



## Home Support Services Standards

2011

A handwritten signature in cursive script, appearing to read "Lisa Doucette", written over a horizontal line.

Lisa Doucette  
Assistant Deputy Minister  
Program Design & Quality  
Management

A handwritten signature in cursive script, appearing to read "Géraldine Poirier Baiani", written over a horizontal line.

Géraldine Poirier Baiani  
Assistant Deputy Minister  
Program Delivery

<b>History of Modifications/Updates</b>		
<b>Date</b>	<b>Section</b>	<b>Description</b>
Sept. 23, 2013	<b>Practice Standard 3</b> <b>Practice Standard 8</b> <b>Practice Standard 13</b> <b>Practice Standard 14</b> <b>Practice Standard 17</b> <b>Practice Standard 23</b> <b>Practice Standard 26</b> <b>Practice Standard 34</b>	Need for agency policy on Medication Management Continuing Education now requires a yearly session on Body Mechanics for the Home Care Industry Update description of foot care Clarify role of Home Support Worker in Medication Management Insurance coverage for transporting clients Clients are required to give 24 hr notification of termination of service Invoking Section 19 of the Occupational Health and Safety Act Bereavement Leave
Dec. 18, 2013	All document	Typos only
Feb. 21, 2014	7.4 – Bereavement Leave	Added brother-in-law or sister-in-law
Nov. 18, 2014	<b>Practice Standard 8</b>	Removed requirement to have yearly updated CPR and First Aid Training.
January 12, 2017	<b>Practice Standard 5</b>	Clarification of an approved trainer
May 23, 2018	7.4 Bereavement leave	Addition of son-in-law or daughter-in-law
February 26, 2019	5.9 Missed Scheduled Shifts by Client	Addition of one paragraph
Feb. 27, 2019	4.3 Medication Management	Change in wording

## TABLE OF CONTENTS

<b>Section 1</b>	<b>Introduction</b> .....	<b>1</b>
1.1	Overview.....	1
1.2	Philosophy and Principles.....	1
1.3	Definitions.....	2
<b>Section 2</b>	<b>Home Support Services</b> .....	<b>5</b>
2.1	Overview.....	5
2.2	Compliance with Legislation .....	5
2.3	Case Management .....	6
<b>Section 3</b>	<b>Service Providers Responsibilities</b> .....	<b>7</b>
3.1	Management.....	7
3.2	Provision of Qualified Staff .....	8
3.3	Definition.....	9
3.4	Training Programs .....	9
3.5	Out of Province Training Programs.....	10
3.6	Continuing Education.....	10
3.7	Availability of Services .....	11
3.8	Service for Emergencies.....	11
3.9	Health and Safety Program.....	11
<b>Section 4</b>	<b>Types of Home Support</b> .....	<b>13</b>
4.1	Intervention .....	13
4.2	Personal Care.....	13
4.3	Self Sufficiency - IADL .....	14
4.4	Respite.....	15
4.5	Delegation.....	15
4.6	Transportation.....	16
<b>Section 5</b>	<b>Requisitions</b> .....	<b>17</b>
5.1	Requisitioning of Services.....	17
5.2	Initial Assessment.....	18
5.3	Renewing.....	18
5.4	Responding.....	19
5.5	Service Delivery .....	19
5.6	Termination by Clients .....	20
5.7	Termination by Agency .....	20
5.8	Termination by Social Development .....	21
5.9	Missed Scheduled Shifts by Client.....	21
<b>Section 6</b>	<b>Agency Response</b> .....	<b>23</b>
6.1	Information to Clients .....	23
6.2	Complaints.....	23
6.3	Reporting Incidents/Changes.....	24
6.4	Client Files .....	25
<b>Section 7</b>	<b>Financial</b> .....	<b>26</b>
7.1	Collection of Fees .....	26
7.2	Billings .....	26
7.3	Time Sheets.....	27
7.4	Bereavement Leave .....	27
<b>Section 8</b>	<b>Monitoring</b> .....	<b>28</b>
8.1	Monitoring.....	28
<b>Section 9</b>	<b>Appendices</b> .....	<b>29</b>

## Section 1 Introduction

### 1.1 Overview

Home Support Services are contracted from authorized home support service agencies through agreements with the Department of Social Development Regional Offices.

The Home Support Services Standards establish a minimum standard of service and service delivery. They are not designed to regulate Home Support Services within New Brunswick but to reflect an approved minimum of service quality. These standards may only be modified by the Department of Social Development.

These standards apply where Home Support Services are requisitioned by Social Development for clients served through programs of the Department.

Practice standards are mandatory and establish a minimum level of performance to meet the compliance required in a particular service.

