make recommendations to Senior Leadership Team.
- Assist with the development of new or revised work procedures specific to the workplace violence prevention program to ensure compliance with Worker's Compensation Act regulatory requirements.
- Ensure that staff use or wear any required personal protective equipment, devices, or clothing.

5.0 STANDARDS AND PROCEDURES

5.1 Louis Brier Home and Hospital will:

- Promote workplace safety for all staff members, residents, companions, volunteers, and visitors.

- Include all levels of staff in the development of violence prevention policies and programs.
- Provide policies and access to educational tools to empower staff to identify potential situations of violence, de-escalate, or prevent violence, and appropriately respond to violence in the workplace.
- Ensure a violence risk assessment is conducted. Violence risk assessments must be conducted by managers in conjunction with a worker who is familiar with the work being performed, and a Joint Occupational Health and Safety member who is knowledgeable about the risk assessment process.
- Ensure that lighting, entrances and exits, and security hardware are adjusted as needed. This includes removing devices that have potential to harm and other engineering controls to discourage violent attacks.
- Ensure that managers implement policies, procedures, and work arrangements to eliminate or minimize the risk to staff, as identified by the violence risk assessment process.
- Ensure that the policies and procedures comply with the Workers Compensation Act, the Occupational Health and Safety Regulations, and collective agreement(s).
- Ensure all newly hired employees receive pre-start training and all employees have an annual refresh on the code of conduct and violence prevention expectations.
- Ensure all family, residents, physicians, students, visitors, companions, and volunteers are informed/aware of the zero tolerance for violence.

5.2 Communication of the Code of Conduct

- LBHH/WR will advise residents and family members about their responsibility to abide by the applicable code of conduct while at LBHH/WR. The Code of Conduct will be communicated in a language, and at a level of understanding appropriate for the individual being advised.
- The Code of Conduct will be displayed at LBHH/WR's such that it is clearly visible to residents and family members. It will be displayed in a language, and at a level of understanding appropriate for the community being served.

5.1 Identifier of Violence

- Residents with a history of violence must be identified in their medical chart and the information communicated to any staff, companion, or volunteer who might interact with the resident. Information must include underlying causes for the behaviour and mitigation/control strategies.

- LBHH/WR's Interdisciplinary Resident Care Team will identify situations where a resident's condition may place staff at risk, and will ensure appropriate communication to staff, e.g., posted care plans, memo, care-team conferencing, and discussions at rounds.

5.2 Verbal De-escalation Strategies:

- Verbal violence related to an emotional crisis should be managed using verbal and non-verbal de-escalation strategies to defuse the situation.

5.3 Dealing with Behavioural Situation(s)

On-going behavioural situations should be reported and discussed with the manager and the Interdisciplinary Resident Care Team.

a) Residents capable of understanding the consequences of their actions – LBHH/WR will use a progressive, problem-solving approach which, if other options are not successful, may include imposing restrictions up to and including discharge from the LBHH/WR program or service, if determined to be appropriate in the circumstances. This action will be carried out in collaboration with the Interdisciplinary Health Care Team, representatives of the Ethics Committee, members of the Senior Leadership Team, and Vancouver Coastal Health.

b) Residents not capable of understanding the consequences of their actions will be assessed by the Interdisciplinary Health Care Team and management strategies implemented and evaluated on an on-going basis. Where necessary, referral to programs such as the Vancouver Coastal Health Mental Health Team that can provide appropriate control measures to address ongoing behavioural concerns will be made.

c) Family Members/Visitors – a progressive, problem-solving process will be followed including the involvement of the Resident Care Team, and following Incident Reporting: Resident, Volunteers, Companions, and Visitors – AH1400.

d) Staff members – LBHH/WR has policies related to workplace conduct. Any staff member subject to any form of violence or harassment from another staff member should follow the procedures outlined in Respectful Workplace – AM0600 for harassment, or the Violence Response Procedure for violent incidents.

5.4 Reporting Incidents of Violence

- All incidents of violence or threats of violence will be reported and documented, whether individual(s) are injured or not. All staff will report incidents that pose a risk to their personal safety by contacting the manager on duty. All incidents required under the

Workers Compensation Act and Occupational Health and Safety Regulations will be reported to WorkSafeBC.

