

# POLICIES AND PROCEDURES

PP.HWS.2511



## Tsuut'ina Nation Health and Wellness Services Policies and Procedures

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## **Tsuut'ina Nation Health and Wellness Services Statements**

### **Vision:**

Fostering a healthy Tsuut'ina Nation that embodies physical, mental, emotional, and spiritual holistic health.

### **Mission:**

To provide best practices for overall health and wellness by incorporating Tsuut'ina culture and language to build a healthy community.

### **Values:**

Respect, Integrity, Community, and Relationships.

## 1 Definitions and Interpretations

1.1. The following Definitions and Interpretations are specific to this document.

- (a) **“Aftercare”** means ongoing support provided to individuals after completing a treatment or wellness Program. Aftercare helps maintain progress and prevents relapse by offering, continued counselling, support groups, or resources.
- (b) **“Alternative Healing”** means a therapeutic approach to treating illnesses, pain, and diseases that do not fall under the contemporary biomedicine scope of treatment. It can also be considered similar to allied health services that are not covered through Alberta Health Services or First Nations and Inuit Health. It can include, but is not limited to, chiropractic work, acupuncture, physiotherapy, and massage therapy.
- (c) **“Annual Report”** means a report that will be prepared and submitted to Indigenous Services Canada and the First Nations Health Authority. This comprehensive report will detail the statistics related to health programs and initiatives, outline the specific activities undertaken throughout the year, and describe the various supports and resources made available through the annual funding. The primary goal of this report is to ensure accountability and transparency regarding the utilization of funds from Indigenous Services Canada and the First Nations and Inuit Health Branch, highlighting all eligible expenses and demonstrating the impact of these investments on Indigenous communities.
- (d) **“Assessment Process”** means the evaluation conducted by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) to determine eligibility and level of Home Care support Required.
- (e) **“Assign” or “Assigned”** means to appoint or delegate, or as appointed or delegated.
- (f) **“Authority”** means the power or right to determine, control, command, or approve.
- (g) **“Client”** means a Tsuut’ina Nation Citizen or Resident who receives medical, vision, dental, alternative, and/or traditional care.
- (h) **“Clinic Eligibility”** means the criteria pertaining to Section 29 determining who May access medical services at the Tsuut’ina Medical Clinic.
- (i) **“Community Support”** means resources and assistance provided by the Program, networks, or agencies to individuals seeking wellness support, recovery services, or general well-being. Community support can include emotional, practical, or financial help.
- (j) **“Community Support Worker”** means an individual who provides direct support to Participants, helping them access resources, navigate systems, and provide emotional or practical assistance during their wellness journey.

- (k) **“Continuum of Care”** means a coordinated system ensuring seamless service provision across various levels of healthcare, including acute care, long-term care, and rehabilitation.
- (l) **“Corrective Action Plan”** means a formal document that outline steps to address issues or deficiencies and services, Programs, or procedures. It details the measures to correct problems and improved performance.
- (m) **“Director of Health and Wellness Services”** means the leader, responsible for overseeing all aspects of health and wellness Programs, ensuring that services are effective, accessible, and aligned with the organizations, goals and policies.
- (n) **“Discharge Summary”** means a written document that outlines the services provided to a Participant or Client, progress made, and recommendations for follow up care once a Participant or Client has completed a treatment Program or wellness intervention.
- (o) **“Elder”** is an individual who is of 60 years of age or older.
- (p) **“Emergencies”** means unplanned event, events or situations that require immediate attention, such as medical crises, accidents, or threats to health and safety.
- (q) **“Emergency Contact”** means a designated person (usually a family member or a close friend) who is to be contacted in case of an emergency involving a Participant or Client.
- (r) **“Employee”** means a person who works for TTNHWS for financial or other compensation.
- (s) **“Finance Act”** means the *Tsuut’ina Nation Finance and Administration Act*.
- (t) **“Fiscal Year”** means the one-year period commencing on April 1<sup>st</sup> and ending on March 31<sup>st</sup> of the following year.
- (u) **“Follow up”** means continued communication, or check-in after a Participant has completed a Program or treatment, to assess their progress, provide additional support, and prevent relapse.
- (v) **“Funders”** means individuals, organizations, or institutions that provide financial resources to support Health and Wellness Services and Programs.
- (w) **“Goal Setting”** means the process by which Participants identify and define their personal health, wellness, or recovery objectives, which are used to guide their treatments and wellness plan.
- (x) **“Health and Wellness Procedures”** means a set of guidelines or standard practices that define how health and wellness services are delivered within Tsuut’ina Health and Wellness, including without limitation, all the Health and Wellness procedures under these Policies and the Appendices hereunder. This can include treatment plans, safety, protocols, and Program delivery standards to ensure the well-being of Clients.

- (y) **“Health Information Act”** means the *Health Information Act RSA 2000 Chapter H-5*.
- (z) **“Home Care Coordinator”** means the designated individual responsible for overseeing Home Care Services and ensuring proper assessments and service delivery.
- (aa) **“Home Care Eligibility Criteria”** means the set of conditions a person Must meet to qualify for Home Care Services, including residence on the Nation and medical need.
- (bb) **“Home Care Services”** means a range of healthcare and support services provided to eligible Tsuut’ina Nation Citizens and Residents to maintain their quality of life and independence at home.
- (cc) **“Home Care Supplement”** means a financial Benefit provided to eligible Tsuut’ina Nation Citizens receiving Home Care Services, based on a Priority Screening Tool.
- (dd) **“Immediate Relative”** means, for the purposes of this Policy, an Immediate Relative Includes:
  - i. A spouse or common law partner;
  - ii. A parent;
  - iii. A step parent;
  - iv. A child;
  - v. A sibling;
  - vi. A step sibling or half sibling;
  - vii. A mother-in-law, father-in-law, brother-in-law, or sister-in-law;
  - viii. A grandparent; and
  - ix. Sensitive relationships that are not set out above are subject to review from the senior management in conjunction with the supervisor on a case-by-case basis.
- (ee) **“Incident”** means an unplanned event or situation that results in a serious negative impact on the health, safety and/or welfare of Employees, Participants, Client, or other individuals on the facility property or within the community of work.
- (ff) **“Involvement”** means the active participation of the individual in their own treatment, wellness planning, or recovery process, including engagement in sessions, goal setting, and follow up activities.
- (gg) **“May Only”** means to act at one’s discretion after a specified action has taken place by another individual or group of individuals.
- (hh) **“May”** means to act at one’s discretion and not a requirement.

- (ii) **“Medical Clinic Services”** means the range of healthcare services provided at the Tsuut’ina Medical Clinic, which May include general medical care, vaccinations, and referrals.
- (jj) **“Medical Practitioner”** means: a physician; a nurse practitioner; or a health professional licensed within the province of Alberta and recognized by the Tsuut’ina Nation Health Benefits Program.
- (kk) **“Must”** means to be obliged or bound by an imperative requirement with no discretion to avoid.
- (ll) **“Nation Citizen”** means a member of the Tsuut’ina Nation as defined and determined by the Tsuut’ina Citizenship Code First Amendment.
- (mm) **“Nation Staff”** means individuals employed by the Tsuut’ina Nation, who May have certain eligibility criteria for medical services.
- (nn) **“Nation”** means the Tsuut’ina Nation.
- (oo) **“Outreach Support”** means outreach refers to efforts made to engage individuals who May need services. Peer support is assistance provided by individuals who have lived experience with a particular issue (such as addiction recovery), offering guidance and emotional support to others in similar situations.
- (pp) **“Participant”** means an individual who volunteers or has volunteered in the past to receive services from Health and Wellness Services, whether it’s a wellness Program, treatment for addiction, or counselling services.
- (qq) **“Priority Screening Tool”** means an assessment framework used to determine the level of financial supplement eligibility for Home Care recipients.
- (rr) **“Program”** means where mentioned in this Policy, any services provided by Health & Wellness Services.
- (ss) **“Public Family Health Practices”** means medical facilities outside of the Tsuut’ina Nation that May serve individuals who do not qualify for services at the Tsuut’ina Medical Clinic.
- (tt) **“Quality Improvement Plan”** means a strategic plan aimed at improving the quality of services and ensuring that they meet standards and continuously evolve to better meet Participant needs.
- (uu) **“Quarterly Report”** means a comprehensive document prepared and submitted every three months to Indigenous Services Canada or First Nations and Inuit Health. Its primary purpose is to monitor and evaluate program activities, as well as to account for funding received. This report details the progress of various initiatives, outlines expenditures, and highlights key achievements over the reporting period. By providing this information, the report helps ensure transparency and accountability in the management of funds and resources dedicated to the Tsuut’ina Nation under the Tsuut’ina Health & Wellness Services.
- (vv) **“Required”** means to be obliged or bound by an imperative requirement with no discretion to avoid.

- (ww) **“Responsibility”** means being the individual or group of individuals who do the work or direct the completion of work or activity.
- (xx) **“Resident”** means a person residing on the reserve.
- (yy) **“Screening”** means the process of identifying individuals who May need specific services or interventions. It involves assessments or questionnaires to determine health status, risks, or suitability for specific wellness Programs or treatment services.
- (zz) **“Serious Occurrences”** means significant events or incidents that May impact the Participants or Clients well-being or disrupt the services requiring urgent response or reporting.
- (aaa) **“Service Provider”** is a company or organization that provides a specialized service.
- (bbb) **“Shall”** means to be obliged or bound by an imperative requirement with no discretion to avoid.
- (ccc) **“Substance Misuse”** means the harmful or hazardous use of alcohol, drugs, or other substances that can lead to addiction, health, problems, and social or legal issues.
- (ddd) **“Summary”** means a concise overview of a Participant’s progress, services received, and outcomes, which is often included in reports, treatment plans, or discharge summaries.
- (eee) **“Traditional and Alternative Healing”** means health practices, knowledge and beliefs incorporating Indigenous healing and wellness while using ceremonies: plant, animal or mineral based medicines; or physical/hands on techniques.
- (fff) **“Tsuut’ina Nation Health and Wellness Services”** means all health, mental health, and addictions Programming, according to the funding, provided by Indigenous services Canada and other Funders, on Tsuut’ina Nation.
- (ggg) **“Tsuut’ina Citizen”** means a Citizen of the Tsuut’ina Nation who is or who becomes a Citizen under the Tsuut’ina Nation Citizenship Code First Amendment.
- (hhh) **“Tsuut’ina Nation Head Chief and Minor Chiefs”** means the elected governing body for the Tsuut’ina Nation.
- (iii) **“Tsuut’ina Nation”** means the sovereign Nation previously referred to as the “Sarcee Nation”.
- (jjj) **“Wellness Plan”** means a personalized plan developed for each Participant, detailing their goals, services to be provided, and strategies for improving their overall health and wellness.
- (kkk) **“Will”** means to be obliged or bound by an imperative requirement with no discretion to avoid.

## 2 Purpose, Scope, and Application

- 2.1. This Program Procedures Manual outlines the overall Programming policies of Tsuut'ina Nation Health and Wellness Services (TTNHWS). Matters pertaining to Personnel and Finance are documented in the Tsuut'ina Nation *Human Resources Policies and Procedures* and the *Finance and Administration Act*.
- 2.2. In accordance with *Tsuut'ina Nation Legislative Process Act (2018)*, this *Policies and Procedures* has been reviewed, and the practices have been revised.
- 2.3. This document can be an overarching policy for how to deal with Participant and Client care.
- 2.4. This document applies to Employees, Participants, Clients, assets, departments, and buildings.
- 2.5. This Program Procedures manual outlines framework of the Tsuut'ina understanding of Treaty right to Health when providing Programs, services, activities that assists the peoples in achieving a healthy holistic way of life. It Will provide the necessary but not limited evolution of the Programs and services that fit the needs of the peoples we serve.
- 2.6. The TTNHWS abides by and supports the *Participant and Client Bill of Rights* as seen in the Appendix under Section U of this Policies and Procedures.