#### Practice Standards

- implement the provisions of the *Family Services Act* and Regulations by providing operational direction
- describe an expected level of performance for the delivery of services to clients of Social Development
- state what clients and the public can expect
- assist regions in monitoring the performance of staff
- assist the department in monitoring its performance by facilitating measurements.

Guidelines are strongly recommended steps or suggestions that should be followed as written, but may be modified to meet the requirements of the situation or user needs. They may provide context, clarification and/or flexibility to a standard. Guidelines can be considered as optional procedures.

### 1.2 Philosophy and Principles

The foundation of Home Support Services Standards is the philosophy of community based services that

- promotes self-sufficiency and personal responsibility
- acknowledges that the support and services are necessary to enable some individuals to remain in the community

These service standards follow the principles that services

- complement rather than replace the informal support network

<b>Subject</b>	<b>Section</b>
<b>Introduction</b>	

- address unmet needs of clients as identified in the assessment process
- must not interfere unnecessarily with usual routines of clients
- must respect security, safety, general well-being, right to privacy, individuality and autonomy of clients
- should assist clients to remain self-sufficient as long as possible

### **1.3 Definitions**

Case Manager	Refers to a social worker or other professional authorized by the Department of Social Development who has case management responsibility for clients.
Department	Refers to Department of Social Development
Government Cost	Refers to the amount of money that government pays towards services as required by case plan
Client's Cost	Refers to the amount of money clients pay towards the cost of their services as determined either through the Standard Family Contribution scale or other program contribution scales
Home Support Services	Refers to services provided in client's homes that enable clients to stay as independent as possible within their own homes and are not performed by family members, or members of the client's informal support systems. These are generally purchased through service provider agencies.
In-home	Refers to homes of clients.
Informal Caregiver	Refers to a member of the informal support system e.g., family, friends, neighbours of the client who provides care and supervision to the client
Out of Home	Refers to services provided to clients outside of their homes, for example social activities, recreational activities, shopping, medical or dental appointments.
Assist	Refers to an act or series of actions helping another person; to give supplementary support or aid to another person. <i>To assist</i> can pertain to the act of supervision, stand by, or hands on. The task must be performed without the aid of

Subject Introduction	Section
	mechanical means; i.e., Hoyer lift ( see also Two Person Transfer). The use of a transfer belt can be used but the client must participate.
Feeding	Refers to assisting individuals to feed themselves, for example, cutting and preparing their food, spoon feeding, assisting them with drinking from a cup. <i>It does not include medically supervised types of feeding methods, for example, tube feeding.</i>
Nutrition Care	Refers to the act of providing safe feeding techniques, the use of special devices such as feeding cups and identifying changes to the client's nutritional status
Transferring	Refers to moving a client from one position to another, for example, assisting the client from their bed to a chair, from a wheelchair to another chair, to and from the toilet without the aid of a mechanical device. Transfers can be a guide with a belt.
Two Person Transfer	Refers to moving a client from one position to another using two persons and could include a mechanical device.
Total Care	Refers to situations where a client is totally dependent on others for personal care services.
Monitoring	Refers to act of observing and recording client conditions pertaining to the clients' health and well being
Respite/Relief Care	Refers to a break from care giving for caregivers who provide on-going care for clients. Breaks are periods of time specified by clients' care plans and should respect program criteria.
Service Provider Agency	Refers to a non-government agency that provides services to clients of Social Development through a requisition system.
Service Requisition	Refers to a written request for approved services in accordance with the client's case plan.
Service Suspension	Refers to a temporary removal of services by clients, case managers or service provider agencies due to changes in living conditions of

clients, informal support systems of clients or ability of agencies to provide services.

Standard

A statement describing the outcome which is expected to occur in response to the provision of a specific component of service.

Termination

Refers to the time when clients no longer require services or when the agency is no longer able to provide services or when Social Development wishes to end the service. Note; the client may still need service even if the agency can't provide it.

Immediate Family

Immediate family includes

- A brother or a sister of the client
- A child or a grandchild of the client
- A parent or grand-parent of client
- The spouse or common-law partner of any of the above while the spouse or common-law partner are co-habiting
- The spouse or common-law partner of the client

## Section 2 Home Support Services

### 2.1 Overview

Home Support Services are provided to people living in their own homes. It targets clients eligible for Department of Social Development programs; primarily recipients are clients served through the Long Term Care and Disability Support Programs. These services provide support to individuals and families in the areas of personal care, activities of daily living and home management.

The goal of Home Support Services is to promote, maintain, strengthen or restore the well being of individuals living at home and/or the ability of families to provide support to individuals.