- If any staff member of LBHH/WR is made aware of any threat to the workplace or public she/he shall follow the appropriate response mechanisms as outlined by LBHH/WR, including notifying the manager on duty immediately and contacting the Police (911) where appropriate.
- LBHH/WR must develop, and all staff must be aware of and follow the Violence Response Procedure for LBHH/WR. In the event of a behavioural emergency or in instances where the situation is escalating beyond the abilities of the staff present to manage safely, staff will precede according to Emergencies: Code 39, 41, White – CN1600.
- Any LBHH/WR staff member who becomes aware of a person or persons in the possession of a weapon, or in the event of imminent danger will remove themselves and others (as possible) from danger, and contact the manager on duty (where available) from a safe location. They will also contact the Police (911) where appropriate. Staff are not required to continue to provide treatment under circumstances that present a danger or the perception of danger to themselves or others and should follow procedures outlined in Weapons in the Workplace – AL1700.

5.5 Violence Response Procedure

- Employee completes Employee Injury Incident Report form immediately following incident, and forwards report to supervisor.
- Manager/leader investigates incident and determines appropriate follow-up:
    - If incident involves aggressive/hostile action by a resident, the manager completes the PCC Incident Report form – AH1400 and advises the Executive Director Care Services and the Interdisciplinary Health Care Team.
    - If incident involves aggressive/hostile action by a co-worker, the manager advises Director, Human Resources.
    - If incident involves aggressive/hostile action by a companion or volunteer, the manager advises the Manager of Companion Program or Manager, Recreation respectively, and the Executive Director Care Services.
    - If incident involves aggressive/hostile action by a visitor of family member, the manager advises the Executive Director Care Services and CEO.

- Investigation and follow-up will be confidential, balanced with staff "need to know".

5.6 Working Alone

- Every reasonable effort will be made to limit the occurrences of LBHH/WR staff working alone or in isolation. When this is not operationally possible, LBHH/WR is committed to doing a risk assessment and having procedures in place to secure the safety of all LBHH/WR. In order to prevent incidents and to check the well-being of those who are required to work alone or in isolation, the procedures as described in Working Alone or in Isolation – AL1600 will be followed.

5.7 Right to Refuse Unsafe Work

- Staff have the right to refuse unsafe work. Work refusal is a serious issue and is not a routine way of solving workplace concerns. If a staff member has reasonable cause to believe a work process would create an undue hazard to the health and safety of any person, the staff member must go to their manager or the Leadership Team.

6.0 DOCUMENT RETENTION

Written records of workplace violence incident/injury reports and investigation must be maintained by LBHH/WR for a period of not less than 2 years from the date the incident report is given to the JOSHC committee.

7.0 EVALUATION

LBHH/WR will annually review the Violence Prevention Policy and make any changes as needed to ensure the safety of all staff and residents and visitors. Such revisions will be done in consultation with the Joint Occupational Health and Safety Committee (JOHSC) and any new policy changes/ informational resources will be based in best practice and include the date of revision/ completion.

8.0 REFERENCES

1. Workplace Conduct, section 4.24: Occupational Health and Safety Regulation WorkSafeBC. Accessed at: https://www2.worksafebc.com/publications/ohsregulation/part4.asp#SectionNumber:4.24

2. Violence in the Workplace, section 4.27: Occupational Health and Safety Regulation WorkSafeBC. Accessed at: https://www2.worksafebc.com/Publications/OHSRegulation/Regulation.asp

3. Refusal of Unsafe Work, section 3.12: Occupational Health and Safety Regulation WorkSafeBC.

Accessed at:
https://www2.worksafebc.com/Publications/OHSRegulation/Part3.asp#SectionNumber:3.12

4. Public Services Health & Safety Association (PSHSA). "Workplace Violence and Harassment Prevention".

5. Workplace Violence Prevention Policy. Providence Health Care.

6. Materials Required:

- Risk Assessment Review Form (AL1100 Appendix I)
- Employee Injury Incident Report Form (AL0100C)
- PCC Incident Report Form (AH1400)
- Accident Investigation Guidelines (AL0100B)
- Emergencies– Code 39 41 White (CN1600)
- Resident's Rights and Obligations (AS0900)
- Incident Reporting: Resident, Volunteers, Companions, Visitors (AH1400)
- Working Alone or in Isolation (AL1600)
- Weapons in the Workplace (AL1700)
- Respectful Workplace (AM0600)

Reviewed and approved by: _____ 30-Mar-2018
Signature Date
JoAnne Fernando
Chair, Policy & Procedures Committee

Reviewed and approved by: _____ 27-Apr-2018
Signature Date
David Keselman
Chief Executive Officer

POLICY & PROCEDURE	
Code - Title: AM0600 – Respectful Workplace	**Manual:** Administration
Policy Steward: Director, Human Resources	**Category:** AM – Human Resources

1.0 PURPOSE

To define standards to promote and support a respectful and discrimination free workplace, as well as provide a resolution process.