### 3 Respect for the Dignity of Persons Served

- 3.1. TTNHWS Will be guided by the principles of the Mission and Vision statement and in the delivery of services to the Participants and Clients.
- 3.2. TTNHWS Will have respect for the dignity of Participants, Clients, Employees, stakeholders and other partners affiliated with the organization.
- 3.3. TTNHWS Will show respect for the uniqueness of each individual involved in the organization.
- 3.4. Respect Will be shown for the customs and beliefs of cultures and to be limited only when a practice seriously contravenes the principle of respect for the dignity of individuals.
- 3.5. Ensure privacy and confidentiality is maintained for individuals, families, groups, and communities.
- 3.6. Practice fairness and justice in the treatment of people.
- 3.7. Provide competent care for the well-being of Participants and Clients.
- 3.8. Develop and maintain competent Employees.
- 3.9. Encourage Employees to do a self-study on their values, attitudes, experiences, and social contexts and how it influences their actions and interpretations.
- 3.10. Maintain open and honest lines of communication.
- 3.11. Provide training to Employees on diversity and ethical awareness.
- 3.12. Inform Participants and Clients of relevant decisions that involve the goals of interaction and the nature of the proposed intervention in their best interest.
- 3.13. Respect, listen and learn from the Participants and Clients who have unique differences and who understand what their best interest is.

## 4 Community Partnerships and Relationships

- 4.1. TTNHWS is Required to maintain positive relationships with the community agencies through participation on committees, presentations, and educational sessions.
- 4.2. Partnerships and relationships are formed by way of extending services to the Nation we serve. TTNHWS affiliates with Nation agencies through provision of professional services at conferences, cultural and traditional gatherings, women, men, two-spirited, and Elder gatherings, youth Programs, school presentations and assisting in festival committees.
- 4.3. TTNHWS Will promote meaningful relationships with community groups (i.e., CFS, Justice, Education, etc.), Head Chief and Minor Chiefs, First Nation Inuit Health Branch, Provincial Government, and other organizations where resources can be mutually attained.
  - (a) TTNHWS Will ensure they are represented in committees that are relevant to our needs.
  - (b) Tsuut'ina Nation resources Will be utilized to provide services to the Participant or Client and training for Employee's development whenever possible.
  - (c) Participants, Clients, and Employees May participate in Nation cultural and traditional ceremonies.
  - (d) Nation Citizens, Residents, and organizations are encouraged and welcome to visit the Health and Wellness Services offered.

## 5 Tsuut'ina Nation Involvement

### Purpose

- 5.1. It is necessary that the TTNHWS maintains positive communication and relationships with the Nation they serve.
- 5.2. TTNHWS involves the Nation by inviting presenters and volunteers into the organization to facilitate a wide variety of activities to the Participants and Clients from various Nation organizations, cultural presentations, teachings, arts and crafts to storytelling.
- 5.3. TTNHWS utilizes professionals to provide training to the Employees in the areas of suicide prevention, intervention, harm reduction, infection control, etc.

### Scope

- 5.4. TTNHWS Will encourage Participants, Clients, and Employees to participate in Nation events such as conferences, festivals, sporting events, cultural gatherings, and other activities where they can be resourceful.
  - (a) Ensure TTNHWS activities are booked on the monthly calendar and forwarded to Communications department to be added to the Tsuut'ina Nation calendar;
  - (b) When requested, Employees May represent TTNHWS on local Nation committees that are relevant to our Programming;
  - (c) Nation agencies May be utilized for additional Programming as necessary;
  - (d) Participants, Clients, and Employees May participate in Nation cultural and traditional ceremonies, activities, and functions; and
  - (e) Employees are responsible for checking emails from the Communications department regarding upcoming Nation events.
- 5.5. For clarity the scope of TTNHWS is limited to services and Programs expressly funded by Funders and Indigenous Services Canada (ISC).

## 6 Definition of Persons Served

- 6.1. The Health and Wellness Services was developed to assist Tsuut'ina Nation Citizens and Residents with a Continuum of Care model to support the healing and recovery from a holistic and western model.
- 6.2. Health and Wellness Services Policies and Procedures is to provide Programming for all Tsuut'ina Nation Citizen and Resident demographics.

### Participant Profile

- 6.3. Target population:

- (a) All Participants;
- (b) Participants Will be admitted based on the following:
  - i. History of Substance Misuse;
  - ii. History of physical or sexual abuse;
  - iii. History of anti-social behavior/out of control;
  - iv. Inability to function in the home;
  - v. Inability to function in the Nation;
  - vi. Inability to function in work/school;
  - vii. Require basic needs;
  - viii. Contact with the criminal justice system; or
  - ix. Presenting problems with socio-economic gaps.

## 7 Inclusion of Persons Served

- 7.1. TTNHWS has a holistic approach to treatment and is guided by principles of respect for Traditional and Alternative Healing and western practices. The Employees Will respect each individual Participant's and Client's needs, values, opinions, and cultural and spiritual customs. The Employee provides support to the Participants and Clients with the objective of returning them to their families and communities with positive attitudes, strong self-esteem, and confidence of oneself including self-actualization.
- 7.2. Treatment services for addictions Will be provided to any Participants or Clients who wish to access services.
- 7.3. Participants and Clients Will not be discriminated against because of a mental or physical disability, sexual orientation, cultural or religious beliefs, or social background.
- 7.4. The Employees Will respect the Participant's and Client's privacy and confidentiality.
- 7.5. The Program respects, values and honours First Nations cultural healing practices and affords Participants and Clients the opportunity to be exposed to these methods of treatment.
- 7.6. The Program respects the healing preference of all Participants and Clients.
- 7.7. The Program is carried out in close consultation and communication with the knowledge keepers, Elders and all other applicable partners.
- 7.8. The Program Will enable the Participants and Clients to develop individual objectives and goals.
- 7.9. The approach at TTNHWS is holistic.
- 7.10. Individuals Will be informed of their Participant and Client Bill of Rights.
- 7.11. TTNHWS Will be a strong advocate for each Participant and Client in the Program.

## 8 Practice Model – Programs and Services

- 8.1. TTNHWS provides effective holistic healing within a safe environment of respect and trust through consistent teamwork, unique services, and traditional values.
- 8.2. The TTNHWS are designed to meet the best interests of Participants and Clients that delivers Programs and services oriented towards personal wellness, cultural enhancement, and development.
- 8.3. Participants and Clients May engage in various Programs and activities offered by Health and Wellness Services determined by need such as:
  - (a) Counselling Services;
  - (b) Prevention;
  - (c) Nation services;
  - (d) Stabilization;
  - (e) Referral to detox and Treatment;
  - (f) Recovery/Aftercare;
  - (g) Traditional and Alternative Healing; and
  - (h) Any other Program.

## 9 Counselling Services

- 9.1. Counselling services are designed for Participants to provide them with the support necessary in dealing with and processing their identified issues. This May involve group work or one-to-one counselling provided by various clinical Employees for the Participants. These issues May include without limitations, sexual or physical abuse, abandonment, sex trafficking. This service is provided for any participant who May suffer or May have suffered such abuse, difficulties, and traumas. Any supportive counselling in this area requires coordinated support from the TTNHWS and clinical Employees.
- 9.2. Counselling services can also afford Participants with the opportunity to explore and participate in cultural and traditional teachings as part of their healing journey.

## 10 Participant and Client Confidentiality

- 10.1. The Participant's and Client's right to privacy is not only a legal right but an important therapeutic consideration. It is very important that the Participants and Clients fully understand their right to privacy. Will be protected and that there is a process for recourse if such right is violated.
- 10.2. The Participant's and Client's right to privacy includes the right to have any information that they might provide to the Program be held in the strictest confidence. In addition, the right to have any information which is provided by any other party in relation to their medical, legal, social, psychological, family, and personal or economic status as well as their history of alcohol, drug, or solvent abuse be held in the strictest confidence.
- 10.3. Subject to section 10.4, in addition, the following points should be stressed:
  - (a) If any agency or group requests information about the Participant or Client which the Director of Health and Wellness Services believe would be beneficial to share, the situation Will be discussed with the Participant or Client prior to the release of the information;
  - (b) If the Director of Health and Wellness Services believes that it would be helpful to obtain additional information about the Participant or Client from another agency or group, this situation Will also be discussed with the Participant or Client prior to the request being made; and
  - (c) The Program Will do everything within its power to safeguard the Participant's or Client's rights to privacy.
- 10.4. In no event should any information be released or requested regarding any Participant or Client without first having the Participant sign a "Consent to Release/Request Information Form", except for any information which TTNHWS is legally Required to release to the appropriate authorities to ensure the safety and security of the other Participants, Clients, and Employees.
- 10.5. TTNHWS Services Employees relationships and information resulting from discussions between Participants or Clients and Employees are kept confidential. However, TTNHWS Shall have a duty to report for the following:
  - (a) When disclosure is Required to prevent clear and eminent danger to the Participant, Client, or others;
  - (b) When Required by the justice system that confidential material be revealed.
  - (c) When a child needs protection;
  - (d) Persons with diminished capacity and as otherwise mandated by Tsuut'ina Nation Law or other applicable laws;
  - (e) Reporting of Abuse or neglect falls under Provincial Statute and requires immediate disclosure with or without the Participant's or Clients consent. The TTNHWS has an obligation to report any information which the Program is legally Required to release to the appropriate authorities and/or if it is necessary to

ensure the safety and security of the other Participants, Clients, and Employees; or

(f) Any other circumstance under Tsuut'ina Nation law or any other applicable law.

10.6. Appropriate authorities Will be contacted by TTNHWS Employees when aware of potential or imminent risk to advert dangers to others. **Any disclosure Must be documented on an incident report form with case note and provided to the Associate Director in a sealed envelope. The original disclosure Will be kept in the Participant or Client file in a sealed envelope.**

## Documentation

10.7. Participant and Client data Must remain confidential, secured, maintained thorough documentation, and kept up to date.

10.8. Participant and Client documentation allows TTNHWS to understand the history of the individual and any interventions that are relevant to their care and support needs. This history can then be used to direct future interventions and actions.

10.9. Good records assist TTNHWS to track Participant and Client details and progress. Good record keeping demonstrates our competency, decision making for clinical, ethical, and legal options and provides rationales for treatment options.

10.10. Case Management files are to be kept in accordance with Tsuut'ina Nation laws and all other applicable laws, including without limitation:

- (a) *The Freedom of Information and Privacy Act (FOIP);*
- (b) *The Health Information Act (HIA);*
- (c) *The Personal Information Protection Act (PIPA);*
- (d) *The Limitations Act; and*
- (e) *The Workers' Compensation Act.*

## Access to Participant and Client Information by Employees

10.11. TTNHWS has a policy and guidelines in place to support the safeguarding of Participant and Client information. Employees Will only access Participant and Client information in the best interest of the individual or for administrative reasons.

## Access to Participant and Client Information by External Agencies

10.12. TTNHWS Services has a policy and guidelines in place to support the safeguarding of Participant and Client information and how the information is shared with external agencies.