The objectives are to

- support individuals and/or families in returning to their homes whenever possible after specialized care or family disruption
- assist individuals and/or families to function as independently as possible
- provide services to assist with what individuals and/or families cannot do independently, or with the help of other informal support services and volunteer groups
- provide quality in-home services from qualified service providers who offer approved services in the areas of daily living, personal care and home management
- provide respite/relief care to primary caregivers
- provide emergency relief care when caregivers are suddenly unable to continue regular responsibilities
- be responsible for service management

### 2.2 Compliance with Legislation

#### Practice Standard 1 – Compliance with Legislation

**Service provider agencies that provide services must comply with relevant Federal, Provincial and Municipal laws and regulations, where applicable.**



They include but are not limited to

- *Family Services Act*
- *Health Act*
- *Human Rights Act*
- *Employment Standards Act*
- *Occupational Health and Safety Act*
- *Personal Information Protection and Electronic Documents Act (PIPEDA)*
- *Protection of Personal Information Act*
- *Worker's Compensation Act*
- *Official Languages Act*

### 2.3 Case Management

#### Practice Standard 2 – Case Management

**The Department of Social Development must provide Case Management to clients of the Department's programs**

**Case Management must**

- **support clients in the development of personal goals to maintain/enhance self-sufficiency of clients and families**
- **plan how to achieve these goals and successfully link clients to required services**
- **monitor the effectiveness of services**

**The Agencies responsible for assigning workload to the Home Support Workers must work under the direction of Case Managers.**

The Department of Social Development purchases the services of the Home Support Agencies to provide services and support to individuals and families experiencing challenges in their lives according to the case plan.

## Section 3 Service Providers Responsibilities

### 3.1 Management

#### Practice Standard 3 – Service Management

**Service Provider Agencies must be responsible for the Service Management component of the home support services.**

This is a process that ensures that requested direct service activities occur effectively and efficiently, and are based on approved government standards.

**Agencies must have administrative and service delivery policies regarding**

- accurate client files and reporting
- confidentiality of client information in accordance with Section 11 of the Family Services Act
- quality assurance of service delivery
- verification of authorized services provided to the client
- the acceptance of gifts and payments
- the handling of client's personal funds
- smoking and substance use in the client's home
- the addressing of client complaints
- health and safety in the workplace in accordance with the *Workers' Compensation Act*, and the *Occupational Health and Safety Act of New Brunswick*
- medication management
- mandatory use of universal precautions for the prevention of potential transmission of infections and specific to the provision of protective equipment
- staff taking "reasonable care" to neither have nor be carriers or transmitters of communicable diseases or infestations that cannot be controlled by standard measures of good hygiene and medical treatment

### 3.2 Provision of Qualified Staff

#### Practice Standard 4 –Staff

##### Service Provider Agencies must

- have human resource policies
- abide by the *Human Rights Act and the Employment Standards Act*
- follow established employment standards and legislation of New Brunswick

##### The agencies must ensure that Home Support Workers

- have the experience, training, and skills necessary to independently complete the assigned tasks (as per Practise Standard 5; Definition of Qualified Home Support Worker)
- are nineteen (19) years of age or over: SD Program Delivery Manager's approval is required if staff is under 19 years of age
- undergo a Prior Contact Check every five (5) years in accordance with the Social Development Record Check and Criminal Record Check Policy
- undergo a Criminal Record Check every five (5) years in accordance with the Social Development Record Check and Criminal Record Check Policy
- sign an Oath of Confidentiality
- provide the services in the language of clients' choice in accordance with the Provincial Official Languages Act and when possible when the language is other than French or English

##### The agencies must ensure that the Supervisor of Home Support Workers

- have training and experience in one of the following fields: home economics, nursing, social services or areas related to home support and practical experience in community service delivery
- have an orientation program for staff that includes the review of the standards, guidelines and procedures for their home support services agencies. This review must include orientation to health and safety policies and procedures
- have an orientation program for their home support services staff on the relevant reporting issues in reference to Departmental programs: Long Term Care, Disability Support Program, Adult Protection and Child Protection. For reporting responsibility see the *Family Services Act* section 30 for Child Protection and section 34 & 35 for Adult Protection; <http://www.qnb.ca/0062/acts/acts/f-02-2.htm>

- Provide training in the preferred language of choice of home support service staff recruits ( English or French)
- Does not assign home support workers to provide service to their immediate family members

### 3.3 Definition

**Practice Standard 5 – Definition of a Qualified Home Support Worker**

To be considered to have the minimal training requirements for a qualified home support service worker, Home Support Workers must have completed either the Personal Support Worker Training Program provided by New Brunswick Community College or le Collège communautaire du Nouveau-Brunswick; or a program approved by the New Brunswick Home Support Association; or a similar program approved by the National Association of Career Colleges; or is authorized by the Social Development provincial consultant. Home Support Workers must also hold an up-to-date certificate in CPR and First Aid and be 19 years of age or older.

