

APPENDIX A

Contents of MDC Residential Outing Binder Prior to Incident

ORGANIZATION OF AND
SUPERVISION OF
RESIDENTS ON EXCURSIONS
INSIDE THE MANITOBA
DEVELOPMENTAL CENTRE

MANITOBA DEVELOPMENTAL CENTRE

NURSING PROCEDURES

PROCEDURE	RATIONALE
1. Weather permitting, excursions outside the Centre may be planned ie. park visits, picnics, hiking, zoo trips, etc.	1. Fresh air and exercise is important to the mental and physical well-being of the residents.
2. Before planning the outing, approval must be sought from the nurse in charge of the area and then the charge nurse must seek approval from the unit supervisor. The purpose of the outing must be identified at this time before any further organizing takes place.	2. Approval must be sought so the unit supervisor is aware of the purpose of the outing and, also, so that they are aware of the whereabouts of residents and staff at all times.
3. Once the outing has been approved by the proper authorities, an individual must be designated to be in charge. If the entire area is going, the charge nurse or designate will organize the outing and be in charge while on the outing. If a smaller group is going, the designated in charge person will assist the charge nurse with the organization of the outing and take total responsibility while on the outing. Staff also must be familiar with the elopement policy (B-5) prior to outing, in the event of elopement.	3. Organization of the outing is important so that all areas are covered and nothing is forgotten. The person who is going to be the person in charge on the outing should assist as much as possible in organizing it so they are aware of everything. Prior knowledge of policies/procedures will decrease anxiety and confusion in the event of elopement.
4. Arrangements for the transportation must be made through Mobile Department. It must be indicated who will be driving and where the destination is.	4. Staff and residents whereabouts are known in case of emergencies.
5. If a picnic is planned, a catering requisition (D-31) must be filled in and sent to Dietary Department four (4) days prior to outing. (See Procedure H-3.)	5. Prior notice allows for preparation of food. Ensures adequate food and fluids are available on outing.

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ORGANIZATION OF AND
SUPERVISION OF
RESIDENTS ON
EXCURSIONS OUTSIDE THE
MANITOBA DEVELOPMENTAL
CENTRE

MANITOBA DEVELOPMENTAL CENTRE
NURSING PROCEDURES

PROCEDURE	RATIONALE
<p>If an outing to a restaurant is planned, money must be provided for the resident's meals. Extra fluids should be ordered from Dietary or purchased for the outing.</p> <p>An outing package should be kept on each area and should be brought on each outing. This package should contain the following:</p> <ul style="list-style-type: none"> - Copy of procedure. - Record of specific outing. See appendix A. - Copy of Dietary catering requisition. - List of outing requirements (may vary from one area to another). - Daily 15 minute check lists - N-18. - Restraint Checklist N-6. (if required) - Incidental Forms CR-27. - Nominal roll with high risk residents highlighted. - List of what high risk residents are wearing. - Writing paper. - Pen or pencil. - Resident characteristics. - MAR sheets. - Location and phone #'s in case of emergency. <p>Upon arrival at the destination, the person in charge must make themselves aware of the closest hospital, R.C.M.P., telephone so that help can be sought immediately in case of emergency. These places can be identified on the Record of Outing Outside the Manitoba Developmental Centre for (# N29).</p>	<p>6. All pertinent information is readily available in case of emergency. Organization of necessary information prevents confusion in emergency situations.</p> <p>Awareness of these facilities minimizes confusion in the case of emergency.</p>

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ORGANIZATION OF AND
SUPERVISION OF
RESIDENTS ON
EXCURSIONS OUTSIDE THE
MANITOBA DEVELOPMENTAL CENTRE
NURSING PROCEDURES

PROCEDURE	RATIONALE
<p>7. All outings require a Record of Outing Outside the Centre be filled in and signed. (See Appendix A.)</p> <p>Also a list of residents and staff responsible for which residents must be devised prior to outing. The high risk residents should be highlighted. eg. nominal roll.</p> <p>8. All staff are to be aware of individual resident needs and characteristics. It is the nurses' responsibility to ensure that PNA's are aware of changes and risks involved. A 15 minute checklist (N-18) must be maintained at all times during the outing.</p> <p>When devising the list of residents and what staff are responsible for who, there may be high risk residents who may require constant supervision ie. elopement, no fear of water, etc. The staff assigned to these residents should have a smaller group. During outing the checklist must be initialed every 15 minutes, and it must be filled in when stopping at a destination ie. rest spot. The checklist must be done again when leaving the rest spot - even if 15 minutes has not elapsed. High risk residents must be with the staff assigned to them during the outing. Staff assigned to high risk residents are to receive instruction from charge nurse as to procedure re: that resident.</p>	<p>7. Approving authority must be sought prior to outing ensuring the safety of everyone. Prior knowledge of high risk residents can prepare staff for possible incident.</p> <p>8. Ensures safety of each resident and whereabouts are known at all times.</p>

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ORGANIZATION OF AND
SUPERVISION OF
IDENTS ON
EXCURSIONS OUTSIDE
THE MANITOBA
DEVELOPMENTAL CENTRE

F-5

MANITOBA DEVELOPMENTAL CENTRENURSING PROCEDURES

PROCEDURE	RATIONALE
<p>9. Ensure adequate supplies of insect repellent, sunscreen, medications, first aid equipment, extra fluids must be available to use when necessary. Residents should be encouraged to use shade wherever available - especially between the hours of 10:00 - 14:00 hours.</p> <p>Clothing and footwear must be appropriate for weather and environment. Hats must be provided for those in the sun. Extra clothing and linen must be brought to use if necessary.</p> <p>10. Staff should be made aware of hazards in the environment and specific responsibilities identified.</p> <p>11. All LOA medication required for outing must be brought on outing and administered at proper times.</p> <p>12. Concerns must be made to nurse in charge and in the progress notes. If any unusual or untoward event takes place an incidental report (CR 27) must be complete. (Manitoba Developmental Centre policy/procedure I-40).</p> <p>Please Note: Procedure may vary from one area to another. This will be dictated by the type of resident living on the area.</p>	<p>9. To ensure health and prevention of accidents.</p> <p>10. Can prevent potential accidents.</p> <p>11. To comply with routine medication regime.</p> <p>12. Communication of any concerns and/or unusual events.</p>
<u>ORIGINAL DATE OF APPROVAL</u> April 19, 1993	<u>DATE OF REVIEW</u> A4

~~Appendix A~~~~Form # N29~~

Record of Outing Outside the Manitoba Developmental Centre
Date and Time of Outing:
Residence:
Person in Charge:
Staff Attending:
Destination:
Transportation:
Dietary Arrangements:
Purpose of Outing:
Authorized by:
Special Considerations and Hazards:
Closest Areas in Case of Emergency:
Phone:
Hospital:
R.C.M.F.

APPENDIX B

Policies and Procedures After the Incident

The two MDC General Policies currently in effect:

1. I-130 Supervision of Residents Off MDC Grounds
2. I-131 Utilization of Motor Vehicles on Government Business

The two new policies are attached with colour coding (representing where the information came from). The areas that have no colour highlighting represents new information.

The two policies were created using information from the following policies and procedures which were in effect in 2004:

MDC General Policy I-130 Utilization of Government Vehicles



MDC General Policy I-131 Use of Seat Belts And Vehicle Wheelchair Restraints During Transportation



MDC General Policy I-132 Leaving Vehicles Unattended



MDC General Policy I-140 Use of Private Vehicles on Government Business



Nursing Policy F-4 Transportation of a Resident



Nursing Procedure F-5 Organization of and Supervision of Residents on Excursions Outside the MDC



All of these Policies and Procedures have now been deleted.

Nursing Policy B-II(e) Administration of Medication by a Paraprofessional Care Provider

This policy has been updated and the name changed to "Administration of Medication by a Non-nurse Service Provider".

This policy is currently in effect.

Manitoba Developmental Centre

Effective Date: 04 05 19	TITLE: SUPERVISION OF RESIDENTS OFF MDC GROUNDS	POLICY NO. I-130
Review Date:		PAGE 1 OF 2
Revision Date: 04 10 20	SUBTITLE:	APPENDIX Page 3, 4, 5, 6

OBJECTIVE:

Residents are safe when being transported and supervised off Manitoba Developmental Centre's (MDC) grounds in any vehicle.

DEFINITIONS:

Service Provider – Any person employed or engaged in some capacity, either paid or unpaid, by the MDC. This includes Regular Civil Servants, Term Employees, Casual Employees, Students, Volunteers, Contract Employees.

Outing Binder – a binder with resident ID's, Form A.97(a) Accountability and Resident Outing Checklist (Appendix A), Form A.97(b) Record of Trip Outside the Manitoba Developmental Centre (Appendix B) and Form A.96 Resident Clothing Identification (Appendix C).

Certificate of Exemption – medical certificate from a physician exempting resident from use of seatbelt.

MDC Fleet Vehicle – consists of all vehicles owned, operated and maintained by either the Manitoba Developmental Centre (MDC) or Fleet Vehicle Services Branch of the Department of Government Services.

Private Vehicle – Vehicle not owned by the MDC or the Province of Manitoba.

Departure & Return Checklist – is a record of inspection completed/signed prior to departure and after the return by all drivers.

POLICY:

- Responsibilities and obligations with respect to the use of MDC Fleet vehicles are considered part of the service provider's job responsibilities.
- All service providers are required to read, understand and abide by MDC Policy I-131 Utilization of Motor Vehicles on Government Business.
- All outings off MDC grounds must be approved in advance by the Residential Coordinator/Nurse in Charge and once approved, an appropriate service provider must be designated to be in charge. Complete Form A.97(b) Record of Trip Outside the Manitoba Developmental Centre (Appendix B). The service provider in charge is responsible for ensuring that all forms are completed.
- All service providers must abide by the rules and regulations as contained in the Drivers handbook and the professional Driver's Manual if applicable (Class 1, 2, 4). Copies are available at Transport Services.
- The Departure & Return checklist must be completed prior to departure and upon return of each vehicle when parked (Appendix D).
- Cell phones whether personal or government issued must not to be used by the driver while the vehicle is in motion.
- ABSOLUTELY NO SMOKING IN FLEET VEHICLES ANYTIME OR IN A PRIVATE VEHICLE WHEN TRANSPORTING RESIDENTS.**
- No food will be consumed in MDC fleet vehicles with exception of puddings, etc. for medication. Fluids may be consumed in a stopped vehicle on discretion of person in charge of outing.
- It is the responsibility of all service providers, i.e., driver, escorts, to ensure that the safety devices for residents/passengers are properly secured. Drivers must not move the vehicles until all seat belts/Q Straints are secured.
- In the event that a resident is unable to wear a seat belt due to medical reasons, it is the responsibility of the Residential Coordinator to obtain a medical certificate from a physician. Certificates of exemption must accompany the resident in the vehicle.
- All residents must be accounted for upon departure and return from each trip and whenever residents are out of the vehicle. If the resident head count numbers differ, the reason must be clearly stated on the Departure & Return checklist.
- The Residential Coordinator/Nurse in Charge, in consultation with service providers involved in transport, will determine the need for escort in addition to the driver by:
 - Evaluating any current needs or issues presently occurring with resident, nature of trip, familiarity of



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- staff involved with resident, as well as comfort level the service providers have with regards to transporting a particular resident alone.
13. If medication is required on the outing, a non-nursing service provider may give the medication as directed (per Nursing Policy B-II(e) Administration of Medication by a Non-Nurse Service Provider. Any p.r.n. medication for management of behaviour will accompany the resident on an outing only when a Nurse (RPN/RN) or Residential Coordinator is present.
 14. Cell phones must be taken on every outing for emergency use.