2.0 DEFINITIONS

2.1 Bullying & Harassment:

a) Includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to feel unsafe, be humiliated or intimidated, but

b) Excludes any reasonable action taken by a manager relating to the management and direction of workers at the place of employment.

Examples of conduct or comments that might constitute bullying or harassment include verbal aggression or insults, calling someone derogatory names, making derogatory comments, harmful hazing or initiation practices, vandalizing personal belongings, conduct/actions that could be perceived as derogatory or intimidating, and spreading malicious rumors.

Workers must:

- Not engage in the bullying or harassment of other workers
- Report if bullying or harassment is observed or experienced
- Apply and comply with the employer's policies and procedures on bullying and harassment.

2.2 Disrespectful Conduct:

- Disrespectful Conduct is defined as any behavior directed against another person that a reasonable person knows, or ought to know would cause offence, humiliation or intimidation.

- Examples of Disrespectful Conduct include: profanity; name calling, yelling, abusive language; verbal or physical threats; malicious gossip or rumor mongering; purposely ignoring questions or requests of colleagues or withholding information; or making comments that could be perceived as derogatory/intimidating.

- Examples of Respectful Conduct include: courteous communication; expressing disagreement in a professional manner; or providing feedback in a respectful manner regarding job performance

2.3 Discrimination:

- Discrimination is defined as any comments or conduct that would constitute a breach of the Human Rights Code. The BC Human Rights Code contains protected categories including race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sexual orientation, gender identity or age of that person.

2.4 Psychologically Safe Workplace:

- Psychologically safe workplaces are those that promote employees' psychological well-being and actively work to prevent harm to a worker's psychological health, including in any negligent, reckless or intentional ways; psychological safety is the absence of harm and/or threat of harm to mental health and well-being.

3.0 POLICY

3.1 Louis Brier Home and Hospital/Weinberg Residence (LBHH/WR), its Board of Directors and Senior Leadership Team is committed to fostering a culture in which all staff demonstrate personal and professional integrity, promote an ethical and psychologically safe workplace/environment and strive for professional excellence.

3.2 Mutual respect is a value of LBHH/WR that we commit to live by. A respectful and discrimination free workplace is a priority for LBHH/WR. The benefits of a respectful workplace include patient/resident experience, enhanced job satisfaction, teamwork and productivity.

3.3 All persons associated with Louis Brier Home and Hospital/Weinberg Residence are accountable for their own conduct and must conduct themselves in a civil, cooperative and non-discriminatory

manner at the workplace and at work-related gatherings.

3.4 Louis Brier Home and Hospital/Weinberg Residence has a zero-tolerance for disrespectful conduct, discrimination, bullying and harassment. All workers will be treated in a fair and respectful manner.

3.5 This policy statement applies to all workers, including permanent, temporary, casual, and contract staff, as well as medical staff, residents and families, clients, volunteers, companions and student workers. It applies to interpersonal and electronic communications, such as email.

3.6 This policy does not limit the rights of LBHH/WR to appropriately and in good faith manage the work performance of workers. LBHH/WR reserves the right to investigate incident(s) with or without the workers consent, where there is concern about the alleged disrespectful conduct or discrimination and the impact of such conduct on maintaining a respectful and psychologically healthy workplace.

4.0 PROCEDURE

Management is available to assist at any time in the resolution process. A person has the right to seek the involvement of a Union Steward at any time.

If the alleged bullying, harassment, disrespectful conduct or discrimination is between the person and his/her manager or team leader, and the person is unable to have the conversation (as per step 1) then the complainant has the option to contact their Senior Team Leader or Human Resources. Where the Senior Team Leader or Human Resources is contacted, they will inform the manager of the complaint.

4.1 Step #1 – Resolution (Informal Conversation)

- Persons who experience bullying, harassment, disrespectful conduct or discrimination are strongly encouraged to engage in a conversation with the other person and resolve the concerns.

- Where the person is unable to have the conversation directly with the other person(s), he/she should contact their Senior Team Leader or Human Resources as soon as possible. If needed Human Resources will offer assistance such as: scheduling the conversation between both persons and/or attending the meeting as an observer/ mediator.