### 3.4 Training Programs

**Practice Standard 6 – Home Support Worker Training Programs**

Training programs must be offered by a professional who has experience in the field of home care and/or expertise in the field of instruction.

The basic training of a home support worker must include the required number of hours as per approved curriculum and include

- Philosophy of home support service, for example, promoting independence and healthy living
- Basic communication and interpersonal relationship skills
- Respect for the client's rights
- Home management, for example, basic nutrition, meal planning and preparation, food safety, budgeting, consumer education, housekeeping, laundry
- Safety in the home and infection control including universal precautions
- Personal care (non-nursing supervised), skin care
- First aid and emergency procedures
- Recognition of signs of adult abuse and neglect as well as procedures to follow when reporting

- Basic awareness and recognition of needs of clients with mental illnesses and addictions
- Basic knowledge of Alzheimer's Disease and related diseases
- Sexuality and inappropriate sexual behavior
- Working with end of life/palliative clients
- Basic knowledge of physical disabilities and medical conditions

Home Support Workers who provide service to children of the Community Based Services for Children with Special Needs program (CBSCSN) must demonstrate adequate knowledge and skill base in the following

- Knowledge of children's developmental stages and age appropriateness
- Knowledge of indicators of child abuse and neglect as well as procedures to follow when reporting. For reporting responsibility see the *Family Services Act* section 30; <http://www.gnb.ca/0062/acts/acts/f-02-2.htm>

### 3.5 Out of Province Training Programs

**Practice Standard 7 – Out-of-Province Home Support Worker Training Programs**

Service provider agencies must ascertain that training received from outside New Brunswick by a potential staff person covers the required training content as indicated in Practise Standard 5.

### 3.6 Continuing Education

**Practice Standard 8 – Continuing Education**

Service provider agencies must have a continuing education policy for Home Support Services staff that requires, a minimum of two (2) in-service sessions of which one must relate to Body Mechanics for the Home Care Industry. Service provider agencies must ensure staff's First Aid and CPR are kept up to date.

#### Guidelines

Examples are: attending conferences or meetings relevant to the home support field; presentations to other home support workers or groups concerning care in the home.

Additional educational programs and distribution of educational materials are

encouraged. The New Brunswick Home Support Association website offers an on-line tutorial on body Mechanics.

### 3.7 Availability of Services

**Practice Standard 9 – Availability**

**Home Support Services must be available on a twenty-four (24) hour a day, seven (7) days a week basis.**

This availability is to accommodate the needs of clients, as communicated to service provider agencies through service requisitions.

### 3.8 Service for Emergencies

**Practice Standard 10 – Emergencies**

**Service Provider Agencies must provide Social Development with a method of twenty-four (24) hours/seven (7) days per week contact.**

### 3.9 Health and Safety Program

**Practice Standard 11  
Occupational Health and Safety Program**

**All Home Support Agencies must have an Occupational Health and Safety program that shall include:**

- (a) Provisions for the training and supervision of workers in matters necessary to their occupational health and safety and the occupational health and safety of other persons at or near the workplace;**
- (b) Provisions for**
  - (i) Written work procedures, including Codes of Practice, for the**

- implementation of occupational health and safety work practices, required by the Occupational Health and Safety Act, the regulations or by order of an officer, and
- (ii) The identification of the types of work for which the procedures are required at the employer's workplace
- (c) A hazard identification system that includes
    - (i) Evaluation of the workplace to identify potential hazards,
    - (ii) Procedures and schedules for regular inspections,
    - (iii) Prompt follow-up and control of identified hazards;
  - (d) A system for the prompt investigation of incidents to determine their causes and the actions needed to prevent recurrences
  - (e) A system for workplace occupational health and safety monitoring,
  - (f) The maintaining of records and statistics, including reports of occupational health and safety inspections, investigations, maintenance and training with provision for making the reports available to persons entitled to receive them under the Occupational Health and Safety Act; and
  - (g) Provisions for a review to ensure the application of provisions (a) through (f)

The employer shall make a copy of the program available

- To the Joint Health and Safety Committee or representative, if any; and
- To a worker at the workplace.