PROCEDURES:

1. The names of the residents must be written on the resident Form A-97 Accountability & Resident Outing Checklist (Appendix A) to ensure all residents are returned and accounted for. The checklist must be initialled by a service provider every 15 minutes when stopping at a destination or rest spot. The checklist must be repeated when leaving the destination or rest spot even when 15 minutes have not elapsed since the last check.
2. Outing binders, including resident ID's, completed Form A-96 Resident Clothing Identification (Appendix C), Form A-97(a) Accountability & Resident Outing Checklist (Appendix A), Form A-97(b) Record of Trip Outside the Manitoba Developmental Centre (Appendix B), with resident names written in is taken on every outing.
3. Checklist is initialled by a service provider on entry and exit of vehicle. Increased monitoring during transit will be determined by RC/Nurse in Charge based on needs of residents, destination and level of risk. On return to residential area, Nurse in Charge will ensure all residents are accounted for and will sign A-97(a). These forms (A-97(a) and A-97(b)) are to be kept in Residential Area for 30 days.
4. Residents must be seated appropriately based on behaviour, medical condition, or safety reasons and not interfere with the driver.
5. Escorting service providers will position themselves with residents at back and middle of vehicle to enable close supervision and safety of residents.
6. The booking sheet must be signed when picking up the cell phone and adapter cord. Check to ensure the phone works. The cell phone number must be left with the residential area and the phone is to be turned on at all times. If everyone from the residential area is on the outing, the cell phone number must be left with Switchboard.
7. If travelling a distance, ensure you are familiar with the emergency response contacts pertinent to the areas traveled. Ensure you are supplied with appropriate refreshments to prevent dehydration (App. B).
8. Two people are required when transferring a resident in a wheelchair in and out of a wheel chair accessible vehicle.

ESCORTING SERVICE PROVIDER: - Receive the resident inside the vehicle from the lift
- Maneuver the residents into place and begin to secure the Q-Straints.

THE DRIVER: - Transfers the residents to and from the vehicles by operating the lifts etc.

9. Policy I-130 applies when taking residents to and from camp.

10. If a resident goes missing, the person in charge will initiate MDC Policy X-10 Elopement of Resident.

Roles & Responsibilities

- a. Ensure all other residents are appropriately supervised before leaving the group.
- b. Immediately notify the Nurse in Charge of the area where the resident resides and provide information with respect to the circumstances surrounding the missing resident.
- c. Initiate a search to locate the resident. Search the area where the resident was last seen. Notify the Nurse in Charge of the results of your search.
- d. If a search of the immediate area does not locate the resident, contact the RCMP or local police, depending upon location.



Area: _____

Record of Trip Outside the Manitoba Developmental Centre (including all off grounds appointments)	
Date and Time of Outing:	
Service Provider in Charge:	
Purpose of Trip:	
Authorized by:	
Destination:	
Service Provider Escorts:	
Dietary Arrangements:	
Special Considerations and Hazards:	
Closest Areas in Case of Emergency:	
Emergency Services Phone Number:	
Hospital:	
R.C.M.P.:	
MDC Switchboard # is 856-4200	

Approval Signature _____

A.97(b) (10/04)

Date:

Area:

RESIDENT CLOTHING IDENTIFICATION

NAME	HAT	PANTS	SHIRT	JACKET	FOOTWEAR
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

It is extremely important to all Staff and Residents that the proper procedures and vehicle preservation are maintained by all. This allows everyone convenient and comfortable travel time in these vehicles. Reminder - the driver may be held responsible for improper use and/or care of the vehicle. Report any concerns to Transport Services Ext. 4309.

IF YOU HAVE PROBLEMS WITH A VEHICLE WHILE IN WINNIPEG PHONE 1-800-363-6693

Always note the condition of the vehicle inside and out

Vehicle Number	Area*		Destination*	
	Departure		Return	Comment
Driver's Full Name:				Transport Services use only:
Date & TIME	D	M Y TIME	D M Y TIME	
Mileage	Start		End	
Number of residents	If no resident(s) please record as 0		If this numbers differs from Departure number please state reason →	
Credit Card			invoice Included	
Cell Phone	#	NA	Yes NA	
Cell Phone Cord	Yes	NA	Yes NA	
Handi Cap Parking Pass	#	NA	Yes NA	
Exterior Inspection				
Tire condition				
Physical Damage				
All Glass				
Signal Lights				
Interior Inspection				
Seats inspected and litter removed				
Floor inspected and litter removed				
Fuel – ½ tank				
Equipment				
Fire Extinguisher				
First Aid Kit				
Seasonal Items – Oct 15 – April 30				
Extension Cord	Yes	NA	Yes NA	
Snow Scraper	Yes	NA	Yes NA	
Shovel	Yes	NA	Yes NA	
Survival Kit	Yes	NA	Yes NA	
Drivers Signature				
Must sign both Departure & return				

This policy is currently in effect.

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OBJECTIVE:

Government and private vehicles used on business are operated in accordance with regulations and procedures, which promote safety and efficiency.

DEFINITIONS:

MDC fleet vehicles - consists of all vehicles owned, operated and maintained by either the Manitoba Developmental Centre (MDC) or Fleet Vehicle Services Branch of the Department of Government Services.

Private Vehicle - Vehicle not owned by the MDC or the Province of Manitoba.

Departure & Return checklist - is a record of inspection completed/signed prior to departure and after the return by all drivers.

Certificate of Exemption - medical certificate from a physician exempting a resident from use of a seatbelt.

POLICY:

Drivers

1. All service providers must complete Form A62 (Declaration of Qualification to Operate Government Owned/Leased Vehicles).
2. Notice of any change in the status of a service provider's driver's license whether it becomes declassified, suspended, cancelled or prohibited, or change in the class of license, must be communicated no later than the next working day following the change in driver's license status to their immediate supervisor who will take appropriate action.
3. A service provider driving a vehicle on business must hold a valid and appropriate driver's license (Class 4 for passenger vans holding 11-24 occupants including driver; Class 2 for passengers over 24 including driver; Class 5 for all other vehicles).
4. Any service provider licensed to drive a Class 2 or 4 vehicle must be orientated on the vehicle type before initial use.
5. All service providers must abide by the rules and regulations as contained in the Manitoba Driver's Handbook and the Manitoba Professional Driver's Manual if applicable (Class 1, 2, 4). Copies are available at Transport Services.
6. Responsibilities and obligations with respect to the use of MDC Fleet vehicles are considered part of the service provider's job responsibilities.
7. When transporting residents, all service providers are required to read and understand MDC Policy I-130 Supervision Of Residents Off MDC Grounds.
8. Cell phones must be taken on every outing for emergency use.
9. The cell phone number must be left with the residential area and the phone turned on. If everyone from the residential area is on the outing, then the cell phone number must be left with Switchboard.

Departure & Return checklist (Appendix A)

10. The Departure & Return checklist must be completed prior to departure and upon return of each trip.

Vehicle use

11. All MDC fleet vehicles must be equipped with an emergency first aid kit and fire extinguisher. Seasonally a block heater cord, snow shovel and seasonal survival items, i.e., blankets and candles are provided.
12. In accordance with MDC Policy VII-60 Smoking - Absolutely No Smoking In Government Vehicles or in personal vehicles when transporting a resident.
13. No Food will be consumed in the MDC fleet vehicles, with the exception of pudding for medication. Fluids may be consumed in a stopped vehicle at the discretion of the person in charge of the outing.
14. Absolutely NO Cell phones whether personal or government issued will be used by the driver while the vehicle is in motion.
15. Drivers and passengers must be seated and seat belts and/or Q Strains fastened at all times when vehicle



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- is in motion. Individuals are NOT permitted to stand in a vehicle when in transport.
16. It is the responsibility of all service providers to ensure that the safety devices for residents/ passengers are properly secured and drivers are not to move the vehicles until all seat belts/Q Straints are secured.
 17. All MDC fleet vehicles must be returned with the interior clean and litter free after every use.
 18. When parking a vehicle at the MDC, the driver must secure and lock the vehicle to prevent unintentional entry.
 19. Vehicle keys are the responsibility of the driver and must be kept secure when not in use to ensure these keys are not taken and/or used by an unauthorized person.
 20. No one will leave an unlocked vehicle unattended while the motor is running unless the vehicle is equipped with an anti theft device and this device is engaged either manually or automatically.
 21. The driver will ensure that vehicles are returned with at least half a tank of gas.
 22. To follow through with the provincial initiatives on using environmentally friendly products and support sustainable development, government vehicles should be filled up with ethanol (E10) fuel ("Regular Plus" or "Enhanced 90" as much as possible)
 23. Utilization of MDC fleet vehicles will not be permitted outside the city limits (excepting Southport) under the following adverse conditions unless a Director or Residential Coordinator gives explicit approval to lift the travel restrictions.
 - There is a Weather Advisory
 - There is a Blizzard Warning
 - Travel Advisory states "Travel is not recommended "
 - Travel Advisory states "Travel with extreme care & caution"
 - Wind-chill factor of -35 degrees C and below
 - Temperature is forecast to exceed 30 degrees C
 - Utilization of MDC fleet vehicles within city limits (including Southport) and on the MDC grounds under the above adverse conditions will be permitted and the decision to cancel the residents' attendance will lie with the Residential Coordinator/nurse in charge.
 - The decision to lift travel restrictions within or outside city limits will rest with a Residential Coordinator or Director of respective area and this decision must be documented in writing to the Transport & Material Management Supervisor.

Exceptions: Seatbelts

1. Delivery/courier personnel engaged in work on the grounds which requires them to leave and re-enter the motor vehicle at frequent intervals and who while engaged in the work do not drive at a speed exceeding 30 kilometers per hour. All delivery/courier personnel are required to wear seat belts off the MDC grounds.
2. Any vehicle that is not equipped with seatbelts is an exception.

Accident Reporting

24. All accidents must be reported immediately by the driver to Transport Services and their immediate supervisor.
25. All service providers committing traffic violations of any kind resulting in a fine, court costs, attorney's fee etc. are personally responsible for payment.

Bookings

26. MDC fleet vehicles booked for local travel are limited to a total distance of 40 kilometers. In the event that the 40-km is exceeded, Transport Services will notify the respective Residential Coordinator/manager.

Private Vehicle Use

27. Private vehicles may be used only when fleet vehicles are not available.



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28. Mileage compensation is only available for authorized private vehicle use.
29. Vehicle owners and drivers must carry the appropriate insurance required by the laws of Manitoba.

PROCEDURES:

Transport Services schedule and maintain MDC Fleet vehicles.

Drivers

1. As part of the initial orientation, the Human Resources Administrative Assistant has service providers complete Form A62 (Declaration of Qualification to Operate Government Owned/Leased Vehicles). It is then forwarded to Transport Services for file and reference.
2. A service provider may be requested to produce a valid and/or appropriate Driver's License prior to signing out a vehicle.

Departure/Return Checklists, Cell Phones and keys

3. Trip packages (Departure/Return Checklists forms, cell phones, handicapped parking passes and keys) are picked up from Laundry and Linen Services Building and signed for on the booking sheet.
4. The trip package (completed Departure/Return Checklists, cell phones, keys and gas receipts, etc.) must be returned to Laundry or after hours, placed inside the drop off box and the box relocked with a SKDEX key at Laundry & Linen Services building.
5. The Transportation and Material Management Supervisor or delegate will advise the appropriate Residential Coordinator/supervisor/manager of any policy infraction.
6. Handicapped parking passes must be requested while making the vehicle booking/reservation.

Vehicle Use

7. Any deficiencies regarding the vehicle must be reported to Transport Services.
8. In the case of mechanical failure or accident, directions to be followed (where and who to call) are supplied on the top section of the Departure/Return Checklists.
9. All MDC fleet vehicles must be parked back in their coordinating numbered stalls after each use, all doors and windows secure and vehicle plugged in seasonally.
10. If an area has the same vehicle booked for the weekend, it must be returned to its corresponding parking stall after each use throughout the weekend to ensure that if an emergency arises, the vehicle is available.
11. For insurance purposes under the Highway Traffic Act, it is the driver's responsibility to make sure that every person in the vehicle wears a seat belt where provided.

Accident reporting

12. Complete a MDC Incident/Risk report and a Vehicle Accident or Mechanical Damage report (PSF-5).
13. If total damage to vehicles or to property in an accident appears to be in excess of \$1,000.00 or if any injuries are sustained, it is obligatory to make a report to the nearest police department if a peace officer had not already been present at the scene of the accident.
14. The driver must report the accident to a Manitoba Public Insurance Claims Centre (MPI/Autopac). The driver contacts Transport Services to determine when the damaged vehicle would be available for assessment and makes an appointment. No admission of liability is to be made by drivers of Government vehicles regardless of circumstances.