4.2 Step #2 – Resolution (Management Involvement)

If there is no resolution under Step 1, and the complainant continues to seek resolution, then he/she should approach a Senior Team Leader or Human Resources with the concerns. The goal is to understand and mutually resolve the issue so that persons conduct themselves in a civil, respectful and cooperative manner.

Steps taken by the management to facilitate resolution could include:

- Meeting separately with each person involved in the complaint to review the concern;
- Meeting together with all persons to facilitate a conversation aimed at understanding and resolving the issue;
- Reviewing policies with persons reinforcing expectations of respectful conduct;
- Seeking commitments from persons that they will conduct themselves in a respectful manner;
- Following up where appropriate with persons after the resolution process to ask whether commitments to respect are being adhered to; and or, recording steps taken in the resolution process

4.3 Step #3 – Resolution (Formal)

If there is no resolution under Steps 1 and 2, and the complainant continues to seek resolution, then he/she will need to file a written complaint to Human Resources or a Senior Team Leader.

Information Required for Written Complain

The complainant is required to include the following information in the complaint:

- Describe the specific incident(s) that have led to the filing of this complaint. If there is more than one, number them. Include the following information:
    - Date
    - Name(s) of the person(s) who allegedly committed the bullying, harassment, disrespectful conduct or discrimination.
    - State what the respondent(s) said or did that you believe was disrespectful or discriminatory.
    - Name any witnesses?
    - Describe how the incident affected you (what was the impact on your work or resident care)
- If you have attempted to resolve your concerns under step 1 or 2 describe and specify any Management involved.

4.4 Investigation Process

The Senior Team Leader or Human Resources will review the written complaint. In the cases involving staff, the following may occur:

- Refer the matter back to Step 1 or 2
- Assign an internal or external investigator. The investigator mandate may include: interviewing complainant, respondent, and witnesses where appropriate; making findings of fact; determining whether facts constitute bullying, harassment, disrespectful conduct or discrimination under this policy; and/or issuing a written report consistent with the mandate. Such a report will be kept in Human Resources. A copy will be provided to complainant, respondent and the union where appropriate. If the report is to be distributed, witness confidentiality is to be maintained.
- As appropriate, the investigator may provide recommendations on how to best resolve the issue.

In cases where the complaint does not involve staff, the following may occur:

- Refer the matter back to Step 1 or 2
- Assign an internal or external investigator. The investigator mandate may include: interviewing complainant, respondent, and witnesses where appropriate; making findings of fact; determining whether facts constitute bullying, harassment, disrespectful conduct or discrimination under this policy; and/or issuing a verbal or written report consistent with the mandate. If a report is written, it shall be kept in the CEO office.

4.5 Other Resolution Process

This policy does not preclude persons from advancing complaints through the applicable collective agreement, relevant professional bodies, or the BC Human Rights Tribunal. In the event persons file complaints outside of this policy, LBHH/WR reserves the right not to proceed with Steps 1-3.

4.6 Remediation

Following an investigation, Human Resources, in conjunction with Senior Team Leaders, will review and revise workplace procedures to prevent future disrespectful conduct, bullying and/or harassment incidents in the workplace. Appropriate corrective actions will be taken within a reasonable timeframe.

4.7 Violation of this Policy

Any persons found in violation of this Policy may be subject to remedial and/or disciplinary action up to and including termination of employment, cancellation of contract and/or revocation of privileges pursuant to applicable processes.

For patients/clients (including family members and visitors) found in violation of this Policy, LBHH/WR may impose restrictions up to and including discharge from the facility if determined appropriate in the circumstance.

A person who files complaints in bad faith may be subject to disciplinary action.

4.8 Retaliation

No person will be subject to retaliation for reporting in good faith bullying, harassment, disrespectful conduct or discrimination.

4.9 Confidentiality

No information will be disclosed by any person during the investigation or resolution of a complaint under this policy except as necessary to enable due process under Policy or to protect the persons, public and or assets of LBHH/WR.

4.10 Annual Review

This policy statement will be reviewed every year. All workers will be provided a copy.

Reviewed and approved by: _____ 28-Feb-2018
Signature Date
JoAnne Fernando
Chair, Policy & Procedures Committee

Reviewed and approved by: _____ 30-Mar-2018
Signature Date
David Keselman
Chief Executive Officer

POLICY & PROCEDURE	
Code - Title: AM0110 – Attendance Management	**Manual:** Administration
Policy Steward: Director, Human Resources	**Category:** AM – Human Resources

1.0 POLICY

The Louis Brier Home and Hospital is committed to a positive approach to attendance management for all employees, and uses the tools of awareness, coaching, and counselling as the main elements of the program.

