



Complex Needs – Handbook

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Introduction

Welcome to Complex Needs Residential and Complex Needs Community Supports.

Complex Needs Residential provides 24- hour wrap around supports to complex needs designated individuals. Support is provided in community-based, environmentally modified homes with specialized staff, typically at a 2:1 staffing ratio.

Complex Needs Community Supports provides daytime community access supports to complex needs individuals who have residential supports elsewhere (community housing, AHS facilities etc.) This support is intended to assist individuals in access the community safely and provide enhanced quality of life. Supports are typically Monday – Friday from 800 am to 4 pm.

Support is individually designed to meet the unique needs of individuals that are experiencing behavioral, emotional and/or mental health challenges which interfere with their skill development, quality of life, and community inclusion.

The main objectives of Complex Needs are to support individuals in a manner that provides them with:

- independent living skills,
- a safe environment to flourish as an individual,
- the supports needed to realize their goals,

This handbook has been compiled to ensure that guardians/independent adults have all the necessary information. Please contact Team Leaders if there are further questions or if further clarification is needed.

Who is who?

Complex Needs has 9 Team Leaders, 1 Crisis Response Specialist, and 3 Program Coordinators. We communicate with each other frequently throughout the day so if you are not able to reach the appropriate Team Leader, you may speak to any one of us regarding urgent information. The program is overseen by the Program Director, and they are updated, as needed, regarding day-to-day support by the Program Coordinators.

Crisis Response (On-Call) is available after hours 4:30pm – 8:30am Monday to Friday and 24 hours per day on weekends and Statutory Holidays

Contact information will be shared at the time of intake or contact Reception during business hours and your call will be re-directed.

Profiles, Annual Authorizations/Consents

Profiles

Each individual will have a profile created for them, which staff will use as a guide to work with them. This profile is created by Team Leaders, Support Approach Consultants with the input and authorization of guardians. It is reviewed by the Agency's Clinical Team. The profiles will consist of but are not limited to a summary face sheet, an introduction to the individual, communication information, medical information, emotional and behavioral support information (positive approaches and restrictive procedures, if required), supervision requirements, safety and emergency procedures (bathing and transportation), dietary considerations, personal care information, daily routine information and likes and dislikes. This profile will be reviewed and updated annually (or as needed) and signed for authorization by the Complex Needs team and by the independent adult or the guardian.

Annual Authorizations

Independent Adults or Guardians will be required to sign annual authorizations/consents:

- **A Service Agreement** – this outlines the Agency's responsibilities and the guardians' responsibilities with regards to providing services to the individual
- **An Accommodation Agreement** – for individuals accessing residential service only. This agreement constitutes the lease.
- **Annual Health Care Consent Form** - this grants permission to administer medications and treatments prescribed by physicians to the individual; as well as permission to seek out emergency medical treatment in the event of an emergency where the guardian cannot be reached.
- **Photographic/Audio/Visual Release** – this grants permission to utilize the individual's photograph to verify their identity in our medication administration procedure. There are other permissions that can also be considered for use of photographs such as in communication visuals, documenting an injury(s) or sharing after an Agency function.
- **Authorization for Outings** – This grants permission to take the individual on community-based excursions and/or recreational/leisure/educational activities, as well as grants us permission to transport the individual as approved.
- **Release of Information** – This grants permission to share information with outside stakeholders involved in the individual's life, such as the Arnika Centre, PDD, or their physician
- **Confidentiality of with in Shared Service** – This form acknowledges that the agency will keep the individual's information confidential and asks that you do the same regarding any information you come to learn about regarding the individual's housemate(s) or neighbours.
- **Support Approach Team Consent Form** – This grants permission to utilize the assistance of our Support Approach Team. The service is intended to foster the emotional and behavioural well-being of an individual in service, through the development of individualized behaviour plans, staff training, and ongoing monitoring of approach implementation and individual well-being.