Bookings:

15. Transport Services accept bookings at face value and rely on each department to accept the responsibility of who can or cannot book a vehicle.
16. Residents' bookings are considered the priority over any other booking and will supersede even previous



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- bookings by staff for business purposes.
17. Service providers requiring a MDC fleet vehicle contact Transport Services. Bookings (specifying destination) should be made when requirements are known and service providers should avoid last minute arrangements, except in emergency situations.
 18. If a vehicle is available, Transport Services will complete a reservation, which will identify the vehicle reserved for the date and time requested.
 19. If it becomes necessary to cancel the reservation, Transport Services should be notified as soon as possible.
 20. If no fleet vehicle is available, Transport Services will recommend:
 - a) Portage la Prairie Handi Van as an option
 - Transport Dispatch will in turn make the arrangements for you
 - You will receive a call of confirmation of the booking
 - A Charge slip will be issued to you and must be returned completed to Transport Services allowing reconciliation of the charge and subsequent payments.
 - OR:
 - b) Taxi Service is available for metered time (Authorized Taxi Service is Arrow Taxi).
 - Taxis may be called with approval from the Residential Coordinator/Nurse in Charge or designate.
 - Taxi fee is a charged account and Transportation & Materials Management receive a monthly statement with the charges attached.
 - The Transportation and Material Management Supervisor does the verification of the charges.
 21. Private vehicle use
 - Transport Services can issue the necessary authorization for use of a private vehicle when no MDC fleet vehicles are available. Supervisor in charge may authorize the use of a private vehicle in the event of an emergency after normal working hours and must report the authorization to Transport & Materials Management Supervisor at the first opportunity.
 - Service providers using their own vehicles are personally responsible for any and all damages to the vehicle(s) that are not covered by insurance.
 - Vehicle insurance coverage is the responsibility of the service provider.
 - Any service provider deciding to use their own vehicle without authorization from Transport Services is not eligible for mileage compensation. Exception: Emergency use.
 22. Bookings for Administrative/Educational/Conference use
 - If a fleet vehicle is not available for the date(s) required, Transport Services will contact the appropriate Director for authorization to use a private vehicle.
 - In the event that a Director cannot be contacted (within 24 hours of initial contact), the decision will be at the discretion of the Transportation and Material Management Supervisor or delegate.
 - Transport Services will issue the signed A-2 "Private Vehicle Mileage Claim Authorization" and a form PS-F-33 "Statement of Private Vehicle Distance"
 - When submitting a claim for private vehicle mileage attach Form A-2 Private Vehicle Mileage Claim Authorization to the claim, otherwise private mileage will not be reimbursed. PS-F-33 "Statement of Private Vehicle Distance" must be attached to PS-F-18 "Expense Form" and submitted by the end of the following month.

REFERENCE:

Highway Traffic Act

General Manual of Administration

Policy I-130 Supervision of Residents off MDC Grounds



It is extremely important to all Staff and Residents that the proper procedures and vehicle preservation are maintained by all. This allows everyone convenient and comfortable travel time in these vehicles. Reminder - the driver may be held responsible for improper use and/or care of the vehicle. Report any concerns to Transport Services Ext. 4309.

IF YOU HAVE PROBLEMS WITH A VEHICLE WHILE IN WINNIPEG PHONE 1-800-363-6693

Always note the condition of the vehicle inside and out

Vehicle Number	Area*		Destination*	
	Departure	Return	Comment	Transport Services use only:
Driver's Full Name:				
Date & TIME	D M Y TIME	D M Y TIME		
Mileage	Start	End		
Number of residents	If no resident(s) please record as 0	If this numbers differs from Departure number please state reason →		
Credit Card		invoice Included		
Cell Phone	# NA	Yes NA		
Cell Phone Cord	Yes NA	Yes NA		
Handi Cap Parking Pass	# NA	Yes NA		
Exterior Inspection				
Tire condition				
Physical Damage				
All Glass				
Signal Lights				
Interior Inspection				
Seats inspected and litter removed				
Floor inspected and litter removed				
Fuel – ½ tank				
Equipment				
Fire Extinguisher			Mini Van on mid Console Large vans near the back	
First Aid Kit				
Seasonal Items – Oct 15 – April 30				
Extension Cord	Yes NA	Yes NA		
Snow Scraper	Yes NA	Yes NA		
Shovel	Yes NA	Yes NA		
Survival Kit	Yes NA	Yes NA		
Drivers Signature				
Must sign both Departure & return				

Manitoba Developmental Centre

Effective Date: 80-09	TITLE: PROTECTION	POLICY NO. I-50
Review Date:		PAGE 1 OF 4
Revision Date: 03 10 21	SUBTITLE: RESIDENT ABUSE/NEGLECT/UNDIGNIFIED TREATMENT	APPENDIX A - Page 5

This policy was in effect at the time of Dennis Robinson's death. Information in red font has since been added. Information struck out and highlighted in yellow has been removed.

All residents at the Manitoba Developmental Centre (MDC) have the right to live in an environment which fosters personal development and which promotes and respects the inherent dignity and worth of each person. Each person has a right to a life which is free from abuse, neglect or undignified treatment.

Consistent with the MDC's vision, values and Provincial legislation, the intent of this policy is to ensure:

1. Residents are treated with dignity and respect, are allowed reasonable risk for growth, and are provided care in a safe, secure environment.
2. Adherence to The Vulnerable Persons Act which provides a legislative framework for the protection of vulnerable adults.
3. A process for reporting each incident of possible neglect, abuse or undignified treatment so that interventive, investigative and preventive measures are expended and are in accordance with provincial requirements.

OBJECTIVE:

1. Residents are protected from abuse/neglect/undignified treatment.
2. Incidents of abuse/neglect/undignified treatment are prevented.
3. Incidents of alleged abuse/neglect/undignified treatment are reported and investigated.
4. Residents have equal benefit of the law.

POLICY:

1. Under no circumstances will a service provider abuse, neglect or subject a resident to undignified treatment.
2. Service providers are obligated to immediately report any incidents arising as a result of inappropriate behaviour. **Failure to report may lead to disciplinary action.**
3. The determination of reported behaviour as being resident abuse, neglect or undignified treatment will be made by management in accordance with the definitions herein.
4. Any information disclosed or received shall be regarded as strictly confidential and not be divulged other than within this policy directive.
5. Awareness of the resident protection policy is mandatory for all service providers at the MDC and as such, all service providers are required to sign a statement of awareness of the policy (see Appendix "A").

DEFINITIONS:

"ABUSE" means mistreatment, whether physical, sexual, emotional, financial or a combination thereof, that is reasonably likely to cause death, or that causes or is reasonably likely to cause physical or psychological harm to a resident, or significant loss to his or her property.

"PHYSICAL ABUSE" means any action by a person which intentionally causes pain or injury to a resident. Physical abuse includes assaultive behaviours such as striking, punching, kicking, biting, throwing, burning or violent shoving. Physical abuse may also include, but is not limited to, unauthorized restraint or confinement of a resident and the intentional unauthorized and improper administration of prescribed and non-prescribed drugs to the resident.

"SEXUAL ABUSE" means any sexual advances or behaviour by any person toward the resident, without that resident's consent. Any sexual activity between a resident and an employee constitutes abuse of the resident. This may include, but is not limited to, harassment, fondling, indecent exposure, masturbating, penetration, and



Manitoba Developmental Centre

Effective Date: 80-09	TITLE: PROTECTION	POLICY NO. I-50
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any utilization of the resident for the purpose of pornography or prostitution.

"EMOTIONAL ABUSE" means any action by a person which results in traumatized feelings, feelings of anguish or humiliation by a resident and may include, but is not limited to, excessive and repeated demands upon the resident which the resident cannot meet, use of derogatory, threatening, derisive or demeaning language toward the resident, either verbal or written, or in the form of gestures.

"NEGLECT" means an act or omission whether intentional or unintentional that is reasonably likely to cause death of a resident, or that causes or is reasonably likely to cause physical injury or psychological harm to a resident or significant loss to a resident's property. This includes withholding authorized care, supervision, treatments, denial of personal possessions, comforts of life, visitors, advocates and abandonment.

"FINANCIAL ABUSE" means the inappropriate or illegal use of the resident's funds and other personal property or persuading a resident to work or provide personal services for inadequate compensation.

"UNDIGNIFIED TREATMENT" refers to physical or spoken actions which deviate from generally accepted MDC and societal standards and therefore have the potential to offend the person or his or her image. Undignified treatment differs from abuse in that it does not cause physical injury, does not involve sexual exploitation and does not cause apparent emotional trauma or disability. Examples of undignified actions include, but are not limited to inappropriate methods of physically interacting with or controlling residents. Such actions may have the potential to cause fear, discomfort, distress, or the loss of a sense of security. Actions such as instances of name calling, verbal threats, or demeaning or derogatory comments or gestures constitute either emotional abuse or undignified treatment depending upon the circumstances. While undignified treatment differs from abuse (as defined here), it remains unacceptable because it demonstrates a lack of respect for the intrinsic worth, dignity and essential human rights of the person.

"SERVICE PROVIDER" means any person employed or engaged in some capacity either paid or unpaid by the MDC. This includes Regular Civil Servants, Term Employees, Casual Employees, Students, Volunteers and Contract Employees.

"RESIDENT" means a vulnerable person who is residing at the MDC.

REPORTING OF ALLEGED ABUSE/NEGLECT/UNDIGNIFIED TREATMENT

With the proclamation of the Vulnerable Persons Act, there is a legislative requirement for a service provider, Substitute Decision Maker (SDM) or Committee who has reason to believe that the vulnerable person for whom she or he is providing the service, is or is likely to be abused or neglected to immediately report that belief and the information upon which it is based according to MDC procedure.

PROCEDURE:

1. If a service provider witnesses, or receives a report about, an incident of potential abuse/neglect/undignified treatment, he/she will:
 - 1.1 Intervene immediately to ensure the immediate safety of the resident(s) and others in danger and provide first aid and comfort, as necessary.
 - 1.2 Report the incident immediately to his/her supervisor and the Residential Coordinator of the involved resident(s) living area. (If the incident involves the immediate supervisor, the report will be made to a supervisory level beyond the immediate supervisor). **Complete an Incident/Risk**



Manitoba Developmental Centre

Effective Date: 80-09	TITLE: PROTECTION	POLICY NO. I-50
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Report A-90 prior to the end of the shift.

2. The Residential Coordinator or designate receiving the report will in consultation with the Program Director or senior manager on call:
 - 2.1 Assess the situation and carry out immediate interventions, as necessary, e.g.
 - remove the alleged perpetrator from the workplace;
 - provide first aid and comfort to the resident(s);
 - if physical injury is suspected, the resident must be examined by a health care professional. If a physician is consulted, the physician must be advised of any alleged causes of injury.
 - if sexual intercourse is suspected, the resident must be examined by a physician immediately.
 - 2.2 Submit complete and detailed documentation of the event within 24 hours to the Program Director or designate.
3. The Program Director or designate, will:
 - 3.1 Report the incident to, and receive direction from, the Regional Director Central or designate within 24 hours of the incident.
 - 3.2 Concurrently notify the:
 - Chief Executive Officer or designate;
 - Investigation Chair;
 - Coordinator of Human Resources;
 - ~~Social Services Worker responsible for the case management of the resident(s);~~
 - RCMP if necessary;
 - resident's family Next of Kin and SDM as indicated.
 - 3.3 Initiate an investigation of the incident in consultation with Human Resources and the Investigation Chair.

Alleged Abuse Occurring in the Community by a Community Individual:

4. Upon receipt of information regarding alleged resident abuse occurring in the community, the service provider receiving the information will immediately advise their supervisor who in turn will notify the Residential Coordinator or designate. Complete an Incident/Risk Report A-90 prior to the end of the shift.
5. The Residential Coordinator or designate will take immediate action to clarify the situation.
6. Where reasonable evidence exists to warrant further action the Residential Coordinator or designate will:
 - 6.1 Report the matter directly to the RCMP for investigation
 - 6.2 Determine the nature of medical intervention required in consultation with the RCMP and arrange for the resident to be examined by a physician.
 - 6.3 The Residential Coordinator or designate will provide-ensure comfort is provided to the resident, document the incident.
 - 6.4 Provide notification as in the Reporting Procedure above — Sections 2 and 3 to the following:
 - Chief Executive Officer or designate
 - Program Director or director on call
 - Resident's Next of Kin and SDM

INVESTIGATION:

The Program Director or designate, in consultation with Human Resources, and/or the designated Investigation Chair will investigate all reports of suspected abuse/neglect/undignified treatment and reports of undignified



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treatment occurring at MDC.

Following a preliminary review of the reported incident, the Program Director or designate, in consultation with the SDM and Regional Director Central, will contact the RCMP as deemed necessary. This would be in all cases where there are reasonable grounds to believe that an assault, theft or misappropriation of money or goods may have been committed.

The investigative team will interview all persons involved in the alleged abuse, neglect or undignified treatment at the MDC and document all interview findings and upon completion of the investigation will prepare a written report of the findings and recommendations for review by the Chief Executive Officer and the Regional Director Central. Consultation with the RCMP is to be made prior to interviewing the alleged perpetrator if the RCMP was initially notified of the incident.