High levels of absenteeism impact quality of care and service to residents, and result in additional cost to the organization and additional workload for co-workers.

All requests from employees for 'paid leave' are reviewed by the employee's supervisor, in accordance with the relevant Collective Agreement.

Culpable (blame-worthy) absenteeism and/or tardiness as determined by the Louis Brier Home and Hospital shall result in disciplinary action up to and including termination. Non-culpable (innocent) absenteeism may lead to non-disciplinary termination.

Elements of Attendance Management Program:

- Sick Leave (see AM0120 – Sick Leave)
- Injury-on-Duty/ WorkSafe BC
- Leave (see AL0100 – Workplace Injuries)
- Special Leave
- Other Paid Leave
- Leave of Absence (Unpaid)

2.0 PROCEDURE

2.1 Employee is required to:

- Accept responsibility for attending work regularly and on time as an integral part of acceptable job performance
- If absence is planned:

- Complete the appropriate section of the Application for Leave form, providing as much notice as possible, and submit the Form to his/her Supervisor.

- If absence is unplanned:
  - Call immediately to LBHH so that a replacement worker can be scheduled.
  - Notify his/her Supervisor within 24 hours of the absence, regarding the reason for the absence and the day/time of his/her expected return to work. Reasons for absence shall be regarded as 'Confidential' and the information will be shared only on a "need to know" basis.
  - Complete the appropriate section of the Application for Leave form immediately upon returning to work, and submit the form to his/her Supervisor.

  Note: If the Supervisor has not been informed of the reason for the absence, the absence will be coded as Unpaid Leave until necessary information has been submitted.

2.2 Manager/ Supervisor is required to:

- Ensure all employees are aware of the expectations regarding attendance, amount of notice for requesting planned absence, etc.
- Review the Application for Leave forms in a timely manner when received, obtain additional information/documentation from employee as necessary to make an informed decision, and advise employee of decision. If leave request is not approved, provide reasons to employee.
- Ensure employee absences are documented appropriately.
- Monitor employee attendance, identify when absenteeism and/or tardiness is excessive and determine the culpability of the absences.

  Note: Leaving the work area during normal working hours or other than assigned breaks (without the permission of the supervisor) or abuse of break times, is considered culpable absenteeism and is subject to discipline
- Bring the matter of the absenteeism or tardiness to the employee's attention, and coach/counsel for corrective action. Ensure that the employee is well aware that his/her attendance record is considered unacceptable, whether the absenteeism is culpable or non-culpable.
- Monitor the results of the corrective action.
- Follow disciplinary process as appropriate; involve union stewards as appropriate.

- Recognize an employee's improvement in attendance, and/or continuing good attendance records through verbal and/or written acknowledgement

2.3 Leader, Human Resources is required to:

- Assist Department Heads/Supervisors to deal appropriately with situations of "problem" absenteeism, culpable or non-culpable.
- Involve union stewards as appropriate.
- Provide information regarding sources of support and assistance to employees who are experiencing personal situations that impact ability to regularly attend work.
- Provide regular data to Management regarding facility-wide and industry absenteeism.
- Provide "recognition" materials to assist Supervisors to appropriately acknowledge good attendance.

6.0 REFERENCES

Louis Brier Home and Hospital Policies:

- AM0310 – Discipline/Progressive Discipline/Guidelines for Managers
- AM0510 – Employee Assistance Program
- AM1600 – Employee Recognition Program
- AM0120 – Sick Leave
- AL0100 – Workplace Injuries

POLICY & PROCEDURE	
Code - Title: AL0600 – Influenza Immunization	**Manual:** Administration
Policy Steward: Infection Control Practitioner	**Category:** AL - Occupational Health and Safety

1.0 PURPOSE

The purpose of this policy is to prevent the development of the influenza illness and the transmission of the existing infection between residents, employees, companions, volunteers, and visitors.

Immunization of healthcare staff is critical to the care of long term care residents. This policy helps to ensure that residents, who are at greatest risk of complications and death from influenza, are optimally protected through the appropriate use of influenza vaccines.

The program is also designed to protect staff from the effects of absenteeism and febrile respiratory illnesses.