## Section 4 Types of Home Support

### 4.1 Intervention

**Practice Standard 12 Level of Intervention**

**Home Support Services must be able to assist clients and informal caregivers with their needs as related to personal care, self-sufficiency and cognitive functioning.**

#### Guidelines

Clients may require services based on the eligibility criteria of the program

- on a long-term basis with the ability to increase service for short term periods as needed
- depending on the needs of clients as assessed by the Department
- as communicated to service provider agencies by service requisitions

Under certain circumstances, nurses or rehabilitation professionals may delegate the assignment of a specific task to another individual. Appropriate delegation is important in ensuring quality of client services. Delegation of specific tasks/activities must be done in accordance with professional standards, legislative acts and regulations. Service provider agencies reserve the right to refuse to perform functions that are beyond their scope of practice.

### 4.2 Personal Care

**Practice Standard 13 – Personal Care**

**The Home Support Services assist clients and informal caregivers with their needs as related to personal care.**

**This will include but is not limited to**

- Feeding
- Nutrition care
- Dressing
- Grooming tasks, including washing face and hands, mouth care, shampoos, hair styling, and shaving with an electric razor only
- Foot care is limited to washing and drying of feet, the use of a soft brush



and the application of non-prescription lotions. Use of scissors, picks and clippers is prohibited. Clients with complex foot care needs should seek professional help.

- Bathing including sponge baths, bed baths, tub baths and showers
- Skin care including applying non-prescription lotions
- Toileting including assisting to and from toilet/commode/urinal/bed pan, assisting on and off toilet, arranging clothes, hygiene related to toileting
- Transferring
- Non-intrusive incontinence care, for example emptying urinary drainage bags, changing adult diapers or incontinence pads
- Provide CPR and first aid treatment in an emergency
- Monitoring all client functions as related to clients' health and well being

### 4.3 Self Sufficiency- IADL

**Practice Standard 14– Self Sufficiency/  
Instrumental Activities Of Daily Living**

**Self-sufficiency/Instrumental Activities of Daily Living must include those daily activities that support individuals to remain in their own homes. Services are specific to clients and are limited to the physical area that clients occupy.**

**Meal preparation includes**

- planning and preparing nutritious and economical meals, according to Eating Well with Canada's Food Guide (refer to Appendix C)
- planning and preparing meals that pertain to special dietary requirements
- assisting with grocery shopping lists
- assisting with meal planning and preparation
- instructing clients on food sanitation and safety measures
- preparing meals for use in the absence of home support workers
- safe handling and storage of food

**Housecleaning includes**

- laundry
- light housekeeping, for example, vacuuming, dusting, mopping/sweeping floors, tidying living area of clients
- kitchens, including clients' dishes and surface areas of appliances
- properly disinfects health equipment such as the commode, raised toilet seat, bath chair and /or wheelchair
- bathrooms used by clients on a regular basis

- bedrooms, including, changing clients' beds and cleaning of clients' rooms

Home Support Workers must have their feet on the ground at all times in the performance of housecleaning duties.

#### Medication Management

- Home Support Workers do not administer medication, but rather monitor, supervise or assist the client with his/her prescribed medication.

#### 4.4 Respite

**Practice Standard 15 – Respite Care**

Respite care includes

- supervising clients
- establishing or maintaining the client's daily routine in the absence of primary caregivers

#### 4.5 Delegation

**Practice Standard 16 – Delegation of Duties**

When the delegation of nursing and rehabilitation functions specific to client needs is offered by an EMP service provider, the Home Support agency must ensure the following

- Service provider agencies must approve the designation of a specific function to a specific home support worker
- The professional delegates the function to the specific home support worker agreed upon by the service provider agency
- The delegating professional trains the specific home support worker to perform the delegated function
- The delegating professional provides regular supervision of the specific home support worker in performing the delegated function
- The delegated function is not transferable but is client-specific
- The procedure must be documented in writing

**Service provider agencies reserve the right to refuse to perform functions that are beyond their scope of practice.  
Refer to Appendix D**

Guidelines

Generally, nursing and rehabilitation procedures can only be performed by nurses and rehabilitation professionals

**4.6 Transportation**

**Practice Standard 17 – Transportation of Clients**

**Costs associated with transporting clients to grocery stores, errands, medical appointments will be borne by the client unless as otherwise communicated to service provider agencies through service requisitions.**

**All vehicles used to transport clients must**

- **have up-to-date motor vehicle inspections**
- **be maintained in safe conditions**
- **Home Support Workers who transport clients must ensure that they have appropriate vehicle insurance coverage to perform this task**
- **be operated in a safe manner by a person with a valid driver's license**

**Service provider agencies reserve the right to refuse requisitioned out-of-home tasks.**

## Section 5 Requisitions

### 5.1 Requisitioning of Services

#### Practice Standard 18 Requisitioning of Services

The service provider agency must receive a standard service requisition form from the Case Manager that will

- requisition initial services
- extend services
- identify statutory holiday service needs
- identify the client contribution amount
- notify termination of services

The Case Manager will advise the client in writing of the services requisitioned and the monthly client contribution amount or of any changes to either.