Service providers who are involved in a resident abuse investigation may contact the Employee Assistance Program for confidential counselling and support services if necessary. The Employee Assistance Program is available to all Government employees and their families.

Any service provider who is accused of resident abuse/neglect/undignified treatment, should:

1. Seek advice from their M.G.E.U. representative or other counsel.
2. Be prepared to leave the workplace while the investigation is continuing.

REFERENCE:

The Vulnerable Persons Living With a Mental Disability Act.



APPENDIX "A"
POLICY NO. I-50

FAMILY SERVICES AND HOUSING
MANITOBA DEVELOPMENTAL CENTRE

RE: RESIDENT ABUSE/NEGLECT/UNDIGNIFIED TREATMENT

I have read MDC Policy I-50 Protection: Resident Abuse/Neglect/Undignified Treatment and I acknowledge my awareness of the resident protection policy and my understanding that inappropriate behaviours towards residents such as physical, sexual, emotional, financial abuse, neglect or undignified treatment is completely prohibited and is subject to disciplinary action up to and including dismissal.

I understand that I am legally required (The Vulnerable Persons Living With a Mental Disability Act 1996) to report any and all incidents of potential abuse or neglect as well as to report undignified treatment in accordance with MDC Policy I-50, as observed by me to the senior person in charge of the area where the observation was made. I will also prepare and submit a written report of the incident in accordance with approved policies.

WITNESS

SIGNATURE

DATE

A copy of this document will be provided to service providers.

Manitoba Developmental Centre

Effective Date: 85 03 01	TITLE: INCIDENT/RISK REPORTING	POLICY NO. I-40
Review Date:		PAGE <u>1</u> OF <u>2</u>
Revision Date:	SUBTITLE:	APPENDIX A,B – pages 3-5

OBJECTIVE:

Risk Management issues are identified, analyzed and responded to by all relevant stakeholders to ensure that problems are resolved and the possibility of recurrence is minimized.

This policy was in effect at the time of Dennis Robinson's death. Information in red font has since been added.

Examples of Risk Management Issues Appropriate to this Reporting Process are:

RESIDENT ISSUES: injury, aggression, elopement, loss of property, inappropriate conduct towards a resident,

medication errors, safety issues, suicide threats, unexpected deaths, use of seclusion

STAFF/VISITOR ISSUES: employee harassment/discrimination, damage or loss to property, security or safety concerns, accidents or injuries

CENTRE PROPERTY: vandalism, hazards, equipment loss or damage, suspected theft or security concerns.

OTHER: any other risk issue that an employee, visitor or volunteer would wish to make the Centre aware of. See

Appendix B – Incident/Risk Types

POLICY:

Any event, accident or circumstance which is not consistent with the safe and accepted standard of care or service must be reported by completing the MDC Incident/Risk Report Form (A-90) as soon as possible after the incident/risk and prior to the end of the shift.

In the event of a serious incident/risk, the person in charge where the incident/risk occurs must immediately notify the CEO or on-call designate and respective Director either directly or by voice mail, and if a resident is involved, the Next of Kin (if known), the Substitute Decision Maker and the Social Worker should be notified either directly or by voice mail.

DEFINITIONS:

Refer to Appendix B.

PROCEDURE:

The person reporting the Incident/Risk will:

1. first and foremost intervene or contact someone immediately for assistance to ensure the safety and well-being of the resident(s) and/or employee(s) involved where applicable
2. complete an MDC Incident/Risk Report Form as soon as possible after the incident/risk and prior to the end of the shift
3. **ensure the date and time information is completed accurately.**
4. remove the yellow copy of the MDC Incident/Risk Report Form and immediately forward to the Risk Manager
5. record a brief, factual description, date & sign Section 1 on the back of the MDC Incident/Risk Report Form
6. immediately forward the MDC Incident/Risk Report Form to the Residential Coordinator, immediate supervisor, manager or designate

WHERE A RESIDENT IS INVOLVED:

and where the Residential Coordinator is not the immediate supervisor, the immediate supervisor must immediately forward the completed MDC Incident/Risk Report Form to their manager for forwarding to the Residential Coordinator.

WHERE A RESIDENT IS NOT INVOLVED:

the immediate supervisor must immediately forward the completed MDC Incident/Risk Report Form to their



Manitoba Developmental Centre

Effective Date: 85 03 01	TITLE: INCIDENT/RISK REPORTING	POLICY NO. I-40
Review Date:		PAGE <u>2</u> OF <u>2</u>
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supervisor/manager for forwarding to the appropriate Director.

The Residential Coordinator, immediate supervisor, manager or designate will:

1. take additional steps as necessary to respond to the incident/risk and prevent recurrence
2. record immediate action taken, date & sign Section 2 on the back of the MDC Incident/Risk Report Form
3. ensure that applicable follow-up is carried out

Follow-up is required to:

 - a. ensure all sections of the MDC Incident/Risk Report Form are complete and accurate
 - b. ensure the yellow copy of the MDC Incident/Risk Report Form is forwarded to the Risk Manager
 - c. ensure fires, major spills, MDC equipment loss/damages, suspected theft of personal property and safety concerns are reported to the Safety Program Coordinator
 - d. ensure employee/volunteer injuries are reported to the Claims Coordinator
 - e. ensure medication errors are reported to the Pharmacist.
4. if applicable, forward the MDC Incident/Risk Report Form to a physician, psychologist or psychiatrist
5. implement recommendations coming from the Director or Risk Manager
6. monitor and analyze incidents over time and use information to make improvements.

If applicable, the physician, psychologist or psychiatrist will:

1. review the report
2. make any systems related recommendations (treatment and therapy recommendations are not to be entered on this form)
3. date and sign sections 3 or 4 on the back of the MDC Incident/Risk Report Form
4. forward to the Director

The Director will:

1. review the report and take additional steps as necessary
2. complete follow-up with the Residential Coordinator, Manager or Supervisor as appropriate
3. add comments, date & sign Section 5 on the back of the MDC Incident/Risk Report Form
4. immediately forward the MDC Incident/Risk Report Form to the Risk Manager
5. monitor and analyze incidents over time and use information to make improvements.

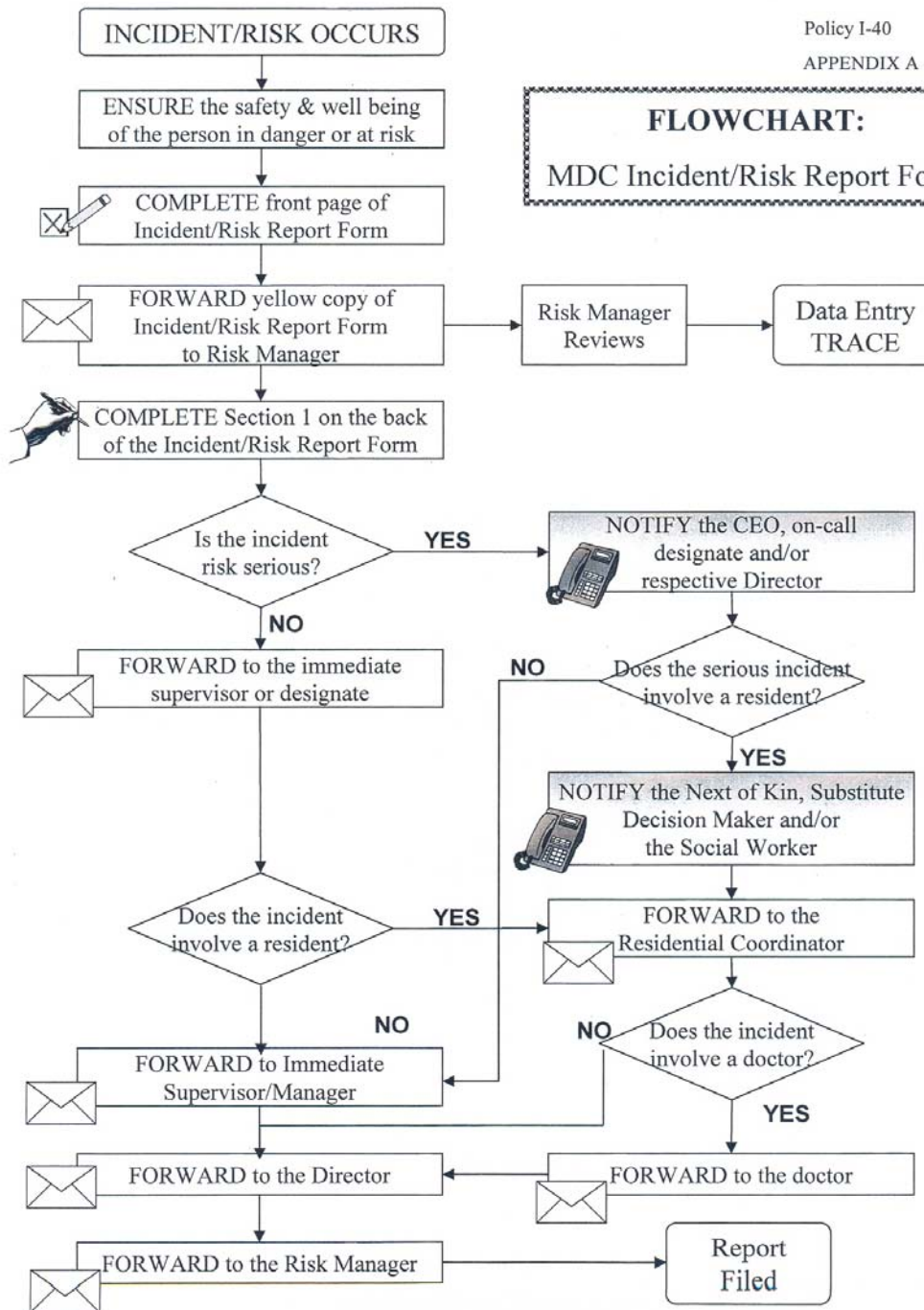
The Risk Manager will:

1. notify the CEO and/or the Provincial Risk Manager's Office if appropriate
2. follow-up with appropriate Directors all serious incident/risks
3. ensure that the Incident/Risk Report has been reviewed by others, as appropriate
4. analyze all incident/risks
5. add comments, date & sign the back of the MDC Incident/Risk Report Form
6. forward the yellow copy of the MDC Incident/Risk Report Form to Clinical Records for data entry
7. ensure that all completed MDC Incident/Risk Report Forms are filed

The Clinical Record Department will:

1. enter data from the MDC Incident/Risk Report Form into TRACE (a software application program).
2. return the MDC Incident/Risk Report Form to the Risk Manager for filing
4. print reports as requested by Executive Management



FLOWCHART:**MDC Incident/Risk Report Form**

Any event, accident or circumstance which is not consistent with the safe and accepted standard of care or service must be reported by completing the MDC Incident/Risk Report Form as soon as possible after the Incident/Risk and prior to the end of the shift.

In the event of a serious Incident/Risk, the person in charge where the Incident/Risk occurs must immediately notify the CEO (or on-call designate), and if a resident is involved, the Next of Kin (if known), the SDM and the Social Worker.