2.0 SPECIAL POINTS

This policy is aligned to the Influenza Prevention Policy of the Vancouver Coastal Health Authority.

3.0 DEFINITIONS

"Influenza" is a viral infection of the respiratory system. Symptoms of influenza include fever, cough, sore throat, muscle ache, extreme fatigue and headache. Unlike the common cold and most other respiratory viruses commonly known as "flu", influenza virus infection can result in severe illness, pneumonia and even death. The incubation period of influenza is one to three days; the duration of virus shedding is usually not more than five days after the onset of symptoms.

"Staff", for the purpose of this policy, is defined as including all employees, volunteers, companions, visitors and contract workers who may be involved in the facility during the influenza season (typically from December to March or as declared by Vancouver Coastal Health).

4.0 POLICY

All staff must be prepared to show immunization record, should an outbreak be declared at the Snider Campus.

Louis Brier Home and Hospital will offer annual influenza vaccination to staff and residents.

Staff who choose not to be immunized must wear mask during the duration of the influenza season (typically from December to March). The MHO may advise on the need to exclude unimmunized staff during an Influenza-Like Illness (ILI) Outbreak. LBHH Senior Leadership Team may also do so, if deemed necessary.

Staff must report any symptoms of influenza-like illness (ILI) (see Definitions), as soon as possible to their Manager. (See AL0300 – Sick Leave)

Note: Refer also to Louis Brier Home and Hospital Infection Control Manual, regarding other applicable policies/procedures.

5.0 PROCEDURE

5.1 Preventative Annual Immunization

a) The Infection Control Practitioner (ICP) prepares to order the vaccines.

- Upon receipt of the notice from VCH, coordinates with the following departments for the number of vaccines to be ordered for the year:
  - HR Manager – for employees
  - Nurse Leaders– for residents
  - QRM Manager – for companions
  - Volunteer Coordinator – for volunteers
- Fills out the Vaccine Order Form sent by VCH annually
- Forwards the form to Communicable Disease Control, VCH before the deadline set

b) The Infection Control Practitioner (ICP) in partnership with the Clinical Care Coordinator & Educator, will plan a program for staff education regarding influenza immunization.

c) Upon availability of the vaccines, the ICP coordinates with the Public Health laboratory, receives the vaccines and ensures proper handling and storage.

d) The Infection Control Committee will oversee a program of clinics for staff immunization

- Sends out general announcement on the schedule of immunization
- ICP creates a Master list for Staff Immunization Record

- Employees, companions, volunteers proceed to the designated Vaccination Clinic during the set schedule. Fills out the Consent Form For Influenza Immunization (**Appendix A**)
- Registered nurse administers the vaccine then gives further instructions to staff
- ICP or designate issues Immunization Record (**Appendix B**)

e) Staff who were immunized from another facility or at a physician's office shall be required to provide a copy of the immunization record to the Infection Control Practitioner.

f) The Clinical Nurse Leaders are responsible for ensuring that residents are immunized. PCC is updated and records of residents' immunization are forwarded to the ICP.

g) ICP updates Immunization Master List for Staff.

h) Data regarding staff immunizations will be provided in summary form to VCH

i) Compliance report will be provided by the ICP to Executive and Mid Management Teams

6.0 REFERENCES

1. www.vch.ca. (2017). Retrieved 01 November, 2017, from http://www.vch.ca:80/for-health-professionals/communicable-disease-control/residential-care-infection-control-resources/residential-care-influenza-guide

Reviewed and approved by: _____ 05-Mar-2018
Signature Date
JoAnne Fernando
Chair, Policy & Procedures Committee

Reviewed and approved by: _____ 18-Apr-2018
Signature Date
David Keselman
Chief Executive Officer

POLICY & PROCEDURE	
Code - Title: IG0200 – Hand Hygiene	**Manual:** Infection Prevention and Control
Policy Steward: Infection Control Practitioner	**Category:** IG – Control Measures

1.0 PURPOSE

This policy is intended to protect everyone in Louis Brier Home & Hospital (LBHH) and Weinberg Residence (WR) by ensuring appropriate hand hygiene is practiced. Optimal hand hygiene is a key component in a culture of safety and is associated with reduced transmission of health care associated infections.