## 11 Release of Information

- 11.1. Under no circumstances Will any confidential information be divulged to any person over the phone.
- 11.2. Any Consent to release confidential information Shall be subject to the *Consent to Release/Request Information* form under section 10.4 and in the form as attached here to as Appendix A. The form Must be signed by the Participant or Client and Must include the following information:
  - (a) The full name of the person about whom the information is requested;
  - (b) The specific content of the information requested;
  - (c) The form in which the information is to be released (i.e., facsimile, mail, verbal);
  - (d) The name of the person/organization to which the information Shall be released;
  - (e) The purpose of releasing the information;
  - (f) The date on which the information release is signed; and
  - (g) The date on which the release expires.
- 11.3. Subject to the confidentiality provisions under this policy and in compliance with applicable laws, the Director of TTNHWS or its designate May release confidential information without prior Participant or Client consent if the Director of Health and Wellness services or its designate determines a real or potential danger to the Participant, Client, or the public.

## 12 Informed Consent

- 12.1. TTNHWS has a policy and procedure to ensure that informed consent is obtained from the Participants and Clients to the Program and other services.
- 12.2. Participants Will be Required to complete and sign the *Consent to Service Form* and that the Participant is voluntarily entering the treatment Program and Wellness Plan. Consent Shall be based on the following:
  - (a) Ensure the Participant has the capacity to understand what they are signing;
  - (b) The consent Must be informed, and consent is given voluntarily;
  - (c) Consent Must be given without coercion or fraud; and
  - (d) Consent Will not be Required if the Participant is at risk of sustaining bodily harm or in a painful emergency medical situation.

## 13 Requirement to Provide Authorization Consent

- 13.1. A Participant and Client Must sign an *Authorization Consent Form* as set out in Appendix A to receive any services from TTNHWS.
- 13.2. TTNHWS has policy and procedures to follow when a situation arises where a Participant or Client refuses to provide authorization/consent for services provided by the Program.
- 13.3. The Participant's or Clients refusal of services Will not prevent accessing services in the future subject to section 13.1.

## 14 First Aid/CPR

- 14.1. Employees of TTNHWS are Required to obtain first aid/CPR training and all other requisite training Required by TTNHWS for such Employee to perform their job responsibilities adequately.
- 14.2. If a Participant or Client is found unresponsive in the care of TTNHWS, the Associate Director or their designate is solely responsible for notifying family/Emergency Contacts of Such Participant or Client any medical Emergencies that occur while the Participants or Clients are in care.
- 14.3. If an Employee of TTNHWS is found unresponsive during the scope of their time when performing their working duties, only Supervisors are responsible for notifying family/Emergency Contacts of any medical Emergencies.
- 14.4. In the event of death, or where a significant loss of blood has occurred, The TTNHWS Will hire trained technicians to clean, disinfect, and thoroughly decontaminate affected areas.
- 14.5. Participants, Clients, and Employees who were affected by the incident Will be provided with follow-up counselling in the interest of their mental health and wellbeing.

## 15 Infection Control

- 15.1. TTNHWS is Required to follow guidelines for proper infection prevention. Infection prevention practices that are routinely and properly carried out are the best way to prevent the spread of illness among Employees, Participants, and Clients. Providing a healthy environment and infection control is a total Employee Responsibility.
- 15.2. TTNHWS Shall follow the guidelines under the *Emergency Public Health Law 2020* of Tsuut'ina Nation, and ensure that all Employees are aware of such guiding procedures.

## 16 Supports During Transition

- 16.1. TTNHWS has a policy and procedure to follow when preparing a plan to support the Participant in transition from the current Program. The Participant May be entering another Program or returning to the Nation that May or May not have the available services or aftercare support.
- 16.2. TTNHWS Will ensure a plan is provided to prepare the Participant for their adjustment once they leave a Program. Such transition plan Shall consider and/or review as applicable:
  - (a) The Employee Will obtain information on Nation resources and support services that May be available to the Participant;
  - (b) Any Employees that are involved in Participant Case Management;
  - (c) Prior to discharge from a Program, the Employee Will begin a transition plan and focus on intensive individual counseling, reuse of substance prevention, coping skills, life skills, and independent living as part of the plan, but not limited to;
  - (d) The Participant Will be equipped with tools to help them maintain their wellness and health;
  - (e) Ensure the Participant's needs and aspirations are considered in the event Participants does not want to return to their community (advocacy);
  - (f) Consult Health and Health and Wellness Services when a Participant has plans other than returning to their community and offer support in the best interest of the Participant; and
  - (g) Prepare a transfer letter to the Participant and the service/Program of where the Participant Will be attending.

## 17 Death, Injury and Mistreatment of Participants or Clients

- 17.1. The Director of TTNHWS ensures the reporting of death, injury, or mistreatment of a Participant or Client by an Employee or another Participant or Client to the Health Committee, Nation leadership, and Funders immediately or as soon possible of the occurrence. The Director of TTNHWS ensures the completion and of an Incident Report Form to the Health Committee, Tsuut'ina Nation leadership and Funders of the above matters, and the submission of the same, immediately after the incident.
- 17.2. The Director of Health and Wellness Services Will ensure that death, injury, and mistreatment is documented in an Incident Report Form, and the report is received by the Health Committee, Tsuut'ina Nation leadership and Funders immediately. The Director of TTNHWS Will ensure that a copy of this report is submitted to the Participant's or Client's record file.
- 17.3. The Director of Health and Wellness Services Will ensure that the report of a death, injury, or mistreatment Will be made to the Health Committee, Tsuut'ina Nation leadership and Funders, immediately or as soon as possible.
- 17.4. Debriefing with Employees, Participants, or Clients Must be made available within twenty-four (24) hours of the incident.
- 17.5. Professional misconduct Shall be reported to the appropriate authorities.
- 17.6. Emergency Services May be contacted to report misconduct on a case-by-case basis. After a report has been made to Emergency Services the available teams will continue to practice Participant and Client Case Management that is within the capacity of TTNHWS.
- 17.7. Non-Health Services Employees Must initiate CPR/first aid according to their certification and training applicable to their TTNHWS functions and where deemed necessary. In the case of suspected opioid overdose, TTNHWS Employees Will administer naloxone nasal spray to the Participant or Client to preserve life. This also applies to other Non-Health Health and Wellness Services Employees trained in the use of naloxone. The administration of naloxone Must immediately be followed by calling an ambulance to transport the Participant or Client to a hospital while continuing CPR until relieved by medical personnel.

### Review of Injuries

- 17.8. A Participant sustaining an injury caused from another Participant, Client or an Employee Will necessitate an investigation and incident report. Injuries resulting from restrictive procedures Will be investigated and documented by the Senior Management.
- 17.9. All injuries Will be investigated and reported to Associate Director on an incident report and Required timelines based on the following procedures:
  - (a) Injured person Will be provided medical attention immediately;
  - (b) Ensure that a medical report on the Participant or Client is obtained from the attending medical personnel;

- (c) File an incident report to the Associate Director within the Required timelines, within twenty-four (24) hours by telephone and 5 days for the written report submission;
- (d) Inform family/Emergency Contact of Participant or Client;
- (e) The senior management Will investigate any injury that is the result of a restrictive procedure and document their findings;
- (f) Personnel policies Will apply if it is determined that an Employee used unnecessary excessive force in the procedure causing the injury;
- (g) A Participant or Client causing the injury May be discharged;
- (h) Tosguna May be involved, and charges laid at the discretion of the injured person;
- (i) Debrief with Participants, Clients, and Employees that were involved or that witnessed the incident causing the injury; and
- (j) The senior management team and Employee(s) involved Will review the circumstances leading to the injury and provide recommendations, if any, to avoid a reoccurrence.

## 18 Other Serious Occurrences

- 18.1. The Associate Director Must notify immediately and no less than twenty-four (24) hours of the occurrences to the Participant's or Clients Emergency Contact, the Director of TTNHWS and all other Serious Occurrences involving the Participants or Clients.
- 18.2. Other such Serious Occurrences would include the following:
  - (a) Any incident involving the Participants, Clients, or Employees which are of a serious enough nature to require intervention of TTNHWS, Tosguna, the fire department, and/or attendance at a hospital;
  - (b) Any illness deemed by a medical professional to be contagious;
  - (c) Possession, by a Participant or Client, of an offensive weapon and/or firearm;
  - (d) Complaints made by, or about, a Participant or Client when considered to be of a serious nature (e.g., neglectful behavior of Employees); and
  - (e) Any occurrence with the potential to have serious ramifications.
- 18.3. The Associate Director Will ensure the completion and submission of an Incident Report Form to the Director of Health and Wellness Services within twenty-four (24) hours, and the Associate Director Will ensure that the report is placed in the Participant's or Clients Case File.
- 18.4. All significant and Serious Occurrences relating to individual Participant or Clients conduct or behavior Must be recorded in the Incident Report Form, Case Notes, and filed in the Participant's or Client's Case File.
- 18.5. Failure to abide by the above Will constitute a review under Conditions of Employment and Employee Relations of TTNHWS Program.

## 19 Program Enhancement

### Quality Improvement

- 19.1. The purpose of this Policy is to ensure that TTNHWS has a procedure in place to monitor, evaluate, and continually improve the services provided to the Participants, Clients, families, and Employees of TTNHWS. Participant and Client care and safety in the Program is a priority.
- 19.2. Quality improvement is an ongoing process that helps us continually find new and better ways of doing things so that we can enhance care for Participants and Clients, increase satisfaction and achieve even better clinical outcomes. Our Quality Improvement Plan helps us document and review our current performance in a variety of areas. With this plan, TTNHWS Will be able to clearly see targeted areas for improvement and chart progress.
- 19.3. TTNHWS through continuous Quality Improvement Planning, policies and strategies Will maintain quality services to the Participants served.
- 19.4. The organization through the Director of TTNHWS, Health Committee, Employees and partners, Will work collaboratively to maintain continuous quality improvement.
- 19.5. The organization Will focus on maintaining and evaluating the services provided to meet health and safety standards.
- 19.6. Employees of TTNHWS Will be involved in quality improvement through their involvement at meetings and any means of written recommendations.
- 19.7. Surveys with Participants, Clients, Employees, and community partners Will be involved.
- 19.8. Program and policy review Will be done annually with the Director of Health and Wellness Services and Employees.
- 19.9. Job performance evaluations Will be done annually.
- 19.10. Core competency and Employee satisfaction survey Will be done annually.
- 19.11. TTNHWS performs outreach services, provides education and awareness on mental health and the prevention of Substance Misuse at conferences, community gatherings, schools, and at health forums.
- 19.12. Reporting by the Director of Health and Wellness Services is presented at the monthly Health Committee meetings.
- 19.13. Quarterly Reports and Annual Reports are presented to First Nations Inuit Health and on Program activities.
- 19.14. TTNHWS has Programs and emergency plans in place and are reviewed annually.

### Support for a Quality Improvement Plan

- 19.15. TTNHWS supports a Quality Improvement Plan by providing direction and guidance in keeping with the vision and mission statements of the organization.

19.16. The Director of TTNHWS expects the administration and Employees to fulfill the mandate of the Quality Improvement Plan, Strategic Plan and the Goals and Objectives of the organization.

19.17. The organizational plans Will be reviewed annually with the stakeholders and Employees to ensure the Quality Improvement Plan is continuously progressing.

19.18. TTNHWS promotes professional development by providing training opportunities for Employees and recognition for achievements at Employee appreciation functions.

### **Service Succession Plan**

19.19. TTNHWS reviews the Quality Improvement Plan, Program policy and procedures, the treatment Program modules, Program documents, risk management plan, and the organizational goals and objectives annually.

19.20. Some areas of the reviewed Programs May require Corrective Action Plans to be implemented, and Will be done collectively with the Director of TTNHWS and administration.