DEFINITIONS – INCIDENT/RISK TYPE		
TYPE	DEFINITION	EXAMPLE(s)
Aggression	All instances of resident physical & verbal behaviour, which is threatening or involving harm to someone or something.	<ul style="list-style-type: none"> A resident threatens to harm another resident, staff, or volunteer A resident punches, kicks or bites another resident, staff or volunteer A resident pulls a TV off a stand in anger
Allegation of Harassment	All instances of disrespectful behaviour towards another that are objectionable, unwelcome and unwanted and cause discomfort.	<ul style="list-style-type: none"> Racial slurs Physical and/or verbal sexual harassment Unnecessary physical contact Demands for sexual favours involving promises or rewards or threats of reprisal Continual sexual ridicule or advances
Allegation of Inappropriate Conduct Towards a Resident	<p>POLICY I-50</p> <p>All observed instances or disclosures of mistreatment of residents by staff that are reasonably likely to cause death, or physical injury or psychological harm to a resident or loss of his or her property.</p> <p>All observed instances or disclosures of physical or spoken actions, that do not cause physical injury, do not involve sexual exploitation and do not cause apparent emotional trauma, but which deviate from generally accepted MDC and societal standards and therefore have the potential to offend a person or his or her image</p>	<ul style="list-style-type: none"> Staff using residents' funds to purchase items for themselves Staff leaving a resident unattended in a bathtub Inappropriate physical contact, sexual exploitation, emotional or financial mistreatment, or neglect of residents Inappropriate methods of physically interacting with or controlling residents, name calling, verbal threats, demeaning or derogatory comments or gestures – which have the potential to cause fear, discomfort, distress or the loss of sense of security
Breach of Confidentiality	<p>SEE POLICY II-35 & POLICY IV-50</p> <p>All instances of unauthorized sharing of information relating to the business and operational activities of the MDC. These activities include but are not limited to resident information, employment performance, discipline, financial transactions, budgets, Committee deliberations and decisions.</p>	<ul style="list-style-type: none"> Illustrating residents' names on presentations/documents that are presented externally Sharing resident information with persons not involved in the care of that resident Sharing employee information with persons not involved
Choking	All instances where residents are unable to breathe due to a blocked airway.	<ul style="list-style-type: none"> A resident is unable to breathe because they are choking on food
Complaint	All instances that a resident, employee, volunteer or visitor would wish to make the management team of the MDC aware of.	<ul style="list-style-type: none">
Elopement	<p>SEE POLICY X-10</p> <p>All instances of situations where residents of the MDC absent themselves without authority.</p>	<ul style="list-style-type: none"> A resident has left the grounds to go downtown without obtaining permission
Equipment Loss/Damage	All instances where MDC equipment is missing or damaged.	<ul style="list-style-type: none"> MDC audio/visual equipment discovered to be missing MDC computer equipment discovered to be damaged
Fall	All instances of resident, employee, volunteer or visitors falling on MDC property	<ul style="list-style-type: none"> A fall down the stairs A fall out of bed
Fire	<p>All instances of fire</p> <p>IMPORTANT: THE SAFETY PROGRAM COORDINATOR MUST BE NOTIFIED OF ALL FIRES</p>	<ul style="list-style-type: none"> All fires

DEFINITIONS – INCIDENT/RISK TYPE		
TYPE	DEFINITION	EXAMPLE(s)
Ingestion Foreign Object	All instances of residents ingesting foreign objects.	<ul style="list-style-type: none"> A resident ingests cigarette butts A resident who has swallowed dangerous liquid
Inappropriate Sexual Behaviour	SEE POLICY V-06 All instances of resident sexual activity in an inappropriate setting and where mutual consent is uncertain	<ul style="list-style-type: none">
Inappropriate Social Behaviour	SEE POLICY V-06	<ul style="list-style-type: none">
Injury	All instances of <u>visible</u> physical harm or damage that results in First Aid or Medical Attention sustained by a resident, employee, volunteer and/or visitor	<ul style="list-style-type: none"> A back strain from lifting or transferring A cut to finger with a knife in the Kitchen
Major Spill	SEE POLICY X-20 All instances of chemical, sewage or water spill beyond minor leaks or toilet overflowing must be reported. IMPORTANT: THE SAFETY PROGRAM COORDINATOR MUST BE NOTIFIED OF ALL MAJOR SPILLS	<ul style="list-style-type: none"> A concentrated cleaning solution that has spilled
MDC Property Loss/Damage	All instances where MDC equipment or property is missing or damaged. IMPORTANT: THE SAFETY PROGRAM COORDINATOR MUST BE NOTIFIED OF ALL MDC PROPERTY LOSS OR DAMAGE.	<ul style="list-style-type: none"> MDC audio/visual equipment discovered to be missing MDC computer equipment discovered to be damaged Lost MDC keys
Medication Incident	All instances of medication discrepancies, errors, omissions and allergies or adverse reactions to medication. IMPORTANT: THE PHARMACIST MUST BE NOTIFIED OF ALL MEDICATION INCIDENTS	<ul style="list-style-type: none"> Wrong medication given to resident Medication given to wrong resident Label incorrect
Potential Risk	SEE POLICY I-12 All instances when it is believed that an activity, event, situation, person or thing poses a risk or potential risk to the MDC.	<ul style="list-style-type: none"> Deteriorating steps A practice or procedure that contravenes policy When residents leave Resident Employment Services without authority
Personal Property Loss/Damage	All instances where theft is suspected of resident/employee personal property or damaged. IMPORTANT: THE SAFETY PROGRAM COORDINATOR MUST BE NOTIFIED OF ALL PERSONAL PROPERTY LOSS/DAMAGE	<ul style="list-style-type: none"> Employee car damaged while on MDC grounds A resident missing a radio and theft is suspected
Safety Concern	SEE POLICY VII-10 All instances of hazardous & dangerous situations that require immediate action. IMPORTANT: THE SAFETY PROGRAM COORDINATOR MUST BE NOTIFIED OF ALL SAFETY CONCERNS	<ul style="list-style-type: none"> Ice on walkway Broken handrail on stairs
Strangulation	All instances where a resident is unable to breathe due to something being tightly pressed against their throat.	<ul style="list-style-type: none"> A resident tangled in bedsheets
Suicide Attempt	SEE POLICY VI-130 All instances of suicide attempts or gestures.	<ul style="list-style-type: none"> A resident who has slashed their wrists
Suicide Threat	SEE POLICY VI-130 All instances of suicide threats	<ul style="list-style-type: none"> A resident verbally announces "I am going to kill myself"
Unexpected Death	All instances of sudden deaths that were not expected.	<ul style="list-style-type: none"> Heart Attack

TIPS:

- ⇒ Only record the names of other persons involved if IMMEDIATELY implicated, i.e., recipient of aggression, injured due to aggression. Do not record witnesses or persons participating in Non-Violent Crisis Intervention, etc.
- ⇒ Always refer to incident type definitions if unsure of what to report

B22

MANITOBA DEVELOPMENTAL CENTRE NURSING CLINICAL POLICY & PROCEDURE		
Effective Date: June 1, 2001	POLICY & PROCEDURE TITLE: Administration of Medication by a Paraprofessional Care Non-nurse Service Provider	Policy & Procedure Number: B - II (e)
Revision Date:		
Approved By:		PAGE 1 OF 2

This policy was in effect at the time of Dennis Robinson's death. Information in red font has since been added. Information struck out and highlighted in yellow has been removed.

STATEMENT OF POLICY:

To ensure safe, accurate administration of medication to resident(s) by a ~~paraprofessional care~~ non-nurse service provider.

PURPOSE:

To enable an escorting ~~paraprofessional care~~ non-nurse service provider, in the absence of a nurse, to accurately and safely administer prescribed medication to resident(s) when away from the Manitoba Developmental Centre (MDC).

PROCEDURE:

- 1) A nurse will assess medication requirements for resident(s) scheduled to be away from the residence for an extended period of time, including the need for "as necessary" (PRN) medication.
- 2) A nurse will dispense medication as required, into envelopes, utilizing the Medication Administration Records (MAR sheets).
- 3) Individualized envelopes will be used for each resident and for each time period medication is required, as well as separate envelopes for any non-behavioral PRN medication.
- 4) Each envelope is to be sealed and must include the following information on the envelope: resident name, medication enclosed, time to administer, appropriate administration instructions i.e. give with pudding, specific information on when and reason for PRN medication, date and nurse's signature.
- 5) Upon the resident's return to residence, a nurse will document any reported concerns and destroy any unused PRN medication according to Centre policy will be returned to Pharmacy for disposal as per Pharmacy protocol. MAR sheet will be signed by nurse for all medication administered by the non-nurse service provider, coding it as # 10, "other".
- 6) Any use of PRN medication must be recorded on the MAR sheet.

THE ~~PARAPROFESSIONAL~~ NON - NURSE SERVICE PROVIDER MUST:

1. Ensure medication envelopes are never left unattended.
2. Be sure of the identification of the resident prior to administering medications.
3. Avoid distractions and handle one envelope at a time to ensure accuracy of medication administration.
4. Check front of envelope before administering any medication for name, time, and administration specific information.
5. Ensure resident swallows medication.
6. Ensure that any non-behavioral PRN medication are used only under conditions marked on envelope as directed by the nurse.

B23

MANITOBA DEVELOPMENTAL CENTRE NURSING CLINICAL POLICY & PROCEDURE		
Effective Date: June 1, 2001	POLICY & PROCEDURE TITLE: Administration of Medication by a Paraprofessional-Care Non-nurse Service Provider	Policy & Procedure Number: B - II (e)
Revision Date:		
Approved By:		PAGE 2 OF 2

7. Ensure that all **unused** medication envelopes **whether used or not**, are saved and given to a residential area nurse upon return from the outing back to MDC.
8. On return to residential area, relay pertinent information to a nurse, who must record a progress note **CR-5** related to resident concerns i.e.:
 - Time, reason PRN was used
 - Difficulty encountered administering medication.

NOTE: Staff must take a cell phone with them (available from Transportation office) in order to communicate with a nurse at the Centre if concerns arise while away from the Centre.

APPENDIX C

List of Exhibits Filed at Inquiry

APPENDIX C

List of Exhibits Filed at Inquiry

Description

1. Binder of documents from Medical Examiner and RCMP
2. Binder of Investigation and Interviews – MDC
3. Binder – Clinical file 1999-2004
4. Binder of information requested by RCMP
5. Small binder – Policies and procedures MDC
6. Spruce Cottage Communication Log Jan 1–Mar 1/04
7. Ledger from Spruce Cottage Jan 1-Mar 1/04
8. Letter dated June 4/02 Brenda Solomon
9. Effectiveness of orientation to the workplace
10. MDC workplace orientation
11. Bruce Allan's CV
12. Resident Outing Binder
13. Foundations binder
14. Personnel files of Chris Simpkins, Ryan Mooney, Gary Bullock, Shelley Turko
15. Lavone Lesperance-Caron Curriculum Vitae
16. Position description
17. Systems orientation
18. MDC SNII Training Program
19. SNII Practical Assessment

Description

20. Systems orientation week Apr 24-May 2/06
21. Ryan Mooney SNII Practical Assessment
22. Staff Development Plan 2005-2006
23. Curriculum Vitae of Walter Gary Bullock
24. Position Description (Bullock) (RPN)
- “A” Ryan Mooney Competition Board file
- “B” Hiring Process Forms file
- “C” Civil Service Act, Regulations, etc (file)
25. CV of Shelley Turko
26. Position description of Shelley Turko
27. CV of Debbie Hunter
28. Position description of Debbie Hunter
29. Resident Accountability Checklist
30. Resident 15-Minute Checklist
31. CV of Joan Dyer
32. Position description of Joan Dyer
33. Donna Bjore CV
34. Donna Bjore position description
35. Civil Service Act, Regulations, etc. (file)
36. MDC staff breakdown (organization chart)
37. Hiring process forms – file
38. MGEU Collective Agreement

Description

- 39. Incident Risk Reporting Policy
- 40. Ryan Mooney Competition Board file
- 41. Supervision of Residents off MDC grounds
- 42. Required policies for sign off
- 43. Lions Prairie Manor Position description
- 44. St. Amant Centre criteria for hiring
- 45. Program Policy and Procedure manual St. Amant
- 46. Accreditation Survey Report
- 47. Breakdown 750 staff positions
- 48. Material forwarded to Judge re policies/procedures revisions - MDC

APPENDIX D

Contents of MDC Residential Outing Binder After Incident

Ex 41 19 June 06

Manitoba Developmental Centre

Effective Date: 04 05 19	TITLE: SUPERVISION OF RESIDENTS OFF MDC GROUNDS	POLICY NO. I-130
Review Date:		PAGE 1 OF 2
Revision Date:	SUBTITLE:	APPENDIX Page 3, 4, 5, 6

OBJECTIVE:

Residents are safe when being transported and supervised off Manitoba Developmental Centre's (MDC) grounds in any vehicle.

DEFINITIONS:

Service Provider – Any person employed or engaged in some capacity, either paid or unpaid, by the MDC. This includes Regular Civil Servants, Term Employees, Casual Employees, Students, Volunteers, Contract Employees.

Outing Binder – a binder with resident ID's, Form A.97(a) Accountability and Resident Outing Checklist (Appendix A), Form A.97(b) Record of Trip Outside the Manitoba Developmental Centre (Appendix B) and Form A.96 Resident Clothing Identification (Appendix C).

Certificate of Exemption – medical certificate from a physician exempting resident from use of seatbelt.

MDC Fleet Vehicle – consists of all vehicles owned, operated and maintained by either the Manitoba Developmental Centre (MDC) or Fleet Vehicle Services Branch of the Department of Government Services.

Private Vehicle – Vehicle not owned by the MDC or the Province of Manitoba.

Departure & Return Checklist – is a record of inspection completed/signed prior to departure and after the return by all drivers.