When Case Managers are making a request or when updating or revising service requisitions, the service provider agency must ensure they are provided the

- necessary information on conditions of clients and specific service needs
- specific client information that impacts on service delivery and selection of the Home Support Worker

A written service requisition must be received by the agency

- before services can commence
- within seven (7) working days in the case of an emergency identified by Social Development

Service requisitions must include the following client information:

- name
- address
- phone number and/or contact name and phone number
- date of service commencement, date of service renewal
- statutory holiday coverage
- information on client condition
- tasks required specific to the needs and living area of the client rather than the family unit; i.e., meal preparation, housecleaning, personal care and times indicated for specific services

The service provider agency must be allowed one (1) working day to respond to the Case Manager's initial request for service.

### Guideline

Client information may be given verbally and then followed by written details. This information may include potential health and safety risks for the Home Support Worker while providing service within the client's home such as domestic violence, history of sexual assaults, and client behaviour.

Unless it is an emergency, the Case Manager should not make a request to a second agency until the next working day.

## 5.2 Initial Assessment

**Practice Standard 19– Initial 2 Hour Assessment**

**Social Development will cover the cost of an Initial 2 Hour Client Assessment**

**This assessment will**

- **only be paid one time per client**
- **maintain a written record of the assessment on the client's file**
- **determine the client's needs based on**
  - **the information included in the requisition**
  - **the information provided by the assessor**
  - **environmental factors**

**The form can be shared with Social Development staff, if requested. If the client switches agencies, it will be the responsibility of Social Development to transfer the form to the next agency.**

**Agencies will use the form found in Appendix B**

## 5.3 Renewing

**Practice Standard 20– Renewing Requisitions**

**The Service Provider Agency must receive the renewed service requisition prior to their expiry date and/or in accordance with the case plan.**

## 5.4 Responding

**Practice Standard 21– Responding to  
Requests for Service**

### Service provider agencies must

- **within one (1) working day, inform Case Managers of their capability to provide service in response to a request. In the case of an emergency, Case Managers specify the response time; for example, requests for support in adult protection situations**
- **indicate to Case Managers the date the service can start, if other than time frame specified in service requisitions**
- **after suspension of services, advise Case Managers of service restart requests by clients, caregivers, or hospital discharge planners**

## 5.5 Service Delivery

**Practice Standard 22 – Changes to Service  
Delivery**

### The Home Support Agency must

- **notify clients prior to any unexpected changes to the service delivery; for example, time, amount, nature of service, change of home support workers**
- **notify clients prior to any temporary schedule changes due to time-off or sick leave of home support workers**
- **obtain approval of case managers on any permanent schedule changes that affect significantly the intent of case plans**

### Guidelines

Exceptions can be made when clients are unavailable or when home support workers are delayed because of an emergency.

## 5.6 Termination by Clients

**Practice Standard 23 – Termination of Services  
by Clients**

### Service Provider Agency must

- advise the case manager of client's wish to terminate services from the service provider agency as soon as the service provider agency is made aware of the request by client
- ensure the client pays his/her contribution costs for the month or for the hours of service provided if less than the monthly fee.

### Clients must

- Notify the Home Support Agency twenty-four (24) hours in advance if they wish to suspend services.

## 5.7 Termination by Agency

**Practice Standard 24 – Termination of Services  
by the Home Support Agency**

### The Service Provider Agency must

- immediately notify the case manager of service provider agency's intent to terminate services to a specific client
- provide a clear and written statement of reasons to the case manager using the significant change and/or incident form
- give 10 working days notice of termination unless there is an immediate safety concern

### Guidelines

#### Reasons for termination could include

- work safe issues
- inability to provide service
- non-payment of client contribution fee

## 5.8 Termination by Social Development

**Practice Standard 25 – Termination of  
Services  
by Social Development**

### Case managers must

- give a verbal notice of termination or cancellation of services to service provider agency supervisors at least 24 hours before scheduled visits. Otherwise, the Department must pay for the scheduled services.
- send within 10 days of a verbal notice a printed copy of the service requisition clearly indicating the termination date to the service provider agency
- in cases where the client is not home and has not cancelled services for that specific time, the Department will pay for its portion of the costs and the client should pay his/her contribution costs for the number of scheduled hours.

