

GLACIER VIEW LODGE

POLICY & PROCEDURE

Date Issued: March 1997
Revision Date(s): May 2000
Jan. 2005, July 2012,
Feb 2013, April 2015, July 2019,
Sept 2020

ISSUED BY: EXECUTIVE DIRECTOR

CATEGORY: HUMAN RESOURCES

TITLE: CONFIDENTIALITY

PURPOSE: Glacier View Lodge is responsible to protect our clients', residents, employee, volunteers and others who have business relationship with Glacier View Lodge. Glacier View Lodge employees will, from time to time, come into possession or have knowledge of confidential information (verbal, written and/or computerized) related to the care of individuals or their families in the community as well as confidential personal information about employees and others. This policy will provide a frame work for the consistent management of personal information collected, used, disclosed and protected by Glacier View Lodge.

POLICY: Personal information obtained in the course of affiliation with GVL must be held in confidence. All reasonable measures must be taken to ensure that personal information is collected, used and disclosed only in circumstances necessary and authorized for client care, research, education, or as necessary in the conduct of the business of the organization. Use, sharing or disclosure of information must be in accordance with the appropriate legislative authority (e.g. FOIPPA) and/or GVL policy.

All personal information shall be considered confidential. This includes resident information and personal employee information. Confidentiality extends beyond the employment term. A breach of confidentiality by Glacier View Lodge staff may result in termination or litigation.

PROCEDURE: **Health Records**

1. Health records are private documents and must not be shared with unauthorized non-facility personnel without the written permission of the Executive Director and/or resident where appropriate.

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2. Only those staff members who require information in order to assess, treat or care for the resident should be informed of a resident's health status. Off duty staff do not have access to resident and family information.
3. Intentionally viewing confidential information that is not necessary to perform an individual's role is considered a breach of confidentiality even if that information is not disclosed to another party.
4. Matters pertaining to the resident's medical and/or psychosocial situation must not be discussed with non-facility personnel and must not be discussed in settings where it may be overheard by non-facility personnel (e.g. coffee room, community settings, etc.) and must not be shared via email or social media.
5. Discussion of confidential matters must not take place where they can be overheard by other residents.
6. Confidential matters must not be displayed on notice boards where they could be read by residents or non-facility personnel.
7. Staff members must ensure that telephone conversations relaying confidential information are not overheard by persons who should not be privy to this information.
8. Confidential documents (i.e. any document containing resident names) no longer required for resident care or health records should be destroyed by shredding.
9. Confidential information shall not be disclosed except where such disclosure is consistent with stated policy and procedure and relevant legislation. Breaches of confidentiality by staff members may result in disciplinary action including termination of employment in addition to legal action by Glacier View Lodge and others.

Employee Information

1. Personal employee information/records are private documents and must not be shared with unauthorized facility/non-facility personnel without the written permission of the Executive Director or designate and/or employee where appropriate.
2. Only those staff members who require information in order to carry out their duties should be informed of an employee's personal information.

Personal information is defined as recorded information about an identifiable individual, including:

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- the individual's name, address or telephone
- the individual's race, national or ethnic origin, colour or religious or political beliefs or association
- the individual's age, sex, sexual orientation, marital status or family status
- an identifying number, symbol or other particular assigned to the individual
- the individual's fingerprints, blood type or inheritable characteristics
- information about the individual's health care history, including a physical or mental disability
- information about the individual's educational, financial, criminal or employment history
- anyone else's opinion about the individual, and
- the individual's personal views or opinions, except if they are about someone else.

The Executive Director will ensure the following procedure is performed appropriately:

Steps:

1. All new employees will be advised at orientation of the facility's policy on confidentiality.
2. All new employees will read complete the Confidential Information Management Module on the Learning Management System.
3. All employees will be required to sign a Confidentiality Agreement annually.

Photography and Video Recording

Employees will use the lodge camera to capture images of residents during activity programs. If the camera is not available employees may be authorized to use personal cell phone cameras to capture images, then must forward the images to the Dir of Resident Lifestyle and Community Programs and then immediately delete images from personal cell phones. Permissions must be given for any release of pictures or stories of residents.

Residents and families are welcome to take photos and video recordings during visits and social events at the care home. Images may only include their immediate families. Residents and families are not permitted to take photos or video recordings of co residents or staff without their permission.

Social Media

Glacier View Lodge has a Face Book page and an Instagram account and will post pictures, stories about life at Glacier View Lodge with the signed permission of those involved. Staff, visitors, volunteers must never disclose or

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share confidential information about residents, staff, volunteers, suppliers etc on any social media venues.