POLICY:

- Responsibilities and obligations with respect to the use of MDC Fleet vehicles are considered part of the service provider's job responsibilities.
- All service providers are required to read, understand and abide by MDC Policy I-131 Utilization of Motor Vehicles on Government Business.
- All outings off MDC grounds must be approved in advance by the Residential Coordinator/Nurse in Charge and once approved, an appropriate service provider must be designated to be in charge. Complete Form A.97(b) Record of Trip Outside the Manitoba Developmental Centre (Appendix B). The service provider in charge is responsible for ensuring that all forms are completed.
- All service providers must abide by the rules and regulations as contained in the Drivers handbook and the professional Driver's Manual if applicable (Class 1, 2, 4). Copies are available at Transport Services.
- The Departure & Return checklist must be completed prior to departure and upon return of each vehicle when parked (Appendix D).
- Cell phones whether personal or government issued must not be used by the driver while the vehicle is in motion.
- ABSOLUTELY NO SMOKING IN FLEET VEHICLES ANYTIME OR IN A PRIVATE VEHICLE WHEN TRANSPORTING RESIDENTS.
- No food will be consumed in MDC fleet vehicles with exception of puddings, etc. for medication. Fluids may be consumed in a stopped vehicle on discretion of person in charge of outing.
- It is the responsibility of all service providers, i.e., driver, escorts, to ensure that the safety devices for residents/passengers are properly secured. Drivers must not move the vehicles until all seat belts/Q Straps are secured.
- In the event that a resident is unable to wear a seat belt due to medical reasons, it is the responsibility of the Residential Coordinator to obtain a medical certificate from a physician. Certificates of exemption must accompany the resident in the vehicle.
- All residents must be accounted for upon departure and return from each trip and whenever residents are out of the vehicle. If the resident head count numbers differ, the reason must be clearly stated on the Departure & Return checklist.
- The Residential Coordinator/Nurse in Charge, in consultation with service providers involved in transport, will determine the need for escort in addition to the driver by:
 - Evaluating any current needs or issues presently occurring with resident, nature of trip, familiarity of

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Family Services
And Housing
Manitoba
Developmental
Centre



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Manitoba Developmental Centre

Effective Date: 04 05 19	TITLE: SUPERVISION OF RESIDENTS OFF MDC GROUNDS	POLICY NO. I-130
Review Date:		PAGE 2 OF 2
Revision Date:	SUBTITLE:	APPENDIX Page 3, 4, 5, 6

- staff involved with resident, as well as comfort level the service providers have with regards to transporting a particular resident alone.
13. If medication is required on the outing, a non-nursing service provider may give the medication as directed (per Nursing Policy B-II(e) Administration of Medication by a Non-Nurse Service Provider. Any p.r.n. medication for management of behaviour will accompany the resident on an outing only when a Nurse 1 (RPN/RN) or Residential Coordinator is present.
 14. Cell phones must be taken on every outing for emergency use.

PROCEDURES:

1. The names of the residents must be written on the resident Form A-97 Accountability & Resident Outing Checklist (Appendix A) to ensure all residents are returned and accounted for. The checklist must be initiated by a service provider every 15 minutes when stopping at a destination or rest spot. The checklist must be repeated when leaving the destination or rest spot even when 15 minutes have not elapsed since the last check.
 2. Outing binders, including resident ID's, completed Form A-96 Resident Clothing Identification (Appendix C), Form A-97(a) Accountability & Resident Outing Checklist (Appendix A), Form A-97(b) Record of Trip Outside the Manitoba Developmental Centre (Appendix B), with resident names written in is taken on every outing.
 3. Checklist is initiated by a service provider on entry and exit of vehicle. Increased monitoring during transit will be determined by RC/Nurse in Charge based on needs of residents, destination and level of risk. On return to residential area, Nurse in Charge will ensure all residents are accounted for and will sign A-97(a). These forms (A-97(a) and A-97(b)) are to be kept in Residential Area for 30 days.
 4. Residents must be seated appropriately based on behaviour, medical condition, or safety reasons and not interfere with the driver.
 5. Escorting service providers will position themselves with residents at back and middle of vehicle to enable close supervision and safety of residents.
 6. The booking sheet must be signed when picking up the cell phone and adapter cord. Check to ensure the phone works. The cell phone number must be left with the residential area and the phone is to be turned on at all times. If everyone from the residential area is on the outing, the cell phone number must be left with Switchboard.
 7. If travelling a distance, ensure you are familiar with the emergency response contacts pertinent to the areas traveled. Ensure you are supplied with appropriate refreshments to prevent dehydration (App. B).
 8. Two people are required when transferring a resident in a wheelchair in and out of a wheelchair accessible vehicle.
- ESCORTING SERVICE PROVIDER:**
- Receive the resident inside the vehicle from the lift
 - Maneuver the residents into place and begin to secure the Q-Straints.
- THE DRIVER:** - Transfers the residents to and from the vehicles by operating the lifts etc.
- Policy I-130 applies when taking residents to and from camp.
9. If a resident goes missing, the person in charge will initiate MDC Policy X-10 Elopement of Resident: Roles & Responsibilities.
 10.
 - a. Ensure all other residents are appropriately supervised before leaving the group.
 - b. Immediately notify the Nurse in Charge of the area where the resident resides and provide information with respect to the circumstances surrounding the missing resident.
 - c. Initiate a search to locate the resident. Search the area where the resident was last seen. Notify the Nurse in Charge of the results of your search.
 - d. If a search of the immediate area does not locate the resident, contact the RCMP or local police, depending upon location.



Policy I-130 Appendix D Page 6

It is extremely important to all Staff and Residents that the proper procedures and vehicle preservation are maintained by all. This allows everyone convenient and comfortable travel time in these vehicles. Reminder - the driver may be held responsible for improper use and/or care of the vehicle.

Report any concerns to Transport Services Ext. 4309.

IF YOU HAVE PROBLEMS WITH A VEHICLE WHILE IN WINNIPEG PHONE 1-800-363-6693

Always note the condition of the vehicle inside and out

Vehicle Number	Area*		Destination*	
	Departure		Return	
Driver's Full Name:				
Date & TIME	D	M	Y	TIME
Mileage	Start		End	
Number of residents	If no resident(s) please record as 0		If this number differs from Departure number please state reason →	
Credit Card			invoice Included Yes NA	
Cell Phone	#	NA	Yes NA	
Cell Phone Cord	Yes	NA	Yes NA	
Handi Cap Parking Pass	#	NA	Yes NA	
Exterior Inspection				
Tire condition				
Physical Damage				
All Glass				
Signal Lights				
Interior Inspection				
Seats inspected and litter removed				
Floor inspected and litter removed				
Fuel - 1/2 tank				
Equipment				
Fire Extinguisher			Mini Van on mid Console Large vans near the back	
First Aid Kit				
Seasonal Items - Oct 15 - April 30				
Extension Cord	Yes	NA	Yes	NA
Snow Scraper	Yes	NA	Yes	NA
Shovel	Yes	NA	Yes	NA
Survival Kit	Yes	NA	Yes	NA
Drivers Signature				
Must sign both Departure & return				

MB-7

March 2004

D3

Policy I-130 Appendix B Page 4

Area: _____

Record of Trip Outside the Manitoba Developmental Centre (including all off grounds appointments)
Date and Time of Outing:
Service Provider in Charge:
Purpose of Trip:
Authorized by:
Destination:
Service Provider Escorts:
Dietary Arrangements:
Special Considerations and Hazards:
Closest Areas in Case of Emergency: Emergency Services Phone Number: Hospital: R.C.M.P.: MDC Switchboard # is 856-4200

Approval Signature _____

A.97(b) (10/04)

D5

Policy I-130 Appendix C Page 5

Date: _____ Area: _____

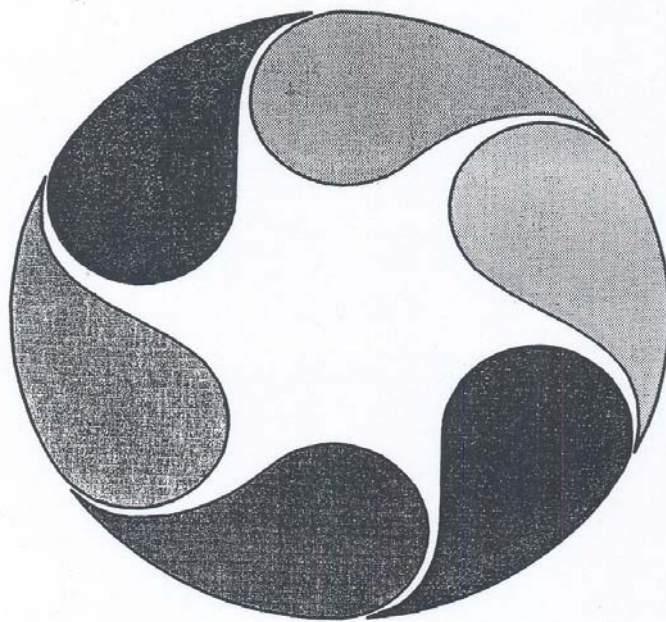
RESIDENT CLOTHING IDENTIFICATION					
NAME	HAT	PANTS	SHIRT	JACKET	FOOTWEAR
1					
2					
3					
4					
5					
6					
7					
8					
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APPENDIX E

**Principles and Policies for Managing Human Resources,
Manitoba Civil Service Commission Publication**

'APPENDIX E' Part of Exhibit 35
Copy

Principles and Policies for Managing Human Resources



Manitoba Civil Service Commission

QUESTIONS AND ANSWERS

1. *What are selection criteria?*

Selection criteria are the organization's <reasonable> and <bona fide occupational requirements> to ensure that work is performed safely, efficiently and effectively. They are the <needs of the organization> articulated in terms of:

- knowledge
- skills
- experience
- abilities
- personal attributes

The staffing principles of <merit, equity and <fairness> must guide the manager in developing selection criteria. Selection criteria are <measurable> and include both essential and preferred criteria.

2. *What is the difference between essential criteria and preferred criteria?*

An essential criteria is a requirement which must be met. It is established by the employer in good faith that it is critical to the safe and efficient performance of the position duties, and in the sincerely held belief that persons without this requirement would not be able to perform the functions of the position.

A preferred criteria refers to a qualification which is desirable but which is not critical.

The relative importance of the criteria is reflected in the weights assigned to each criterion.

3. *When are selection criteria required?*

Every staffing action, including direct appointments, must be based on selection criteria.

4. *Who determines selection criteria?*

Managers, in consultation with Human Resources, determine selection criteria.

5. How are selection criteria used in the staffing process?

Selection criteria are used for many purposes in the staffing process:

- to develop screening criteria
- to prepare the employment notice
- to design assessment methods
- for rating and ranking candidates
- to guide the selection board in making an objective selection decision
- to conduct reference checks
- to provide reasons for non-selection to candidates.

6. How do selection criteria differ from screening criteria?

Screening criteria are drawn from the selection criteria. Screening criteria include the minimum requirements relative to experience, education, training and technical skills that can be discerned from a review of the candidates' resumes and applications. See also Screening Policy 2.3.1.

7. How is Employment Equity factored into staffing?

Achieving a representative workforce is an organizational need and therefore Employment Equity is a bona fide selection criterion where one or more of the <designated groups> are under-represented in the relevant level, class, series or occupation in the department and in government.

If the selection criterion states that "preference" will be given to one or several designated groups, Employment Equity is used as a screening criterion.

The Employment Equity criterion must be weighted so as to make a difference. The weight should reflect the organization's need for a diverse and representative workforce. See also Employment Equity in Staffing Policy 2.1.3..

APPENDIX F

Manitoba Developmental Centre Job Description – Psychiatric Nursing Assistant

MANITOBA DEVELOPMENTAL CENTRE

'APPENDIX F'

JOB DESCRIPTIONS

PSYCHIATRIC NURSING ASSISTANT

POSITION SUMMARY:

This position encompasses personal resident care and related housekeeping duties in a provincial mental developmental centre. It involves providing physical support, guidance, escort and care for the residents in their daily activities, as well as maintaining their living environment in a clean and orderly fashion. Incumbents report to a residence or nurse supervisor, but follow established standards, policies and procedures exercising personal initiative in interacting effectively with residents in varying situations. Shift work will be involved.