- **Authorization for Independent Time** – this form outlines whether the individual may spend any time without support staff or not. If yes, include any parameters (such as authorizing a time limited independent community walk)
- **Outings within the Province of Alberta (including City of Calgary)** – the form allows the individuals to participate in recreational / individual leisure / educational activities or community-based excursions planned in conjunction with agency employees and clients up to 12 hours in duration. And that the individual may access community activities through the use of public transportation, special needs taxi, Access Calgary or the agency employee's vehicles as required.
- **Annual Authorization to Consume /use recreational alcohol/cannabis** – the form indicates if authorization is granted and any parameters (e.g. one glass of wine at dinner etc) or if authorization is not granted. If authorizations granted, it is the responsibility of the guardian to review annually with the relevant medical personnel, the use of alcohol/cannabis.

Home Visits and Guardian/Family or other Natural Support Involvement

Every family is different; home visits will vary as will family and natural supports involvement and connection. We want each family/natural supports (including parents, siblings, aunts, uncles, grandparents, friends etc.) to be able to be involved in the day-to-day as much and as often as they chose. Some families will choose to have scheduled regular home visits. This could mean that families may choose to have the individual to their home every Saturday at 5pm – Sunday at 5pm. In other instances, families may choose to call 24-48 hours in advance of a visit they would like to have (e.g., an overnight or a planned outing). Some families may want to have a regular weekly meeting in the community where everyone can be together and still have staff there to provide support. Whatever the model, we will strive to do our best to work with guardians/family to create and allow for the time spent to be positive!

Schedules for visits can be made with the Team Leader; whatever the plan is determined to be, it is extremely important that you are on time when picking up and dropping off. We use the planned visit schedules to ensure we have appropriate staffing ratios in the home. It will also be important that families not drop off at unscheduled times/days that were not previously agreed upon because there will not be a staff scheduled to support the individual.

Vacations - If there is a vacation planned where guardians will be away, please make sure that the emergency contact is aware we may need to contact them in case there is an emergency.

If a vacation is planned *with* the individual, please provide at least one month's notice as per Service Agreement. Please contact the Team Leader to discuss the individual's vacation plans so that we can make arrangements to accommodate the staff at other locations.

CareRx Pharmacy Partnership (not mandatory)

The agency has partnered with CareRx Pharmacy to assist with enhancing care by providing safe, consistent and efficient ways for us to acquire and administer medications. Individuals in full time residential placements with Complex Needs will be asked to consider transition to this pharmacy, ensuring medication administration consistency. CareRx pharmacy is a Canadian owned and operated company. They have built a strong and stable relationship with Alberta Health Services, which has gained them popularity and strength across the province. The agency chose to partner with CareRx based on many factors including having a central point of contact for communication, a 24/7 afterhours support telephone answered by a pharmacist, standardized packaging system of medications, as well as the detailed documentation including pharmacy policies, procedure manuals, and standardized MARs (medication administration records). CareRx has a great billing process and is cost saving. For example:

- medications can be processed through any eligible direct bill plan (including medical benefits through AISH)
- least cost generic medication is always dispensed (unless otherwise noted on a doctor's prescription).
- all clients have an everyday discount of 15% on over-the-counter medications
- the pharmacy can communicate directly with the client's doctors to identify the most appropriate medication therapy.
- can assist in special authority process.
- provides free delivery and free packaging of medications with no extra or hidden fees.
- You are welcome to visit their website here: <https://www.carerx.ca/>

If an individual has not opted into services with CareRx, their guardians will choose another pharmacy that best suits their needs. Guardians and the Agency will be responsible for arranging medication delivery.

Medications and Treatment Plans

We have very strict medication administration policies that must be adhered to. Please understand that while it may seem excessive compared to what may be done at a private home, we have a very large number of clients to keep track of most of whom receive medications. Our policies are in place to ensure the safety of the individual.

The Agency follows a safe medication administration formula. The formula is as follows: 7 RIGHTS X 2 DOCUMENTS X 3 TIMES. In order to adhere to this formula, we must have the following two documents: a valid and current Pharmacy label on the medication and a Medication Administration Record (MAR) sheet completed by us or the dispensing Pharmacy. These two documents must match in order for us to administer the medication.