Practice Respectful Communication. Respect the laws governing defamation, discrimination, harassment, and copyright. Comments may not include profanity, off-colour or sexual humour or references to inappropriate conduct such as drug or alcohol abuse. Any comments you make online that may compromise an individual's privacy or reputation will be subject to the GVL P policies referenced below.

Individuals will be held accountable for breaches of confidentiality. Breaches of confidentiality include intentional and unauthorized access to, use and/or disclosure of, confidential information.

All GVL employees and designated others have a responsibility to report breaches of confidentiality without fear of reprisal.

If it is established that a breach of confidentiality has occurred, those individuals deemed responsible may be subject to penalty or sanction up to and including termination of employment, cancellation of contract or services, termination of the relationship with GVL, withdrawal of privileges and/or legal action.

PERSONNEL: Executive Director, Department Managers, All Staff

SUPPORTIVE DATA: Memo to Employees (Appendix 1)
Freedom of Information and Protection of Privacy Act

Cross Reference: Acceptable Use of Access and Resources Policy
Conflict of Interest policy
Respectful Work Place Policy
Examples of Breaches of Confidentiality appendix 1

<p>Accessing information that you do not need to know to do your job:</p> <ul style="list-style-type: none">• Unauthorized reading of a patient’s chart. Accessing information on yourself, children, family, friends or co-workers.• Asking co-workers for information that you do not need to do your job.• Showing, telling, copying, selling, changing, or disposing of confidential information that is not pertinent to your role or care activity. <p>Providing access to your sign-on code and password for computer systems:</p> <ul style="list-style-type: none">• Telling a co-worker your password so that he or she can log in to a computer system. Telling an unauthorized person the access codes for employee files or patient information.• Leaving your password in plain view so that others may know it. <p>Providing or gaining unauthorized access to physical locations (e.g. file cabinets) which contain confidential information</p> <ul style="list-style-type: none">• Lending out your keys to someone else to access file cabinets, file storage areas or other areas where confidential information is stored, OR using another’s keys for the same purpose• Leaving file storage areas unlocked when they should be locked.	<p>Leaving a password protected application unattended while signed on:</p> <ul style="list-style-type: none">• Being away from your desk while you are logged into an application.• Allowing a co-worker to use your application for which he/she does not have access after you have logged in. <p>Sharing, copying or changing information without proper authorization:</p> <ul style="list-style-type: none">• Making unauthorized marks on a resident’s chart.• Making unauthorized changes to an employee file.• Discussing confidential information in a public area such as a waiting room <p>Using another person’s sign-on code and password:</p> <ul style="list-style-type: none">• Using a co-worker’s password to log in to a GVL computer system.• Unauthorized use of a log-in code to access employee files or patient accounts.• Using a co-worker’s application for which you do not have rights after he/she is logged in. <p>Failing to report a breach of confidentiality</p> <ul style="list-style-type: none">• Being aware of a breach of confidentiality, but not reporting the breach to your supervisor or other designated individual.• Not reporting that your password to a computer system has been compromised or that you have lost keys to a storage location for confidential information.
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GLACIER VIEW LODGE

HAND HYGIENE PROTOCOL

Date Issued: April 2011
Revision Date(s): April 2014
Reviewed January 2018

Rationale:

Hand Hygiene refers to the removing and killing of micro-organisms (germs) on the hands when performed correctly. Hand Hygiene (see Vancouver Island Infection Prevention and Control Manual) is the single most effective way to prevent the spread of communicable diseases and infections. In health care, Hand Hygiene is used to eliminate transient organisms that have been picked up via contact with patients, contaminated equipment, or the environment. Hand Hygiene may be performed either by using soap and running water or with alcohol-based hand rubs.

When should Hand Hygiene be performed?

All Staff:

- Before starting work
- Before and after contact with a resident, their body substances or items contaminated by them
- Between different procedures on the same resident
- Before performing invasive procedure
- Before preparing, handling, serving, or eating food and/or feeding a resident
- Before putting on and after taking off gloves as gloves are permeable and act like greenhouses for growing bugs.
- After performing personal functions, i.e. going to the toilet, blowing nose
- When hands come in contact with secretions, blood and other body fluids. Use soap and running water when hands are visibly soiled.
- On exiting a resident's room
- After disposing of dirty linen & laundry or garbage
- After portering or touching resident equipment

Housekeeping:

- After each patient environment
- After handling mop heads/buckets
- After disposing of garbage
- Before and after taking gloves off

Dining Room:

- When clean chain (see VIHA Infection Prevention and Control Manual) has been broken
- Following contact with residents' equipment: wheelchair, bibs, teeth, utensils

Hand-washing

No rings, watches, false nails, long nails or nails with chipped nail polish are permitted.