## 5.9 Missed Scheduled Shifts by Client

**Practice Standard 26– Missed Scheduled Shifts**

Clients are required to provide at least 24 hours' notice to the Home Support Agency if they wish to suspend service or cancel a shift. If 24 hours' notice is not provided to the Home Support Agency, the Home Support Agency can submit a billing for the short-notice cancellation. The Department will pay for its portion of the costs and the client will pay his/her contribution costs for the number of scheduled hours.

When a client is not home for a scheduled shifts, the Home Support Agency will follow-up with the client. If there is any issue of a significant nature, such as repeated absences without notice, the case manager will be notified.

The Home Support Agency can submit a billing for the missed scheduled shifts. The Department will pay for its portion of the costs and the client will pay his/her contribution costs for the number of scheduled hours.

When a home support worker does not show up for a shift, the agency cannot submit a billing for the time missed.



**When a home support worker invokes Section 19 of the Occupational Health and Safety Act, Social Development will cover the cost of the missed shift up to a maximum of 3 hours. Social Development will also cover that specific portion of the client contribution fee, if applicable.**

Section 19 of the *Occupational Health and Safety Act* states:

*“An employee may refuse to do any act at his place of employment where he has reasonable grounds for believing that the act is likely to endanger his health or safety or the health or safety of any other employee.”*

## Section 6 Agency Response

### 6.1 Information to Clients

**Practice Standard 27– Information to Clients**

Service provider agencies must provide the following information in writing to clients/caregivers

- schedule of visits
- authorized services to be delivered by service provider agencies
- contact information for agency supervisors, that is, phone number
- method of twenty-four (24) hours/seven (7) days per week contact
- how to reach service provider agencies during and after regular hours
- how to recognize home support services staff; for example, name tags, company logo pins, business cards
- service provider agencies' standards, guidelines and procedures, for example, acceptance of gifts, smoking, handling of client's money
- work place safety issues as they pertain to the client and the home support worker

### 6.2 Complaints

**Practice Standard 28– Service Complaints**

Agency Supervisors must

- respond to complaints communicated by clients, caregivers or Case Manager within a forty-eight (48) hour period
- make at least one (1) telephone contact with complainants
- attempt to resolve the complaint satisfactorily
- notify the Case Manager, via the Significant Change and/or Incident Report if complaints are not resolved
- notify Case Manager with details of how issues are resolved

### 6.3 Reporting Incidents/Changes

**Practice Standard 29**  
**Reporting of Significant Change and/or Incidents  
to Departmental Staff**

**Service Provider Agency Supervisors must provide verbal notification immediately to case managers of the following significant changes and/or incidents**

- the death of the client
- when client is at risk to self or others
- any suspicion of abuse/neglect of clients or any other individuals in the home
- client's health status (change of a significant nature)
- behaviour (change of a significant nature)
- problems with informal and or family support systems (of a significant nature)
- alcohol/substance abuse
- injury/fall ( of a significant nature)
- hospitalizations

**A written notification using the Significant Change and/or Incident Report form ( refer to Appendix A) must be completed within two (2)working days, kept in the client's file and sent to the regional office when requested.**

**Service Provider Agency Supervisors or their designate must notify Social Development of significant changes to**

- the Case Manager during regular office hours
- the After Hours Emergency Social Services Program on weekends/holidays at the following number 1-800-442-9799 (for issues of adult protection)

The regional numbers for day time service are:

- Moncton – 1-866-426-5191
- Saint John – 1-866-441-4340
- Fredericton – 1-866-444-8838
- Edmundston – 1-866-441-4249
- Restigouche – 1-866-441-4245
- Chaleur – 1-866-441-4341
- Miramichi – 1-866-441-4246
- Acadian Peninsula - 1-866-441-4149

## 6.4 Client Files

**Practice Standard 30–Files**

**Service Provider Agencies must maintain the following information for each client receiving services**

- full name, gender, birth date, telephone number, and address
- name, address, and telephone number of contact persons for the client
- copy of service requisitions, including any revisions to requisitions
- type and amount of services provided
- visiting schedule
- the initial 2 hour assessment report; if applicable
- Significant Change and/or Incident Reports. Refer to Appendix A

## Section 7 Financial

### 7.1 Collection of Fees

**Practice Standard 31–Collection of Client  
Contribution Amount**

The Service Provider Agency must

- adhere to the cost of services to be paid by clients and to the amount of government subsidy
- ensure that the client's portion of the cost of services indicated on the service requisition is the first amount required to be billed and paid before the government's cost is billed and paid
- advise the Case Manager of the client's failure to pay their contribution cost for services before the second month of non-payment
- have policies in place that address the non payment of the client contribution fee
- have policies in place that address reimbursement of client payment for services not received