19.21. The Corrective Action Plan Will be developed involving the treatment team and administration at an Employees meeting or workshop. The plan Will be in response to the issues identified in the review and plans and goals Will be set in place with corrective action and timelines.

19.22. Following the completion of the Corrective Action Plan a quarterly review Will be done to monitor the progress and amend as necessary.

19.23. A final report on the Corrective Action Plan Will be provided to the Director of TTNHWS.

### **Collection of Outcome Data**

19.24. TTNHWS Will maintain a data collection system that Will support its outcome monitoring and evaluation.

19.25. TTNHWS uses a Tsuut'ina Nation approved database to collect Participant data.

19.26. TTNHWS utilizes Employee outcomes data through surveys and collects data on retention rates, Employee satisfaction, core competency, and training needs.

19.27. TTNHWS Will address the collection of outcome data in the Quality Improvement Plan.

19.28. Data Will be collected, reviewed, and evaluated by the treatment team each year.

19.29. Data Will be submitted quarterly and annually to the Director of TTNHWS, First Nations Inuit Health and Indigenous Services Canada depending on the funding agreement.

## 20 Code of Ethics

- 20.1. TTNHWS believes that all Employees should operate within the boundaries of a code of ethics. Consequently, development of a code of ethics policy Will be implemented to clarify the expectations of the TTNHWS Employees. Ethical awareness is a necessary part of professional practice and an essential aspect of the quality of the service that is offered to the Participant and Client.
- 20.2. All Employees and volunteers Will always follow the code of ethics pursuant to their respective fields code of ethics SOPs to ensure that all services and interactions are professional and ethical.

## 21 Reportable Incidents

21.1. All TTNHWS Employees Will report all incidents involving the Participants, Clients, or Employees which are of a serious enough nature to require intervention of TTNHWS, Tosguna, the fire department, and/or attendance at a hospital. The report of such reportable incidents Shall be compiled within twenty-four (24) hours.

21.2. Reportable incidents May include (but are not limited to):

- (a) All incidents of suspicion and/or allegation of abuse (physical, verbal, emotional, psychological, financial);
- (b) Self-harm, suicide ideation and attempt;
- (c) Assault/aggression;
- (d) Sexual assault, sexual exploitation;
- (e) Serious illness, injury, or an accident;
- (f) Use of restrictive procedures;
- (g) Near miss;
- (h) Connection with an external agency, including emergency services;
- (i) Harassment;
- (j) Presence of danger or safety concerns;
- (k) Death of Participant or Client in our care;
- (l) Tosguna involvement (Participant or Client behavior or Employee charged under criminal code); or
- (m) Facility related - fire incidents, defective physical structures, public health issue.

21.3. If any incident presents a danger to any Participants, Clients, Employees, or anyone else, the following process Will be conducted by the applicable Employees:

- (a) Assess the incident (surroundings, threats, and risks);
- (b) Monitor personal safety and the safety of Employee, Participants, Clients, and other individuals;
- (c) If personal safety is at risk, an Employee should remove themselves from the situation immediately and call 911;
- (d) If this is a minor incident, Employee should consult with co-workers and come up with a plan to address the situation at hand;
- (e) Involve external support if needed to rectify the incident (i.e., Tosguna.);
- (f) Depending on the circumstance, wear the appropriate personal protective equipment, including a face mask and disposable gloves;
- (g) Sanitize hands immediately after incident. Wash hands whenever possible;

- (h) Immediately after a minor incident, debrief with supervisor and Employees, Participants, and Clients to ensure they are okay. If needed, contact management for support;
- (i) Immediately after a major incident, get self, Employees, Participants, and Clients to a safe location and check on well-being. Contact management and notify them of incident. Debrief; and
- (j) After debriefing, Employees Will be Required to fill out an incident report form.

## **Documentation**

- 21.4. TTNHWS has a process for documenting all reportable incidents and follow-ups.
- 21.5. Reportable incidents Will be documented on the appropriate form. Ensure that supporting documents are included and follow-up practices are enforced.
- 21.6. An incident report form Will be filled in anytime an incident occurs that is identified in the “Reportable Incidents” section.
- 21.7. Ensure that the sections are fully completed on what precipitated the incident, action taken, status on stability of situation, follow-up measures, and recommendations.
- 21.8. Incident reports Must be submitted to the Associate Director within twenty-four (24) hours.
- 21.9. Incident reports Will be reviewed by the TTNHWS Leadership Team and appropriate action Will be taken as necessary. The incident report Will be filed in the Participant or Client file.
- 21.10. All persons involved (Participant, Client, and Employees) Will be provided support and debriefing following an incident in a group and/or individual counseling process.
- 21.11. If the incident involves Employee conduct, the Associate Director Will investigate and report to the Director of Health and Wellness Services who Will take appropriate action.

## 22 Transportation and Escort

22.1. All local transportation is provided where necessary, and within reason by a TTNHWS vehicle and driven by TTNHWS Employees. Under no circumstances is a non-employee permitted to drive a TTNHWS vehicle.

22.2. It is the Responsibility of the following TTNHWS Employees on duty to provide transportation and escort Participants and Clients to their destinations as part of their Assigned duties:

- (a) Medical Transport Team;
- (b) Outreach Support Team;
- (c) Day Program Driver;
- (d) Early Years Program;
- (e) Home Care Drivers; and
- (f) Other TTNHWS Employees when approved by their respective supervisor.

22.3. Every Employee is expected to care for the vehicles in a responsible manner. The driver of the vehicle is to conduct themselves in an exemplary manner, always in a way that respects all relevant motor vehicle laws (i.e., use of seatbelts, following speed limits) and represents the TTNHWS in a positive manner. Safety and proper motor vehicle provisions apply. Any deviation from this policy that May cause potential harm to the Participant, Client, Employee, or public Will result in an incident report to the Associate Director from the Employees and Participant(s)/Client(s) who occupied the vehicle, within twenty-four (24) hours of the incident. This May also result in potential involvement with the Human Resources department.

22.4. The following procedures are the driver's Responsibility for all TTNHWS Employees who drive a TTNHWS vehicle and such procedures are to be adhered to for transport safety purposes such procedures are:

- (a) If you are using a TTNHWS vehicle, it is for the use of TTNHWS business only, unless otherwise approved by the Associate Director;
- (b) Vehicles are to be cleaned after each use;
- (c) Lock up all TTNHWS vehicles when parked or idling;
- (d) Never leave Participants or Clients unattended in a parked vehicle and under no circumstances are Participants or Clients to be given control of vehicle keys;
- (e) Vehicle inspections Will be performed weekly by the Team Leader. Including complete checks of all fluids, (oil, washer, etc.). A brief visual of the exterior body, tire pressure and review of cleanliness of interior. Vehicle maintenance checks Will be given to the Office Manager for filing and easy access. Additionally, daily inspections should be performed prior to Employees taking a vehicle off the property including visual tire checks, coolant, engine oil and brake fluid;

- (f) Vehicles involved in accidents such as collisions, scratches, windshield chips, dents, Willful damage, or interior tears Will require a written report submitted to the Associate Director by way of a vehicle accident/damage report form;
- (g) Participants and Clients May not extend their extremities or head out the windows or throw articles from the vehicle;
- (h) The driver is fully in charge of the vehicle, Participants, and Clients. Their instructions are to be carried out;
- (i) Assist in keeping the vehicles safe and sanitary. Any damage to a TTNHWS vehicles Must be reported;
- (j) Use of tobacco in any form is not permitted in the TTNHWS vehicles;
- (k) Violation of any regulations Will be reported to the Associate Director by the driver. On the second such offence, the Employee, Participant, or Client May be denied permission to travel in the vehicle;
- (l) Accident protocol Will be the same as that Required by Alberta Law. Ensure you obtain all pertinent details regarding drivers and vehicles involved including place of accident, driver's licence, and vehicle registration; and
- (m) Participant and Client transport May have two (2) employee escorts, one (1) of the same sex as the Participant or Client.

22.5. Any Employee observed breaking applicable distracted driving laws when transporting a Participant or Client Will be deemed to be committing an illegal offence and May be subject to immediate dismissal.

22.6. All parking tickets and traffic offences Will be the Responsibility of the Employee that is driving.

22.7. All drivers of TTNHWS vehicles Must have:

- (a) A valid Driver's License with no conditions; and
- (b) A clean drivers abstract (three years).

### **Utilizing Personal Vehicles**

22.8. For any Employee's personal vehicle to be used for the purposes of transport of a Patient or Client, they Must have the General Liability Insurance Policy at their own cost which includes the two (2) million-dollar coverage limit.

22.9. It is the Responsibility of the respective Supervisor or the Senior Manager to ensure that the personal vehicle in question has the appropriate General Liability Insurance Policy.

## **23 Restraints**

23.1. The TTNHWS Shall not restrain any persons. Any restraint Required Shall only be administered by the Tsuut'ina Nation Tosguna Services to ensure the safety of all present persons.

## 24 Emergency Management

24.1. Tsuut'ina Nation reserves the right to administer their own Emergency Management systems.

## 25 General Response Guide

- 25.1. TTNHWS Employees May come across individuals who are intoxicated, sleeping, or in mental or physical distress. A wellness check involves checking on the well-being of individuals who are in vulnerable states. Often, individuals under these conditions Will not approach Employees for assistance. Therefore, it is essential that Employees approach them first to check on their wellbeing when possible and offer support. Employees May Only aid individuals who Willingly agree to their assistance unless the individual is unresponsive and in need of emergency assistance.
- 25.2. If an unconscious individual regains consciousness during any point of the wellness check, the applicable Employee Shall engage in a conversation with the individual and ask if they can provide any support.

## 26 Internal Employee Guidelines

### Acknowledgement Form

26.1. All TTNHWS Employees Shall sign an Acknowledgement form to ensure they have read and understood these policies, as attached in these appendices.

### Health and Wellness Services External Content Sharing Practices

26.2. All TTNHWS External Content Sharing Practices Shall be moderated by the appropriate TTNHWS Associate Director.

26.3. TTNHWS initial content posts cannot be posted by non-approved/affiliated TTNHWS media accounts.

26.4. All Employees Must complete FOIP and HIA training on a yearly basis.

### Use of Internet and Computer Usage

26.5. It is the intent of TTNHWS to make online resources available to Employees to promote personal growth in information gathering techniques, critical thinking skills, and communication skills.

26.6. Employees Will be responsible for their use of email, websites, social media accounts, or any online forums. The following are considered as unacceptable usage of the internet:

- (a) Using the network for any illegal activity, violation of copyright, or other contracts;
- (b) Breach of confidentiality of Participant, Client, or TTNHWS Employees or business;
- (c) Internet gambling, illegal websites;
- (d) Degrading or disrupting equipment or system performance;
- (e) Gaining unauthorized access to resources or entities;
- (f) Invading the privacy of individuals;
- (g) Using an account owned by another Employee;
- (h) Posting personal communications without the author's consent;
- (i) Social media sites, Facebook, Instagram, Snapchat, X (formally known as Twitter), etc. unless it is for TTNHWS promotional purposes only;
  - i. Employees with access to TTNHWS Social Media accounts May not change the passwords without first consulting and confirming with all other Employees that have access to the TTNHWS Social Media accounts; and
- (j) There Will be a zero tolerance of allowing the use of TTNHWS equipment and property by non-TTNHWS Employees.

## 27 Conflict of Interest

27.1. An actual or potential conflict of interest exists when there is a divergence between an Employee's personal interests and their professional obligations to the TTNHWS.