Doctor's Orders (Prescription copies) and Pharmacy Labels

Doctor's orders can be provided but are not necessary. We need a valid and current pharmacy label on each prescribed medication bottle/vial/bubble pack/sachet in order to administer it to the individual. The supposition is that if there is a valid pharmacy label there is a valid prescription at the pharmacy. If

you do provide doctor's orders, we strongly prefer typed printouts to handwritten orders to prevent confusion.

A valid and current Pharmacy Label must include:

- The individual's full name
- Name of medication the individual is prescribed (e.g., Intuniv)
- The specific time(s) of day that the medication, vitamin/herbal remedy, or supplement is being given (e.g., three times daily)
- The strength of the medication (e.g., 4mg)
- The dose of the medication (e.g., two (2) tablets of Intuniv 4mg – dose is 8mg)
- The route in which each medication is being given (e.g., by mouth, PO)
- The reason for taking each medication (e.g., for agitation)
 - Sometimes this is not able to be provided on the pharmacy label
- If the medication is a PRN (as needed), the maximum amount that can be given per day (e.g., PRN up to 3 times daily)
- The name of the prescribing Doctor or Pharmacist's printed name
- Pharmacy contact information
- Date the medication was filled
- Number of refills remaining
- Be current (within one year)

The Doctor's orders must include:

- The individual's name
- Each prescription medication the individual is prescribed,
- State the name of each vitamin/herbal remedy or supplement the individual is being given (includes multivitamins and supplements such as Melatonin),
- The specific time of day that each medication, vitamin/herbal remedy, or supplement is being given,
- The dose of each medication that is being given,
- The route in which each medication is being given (i.e., By mouth)
- The reason for taking each medication,
- If the medication is a PRN (as needed), the maximum amount that can be given per day,
- If there are any special administration instructions (i.e., Pill must be crushed, dissolved in juice, etc.)
- The Doctor or pharmacist's printed name and signature.
- The contact information of the provider
- Be current within one year

Medications must be in their original bottle/vial/bubble packs/sachet.

Over the counter products and non-prescription medication

Non-prescription medications still require proper documentation. Common types of medication that may be forgotten including pain killers, sleep aids such as melatonin, medicated creams, multivitamins, dietary supplements such as Ensure, homeopathic medications, laxatives, and Afterbite. This list is not exhaustive. Any items that contain medicinal ingredients must come with a Dr.'s order. If you explain to your doctor the reason for this requirement, they should be happy to accommodate you. The only items we can administer without Dr.'s orders are sunscreen, bug spray, and mouthwash.

Medication administration

Team Leaders will create a medication administration guide which will outline how the individual is prescribed to take their medication, as well as any preferences they have, for example, taking meds with chocolate milk or applesauce. This procedure allows us to reduce any errors in administration and to ensure consistency. This guide will be updated annually or when medications are added or changed, in collaboration with guardians. We also require a photograph of the individual; this photograph is used for identity verification purposes during our medication administration procedure. Team Leaders will ask for an updated photo as we are required to update the photo annually.

Treatment Plans

A medical professional (e.g., physician, neurologist, dietician, occupational therapist etc.) may prescribe a Treatment Plan to address a specific medical concern. It is the Agency's preference that the medical professional will develop the treatment plan and provide the training to the Agency staff. If not, then a request for the development of a Treatment Plan and/or training will be initiated by the Service Area Team Leader, Coordinator/Director and approved by the Executive Director for review and or development.

Medication administration routes that are not covered in Agency Medication Administration process are: injections, nebulizers, rectal medication, vaginal medication, administration of enteric (tube feeds). Administration of any medications via these routes will require a treatment plan. Any treatment plan developed by the agency RN will be authorized by the Executive Director and approved by the prescribing medical professional and agreed to by the individual/guardian.