General Duties:

- | | |
|--|---|
| -bathing or assisting with baths | -dressing or assisting resident to dress |
| -supervision of and/or feeding | -receiving clean/sending out soiled laundry |
| -escorting for appointments/recreation activities | -portering |
| -housekeeping tasks, mopping floor, sweeping | -bedmaking – carbolizing beds |
| -hygiene and grooming tasks | -respond to fire drills |
| -handle aggressive residents so as to minimize the risk of injury to self and others | -other duties as assigned |

Shift work hours involve:

- 0700 – 1530 hrs.
- 1300 – 2130 hrs.
- 1500 – 2330 hrs.
- 2315 – 0715 hrs.

Qualifications:

- Health Care Aide certificate and related experience is desired.
- **Must** have current Emergency First Aid certificate.
- MUST BE IN GOOD HEALTH AND PHYSICALLY FIT
- A CRIMINAL RECORDS CHECK IS REQUIRED FOR EMPLOYMENT (UPON HIRE)

.....

Uyen Mooney

DATE: October 10, 2002

POSITION DESCRIPTION → *PNA I not 2*

(Ex 4, Tab 20)

1. **IDENTIFYING INFORMATION:**

Department: Manitoba Family Services & Housing
Branch/Division: Manitoba Developmental Centre
Staff Year No:
Present Classification: *SN1*
Working Title: Psychiatric Nursing Assistant
Incumbent's Name:
Supervisor's Name:
Supervisor's Staff Year:
Supervisor's Title: Residential Coordinator

PNA II
Sept 27/02

2. **POSITION SUMMARY:**

This position encompasses personal resident care and related housekeeping duties. As a member of the interdisciplinary team the incumbent provides physical and emotional support, guidance, escort and care for residents in their daily activities in a manner which respects the dignity and rights of residents and as outlined in the Resident's Individual Plan (IP), as well as in assisting maintaining a safe, clean and orderly living environment. Incumbents report to the Residential Coordinator and/or the Nurse In Charge but follow established procedures and exercise personal initiative in interacting effectively with residents and others in varying situations. Shift work is involved.

3. **POSITION DUTIES AND RESPONSIBILITIES:**

The Incumbent:

1. Assists residents with personal hygiene including bathing, toileting, shaving, cleaning teeth, washing hair, dressing and grooming in a manner which promotes independence with these tasks.
2. Provides physical and emotional support to residents throughout the activities of daily living which may include lifting, escorting, observation and restraining using Non Violent Crisis Intervention techniques.
3. Assists residents with meals including carrying food trays, distributing fluids and snacks, feeding residents and supporting residents' efforts to feed themselves when applicable. Assists with the cleaning up after meals and snacks.
4. Maintains residents' living and personal environment in a clean and orderly fashion including bed making, cleaning of residential area, wiping up spills and supporting residents in participating in these activities when applicable.

5. Performs basic nursing duties such as positioning range of motion exercises, giving back rubs and bed baths, collecting urine and other specimens, weighing residents, reporting signs of illness or unusual behaviour.
6. Provides aid to staff and residents in case of accidents, fire drills and other emergencies.
7. Assists with the implementation of developmental and therapeutic programs as outlined in the Resident's I.P. under the guidance and supervision of professional personnel who have developed and assigned the programs.
8. Observes, reports change in behaviours and/or unusual occurrences to the Nurse In Charge or Residential Coordinator.
9. Participates in and contributes to meetings and discussions of the interdisciplinary team.
10. Under the supervision of a nurse may be delegated responsibility for some specific aspects of care/programming for residents.
11. Demonstrates to other employees and volunteers how to perform tasks if required.
12. Performs related delivery and messenger services.
13. Performs other related duties as assigned.

4. **SUPERVISORY RESPONSIBILITIES:**

Demonstrates to other employees and volunteers how to perform tasks if required.

5. **SUPERVISION RECEIVED:**

The incumbent reports to the Residential Coordinator and/or Nurse in Charge and may receive direction from the Residential Coordinator, Nurse I, Licensed Practical Nurse or Psychiatric Nursing Assistant 2.

6. **SCOPE FOR INDEPENDENT ACTION:**

Overall decisions regarding resident care are made by the resident care team and included in the Residents' I.P's. Decisions respecting resident care must be in keeping with the IP.

WHAT CAN BE DONE ON OWN INITIATIVE?

- All duties as outlined in position description and as per established policies and procedures, and as outlined in the resident's IP.
- Can independently supervise/escort a group of residents on the MDC grounds as more senior nursing staff are readily available for assistance if necessary.
- Decisions can be made on own initiative when the immediate health and safety of residents are in questions.

WHAT MUST BE REFERRED TO THE RESIDENTIAL COORDINATOR OR NURSE IN CHARGE?

- Supervision/escort of any residents off grounds.

NOTE: Psychiatric Nursing Assistant I cannot independently supervise/escort more than one (1) resident off grounds.

- Any unusual matters not covered by established policies and procedures (I.P.) or which are beyond the scope, duties and responsibilities as outlined in the job description.

7. MACHINES AND EQUIPMENT:

Use of mechanical lifts and bathing systems and any instruments, special devices or equipment necessary to the performance of the position duties.

8. OTHER COMMENTS:

As a member of the interdisciplinary resident care team, the incumbent reports to the Residential Coordinator/Nurse In Charge and observes established philosophies, standards, policies and procedures of the Centre and promotes a positive image of the residents both within the Centre and the community.

9. KNOWLEDGE/SKILLS/ABILITIES:

1. Demonstrated knowledge of basic personal care techniques and housekeeping practices.
2. Demonstrated ability to exercise initiative in following routines, I.P's, policies and procedures.
3. Demonstrated effective communication skills both verbal and written.
4. Demonstrated effective interpersonal skills - to interact positively and respectfully with developmentally challenged and/or physically handicapped persons, supervisors, peers, other team members and families.
5. Physically capable of performing duties, which may include regularly bending, twisting and lifting, moving, and/or handling loads up to 23 kgs. (50 lbs).
6. Available for shifts consistent with a 24-hour/7-day a week operation.
7. Commitment to continuous learning and demonstrated ability to take additional training.
8. General knowledge of developmental disabilities is preferred.
9. Computer skills (internet for residents) preferred.

10. QUALIFICATIONS:

- Emergency First Aid Certification required.
- Previous related personal basic care experience preferred.
- Previous experience working with/exposure to persons with developmental disabilities preferred.
- Other related training (Non Violent Crisis Intervention, Developmental Service Worker, Health Care Aide, Foundations) preferred.

12. CERTIFICATIONS:

I have read the foregoing and understand it is a description of the duties assigned to my position.


Employee's Signature

Nov. 7/02
Date

I certify that this is an accurate description of the responsibilities required of the position and that it forms the basis for the position classification level and the performance appraisal of the incumbent. The incumbent has received a copy of this position description.


Residential Coordinator

Nov. 15/02
Date

APPENDIX G

Manitoba Developmental Centre - SNII Training Program

LX18
May 8/06 B. Carrin

Manitoba Developmental Centre - SNII Training Program

Systems Orientation

(12 hours)

The Systems Orientation consists of general information about the Centre. Components include: Strategic Plan, Respectful Workplace, Healthy Workplace, Safe Workplace, Volunteer Services, Co-operative Workplace, Tour, Learning Workplace, WHMIS, Back Power, and Emergency Response Plan. The information creates awareness for the new staff and provides a framework for further learning.

Non Violent Crisis Intervention (NVCi)

(12 hours)

The two-day workshop is taught by CPI certified trainers. Learn techniques that will assist you to de-escalate potential violence and to intervene safely without damaging the professional bond that you have worked to establish with individuals.

Theories of Basic Care and Support

(16 hours)

The two-day training will emphasise the concept of Resident as a "whole" person and of the staff working together as a team to ensure that the person's needs are met through a concentrated and focused effort. Information includes: Personal Care, Lifting and Moving Safely, Environmental hygiene and safety, and IP process and use of plans for psychosocial interactions.

Worksite Orientation

(28 hours)

The descriptive checklist guides the learner through key workplace information. Information includes: Residential Area layout, Guiding Principles of Program, MDC Policy Information, Services and Transportation, as well as Resident Care and Teamwork.

Developmental Activities With Residents

(40 hours)

Learn about activity planning and follow-through on goals set for individuals. Develop and practice skills that support individuals with communication, choice-making, therapeutic activity, self-determination, and developing friendships. The course is done through self-study with support from Staff Development.

Foundations

(36 hours)

Basic skills training and information are required to do the job safely and effectively. Information includes: communication, planning, programming, health and safety issues, documentation, and other topics. Learners recognise value in providing services that are value based, respectful of individuals and their rights and consistent with the Vulnerable Person's Legislation in Manitoba. (Taught by Red River College)

Practicum

(20 hours)

Learners practice the basic skills developed in the overall training. The checklist ensures demonstration of skills in the workplace with individuals. Learners show their understanding of the role that they play in the service team to ensure individual rights and quality care.

Effective May, 2000
Total Hours: 160

APPENDIX
8

APPENDIX H

Health Care Aide Certificate Training Materials from Manitoba and Alberta Educational Institutions

APPENDIX H

HEALTH CARE AIDE CERTIFICATE

A One Year Program

Program Coordinator:

The Health Care Aide Certificate program focuses on learning the important core skills identified by employers in the health care field. Topics include personal care, transferring patients, communication, medications, basic needs and clinical skills. Clinical experience in long-term and community/home care settings, and Standard First Aid and CPR Level C training is included in the program.

Prairie offers two streams within the Health Care Aide Program:

- HCA Stream provides students with the Health Care Aide Certificate curriculum.
- HCA/Pre-PN Stream also provides students with the Health Care Aide Certificate curriculum but adds a Pre-Practical Nurse component to enable students to bridge into the Practical Nurse Diploma program in the future.

Note: Graduates of this program will be granted a certificate entitled Government of Alberta Health Care Aide Program as Bow Valley College recently entered into an agreement with Alberta Health and Wellness to deliver the Health Care Aide Provincial Curriculum.

Transferability

Students may transfer into one of Prairie's Bachelor of Arts degrees. Upon the successful completion of the HCA/Pre-PN stream, students can enroll in the Practical Nurse Diploma program.

Admission Requirements

- English 10 or 13 or English 10-1 or 10-2 and two (2) other Grade 10 subjects with a grade of 50% or higher in each subject OR Bow Valley College assessment with satisfactory results. (Grade 10 reading/writing level required.)
- Applicants whose first language is not English:
 - Must present a minimum score of 530 written, or 197 on the computer, on the TOEFL exam OR:
 - Complete the Bow Valley College EAP program with a grade of "B" OR;
 - Earn satisfactory results on the Health Care Aide program entrance examination OR;
 - Demonstrate satisfactory results on the Bow Valley College English Proficiency Test.
- Prospective students are advised that the Health Care Aide program is a demanding one and requires mental and physical stamina for success. Students are requested to review the requirements listed below and assess their ability in regard to these. The demands of the job of a Health Care Aide will require that students are able to:
 - Work shifts and weekends;
 - Be on their feet for extended periods of time;
 - Use their knees, back and arms to move clients who have minimal body strength;
 - Function effectively in stressful situations;
 - Perform all skills independently.

Students who are unable to do any of the above are advised to speak with an Admissions Counselor with a view to considering other career options.

- Up-to-date immunization record is required
- A current security clearance is required for entry into the Practicum. The required date of the criminal record check will be the start of classes in August.

Should you require further information about our admissions policy, please contact the Admission Office at (800) 661-2425.

Transfer Credit Request

A limited number of transfer students from Prairie Bible College can be admitted into this program. Students wishing to transfer into the program who have completed courses from the Bible, Theology, Spiritual Formation and Arts & Sciences portion of the program will be required to take alternate courses in their place. For complete details please contact the Admissions Office.

Fees

Please see the 2006/2007 Tuition Structure for more information. Other Program Costs (approximate amounts):

Books and Modules	\$300
Criminal Record Check	\$25
Shoes & Uniforms	\$200
Printing	\$30

Program Requirements

All courses are three credits unless shown otherwise.

Health Care Aide Stream

Interpersonal Relationships and Communication Skills

This course develops strategies necessary for effective and accurate communication with adults and children. It focuses on how examining personal strengths and self-awareness contribute to the development of relationship skills and on the collaborative and cooperative skills necessary for working within an educational team.

Introduction to Body Structures

This course describes the basic needs of a person as they relate to normal functioning and health and wellness factors that promote and interfere with these needs. It also introduces the student to basic body structures and functions of the body systems.

Role Concepts for the Health Care Aide

This course examines the role of the Health Care Aide. Students learn about the basis of human psychological and physical needs, wellness, time management, the health care environment and conflict resolution techniques. The caring role as well as the ethical and legal aspects of care giving will be presented.