### Conflict of Interest Situations

27.2. Personal Gain:

- (a) Employees Must not use their position for personal gain or for the gain of an Immediate Relative. Conflicts of Interest related to personal gain are further detailed in the Tsuut'ina Nation Finance and Administration Act.

27.3. Inappropriate use of the TTNHWS Resources or Facilities:

- (a) Employees Must not use or permit the use of resources or facilities for anything other than approved TTNHWS activities.

27.4. Inappropriate involvement in Hiring or Evaluation:

- (a) Employees Must not participate or influence the hiring or promotion of an Immediate Relative; and
- (b) Employees Must not directly supervise or evaluate anyone who is an Immediate Relative.

27.5. Outside Employment or Business Activity:

- (a) Employees May hold outside employment as long as they continue to meet the expected performance standards of their job. However, the TTNHWS Will not permit Employees to hold employment if it creates a conflict of interest; and
- (b) During working hours Employees are expected to devote their full-time and attention to their duties and the affairs of TTNHWS.

### Dispute Resolution

27.6. Management is devoted to facilitating a safe space for clear, open, and honest communication between Employees and management of the Program. It is recommended that Employees involved in a conflict or issue should speak directly with the other Employees' members involved to come to a resolution first. Confidentiality applies when discussing conflicts or other issues between Employees.

### Disclosure

27.7. When an actual or potential conflict exists, the Employee Shall:

- (a) Disclose such conflict to their respective Supervisor or the Senior Manager;
- (b) Refrain from participating in any decision-making process involving the conflict; and
- (c) Refrain from discussing the matter with any decision maker involved.

27.8. If an Employee has information that another Employee of the TTNHWS May have a conflict of interest, the Employee Shall notify their respective Supervisor or the Senior Manager in writing. Such matters Will be treated in strict confidence.

## 28 Home Care

28.1. The purpose of this section is to set standards for the provision of Home Care Services to Tsuut'ina Nation Citizens in order to maintain their quality of life and independence.

28.2. The appropriate Employee within the TTNHWS is to facilitate the appropriate use of health and community services by:

- (a) Preventing or delaying the need for admission to long-term care facilities and assisting with discharge;
- (b) Supporting Clients waiting for long-term care admission;
- (c) Preventing the need for hospital admission, making earlier discharge from hospital possible, and reducing the frequency of re-admission;
- (d) Helping individuals and families access needed services;
- (e) Promoting volunteer participation;
- (f) Educating the public about Home Care; and
- (g) Participating in local service planning and coordination.

### Guiding Principles

28.3. People can usually retain greater independence and control over their lives in their own homes.

28.4. Most people prefer to remain at home and receive Required services at home.

28.5. Support provided by families and friends should be encouraged and preserved and, if necessary, supplemented.

28.6. Service should assist individuals and families to retain maximum independence and avoid unnecessary dependencies.

28.7. Home Care should assist people to access needed health and community services.

28.8. Service decisions in Home Care should be based on assessed Client need and the risk to the Client if service is not provided.

28.9. Individuals and their supporters should help identify their needs, establish goals, and develop plans to meet goals.

28.10. People with the greatest need for Home Care should receive priority for service.

28.11. Individuals have the right to be treated with kindness, dignity, and respect.

28.12. A person's right to live at risk to oneself and to accept or refuse services is respected.

28.13. Home Care Services should be provided respecting the Client's cultural values and, whenever possible, by Employees who are of the Client's language and culture.

28.14. Home Care involves the planning and coordinating of local health and community services.

28.15. Maintaining continuity of service includes:

- (a) Providing the same Home Care Service Providers to Clients where feasible;
- (b) Educating organizations and providers about Home Care Services;
- (c) Identifying major referral sources and establishing communication links;
- (d) Liaising with other organizations or Alberta Health Services involved with Clients (e.g. adult day Program);
- (e) Developing an awareness of and integrating complementary services provided by other organizations and agencies;
- (f) Working collaboratively with other organizations providing service;
- (g) Referring appropriately to other organizations;
- (h) Ensuring relevant information is communicated in a timely manner; and
- (i) Working with families/supporters to achieve continuity

## **Home Care Eligibility**

28.16. Applicants for Home Care Must meet one of the following eligibility criteria to receive Home Care Services:

- (a) Referrals can be submitted by a medical professional, the individual themselves, or a legal guardian. Referrals Will not be accepted by a third party (family members, neighbours or friends);
- (b) To have a residence located on the Tsuut'ina Nation to receive Home Care Services from the Tsuut'ina Health & Wellness Home Care Services;
- (c) To be eligible for contracted services (e.g. Focus on Caring), the individual Must be a Tsuut'ina Nation Citizen;
- (d) To be eligible for the Home Care supplement payment, the individual Must be a Tsuut'ina Nation Citizen;
- (e) Must not be receiving any other source of income or financial support, such as:
  - i. Alberta Works;
  - ii. Working full-time; or
  - iii. Receiving post-secondary financial support.
- (f) To have a completed intake assessment done by a Registered Nurse (RN) or License Practical Nurse (LPN) within the Home Care Team; and
- (g) A multidisciplinary approach Will be utilized to provide needed support through other Tsuut'ina Nation Programs or external agencies.

28.17. For individuals who are not Tsuut'ina Nation Citizens and do not qualify for the contracted services and Home Care supplement payment, the Home Care team Will

provide basic Home Care Services while consulting with the Immediate Relative/support to ensure services support quality of life and independence.

## **Services Provided**

28.18. Determine frequency, assessed need and level of risk to provide assessments to individuals seeking Home Care Services are based on the following referral process:

- (a) After initial referral, intake assessment is to be completed by an RN or LPN from the direction of the Home Care Coordinator; and
- (b) After the intake assessment has been completed, the Home Care coordinator Will determine the most appropriate service Required for the individual.

## **Eligibility for Home Care Supplement**

28.19. Tsuut'ina Nation Citizens who are eligible for the Home Care supplement after a Priority Screening Tool (Appendices) May be eligible for the following;

- (a) \$500.00 once a month would be a level three of a scoring of 18 to 19 points; or
- (b) \$1000.00 once a month would be a level four of a scoring of 20 to 22 points; or
- (c) \$1000.00 twice a month would be a level five of scoring higher than 23 points.

28.20. Individuals receiving the Home Care supplement Must adhere to the Health Care team standard of care to ensure quality of life and independence.

## **Assessment Process**

28.21. Eligibility of the Home Care supplement Shall be determined by the assessment process under the Priority Screening Tool.

28.22. An RN or LPN Will always complete the assessment at the initial intake/Client request into the Home Care Program.

28.23. Home Care supplement is based on the scores of the Priority Screening Tool.

28.24. In order to be reassessed, one of the following would have to be followed:

- (a) A major medical change occurs;
- (b) A written referral from a medical professional;
- (c) At the time of Case review as determined by the Home Care Coordinator, Associate Director of Health, or Director of Health & Wellness Services; or
- (d) Based on available funding.

28.25. Clients who are receiving a living allowance from a Tsuut'ina Education Program or any other post-secondary or education Program, May at the discretion of the TTNHWS Director, not be eligible to receive level four (4) funding and above.

28.26. If a Client is scheduled for medical surgery, a letter from the medical professional is Required to receive the Home Care supplement with dates of expected recovery time, at a maximum of up to three (3) months.

## **Discontinue of Home Care Supplement**

28.27. Purpose: To determine eligibility for a Client to receive or not receive the Home Care supplement based on budget limitations, Screening tool results, medical complications, or end of care from a medical surgery.

28.28. Home Care supplement Will be discontinued based on the following:

- (a) Timeline determined by a medical practitioner and/or Home Care coordinator ends;
- (b) The Priority Screening Tool indicates the Client is no longer a level three, four, or five;
- (c) Evidence of misuse of Home Care supplement; and
- (d) Any Tsuut'ina Nation Citizen being discontinued from the long-term Home Care supplement with a one-month notice provided verbally and in writing.

## **Dispute Process of Home Care Supplement**

28.29. For a fair and just process for the Client May dispute any concerns regarding the assessment outcome based the assessment process under the Priority Screening Tool.

28.30. All disputes can be submitted to the Director of TTNHWS, who Will then have the final Authority to determine, based on all gathered information, whether a reassessment should be provided.

## **Schedule of Home Care Supplement**

28.31. To have a scheduled payments of the Home Care supplement are set for the fifteenth (15) and last day of every month.

28.32. There Will be no early releases unless the Tsuut'ina Nation Chief Executive Officer (CEO) has provided written consent to the Director of TTNHWS, Associate Director of Health, or the Home Care Coordinator.

28.33. Early release of Home Care Supplement May be approved if senior management has provided all correspondence needed and that bank institutions are operating on the early release date.

## 29 Medical Clinic

### Clinic Eligibility

- 29.1. Only the following groups are eligible to use the services of the Tsuut'ina Medical Clinic:
  - (a) Nation Citizens; or
  - (b) Immediate Relatives of Nation Citizens living with Nation Citizens; or
  - (c) Individuals living on the Tsuut'ina Nation.
- 29.2. Those who do not meet these criteria Will be directed to other Public Family Health Practices. Any individuals using Tsuut'ina Medical Clinic services who do not meet these criteria Will be transferred or directed to equivalent Medical Practices.
- 29.3. Nation Employee members do not qualify as eligible for Medical Clinic Services unless they are Nation Citizens or Immediate Relatives living with a Nation Citizen or living on the Tsuut'ina Nation.
- 29.4. Nation Employees are eligible for vaccinations on Nation when available.

## 30 Amendments

- 30.1. This policy Must be reviewed on an annual basis within the first quarter of each Fiscal Year in order to ensure it remains valid, effective, and relevant.
- 30.2. This Policy Shall be amended in accordance with the *Tsuut'ina Nation Legislative Process Act (2018)* and Shall not supersede any Tsuut'ina Nation legislation.

PP.HWS.2511



## Health and Wellness Services Appendix

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## A. Forms

### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, do hereby give my permission to release the following information:

\_\_\_\_\_

Information about myself

\_\_\_\_\_

Information about a child in my legal care

\_\_\_\_\_

Name of Child:

\_\_\_\_\_

All information relevant to treatment

\_\_\_\_\_

Information limited to attendance and participation

\_\_\_\_\_

Specific information as follows:

\_\_\_\_\_  
\_\_\_\_\_

I consent to the authorization of the release of information to the following persons or agencies pertaining to my personal information below:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director: \_\_\_\_\_

Date: \_\_\_\_\_

This consent form Will expire on \_\_\_\_\_ (one year from today).  
After that day, no further information Will be released without my expressed written consent.

**PARTICIPANT'S REQUEST TO ACCESS FILE FORM**

I hereby request to access my Participant file for the purpose of reviewing the contents.

I understand that I can request to receive a copy of any document that is contained in my file.

I acknowledge that a copy of this request Will be placed in my file.

---

(Signature of Participant)

(Date)

---

Permission is granted for \_\_\_\_\_ to have access to his/her Participant file.

---

(Signature of Director)

(Date)

**TSUU T'INA HEALTH & WELLNESS CENTRE**

**Certificate of Completion**

**Of the Privacy Information and Policy Review**

Employee Name: \_\_\_\_\_

Review Date: \_\_\_\_\_

---

The health information that we collect is needed to provide clients with diagnostic, treatment and care services or for other authorized purpose(s) under section 27 of the Health Information Act. It is collected under authority of section 20(b) of the Health Information Act - directly related to and necessary to carry out an authorized purpose under section 27.

The confidentiality of this health information and privacy is protected by the provisions of the Health Information Act.