This policy acknowledges that education, adoption of best practice guidelines, use of performance indicators, and a culture of patient safety are key requirements in ensuring improvements in hand hygiene compliance. This policy is intended to:

- Protect residents, families, health care workers (HCW), volunteers, companions, contractors and visitors from transmitting and/or acquiring infections.
- Ensure all persons at LBHH and WR who provide health care perform proper hand hygiene before and after contact with residents and/or their environment.
- Proper hand hygiene in a health care context refers to cleaning hands at the right moments during resident care, using proper technique, using the appropriate cleaning agent(s) for the circumstances, and practicing proper skin and nail care.
- Outline governance and accountabilities for hand hygiene and hand care within LBHH and WR.
- Align with the long-term provincial goal of 100% hand hygiene compliance in all care settings.
- Ensure hand hygiene procedures and guidelines are written and readily accessible to all.
- Promote hand hygiene and hand care (actions and products that reduce the risk of skin irritation) as a shared responsibility and as a preventative practice for everyone in the health care setting.

2.0 SPECIAL POINTS

This policy applies to all HCW across the continuum of care at LBHH and WR. HCW includes but is not limited to the following: physicians, nurses, care aides, therapists and other allied health professionals, clinical instructors, students, housekeeping/laundry and food services, facility maintenance, and contracted provider. In some settings, volunteers might provide care and would be included as a health care worker.

3.0 POLICY

3.1 All HCW in LBHH and WR will be guided by the 4 Moments of Hand Hygiene in practice

- Before direct contact with any resident and/or their environment.
- Before aseptic/clean procedures
- After procedures that pose a blood/body fluid exposure risk.
- After contact with any resident and/or their environment

Refer to ***IG0100 - Appendix C - 4 Moments of Hand Hygiene***

3.2 All HCW at LBHH and WR are expected to be familiar with and adhere to this policy.

3.3 All HCW are expected to assume a leadership role in providing instruction and educational support regarding hand hygiene to other HCW, residents, family members and visitors.

3.4 All persons within the scope of this policy will receive appropriate hand hygiene education, training and competency assessment. The requirements to complete education/training are as follows:

- Physicians – At the time of credentialing and annually during reappointment.
- Care Staff – Education done in-service and online
- New Hires – At the time of their standard orientation program.
- Companions/Volunteers/Students – At the time of their standard orientation program

Exception to the policy: HCW may not be able to perform hand hygiene during emergent resident situations, e.g., resident collapse. No auditing will occur during life threatening situations or when a delay caused by performing hand hygiene may cause harm to residents. HCW must perform appropriate hand hygiene as soon as possible after the resident has been stabilized.

4.0 PROCEDURE

Hand hygiene can be performed using soap and water or by using a 70-90% alcohol based hand rub (ABHR). In most situations ABHR is the preferred method of hand hygiene.

Refer to ***IG0100 - Appendix A - How to Hand Wash***
IG0100 - Appendix B - How to Hand Rub

Hand washing with soap and water is the preferred method when hands are visibly soiled and in cases of *C.difficile* and Norovirus infection.

The use of gloves does not replace the need for hand hygiene. Gloves are not completely free of leaks and tears/punctures can occur. Hands should be cleaned before putting on gloves and after removing gloves.

a) Nails, Hand Jewellery, Bracelets and Wrist Watches:

The following statements apply to HCWs in direct contact with residents and/or their environment:

- Nails should be kept clean and short at all times. The nail should not show past the end of the finger.
- Artificial nails, nail art/enhancements, and nail jewelry should not be worn.
- Rings should not be worn except for wedding bands
- Nail polish, including gel polish, should not be worn.
- Hand/wrist jewellery, including watches, should be removed or pushed up above the wrist by HCW caring for residents before performing hand hygiene

b) Skin / Medical Conditions:

- Following recommended/required hand care will help to minimize the likelihood of HCW damaging their skin and/or developing skin conditions (e.g. eczema, dermatitis). However, a HCW who is unable to perform hand hygiene due to injury or skin conditions (e.g. eczema, psoriasis or wearing of extremity-support devices, such as casts and splints) must contact the Workplace Occupational Health and Safety and the Manager/Supervisor of his/her unit or department for consultation prior to providing care.

5.0 COMPLIANCE AND ACCOUNTABILITY

- Any HCW found in violation of this policy may be subject to remedial or disciplinary action up to and including termination of employment, cancellation of contract, and/or revocation of privileges pursuant to LBHH and WR processes.
- HCW who report violations of this policy to their appropriate supervisor will not be subject to retaliation for reporting breaches of this policy in good faith.