Additionally Medical Treatment Plans are needed for any of the following (but not limited to): seizure protocols, range of motion exercises, Epsom salt soaks, administration of suppositories, participation in exercise programs, catheter changing and care, ostomy bag changing and care, repositioning in bed to prevent pressure sores, skin integrity assessment, glucose testing, use of oxygen, insulin administration, etc.

Communication

The following communication protocol includes detailed instructions describing the lines of communication for all information pertaining to the individual's support and care. These lines of communication will be followed as outlined to ensure appropriate response.

Appointment and Scheduling Communication

The team and guardian will work together to schedule all appointments that the individual is required to attend. We will ensure these appointments are communicated to the team, allowing enough time for planning as necessary (at least two weeks). Guardian attendance at medical/dental appointments is highly recommended, however an appointment summary will be completed and shared. Guardian consent is required before any new medication or changes are implemented.

The Team Leader will make sure that the home receives all necessary information pertaining to scheduled appointments regardless of whether guardian will be attending.

Incidents and Incident Reports

All critical incidents described below require guardian notification (by the Team Leader):

- A serious illness or injury to the individual
- A serious change in the individual's health, behaviors, and or mannerisms

- An incident in the administration of prescribed medication to the individual which leads to an event which:
 - involves any medical treatment
 - an adverse reaction to medication by the individual
 - hospitalization
- An unauthorized absence of the individual from the home or program
- Involvement of authorities such as the police
- Any other occurrence that may seriously affect the health or safety of the individual
- Property damage

All above noted incidents require the completion of an Incident Report. All incident reports will be forwarded to the Team Leader, Coordinator, the Support Approach Consultant, back to the Team Leader, and out to the home for the staff to review all comments given. The completed incident report will be provided to guardians and the funder (PDD).

For information or situations not described as a critical incident in the above examples staff will complete contact notes, log notes, monthly summaries, medical/ dental appointment summaries, and ensure that the Team Leader are provided with this information and within an appropriate timeline.

Monthly Summaries

Monthly Summaries will also be provided to the guardian once reviewed. These are completed using the daily log notes for the month the report is being completed. They are generally completed by the 10th of the next month (i.e., January's summary will be completed by February 10th). The process for team distribution and review is the same as incident reports. Method of receipt can be discussed with a Team Leader (e.g., mail, email, home pick up).

Telephone or in-person Communication with staff members

Staff must write a contact note/email about their conversation with a guardian, outlining the conversation. This documentation will be forwarded to the Team Leader for follow up, if needed.

Communicating with the individual

Any individual in service can call their parents/guardian/others at any time unless otherwise decided, by the guardian. Telephone communication can either be in private or in the presence of a staff member. This will be determined by guardians and outline in the individual's Profile. An example of when a phone conversation may need to be monitored by staff could be if there is a history of the individual making comments of concern towards family members (i.e., threats). The individual may choose to communicate in a different way (e.g., text messaging, email, etc.). Whichever form of communication is used, we will ensure to have guidelines included in the Profile to facilitate its occurrence.

Information, Question and or Concerns

Any information, questions and or concerns the guardian may have about the individuals support and care will be communicated directly to the Team Leader. The Team Leader will do all the necessary follow up and communicate back in a timely manner, depending on the request; this could take two business days or more. If the follow up is going to take longer than two business days the Team Leader will update the guardian, explaining the time needed to address the situation and why.

Budget

Each individual is responsible to pay their portion of the rent, utilities and groceries (room and board). This cost would be paid from their AISH benefit. Payment can be made via AISH third party payment, cheque or directly from the office of the public trustee when applicable.

Details of room and board are outlined in the accommodation agreement.

Individuals/Trustees may also choose to include personal spending money and/or money for recreation activities in their monthly budget.

Budgets are reviewed annually and signed by the guardian and trustee.