All Tsuu T'ina Health and Wellness Centre staff are required to treat all personal and health information as strictly confidential. Privacy Information and Policy Review will be conducted on a yearly basis.

If you have any questions about collection and use of health information, please contact **Tsuu T'ina Health Privacy Officer, Liz Waker**.

Employee Signature: \_\_\_\_\_

Privacy Officer Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

**CONSENT TO ATTEND AND PARTICIPATE IN TREATMENT**

I, \_\_\_\_\_ (applicant's name) consent to attend and participate at \_\_\_\_\_ (name of treatment facility) and I have reviewed the following points with my worker and initialed my understanding of the following:

1. \_\_\_\_\_ I am agreeing to give consent to Healthy Living staff to receive support services from Healthy Living.
2. \_\_\_\_\_ I agree to participate in assessments and or related services that the worker May recommend suitable for me.
3. \_\_\_\_\_ I agree to participate in the development of a treatment plan and treatment goals to assist me in exploring and resolving issues that are affecting me in my wellness.
4. \_\_\_\_\_ I have been provided information on the type of treatment I Will be receiving and where I Will be receiving treatment.
5. \_\_\_\_\_ I agree I have not been coerced into attending a treatment program by any of the Healthy Living staff.
6. \_\_\_\_\_ I understand that if I attend residential treatment, and am discharged or voluntarily choose to leave treatment, that First Nations Inuit Health Branch Will not cover my return travel and I Will be responsible for finding my own travel arrangements.
7. \_\_\_\_\_ I have reviewed and completed an application for treatment with my worker, answering all questions and providing all information truthfully and thoroughly to the best of my ability.
8. \_\_\_\_\_ I consent to the authorization of the treatment facility where I attend, to provide Healthy Living staff with a copy of my treatment and after care plans upon completion of the program. I understand that providing this information to Healthy Living Will assist in my continuum of care that supports my objectives and goals upon my return to the community.

Applicant's Signature: \_\_\_\_\_ Date:

Referral Worker's Signature: \_\_\_\_\_ Date:

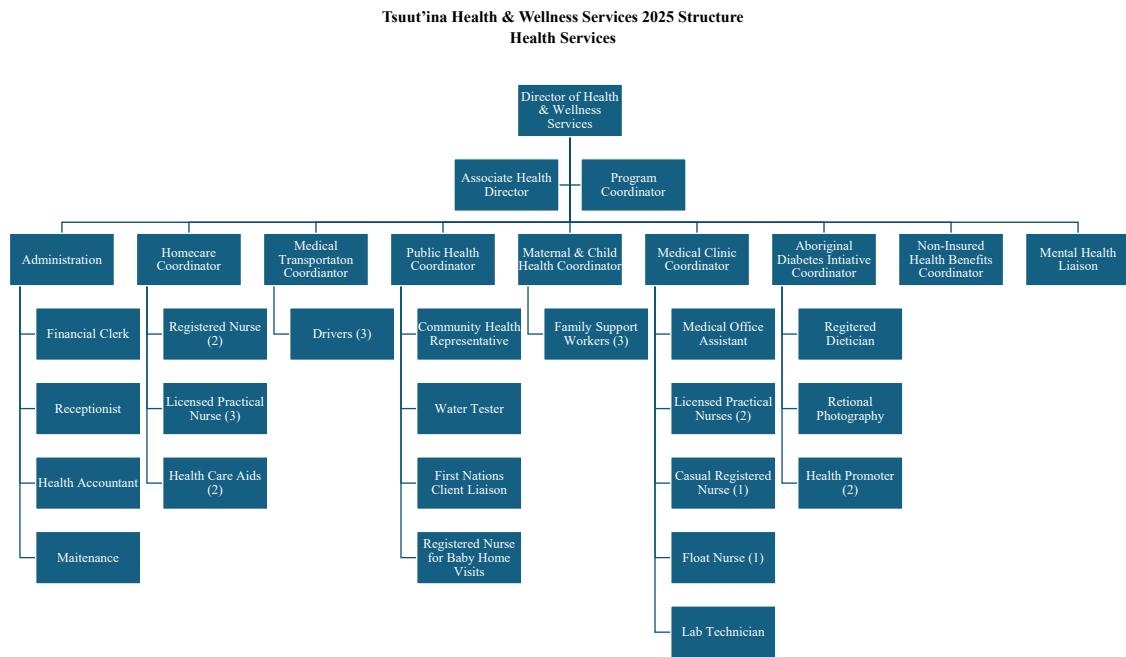
## **Mandatory Training & Certifications**

### **Purpose**

- A.1. Professional Development training is considered a benefit to both Employees and Participants you work with. Education and training enhance our abilities to work with the Participants we serve, and it is therefore important that Employees take advantage of building their skill set and attend training as scheduled.
- A.2. All professional training for Tsuut'ina Nation Health and Wellness Services Employees Will be considered MANDATORY. All Employees Must be in attendance for training as scheduled Those who are not in attendance without a valid reason, i.e., sickness, family distress, Will be responsible to pay for and complete the training at their own expense and time.
- A.3. All Employees are to have the Required to have the valid training and certifications. Upon hire TTNHWS Will ensure training is provided to those who do not have the following:
  - (a) Freedom of Information and Protection of Privacy;
  - (b) Health Information Act;
  - (c) CPR/First Aid/AED training;
  - (d) ASIST;
  - (e) Self-Harm;
  - (f) Non-Violent Crisis Intervention;
  - (g) Trauma Informed Care;
  - (h) Opiate Knowledge;
  - (i) Microsoft Skills;
  - (j) Fire Safety; and
  - (k) Infection Control Training.
- A.4. Employees who wish to take Gunaha classes will be supported and encouraged by TTNHWS at the approval of their direct supervisor.

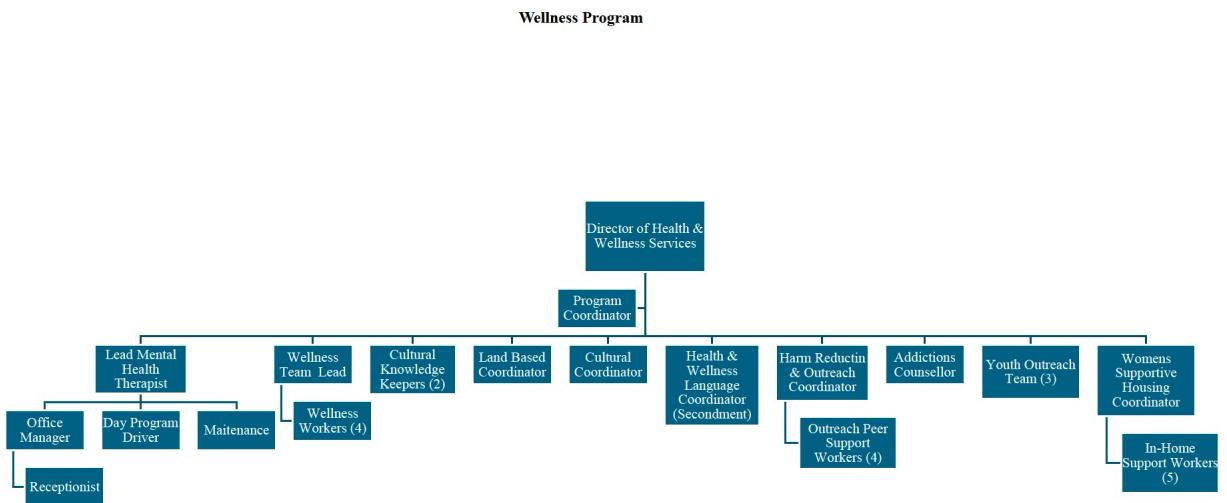
## B. Health Organizational Chart

B.1. This is the most current Health Organizational chart.



## C. Wellness Organizational Chart

C.1. This is the most current Wellness Organizational chart.



## **D. Addiction Misuse Treatment**

- D.1. Participants seeking addiction treatment services Will initially go through the Health and Wellness intake process.
- D.2. Employees Will discuss the process, complete various assessments, and decide which treatment modality best fits for each Participant. This means that Participants May be enrolled in detox, Residential treatment, Nation services support, day Program, or transition based on their stages of change and Willingness to participate.
- D.3. Follow up with each Participant Will take place to ensure Participants are continuing their wellness journey and provide individuals with support and services they require to ensure success in their recovery and healing journey.

## **E. Wellness Program**

- E.1. The Prevention Wellness Program is a visible team that provides education and awareness regarding Mental Health and Substance Misuse. This information is available for all ages within the Tsuut'ina Nation. Education and awareness are shared through Programming that incorporates Tsuut'ina identity through land-based teachings, culture, and language from knowledge keepers/Elders.
- E.2. The Prevention team hosts and collaborates with other internal and external partners to share up-to-date information on Mental Health and Substance Misuse. The Prevention Team achieves this with presentations, workshops, conferences, and various forms of social media/communications platforms.

## **F. Outreach Support**

- F.1. The Community Support Program provides brief immediate essential services to all Tsuut'ina Nation Participants Tsuut'ina Nation Citizens. Citizens who have been referred to the Community Support team from the Outreach team or have specifically requested support for services. These immediate services are defined within Maslow's basic physiological hierarchy of needs (food, shelter, water, and sleep). Wrap Around Health & Wellness is a Participant-led, Nation-based initiative focused on providing personal and professional supports to those seeking to improve their quality of life by helping address social concerns and challenges presented by Substance Misuse. Participant Liaisons Participant Services Coordinator and Addiction Counsellor within the Community Support Program Will collaborate with Program Managers in the social well-being all Nation portfolios to address urgent matters and reduce overlap of services.
- F.2. The Community Support team are the first contact for any Tsuut'ina Nation member over the age of 18 years who May ask for resources and/or supports for detox and treatment. The Community Support team provides wellness checks, check-ins, harm reduction supplies, hygiene kits, referrals, other internal/external resources, and support to those in need.

## **G. Aftercare**

G.1. The Health & Wellness services is to support individuals in their recovery through peer support, land-based teachings, culture/language Programming, and life skills Programming. In addition, Programming that focuses on trauma, grief, and the prevention of reuse of substance.

## **H. Health and Wellness Procedures**

H.1. Any source of referral Shall contact the Health and Wellness Community Support Worker who Will initiate the process. Any individual May be a source of a referral including self-referral.

- (a) The referral source Shall complete a summary of referral to the Intake Community Support Worker at Tsuut'ina Nation Health and Wellness.
- (b) The referral source Will ensure that the proper documentation is completed for referral.
- (c) The referral source Will ensure all consent forms, release forms and other Required forms are filled out and signed by the Participant.

## **I. Screening Referrals and Selection of Participants**

I.1. Any referral source Shall contact the Community Support Worker at The Tsuut'ina Nation Health and Wellness Services who Will initiate the process. The selection of potential Participants Will proceed through a Screening process. Parties to this process involve the Health and Wellness Services Team. The purpose of the Screening is to process which Program Will best fit the Participant in their moment of need.

I.2. It is the Responsibility of the source of referral to provide all documentation and pertinent information for the selection of Participants, and to observe and abide by the process and procedures.

- (a) The referral source Shall complete a referral package for the Health and Wellness Services Team.
- (b) The Screening Will be done by the Participant Services Coordinator and the Associate Director of Health.
- (c) The Community Support Worker Will ensure that the proper documentation and sections of the Case Record are completed for selection.

I.3. The Health and Wellness Services team Will respond to emergency referrals within twenty-four (24) hours.