Rings and watches are places that bacteria can collect and are hard to clean. They hide bacteria and viruses from the mechanical action of hand-washing/hand rubs.

Artificial nails, nail enhancements, and long (3-4 mm) nails also trap bacteria; and are difficult to clean.

Hand-washing continued

Chipped nail polish is bad as bacteria becomes trapped along the chipped edges and can't easily be washed off.

Hand Washing Procedure

1. Wet hands with warm running water, leave water running.
2. Add soap; rub hands together making a soapy lather. Do this for a minimum of 15 seconds (time enough to sing Twinkle, Twinkle Little Star twice), being careful not to wash the lather away. Wash the front and back of hands as well as between your fingers and under nails.
3. Rinse hands under warm running water using a rubbing motion.
4. Wipe and dry hands gently with a paper towel (rubbing vigorously can damage skin).
5. Use a dry paper towel to turn off water tap so as not to re-contaminate your hands.
6. Use a lotion to prevent dryness when you are washing your hands frequently as dry, broken skin is a place for germs to hide.

Alcohol-Based Hand Rubs

Alcohol-based hand rubs must contain more than 60% alcohol to be effective as a disinfectant of hands. They are to be used only if there is no visible dirt present on hands or in the event of no running water.

Using an Alcohol-Based Rub

1. Apply enough antiseptic rub to make the size of a quarter into your hands, enough that when you rub your hands together it will cover your hands, front and back, and be able to get under your nails. Usually equals 1-2 squirts.
2. Use a rubbing motion to evenly distribute the antiseptic product all over your hand surfaces, particularly between fingers, fingertips, and base of thumbs. Rub together until hands become dry, usually 30 seconds minimum.

Use lotion to prevent dryness when you use alcohol-based rubs frequently as this can dry your skin out. Dry, broken skin is another place for germs to hide.

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Date Issued: May 1999
Revision Date(s): Jan. 2005
Dec. 2007, Sept 2010, Aug 2012
May 2013, Dec 2013, Feb 2019

ISSUED BY: EXECUTIVE DIRECTOR

CATEGORY: SAFETY AND RISK MANAGEMENT

TITLE: **RESIDENT ABUSE**

PURPOSE: To provide guidance for the handling of any resident abuse concerns.

POLICY: All residents, program clients and visitors will be treated with care and compassion.

Their dignity will be recognized and protected through all aspects of care and service. Any act or behaviour which results in physical, psychosocial or financial harm to a resident and is construed as abuse or neglect of the resident is not in the spirit of Glacier View Lodge. Any such act will be viewed as a breach of the employment contract. It is contrary to the standard of conduct expected by Glacier View Lodge of its staff and is subject to disciplinary action as outlined in the procedure.

DEFINITIONS: Definitions of Abuse (adopted from "Principles, Procedures and Protocols for Elder Abuse" by the InterMinistry Committee on Elder Abuse and Continuing Care Division, Ministry of Health and Ministry Responsible for Seniors, 1992)

Elder Abuse is any action/inaction which jeopardizes the health or well-being of an elderly person. It may include:	
Physical Abuse:	Any act(s) of violence or rough treatment causing injury or physical discomfort. May include the use of restraints.
Psychological or Emotional Abuse:	Any act, including confinement, isolation, verbal assault, humiliation, intimidation, infantilization, or any other treatment which may diminish the sense of identity, dignity and self-worth.
Financial Abuse or Exploitation:	The misuse of an elderly person's funds and assets; obtaining property and funds without that person's knowledge and full consent, or in the case of an elderly person who is not competent, not in that person's best interests.
Sexual Abuse:	Any sexual behaviour directed towards an elderly person without that person's full knowledge and consent, i.e. sexual assault, sexual harassment or use of pornography.
Medication Abuse:	Misuse of an elderly person's medications and prescriptions, including withholding medication and overmedicating.

CATEGORY: Safety and Risk Management

TITLE: Resident Abuse

Violation of Civil/Human Rights:	Denial of an elderly person's fundamental rights (according to legislation, the <i>Charter of Rights and Freedoms</i> , or the <i>U.N. Declaration of Human Rights</i>) – for example: withholding of information, denial of privacy, denial of visitors, restriction of liberty or mail censorship.
Neglect:	<u>Active Neglect</u> : intentional withholding of basic necessities or care. <u>Passive Neglect</u> : not providing basic necessities and care because of lack of experience, information or ability.