Health Care Delivery System

This course explores the health care delivery system and the methods of delivery. The focus of this course is on the importance of knowing and following policies and procedures of the employing agency. Emphasis is placed on the importance of communication in interpersonal working relationships, documentation and the care-giving role.

Activities for Daily Living I (4 credits)

This course teaches the basic skills of care-giving and assisting clients in activities of daily living. These include bathing, assistance with dressing, oral, hair, skin, nail and foot care. It also explores body mechanics, positioning, range of motion exercises, transfer and lifting techniques and the use of ambulation aides.

Activities for Daily Living II (2 credits)

This course is the study of meeting the needs of clients related to nutrition, spirituality, culture and challenging behaviours.

Urinary and Intestinal Systems (2 credits)

This course teaches basic terminology and anatomy as it relates to the urinary system and the lower intestinal tract. Emphasis is placed on preventative measures to assist clients in maintaining normal functioning and health. The skills of fluid monitoring, hygiene care, urinary drainage systems and ostomies are covered.

End Stages of the Lifecycle (1 credit)

This course provides instruction on the needs and care of a dying client and the skills required to provide family support. Basic palliative care issues are also discussed.

Measuring Health Status (2 credits)

This course studies basic information and care giving skills that are required to provide care for clients with common disorders of the respiratory and cardiovascular systems. Skills for measuring signs and the neurological routine are included. Strategies for assisting the client with pain management will also be addressed.

Assisting with Medication Delivery (2 credits)

This course studies the medication-delivery systems and the role of the Health Care Aide in medication delivery. Students learn and practice the application of specific medications and utilize basic resources for researching medications.

Long-Term Care Clinical Experience (11 credits)

This course provides opportunity for the learner to practice and demonstrate skills in a hands-on setting. For six weeks in a long-term care setting, an instructor supervises and guides the learner in the application of skills and knowledge.

Home and Community Care

This course outlines the household skills and safety as part of the adaptation of learned skills to a home/community setting. You will also have the opportunity to apply and adapt care-giving skills under the direct supervision of a preceptor.

First Aid and CPR Level C (1 credit)

This course provides instruction and practice in the first-aid treatment of fractures, burns, cuts, wounds and other injuries. CPR Level C (Basic Rescuer) is included. A nationally recognized certificate will be awarded upon successful completion of the course.

Maternal and Child Care (1 credit)

This course provides an introduction to basic needs and supportive care for families and their children. Assisting with appropriate care for children of different ages will be explored.

Career Preparation (2 credits)

This course will cultivate skills in researching job opportunities, preparing a resume, participating in a job interview and development of a career portfolio.

Health Care Aide/Pre-Practical Nurse Stream

English Composition

This course provides students with a solid grounding in the processes that writers use to communicate clearly in a wide range of rhetorical situations, including academic and practical contexts. By reading and analyzing texts from a broad spectrum of purposes, cultures, historical periods, and disciplines, students will develop strategies to communicate their own ideas and integrate them with those of others.

Anatomy and Physiology (6 credits)

An introduction to the normal structure and function of the human body according to body systems. Includes an introduction to microorganisms and their relationship to disease process.

Human Growth and Development Across the Lifespan

This course presents an overview of the principles, theories and concepts related to human growth and development with an emphasis on the physical, social, emotional, moral and cognitive development of children and adolescents. The application of this knowledge in educational settings is addressed.

Interpersonal Relationships and Communication Skills

This course develops strategies necessary for effective and accurate communication with adults and children. It focuses on how examining personal strengths and self-awareness contribute to the development of relationship skills and on the collaborative and cooperative skills necessary for working within an educational team.

Introduction to Body Structures

This course describes the basic needs of a person as they relate to normal functioning and health and wellness factors that promote and interfere with these needs. It also introduces the student to basic body structures and functions of the body systems.

Role Concepts for the Health Care Aide

This course examines the role of the Health Care Aide. Students learn about the basis of human psychological and physical needs, wellness, time management, the health care environment and conflict resolution techniques. The caring role as well as the ethical and legal aspects of care giving will be presented.

Health Care Delivery System

This course explores the health care delivery system and the methods of delivery. The focus of this course is on the importance of knowing and following policies and procedures of the employing agency. Emphasis is placed on the importance of communication in interpersonal working relationships, documentation and the care-giving role.

Activities for Daily Living I (4 credits)

This course teaches the basic skills of care-giving and assisting clients in activities of daily living. These include bathing, assistance with dressing, oral, hair, skin, nail and foot care. It also explores body mechanics, positioning, range of motion exercises, transfer and lifting techniques and the use of ambulation aides.

Activities for Daily Living II (2 credits)

This course is the study of meeting the needs of clients related to nutrition, spirituality, culture and challenging behaviours.

Urinary and Intestinal Systems (2 credits)

This course teaches basic terminology and anatomy as it relates to the urinary system and the lower intestinal tract. Emphasis is placed on preventative measures to assist clients in maintaining normal functioning and health. The skills of fluid monitoring, hygiene care, urinary drainage systems and ostomies are covered.

End Stages of the Lifecycle (1 credit)

This course provides instruction on the needs and care of a dying client and the skills required to provide family support. Basic palliative care issues are also discussed.

Measuring Health Status (2 credits)

This course studies basic information and care giving skills that are required to provide care for clients with common disorders of the respiratory and cardiovascular systems. Skills for measuring signs and the neurological routine are included. Strategies for assisting the client with pain management will also be addressed.

Assisting with Medication Delivery (2 credits)

This course studies the medication-delivery systems and the role of the Health Care Aide in medication delivery. Students learn and practice the application of specific medications and utilize basic resources for researching medications.

Long-Term Care Clinical Experience (11 credits)

This course provides opportunity for the learner to practice and demonstrate skills in a hands-on setting. For six weeks in a long-term care setting, an instructor supervises and guides the learner in the application of skills and knowledge.

Home and Community Care

This course outlines the household skills and safety as part of the adaptation of learned skills to a home/community setting. You will also have the opportunity to apply and adapt care-giving skills under the direct supervision of a preceptor.

First Aid and CPR Level C (1 credit)

This course provides instruction and practice in the first-aid treatment of fractures, burns, cuts, wounds and other injuries. CPR Level C (Basic Rescuer) is included. A nationally recognized certificate will be awarded upon successful completion of the course.

Maternal and Child Care (1 credit)

This course provides an introduction to basic needs and supportive care for families and their children. Assisting with appropriate care for children of different ages will be explored.

Career Preparation (2 credits)

This course will cultivate skills in researching job opportunities, preparing a resume, participating in a job interview and development of a career portfolio.



HEALTH CARE AIDE/NURSING AIDE/ORDERLY (NOC 3413)

Job Information

Hospitals, nursing homes. Shift work.

Job Description

Assist nurses, hospital staff and physicians in the basic care of patients. Answer call signals, supply and empty bed pans. Bathe, dress and groom patients. Serve meal trays and feed patients. Make beds and maintain patients rooms. Move patients in wheelchair or stretcher.

Starting/Average Wage

\$24,900 / \$27,000

Training & Education Routes

Some secondary school education and on-the job training OR A nursing aide or health care aide college or private institutional program, or a college nursing orderly program and supervised practical training are required..

WHERE

Assiniboine Community College, L'École technique et professionnelle, Red River College, and the University College of the North offer Health Care Aide programs.

The College of Health and Family Support Studies, Winnipeg Technical College and Robertson College, both private vocational institutions also offer programs.

Some high schools in Manitoba offer programs in Health Care.

Recommended Senior Years Course Selection

Senior 4

Home Economics/Technology Education
Senior Years Technology Education

Example Titles

health care aide, hospital attendant
long term care aide, nurse aide
nursing attendant, orderly
patient care aide, patient service associate
psychiatric aide

Main duties

Nurse aides, orderlies and patient service associates perform some or all of the following duties:

Answer call signals; supply and empty bed pans; bathe, dress and groom patients; serve meal trays, feed or assist in feeding of patients and assist patients with menu selection; lift, turn or massage patients; shave patients prior to operations; supervise patients' exercise routines, set-up and provide leisure activities for patients, and accompany patients on outside recreational activities; and perform other duties related to patient care

Take patients' blood pressure, temperature and pulse; report or record fluid intake and output; observe or monitor patients' status and document patient care on charts; collect specimens such as urine, faeces or sputum; administer suppositories, colonic irrigations and enemas and perform other procedures as directed by nursing and hospital staff

Transport patients in wheelchair or stretcher for treatment or surgery

Carry messages, reports, requisitions and specimens from one department to another

Make beds and maintain patients' rooms

Maintain inventory of supplies

May perform maintenance tasks such as assist with the set-up and maintenance of traction equipment, clean or sterilize equipment, maintain and repair equipment, assemble, setup and operate job-related equipment.

Office of Rural and Northern Health
Unit D - 101 1st Avenue N. W. Dauphin, MB R7N 1G8
Ph: 204-622-6210 Fax: 204-622-6211 Email: info@ornh.mb.ca Web: www.ornh.mb.ca
Toll-free: 1-866-244-ORNH (6764)

REFERENCE: <http://mb.jobfutures.org>

HEALTH CARE AIDE DESCRIPTION

Red River College

The Health Care Aide certificate program runs for 20 weeks, full-time. This program will enable you to acquire the knowledge and skills needed to become a health care worker who, under the supervision of a nurse, assists hospital patients, personal care home residents, or home care clients with meeting their physical, emotional, and social needs.

During the theory portion of the program, you will learn about the role expectations of health care aides as well as the specific responsibilities, knowledge, and skills associated with this occupation. You will study courses which provide a theoretical base in interpersonal relationships, growth and development, gerontological care, and home care. You will learn to assist clients in a health care facility or home with activities of daily living and the maintenance of their independence. You will also be provided with opportunities to practice learned theory in simulated laboratory settings at the College and in actual practice settings in health care agencies.

REGULAR ADMISSION REQUIREMENTS

Manitoba Senior 4 or equivalent including successful completion of English 40S/40G and Math 40S/40G and

1. ESL applicants must submit Canadian Language Benchmark* scores indicating they have achieved a minimum of Level 7 in the speaking, listening, and reading tests, and Level 6 in the writing test, or
2. Other applicants must successfully complete a prescribed reading skills test at the required competency level. There is a \$25.00 fee for this test, and
3. Evidence of up-to-date and completed immunization.

*Appointments can be made to complete the Canadian Language Benchmark assessments by phoning the Language Training Branch, Manitoba Labour and Immigration at 204-945-6300.

SPECIAL ADMISSION REQUIREMENTS

Applicants who will be at least 18 years of age on or before September 30 in their year of application who do not meet the regular admission requirements may apply under the special admission criteria. Individuals applying as a special admission applicant must have successfully completed Manitoba Senior 2 or equivalent including successful completion of Math 20S/20G and English 20S/20G/20F and regular admission requirements 2 and 3 as outlined above.

Prior Learning Assessment and Recognition (PLAR)

You may be eligible for prior learning assessment and recognition if:

- within the last five years you have successfully completed another course or program of study which included content equivalent to or exceeding that of the Health Care Aide program or
- you are currently employed as a Health Care Aide in a hospital or personal care home, and have acquired college level learning through that employment and related experiences.

Objectives/Learning Outcomes

- Graduates of the Health Care Aide Program, under the supervision of a nurse, will show evidence of a beginning ability to:
- use the theoretical knowledge base underlying the tasks and responsibilities associated with the role of the health care aide
- recognize, understand, and respect the individuality, rights, and concerns of patients
- communicate effectively with patients and their families
- develop helping relationships with patients and their families
- provide direct care which promotes the comfort and safety of patients
- promote independence, particularly with activities of daily living, within patient capabilities
- detect and report changes in the physical and emotional status of patients
- respond to the physical and emotional needs of patients.
- recognize and report concerns associated with the sociocultural and spiritual needs of patients
- follow the general scientific principles associated with theoretical concepts
- follow institutional policies
- perform manual skills safely and effectively
- perform selected home management and maintenance tasks safely and efficiently
- use a problem-solving approach
- organize and prioritize own workload
- document on patients' records appropriately
- maintain confidentiality of all patient information
- communicate effectively (both orally and in writing) with other health care team members
- participate as a member of the health care team
- demonstrate responsibility in job performance.

REFERENCE: For the most up to date details visit this site.

<http://me.rrc.mb.ca/Catalogue/Default.asp?Link=Programs.asp?DeliveryCode=F> 08/23/06