RESPONSIBILITIES	
CEO and Senior Leadership Team	○ Determine appropriate budget allocations, as appropriate, to ensure hand hygiene standards are met. ○ Establish and assign specific responsibility for the maintenance and sustainability of the Hand Hygiene Program. ○ Ensure that all levels of management are accountable for Hand Hygiene compliance results in their areas of responsibility. ○ Ensure that management receives appropriate hand hygiene training. ○ Review Hand Hygiene Audit Reports on a continuous basis. ○ Support the Infection Prevention and Control in implementation of initiatives and programs ○ Support a zero tolerance policy if the hand hygiene policy is not observed which may include remedial or disciplinary action as outlined in section 5
Managers/Clinical Nurse Leaders	○ Ensure that all HCW are familiar and comply with the Hand Hygiene Policy and that they receive the appropriate education. ○ Support the staff who perform the hand hygiene audits.

RESPONSIBILITIES	
Managers/Clinical Nurse Leaders *continued…*	○ Ensure that all contractors, volunteers, companions, and students working in their area are familiar and comply with the Hand Hygiene Policy. ○ Use results of the audits to make improvements to hand hygiene practices. ○ Take action to improve hand hygiene compliance and observe a zero tolerance policy with respect to individuals who are not compliant, which may include remedial or disciplinary action as outlined in Section 5. ○ Encourage HCW to point out hand hygiene needs and areas for improvement
Health Care Workers (HCW)	○ Demonstrate leadership by providing instruction and educational support regarding hand hygiene to other health care workers, residents, family members, and visitors. ○ Assist residents with hand hygiene as required. ○ Identify hand hygiene needs and areas for improvement
Infection Prevention and Control Committee	○ Develop and provide educations sessions on hand hygiene as required. ○ Monitor and evaluate hand hygiene compliance ○ Provide results from the audits to HCW and visitors ○ Consult and develop standards on Hand Hygiene ○ Collaborate and consult with appropriate provincial and local authorities to ensure hand hygiene guidelines at LBHH and WR are in accordance with current accepted standards.

RESPONSIBILITIES	
Infection Prevention and Control Committee *continued…*	○ Consult with residents and families to obtain input into the Hand Hygiene promotional materials.
Workplace OH&S Committee	○ Consult and collaborate as needed to ensure suitable hand hygiene and hand care products are available to staff. ○ Provide education, promote hand hygiene & hand care/promote skin integrity and follow-up with staff who are unable to perform hand hygiene due to health related issues (e.g. dermatitis, injury, etc.).

6.0 REFERENCES

1. *Provincial Health Service Authority (PHSA) Hand Hygiene Policy, Reference No. AS160, July 27, 2017*

Reviewed and approved by: _____ 23-Mar-2018
Signature Date
JoAnne Fernando
Chair, Policy & Procedures Committee

Reviewed and approved by: _____ 18-Apr-2018
Signature Date
David Keselman
Chief Executive Officer

POLICY & PROCEDURE	
Code - Title: AL0500 – Employee Health / Infection Control	**Manual:** Administration
Policy Steward: Director, Human Resources	**Category:** AL – Occupational Health and Safety

1.0 POLICY

Louis Brier Home & Hospital requires pre-employment TB screening (negative mantoux test or X-ray).

Annual influenza vaccine is provided to staff.

Staff who may be exposed to sources of infection are encouraged to obtain Hepatitis B vaccination; Louis Brier Home and Hospital will reimburse the cost to the employee upon presentation of the receipt.

2.0 PROCEDURE

2.1 Human Resources Leader

- Ensure that there is documentation on each employee's file of negative TB test.
- Request that employees have a mantoux test if there is no TB documentation on file.
- Coordinate employee health programs as necessary.

2.2 Department Head

- Establish and monitor appropriate infection control work practices.
- Provide appropriate training and protective equipment/supplies.

2.3 Employee

- Provide health documentation as required.
- Follow established infection control procedures.
- Inform supervisor promptly if you have been in contact with a source of infection that could affect residents and co-workers.

- Inform supervisor promptly if you are pregnant. If you may be in contact with residents who are known to be suffering from rubella, shingles or chicken pox, you will be re-assigned.

2.4 Infection Control Committee

- Investigate reported incidents of job-related illness or exposure to infectious disease.
- In conjunction with Department Heads, provide in-service education sessions regarding the prevention of infection.

3.0 REFERENCE

1. LBHH Infection Control Manual: Policies & Procedures
2. AL0600 – Staff Immunization - Influenza