PROCEDURE: The Executive Director will ensure the following procedure is performed appropriately.

1. Any employee who has knowledge of an incident of suspected abuse has the responsibility to:
 - a. report the incident as soon as possible to their Department Manager or Supervisor; and
 - b. complete an Incident Report.

Key Point: Failure to report may result in disciplinary action.

Investigatory Procedures

2. Once a report of abuse is received, Licensing must be notified immediately prior to any investigation:

Nurse Responsibilities:

- ensure resident is in no immediate danger.
- assess injuries and administer treatment if necessary (take photographs if injuries are visible).
- Complete progress notes in electronic health record being careful to objectively describe incident.
- Write a complete incident description including names, times, witnesses and any pertinent objective information. Date and sign or email to Manager.

Manager Responsibilities

- review and print a copy of progress notes.
- compile a complete record of the incident: when, where, who, nature of abuse, witnesses.
- Complete Licensing Report and contact Licensing office immediately with date and time stamp eg fax or email that proves timely reporting.
- advise the Executive Director.

Executive Director Responsibilities:

- Meet with reporting employee to prepare a written statement of the employee's remarks, have them sign it to confirm their story and discuss the extent (if any) of communication regarding the incident.
- Ascertain if there were any other incidents of abuse by accused employee that were not reported; if so, where and why?

CATEGORY: Safety and Risk Management

TITLE: Resident Abuse

- Arrange a time for investigation with Licensing Officer and Union rep. Arrange an interview with the accused employee, and have more than one management person present at the interview.
- Contact the accused employee and advise of the investigation. Suspend pending completion of the investigation if residents are at any risk.
- Contact all witnesses and arrange interview for investigation purposes.
- Report to Care Aide Registry, if applicable.

Complete the Investigation with Licensing Officer and Union Rep:

- speak to additional individuals.
- resolve any apparent contradictions in reports.
- review personnel file of employee.
- initiate disciplinary action as appropriate.
- Comply with VIHA's Community Care Facilities Licensing recommendations.
- Determine a Health and Safety Plan for residents and ongoing monitoring of employee if he/she continues to work.

3. Communication with others will be as per Glacier View Lodge's Disclosure Policy.

PERSONNEL: Executive Director, Department Managers, All Staff

GLACIER VIEW LODGE

Resident Abuse Policy Summary

What is Glacier View Lodge's stance on resident abuse?

- Glacier View Lodge upholds a zero tolerance policy towards resident abuse and neglect.

What is considered resident abuse?

- Resident abuse is any action/inaction which jeopardizes the health or well-being of a resident. It can include physical abuse, psychological or emotional abuse, financial abuse or exploitation, sexual abuse, medication abuse, violation of civil/human rights, or neglect.

Who has the potential to engage in resident abuse?

- Any employee, visitor or resident.

What is the employer's responsibility?

- To have policies and procedures in place and regularly reviewed.
- To provide staff education about the policy and procedures.
- To report resident abuse to the Community Care Licensing Branch.
- To conduct a thorough investigation, including full disclosure to the parties, and; if necessary, notification to the RCMP.
- In the event an investigation substantiates the abuse complaint; to enforce policy on those who do not comply,

What is the employee's responsibility?

- All residents, program clients and visitors will be treated with care and compassion. Their dignity will be recognized and protected through all aspects of care and service. Any action/inaction which jeopardizes the health or well-being of a resident will be viewed as a breach of the employment contract. It is contrary to the standard of conduct expected by Glacier View Lodge of its staff and is subject to disciplinary action as outlined in the procedure.
- Any employee who has knowledge of an incident of suspected abuse has the responsibility to: report the incident as soon as possible to their Department Manager or Supervisor/Nurse; and assist in completing an Incident Report.
- Key Point: Failure to report may result in disciplinary action.

What is the Supervisor's/Nurse's responsibility?

- To ensure resident is in no immediate danger.
- To immediately call Manager on Call for notification and to get further direction. If unable to reach the manager on call; to call the Executive Director and or Director of Residential Services.
- Timely assessment of the resident for any physical or psychological harm.
- Upon report of resident abuse; if the complaint is against an employee, to remove the employee from the situation, which could include sending home the employee with pay pending investigation.
- If complaint is against a visitor; to ask the visitor to leave. Notification to RCMP may be

necessary.

- To write a complete assessment and document incident: including reporting names, times, witnesses and any pertinent objective information. Date and sign or email to Manager before the end of your shift.

What is the Manager's responsibility?

- To investigate, document, and report to Licensing Office and Executive Director.