Personal Belongings

We complete a personal effects record documenting all the individual's belongings upon their arrival to the home. We make every effort to make sure that all their belongings remain in their room. We strongly recommend labeling belongings, especially if the individual is unable to identify their own things. **Valuable items are sent at your own risk. Again, we make every effort to keep these items safe, but due to the nature of the services we provide, objects are prone to being lost, damaged or destroyed. The agency does not replace personal belongings under any circumstances.**

Bedroom Personalization

It's important to make the individual's room their own and a safe place to which they can retreat. Typically, we do not allow the walls to be painted (i.e., special designs or a mural) before the individual moves in because some of our lease agreements do not allow it. If you do want to inquire about painting the individual's bedroom, please let us know and we will check to see if that home location allows it. Posters and pictures can be put on the wall utilizing 3m strips (no nails or tacks please).

There are several environmental and safety modifications that can be made in the home to maintain safety so this may mean that instead of a dresser, there are built-in shelves in the closet or instead of a typical bed and box spring, there is only a mattress on the floor. Walls could be modified and covered in MDF wood to protect the drywall or there may even be an alarm on the window and or the door to alert staff if an individual has a history of elopement. There are also some government licensing standards we must adhere to which do not permit items such as weight bearing closet rods or vertical blinds. If you have any questions regarding this, please don't hesitate to speak with a Team Leader.

Clothing

Given that the individual will be living in a new environment, it will be important to send enough clothing and supplies.

Please remember to send weather appropriate gear with the individual. We need to ensure that all individuals are dressed appropriately for all types of weather.

Furniture, Bedding and Towels

The common areas of the home and the kitchen are equipped with basic furniture and supplies. We use plastic cutlery and dinnerware. There is a TV in the living area.

The individual must supply their own bed and bedroom furniture (dresser, nightstand) and if they wish for TV in their bedroom, they must bring their own.

Bedding and towels are not provided here. You will need to provide sheets, blankets, towels etc. for the individual

Electronics (Cell phone, computer, tablet, gaming system etc.)

We understand that access to technology is important because of the many benefits associated to it (i.e., communications systems, schoolwork, job search etc.). If an individual has electronics, please inform the Team Leaders of any limits/restrictions the guardian would like staff to encourage for these items. Please know that we cannot forcibly remove these types of items from the individual however we will do our best to help the individual adhere to the expectations.

Prohibited Items

For the safety we do not allow any candles, incense, matches or fire-related paraphernalia.

All homes are non-smoking inside the home, with designated smoking areas outside. If an individual smokes, we will develop a plan for the safe storage of matches and lighters.

Weapons, illegal substance are also not permitted. Any prohibited items will be confiscated.

If authorization is in place for alcohol/cannabis consumption, a plan for safe storage of these substances will be arranged.

Community Outings

We want to ensure that the individual has the quality of life they desire, and we support them in accessing the community as much as possible. Activities may include walks, swimming, exercise programs, library, museums, bowling, movies, volunteer or paid employment, and will take place within the City of Calgary limits.

The individual will also have access to group activities (free or for a small fee) at our Better Together Club, such as coffee and conversation groups, crafts, yoga, Zumba, music therapy and more!

As the city of Calgary continues to expand, some outings, although technically within city limits, may need to be pre-approved dependent on where the nearest medical facility is located (e.g., address that contain a Rural Route). Outings will be dependent on weather conditions, staffing, transportation, behaviours and other factors. Please talk to Team Leaders if you have concerns about specific activities or if there are activity restrictions in place for the individual.

On occasion, staff may plan special activities just outside of the city limits for the individual, such as trips to Calaway Park or the Corn Maze. In these instances, guardians will be given verbal notification of the

activity. For trips significantly out of the city (such as Banff or Drumheller), prior approval and written consent will be requested from parents/guardians. See below for milage reimbursement

Transportation

When participating in outings individuals may be transported by staff in their personal vehicles, by city transit or Access Calgary.

If the individual was to become aggressive in the vehicle (i.e., hitting driver) we will be required to suspend transportation until we have been able to develop a safety plan with our agency Clinical Team. We will inform guardians of any transportation suspensions.