## **J. Intake Process – Wait List**

### **Waiting List**

- J.1. In the event that referrals to AHS or NNADAP Residential treatment centers have exceeded capacity, Participants Will be selected based on urgency of treatment needed and reviewed with the Health and Wellness Services Team for other resources.
- J.2. Any persons that cannot be immediately accommodated Will be placed on a waiting list until accepted into treatment. The applicants that were on the waiting list Will be given priority if they meet all eligibility requirements.

## **K. Care Planning – Treatment and Assessment Plans**

- K.1. With quality of care and through effective and consistent Participant services, the Program helps the Participants achieve their goals and self-care. The Program is designed to encourage the Participants to gain knowledge and pride in their personal wellness.
- K.2. The Participant assessment and evaluation procedures form the basis from which every other aspect of the treatment is developed, particularly the individualized case Wellness Plan. It is especially important therefore that these procedures be standardized.
  - (a) The Intake Employee responsible for assessment and evaluation Will explain to the Participant the purpose and goals of the process to ensure that they are participating voluntarily.
  - (b) The Participant Will sign a Release of Information Form allowing the Program to access the Required information from the appropriate agencies or individuals. The Tsuut'ina Nation Health and Wellness Services Employee Will complete a Participant Intake Form with the Participant to collect biographical data about the Participant.
  - (c) Documentation of Wellness Plans are signed off by the Employee and Participant and reviewed with the Health and Wellness Services Team.

## **L. Monthly Progress Report**

- L.1. The Tsuut'ina Nation Health and Wellness Services Employees Will maintain monthly summaries of the Participant 's progress scheduled as for as long as the Participant is in the Program to their immediate Supervisor. The final report to be completed is the Discharge Summary when the Participant is no longer seeking or requiring assistance.

## M. Emergency Management

- M.1. The safety of Participants and Employees is a priority. To this end, monthly safety committee meetings Will be held with minutes taken accordingly. The purpose of these meetings is for Employees to network and ensure maximum safety standards are adhered to and any safety concerns are identified and rectified immediately. In all cases, any situation of an emergency in nature is to be detailed in an Incident Report and contact Emergency Management immediately.
- M.2. All emergency procedures relating to fire, flood, etc., are outlined in the Emergency Management Manual.
- M.3. All emergency numbers Will be posted at all phone areas and Will include a listing of:
  - (a) Chart:

Fire	
Tosguna	
Health Centre	
Public Works	
Child & Family Services After Hours	
Mental Health Crisis Team	
Power	
Poison Control	

- (b) **IF ANY EMERGENCY OCCURS AND YOU REQUIRE AN AMBULANCE, TOSGUNA OR FIRE DEPARTMENT AT TSUUT'INA NATION HEALTH AND WELLNESS, DIAL 911!**

### **General Abuse Response Process**

- M.4. Any Employee, volunteer or independent contractor who becomes aware of or suspects abuse Must, and any other person should, immediately report it to the Associate Director or designate.
- M.5. The Associate Director or designate Will take all allegations of abuse seriously and Will investigate them promptly, thoroughly, fairly, and impartially. An outside third party Will be brought in to conduct the investigation to ensure impartiality. Tsuut'ina Nation Health and Wellness Services Will cooperate fully with any investigation conducted by law enforcement.
- M.6. An Employee accused of abuse Will be placed on a leave absence or reassigned pending completion of the investigation.
- M.7. All reports of abuse Will be forwarded to appropriate agencies within twenty-four (24) hours, verbally. A written incident report Will be forwarded within five (5) working days.
- M.8. This policy Will be reviewed with each Employee, volunteer, and independent contractor at the outset of service, and he or she Will receive or have access to a copy of this policy.
- M.9. Participants served Will also be informed of this policy.
- M.10. Participants are provided one-to-one counseling and access to any person they request to speak with.

## **N. Employee Protocols**

### **Oath of Confidentiality**

- N.1. All Employees agree to an Oath of Confidentiality as signed and agreed upon through the Human Resources department. They solemnly and sincerely swear that they Will faithfully and honestly fulfill the duties placed upon them by reason of their employment with the Health and Wellness and that they Will not, without due Authority on behalf, disclose, make public, or make known any matter that comes to their knowledge by reason of such employment. They further agree to hold in the strictest confidence all information in relation to the business affairs and operations of the organization, affiliate organizations and Tsuut'ina Nation that May be revealed to them by reason of such employment.

## O. Priority Screening Tool

Indigenous Services Canada  
Services aux Autochtones Canada

## PRIORITY SCREENING TOOL

Client Name:

Date:

Gender:

Band:

D.O.B.: /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
yyyy mm dd

PHN:

<b>A. Age</b>	<b>B. Living Situation/Social Support</b>
0 55 years or less (specify if child)	0 Lives only with spouse or lives alone with No Problem
1 65 to 64 years	1 Lives with family
2 65 to 79 years	2 Lives along with family support
3 80+ years	3 Lives alone with friend's support
(Use 0 if age is not a factor in continuing self-care or minimal program requirements for age groupings)	4 Lives alone with no support
	5 Lodge, etc.
<b>C. Support system</b>	<b>D. Stressful Life Event*</b>
0 No need identified	0 (Δ in support system/financial status/birth/death/divorce/relocation/diagnosis)
1 Support available: adequate/willing to meet identified need	0 Event(s) occurred over one (1) year ago
2 Support Available: inadequate to meet identified need	1 Event(s) occurred within the past year
3 No support system/support available and very limited/unwilling to meet need (significant potential for breakdown)	2 Event(s) occurred within the past six (6) mos.
3 Event(s) occurred within the past three (3) mos.	
<b>E. Hospital Admissions/Emergency Room Visits</b>	<b>F. Active Medical Problems</b>
0 None in the last three (3) months	0 Fewer than three (3) medical problems
1 One in the last three (3) months	1 Three (3) to five (5) medical problems
2 Two in the last three (3) months	2 More than five (5) medical problems or Medical Problem which is debilitating or out of control
3 More than two (2) in the last three (3) months	
<b>G. Number of Drugs</b>	<b>H. Substance Abuse</b>
0 Fewer than three (3) drugs	0 No substance abuse
1 Three (3) to five (5) drugs	1 Misuse of alcohol or drugs
2 More than five (5) drugs	
<b>I. Behavioural Patterns</b>	<b>J. Sensory Deficits</b>
0 Appropriate 1 Confused	0 None
1 Wandering 1 Other	1 Visual or hearing deficits (specify by circling which)
1 Agitated	2 Visual and hearing deficits
<b>K. Mobility</b>	<b>L. Cognition* spheres = person, place, time, self</b>
0 Ambulatory	0 Oriented
1 Ambulatory with mechanical assistance (independent with cane, walker, crutches, wheelchair)	1 Disoriented to some spheres some of the time
2 Ambulatory with human assistance (needs cueing or standby support)	2 Disoriented to some spheres all of the time
3 Non-ambulatory (bedridden requiring assist with W/C)	3 Disoriented to all spheres some of the time
4 Disoriented to all spheres all of the time	
5 Comatose	
<b>M. Functional Status</b>	
0 Independent in activities of daily living and instrumental activities of daily living	

Dependent in:

Activities of Daily Living (ADL)	Instrumental Activities of Daily Living (IADL)
1 Eating/feeding	1 Meal preparation
1 Bathing/grooming	1 Grocery shopping
1 Toileting	1 Responsible for own medication administration
1 Dressing	1 Medication: assistance to set up, some supervision assistance, given by others
1 Transferring	1 Handling own finances
1 Incontinent of bowel function	1 Transportation
1 Incontinent of bladder function	

## P. Service Complaint Procedure

- P.1. The Health and Wellness Must respond to complaints filed by a family member or a representative of persons seeking or receiving services from Tsuut'ina Nation Health and Wellness.
- P.2. It is the goal of The Tsuut'ina Nation Health and Wellness Services to ensure that a mechanism exists for hearing and resolving these complaints.
- P.3. The following procedures are designed to offer a convenient and responsive method of registering and resolving complaints.
- P.4. Formal complaints Must be filed in writing and signed by the complainant and Must contain the following information:
  - (a) The name, address and telephone contact of the person filing the complaint;
  - (b) The name of the person(s) who the complaint is about and the alleged victim;
  - (c) A clear and concise statement of the facts, including dates, locations, witnesses, and other evidence in support of the complaint; and
  - (d) Formal complaints May be filed internally with the Associate Director, or in the event the complaint is against the Associate Director, the complaint goes to the Health and Wellness Services Director and the Senior Operations Officer.
- P.5. Participant complaints to be submitted to the Director of Health and Wellness Services. The Director of Health and Wellness Services Will then follow the proper lines of Authority for fair resolution.

## Q. Participant Confidentiality Guidelines

### Q.1. Guidelines:

- (a) Employees Will ensure that any discussions with a Participant or Health and Wellness Services be done in a private office/room to protect confidential information.
- (b) Only designated Program Employees Will have access to files for information on their own caseload and to other Participant records for providing care, updating records or for Participant safety.
- (c) Computer data Will be password protected in accordance with cyber security.
- (d) Participant information Will be stored in a locked room in a fireproof filing cabinet.
- (e) All necessary Employees Will be trained on the proper handling and confidentiality of Participant records.
- (f) This policy Will be reviewed with Employees regularly.
- (g) Any agency requesting information on a Participant Will provide a written request indicating the reason(s) for the request.
- (h) All information Will be shared with the Participant and a “Consent to Release/Request Information Form” Must be signed by the Participant prior to any release of information.
- (i) If the Associate Director believes it would be in the Participant’s best interest to share information, it Will first be discussed with the Participant prior to the release of any information.
- (j) The Program Will do everything within its power to safeguard the Participant's rights to privacy.
- (k) Reporting of Abuse or neglect falls under Provincial Statute and requires immediate disclosure with or without the Participant’s consent. The Tsuut’ina Nation Health and Wellness Services has an obligation to report any information which the Program is legally Required to release to the appropriate authorities and/or if it is necessary to ensure the safety and security of the other Participants and Employees.

## R. Emergency Protocols

- R.1. If a Participant's behavior or under the influence of a substance cannot be safely controlled and they are injuring themselves, other Participants, Employee/or destroying property, and the Employee cannot safely control the situation, they May request immediate emergency removal of the Participant. Emergency removal May be to a place of security and safety (e.g., hospital or Tosguna station).
- R.2. The Employee Shall record the action taken regarding emergency removal on an Incident Report Form, Case Notes, and ensure that the same is entered into the Participant's Case File.
- R.3. The Associate Director Will ensure that any incidents regarding emergency removal Will be documented on an Incident Report Form, which Will be submitted to Director of Health and Wellness Services within twenty-four (24) hours of the incident.
- R.4. A Notice of removal or welfare check May be delegated to the Tosguna Services.
- R.5. If a foreseeable instance occurs, the Participant May be removed without the Participant's consent.
- R.6. The TTNHWS reserve the right to refuse services based on the health and security of the individual and employee.

## S. Participant Assessment

### Guiding Principles

- S.1. An assessment is the organization of data that is useful in planning a course of action for a Participant.
- S.2. The Assessment Process can proceed with very little data, providing you are drawing inferences from the facts. At any point in any case situation, you can pull together the facts and see what you have, but its aim is to identify the factors which make the Participant and their situation unique, yet to see its similarities to other situations so that you can utilize past experiences and bring theoretical knowledge to bear.
- S.3. From any given constellation of material, a hypothesis May be constructed. The diagnostic process refers to the way that you utilize the information (or decide in which areas more information is Required) until these hypotheses are gradually narrowed down to as exact a degree of differentiation as you can achieve. One always needs evidence to substantiate a hypothesis. Choosing a hypothesis because it seems "the only one left" is neither scientific, nor good social work practice.
- S.4. The assessment is not an end but should culminate in an individualized care plan. Such a plan should consist of goals (long and short term), the means of achieving each goal, modalities, and techniques to be utilized, treatment limitations and prognostic impressions.
- S.5. The Psycho-Social Assessment outline which appears later in this manual May be used both as a framework for learning about a Participant or family and as a way of organizing material once it has been obtained. Other factors in addition to the securing of diagnostic information should, of course, guide your interviewing process. The outline is for your guidance in thinking about your case.
- S.6. The Assessment Process begins at intake as Participants are frequently more Willing to share their background information and life experiences early in the process. As much information as is possible should be obtained from the Participant during the first fifteen (15) days. This information is essential to effectively plan the Required intervention. All the available information Must be included in the assessment.

### Updating Assessment

- S.7. The assessment is an ongoing process, constantly open to revision as new information about the person's situation is obtained. At regular intervals, every thirty (30) days upon completion of the 30-day assessment, a reassessment occurs as part of the Wellness Plan Review.

## T. Supports During Transition

- T.1. Tsuut'ina Nation Health and Wellness Services has a policy and procedure to follow when preparing a plan to support the Participant in transition from the current Program. The Participant May be entering another Program or returning to the Nation that May or May not have the available services or aftercare support.
- T.2. Tsuut'ina Nation Health and Wellness Services Will ensure a plan is provided to prepare the Participant for their adjustment once they leave a Program.
  - (a) The Employee Will obtain information on Nation resources and support services that May be available to the Participant;
  - (b) Prior to discharge from a Program, the Employee Will begin a transition plan and focus on intensive individual counseling, reuse of substance prevention, coping skills, life skills, and independent living as part of the plan, but not limited to;
  - (c) The Participant Will be equipped with tools to help them maintain their wellness and health;
  - (d) Ensure the Participant's needs and aspirations are considered in the event their does not want to return to their community (advocacy);
  - (e) Consult Health and Wellness Services when a Participant has plans other than returning to their community and offer support in the best interest of the Participant; and
  - (f) Prepare a transfer letter to the Participant and the service/Program of where the Participant Will be attending.

## **U. Code of Ethics**

### **Employees and Volunteer Code of Ethics**

- U.1. Provide the best possible assistance to Participants and Clients seeking help and without unfair discrimination, harassment or demeaning actions or statements.
- U.2. Respect the Participant and Client and act in a manner so the dignity, individuality and rights of the person are protected.
- U.3. Ensure that clear appropriate boundaries are set for Employee/Participant and Client relationships.
- U.4. Recognize their own personal limitations when working with a Participant or Client.
- U.5. Ensure appropriate actions are taken to protect the Participant or Client from physical or psychological trauma resulting from interactions or disclosures during group work.
- U.6. Conduct themselves in a manner that does not encourage the physical or emotional dependence of a Participant or Client.
- U.7. Only engage in the Employee/Participants and Clients relationship, and not engage in any dual or multiple relationships with a Participant or Client.
- U.8. Will not accept gifts from Participants or Clients and families.
- U.9. Will not socialize with Participants and Clients outside of the workplace. In the event Employees find themselves in social situations with Participants and Clients, it is expected they Will exercise best judgment.
- U.10. Ensure the Employee/Participants and Clients relationships remain professional. Employees Will ensure that personal or friendship relationships do not develop.

## V. Participant and Client Bill of Rights

- V.1. TTNHWS is dedicated and committed to a service delivery system which ensures that policies and procedures Will reflect an environment which nurtures personal growth and dignity as well as sustaining and enriching the quality of life of each Participant and Client and their respective families.
- V.2. TTNHWS Will operate under procedures and guidelines that highlight the following areas:
- V.3. Human Rights.
- V.4. The right to practice Tsuut'ina Nation customs and traditions.
- V.5. Dignity.
- V.6. Health & Safety of persons.
- V.7. These procedures are written and Will be communicated to all personnel of TTNHWS and the Participant or Client served.
- V.8. The procedures under this section Will address the following areas:
- V.9. The right to be informed.
- V.10. The right to speak and be heard.
- V.11. The right to be free from violence and discrimination.
- V.12. The right to the provision of opportunities and mechanisms to facilitate access to Tsuut'ina Nation Health and Wellness, Self-help Groups and Advocacy services.
- V.13. The right to receive services in a manner that respects dignity, confidentiality and privacy that promotes autonomy and participation in decision making.
- V.14. The right to be respected.
- V.15. The right to give or refuse consent to the provision of service.
- V.16. The right to be informed, and
- V.17. Participants and Clients Will also have a Responsibility to:
- V.18. Understand that verbal or physical abuse of Employees, Participants, Clients, and volunteers Will not be tolerated.
- V.19. To be respectful of other Participants, Clients, visitors, and Employees.
- V.20. To respect the confidentiality of others in the Program.
- V.21. To participate and complete Programs and services offered.
- V.22. To take part in their care plan to the best of their ability.
- V.23. To be honest in their healing journey.

## **W. Terms of Reference**

### **Name**

W.1. Tsuut'ina Health & Wellness Services Committee (the "Health Committee").

### **Role**

W.2. As the Tsuut'ina Nation's health needs grow in size and complexity, Tsuut'ina Health & Wellness requires a governance and advisory Committee to provide input a direction for its transition.

W.3. The Committee would be primarily responsible for advocating on behalf of the Nation and its citizens for the Treaty Right to Health by reviewing agreements and being active in new agreement negotiations, including but not limited to the financial agreements, partnership agreements, and service agreements.

W.4. The Committee would also be responsible for the development of policies for the governance and operations of Tsuut'ina Health & Wellness. The ongoing management of Tsuut'ina Health & Wellness will remain the responsibility of the Director of Health and Wellness Services and the Health and Wellness Leadership team.

W.5. The Committee would work alongside the Director of Health and Wellness Services for strategic and long-term planning of all programs and services under Tsuut'ina Health & Wellness Services.

W.6. The Committee would meet at least annually with the Nation citizens to report on the performance of Tsuut'ina Health & Wellness Services.

### **Committee Composition**

W.7. The Health Committee will consist of Seven (7) voting individuals.

W.8. Minor Chiefs shall be appointed by the Head Chief, for the balance of their elected term.

W.9. Four (4) Minor Chiefs

W.10. Other Committee members shall be appointed by the Head Chief and Minor Chiefs based on an application process, for a three (3)-year term.

W.11. Two (2) Nation Citizens;

W.12. One (1) Adult Youth ((age Eighteen (18) to Twenty-Nine (29)) Nation Citizen;

W.13. One (1) Elder (age Sixty 60+) in an advisory role (non-voting).

### **Chair**

W.14. One of the Minor Chiefs, to be voted by Health and Wellness Committee.

W.15. Appointment to coincide with elected term.

W.16. Call meetings and create agendas for the Health Committee in collaboration with the Director of Health and Wellness.

W.17. Chair meetings of the Health Committee The Committee shall be chosen through appointment from Head Chief and Minor Chiefs office.

W.18. Report to Head Chief and Minor Chiefs as required

### **Vice Chair**

W.19. To be voted by Health Committee Members.

W.20. Must be a voting member of the Health Committee.

W.21. To be rotated on an annual basis.

W.22. Assume responsibilities of the Chair in absence of the Chair.

### **Attendance**

W.23. In order for Health Committee Meetings to be effective, all Health Committee Members should be in attendance at meetings. In the event a Health Committee Member misses three (3) meetings without notice to the Chair, the Chair will ask the Head Chief and Minor Chiefs to appoint another person to sit on the Health Committee.

### **Health Committee Meetings**

W.24. The Health Committee will meet once a month. The meetings may be in-person, by teleconference or electronically, e.g., Zoom, at a location to be agreed upon by the Health Committee. Generally, meetings will be scheduled in the late afternoon/evenings to accommodate the regular working hours of Committee members.

W.25. At the direction of the Chair, a notice shall be sent out for the meeting no later than seven (7) days prior to the meeting date with the time and place of the meeting, unless a more urgent timing is required. Special or emergency meetings may be called from time to time to allow the Health Committee to meet to address urgent matters. These meetings may require a shorter notice period due to the urgent nature of the business to be addressed.

W.26. All meeting notices shall include a draft agenda for the meeting.

W.27. In the event that a Health Committee Member is not available for a meeting, the Health Committee Member can speak to the Chair in advance so that the Chair can share the member's perspective at the meeting. That member may also submit written comments or documentation in advance of the meeting. Submissions required for a meeting that are made after said meeting will not be considered for decision-making.

### **Quorum**

W.28. Quorum shall be simple majority (50%+1) of the voting Health Committee Members.

### **Decision making**

W.29. The Health Committee shall strive for consensus when making decisions. If consensus cannot be achieved, the Health Committee Members must agree on how to deal with the outstanding issue, i.e., vote, continue discussion, table the issue to another meeting or consult with Elders and/or external/internal consultants with specific expertise.

W.30. When voting, the majority (50%+1) rules with quorum present. There shall be no proxy or email voting unless explicitly determined or during an emergency defined by the Health Committee in advance of a vote.

### **Minutes**

W.31. The Health Committee's Executive Assistant (or designate) shall take minutes at the Health Committee Meetings and the minutes shall be distributed to the Health Committee Members and approved at subsequent Health Committee Meetings. Minutes will be kept and stored in accordance with the Tsuut'ina Nation practices.

W.32. Prior meeting minutes to be reviewed and approved at the beginning of every meeting.

### **Accountability**

W.33. The Health Committee will be accountable to the Tsuut'ina Nation Head Chief & Minor Chiefs through the Chair. The Health Committee members are expected to conduct themselves in accordance with all relevant legislation and policies.

### **Remuneration**

W.34. The non-elected members of the Health Committee will be entitled to an honorarium of \$500 per month. The remuneration will be reviewed annually and may be adjusted.

W.35. In addition to the above, the non-elected members of the Health Committee will be entitled to an honorarium of \$250 per Special meeting.

W.36. A special meeting is when there is a single issue of significant magnitude that requires a full meeting to address it. Significant magnitude Shall be at the discretion of the Chair and the Director of Health and Wellness.

W.37. There shall be a maximum of two (2) special meetings per month.

### **Amendments**

W.38. To be amended and updated annually based off operational needs.

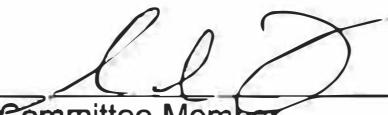
## 31 Health Committee Signatory Page

**THIS POLICY IS HEREBY** approved at this duly convened meeting of the Health Committee this day of November 17, 2025. The Tsuut'ina Nation Head Chief and Minor Chiefs delegated the authority to this Health Committee to approve these Policies and Procedures.

Voting in favour of the Tsuut'ina Nation Health Committee Policies and Procedures amendments, as evidenced by signatures, are the following members of the Tsuut'ina Nation Health Committee:



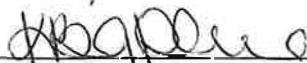
Committee Member



Committee Member



Committee Member



Committee Member



Committee Member



Committee Member

## 32 Head Chief and Minor Chief Signatory Page

**THIS POLICIES AND PROCEDURES IS HEREBY** made at this duly convened meeting of the Head Chief and Minor Chiefs of the Tsuut'ina Nation this 17<sup>th</sup> day of October 2025 by Nation Council Resolution.

Voting in favour of the Health and Wellness Services Policies and Procedures, as evidenced by signatures, are the following members of the Head Chief and Minor Chiefs:

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Tsuut'ina Nation Head Chief

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Tsuut'ina Nation Minor Chief