Milage reimbursement for transportation in staff's vehicles is covered in the complex needs service area within the city limits. For trips outside of the city limits the individual well must cover milage costs.

Approved Visitors

It is our practice to not allow people that are unknown to us in the home to visit with the individual. If friends, or relatives, want to visit with the individual we will ask for an approved list of visitors, including contact information for them. We will ask for identification.

If the individual is to have friends (peers) over to the home, we will first ask that you call Team Leader and together develop a plan to ensure the safety of the guest, the individual and other housemates. We will also ask for a list of names and guardian contact information for these guests.

Damage to Property

If damage is caused, by the individual during their time with us, including but not limited to holes in the wall, windows broken, bathroom fixtures, Agency owned furniture, the individual / guardian/trustees will be responsible for covering the costs of replacement or repair for these items. It may be beneficial to set a side a small sum each month to save for repair costs should an individual have a history of property damage.

It is the guardian's/trustee's responsibility to ensure that they have adequate insurance (e.g. contents insurance) for the individual's personal property in the event that personal property is damaged.

Assistive Devices and other Assistive Technology/ Environmental Interventions

The individual may be currently using an assistive device, such as a wheelchair or a communication device. It is important to share the regular scheduled maintenance on theses items so that we can ensure that these items are safe to use, and no one gets hurt. We recommend annual safety inspections on items such as wheelchairs, bath chairs, etc.

The following Environmental Interventions including but not limited to may in place in the residence:

- Video/audio surveillance technology. Cameras are in place in entries of the home and will be running at all times (although there are no cameras in the individual's bedroom or the bathroom). These cameras are to be used to monitor the individual in the home for safety
 - The equipment is maintained by Agency IT and operations staff.
 - The video footage may *not* be used for other purposes (e.g., training) without the specific authorization of the agency and legal guardian (or independent adult). Viewing of the footage is limited to supervisory personnel (Team Leader, Coordinator, Program Director, HR Manager).
- Door and window alarms
- Guardian locks
- Calming/quiet room (The calming room is equipped with a constant supervision locking mechanism)
- MDF wall coverings
- Steel doors and door frames

The following Access Restrictions including but not limited to may in place in the residence:

- All medications, sharps, and chemicals will be stored in locked storage
- All chemical and cleaning supplies are kept in locked storage
- Door to staff office is always locked.
- Door to furnace room is always locked.

It is important to understand that all implemented safety precautions related to assistive technology and environmental interventions **MUST** be followed to ensure the safety of the individuals.

Abuse Policy

It is the policy of The Agency that no form of abuse directed at individuals in service will be tolerated; be it emotional, physical or sexual abuse, exploitation, negligence, or inappropriate use of restrictive procedures. Staff actions considered to be abusive will result in disciplinary action up to termination of employment. If staff actions are criminal acts, the agency will report these actions to the police (e.g., theft, assault).

Every employee who works with the agency has a role in promoting ways they can help prevent abuse towards individuals from occurring. For those who work with individuals this could include:

- Assisting to educate individuals in service in areas such as: knowing their rights, understanding what abuse is and who they can talk to, and safety training in areas of risk for them.
- Assisting individuals to communicate what they want or don't want by: encouraging individuals to make choices instead of making choices for them; encouraging them to express themselves; developing a communication tool(s) for those who are non-verbal.
- Assisting individuals develop relationships and friendships in their communities and assist them to be part of their community.

Any employee who becomes aware or suspects any form of possible abuse has two legal responsibilities (witness it, reported by client or another person, evidence/indicator of wrong doing):

1. Responsibility to Report Abuse
2. Stop The Abuse

The Directors of the Agency will immediately assess what is needed to keep the individual(s) safe and free from further possible abuse. Once an allegation has been made, this will include removing (suspending) the alleged abuser from contact with any vulnerable person while an internal review of the incident occurs.

If the situation occurred from a member in the community, other safeguards will be reviewed with the team.

For more information regarding this policy, please speak to a Team Leader.