### 7.2 Billings

**Practice Standard 32– Billing for Services  
Provided**

The Service Provider Agency must

- forward all billings (via Electronic Web Application) at a minimum on a monthly basis to the Minister in the region in which the client resides
- ensure that billings for services provided contain all requested documentation ; i.e., requisition numbers, name of client, number of hours provided, the time period covered and the client's contribution amount
- ensure the billings reflect the service hours delivered not the amount of hours on the service requisition
- ensure that billings do not exceed the hours on the service requisition

### 7.3 Time Sheets

**Practice Standard 33  
Home Support Worker Time Sheets**

When requested, Home Support Agencies must provide a time sheet/work sheet to Social Development, which has been signed by the Home Support Worker and the client or their designate to signify receipt of service as outlined in the requisition.

### 7.4 Bereavement Leave

**Practice Standard 34  
Bereavement Leave**

**Paid bereavement leave for loss of scheduled hours will apply to home support workers after completing an initial three month probationary period. It will include**

- **One(1) day(up to 8 hours) bereavement leave upon the death of a client for the current primary care worker who has provided service to the client for at least a three(3) month period**
- **Three(3) consecutive days (up to 8 hours per day)bereavement leave upon the death in the employee's immediate family, which includes**
  - spouse or common-law partner
  - father or mother, or their spouse or common-law partner
  - children, or the children of their spouse or common-law partner
  - son-in-law or daughter-in-law
  - grandchildren
  - brothers and sisters, or brother-in-law or sister-in-law
  - grandparents
  - the father or mother of the employee's spouse or common-law partner, as well as their spouses or common-law partners
  - any of the employee's relatives with whom they permanently live or with whom they permanently reside

“Common-law partner” means someone who has been living with an individual in a conjugal relationship for at least one year.

## Section 8

### 8.1 Monitoring

#### Practice Standard 35 – Monitoring

**Regional Program Delivery Managers or designates must hold a minimum of one (1) meeting per year with Service Provider Agencies to comply with monitoring requirements of the Department and to resolve any questions/issues. Social Development and Home Support Agencies must provide an opportunity to meet on an as-needed basis.**

**Social Development has the right to terminate a Home Support contract if the service provided is deemed to be unsatisfactory for reason on non-performance or the service is deemed to be dangerous, destructive or damaging to clients.**

Section 9 Appendices

APPENDIX A

SIGNIFICANT CHANGE  
AND/OR INCIDENT REPORT



RAPPORT DE CHANGEMENT  
SIGNIFICATIF  
ET/OU D'INCIDENT  
DÉVELOPPEMENT SOCIAL

SOCIAL DEVELOPMENT

Name of client \_\_\_\_\_ Address of client \_\_\_\_\_  
Nom du client \_\_\_\_\_ Adresse du client \_\_\_\_\_

Name of Agency \_\_\_\_\_ Telephone \_\_\_\_\_  
Nom de l'agence \_\_\_\_\_ Téléphone \_\_\_\_\_

Home Support Worker's Name \_\_\_\_\_  
Travailleur de soutien à domicile \_\_\_\_\_

Date, Place, Approximate Time of Incident \_\_\_\_\_  
Date, Lieu, Heure approximative de l'incident \_\_\_\_\_

NATURE OF CHANGE / INCIDENT

NATURE DU CHANGEMENT OU DE L'INCIDENT

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Injury / Fall<br>Blessure / chute   | <input type="checkbox"/> Health Status<br>État de santé                        | <input type="checkbox"/> Hospitalizations<br>Hospitalisation |
| <input type="checkbox"/> Behaviour<br>Comportement   | <input type="checkbox"/> Alcohol / Substance abuse<br>Alcoolisme / toxicomanie | <input type="checkbox"/> Death<br>Décès                      |
| <input type="checkbox"/> Family Support / Problems<br>Soutien familial ou problèmes                  | <input type="checkbox"/> Other (explain)<br>Autre (préciser) _____             |  |
| <input type="checkbox"/> Suspicion of neglect / abuse<br>Négligence ou mauvais traitement soupçonnés | _____  |  |

Description of change or how the incident occurred / Description du changement ou du déroulement de l'incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken by Agency / Mesure prise par l'agence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report Completed by \_\_\_\_\_ Date \_\_\_\_\_  
Production du rapport par \_\_\_\_\_

SD Feedback Requested / Rétroaction requise du DS  Yes  Non

76-5344 (10/10)



## APPENDIX B



## Initial 2 Hour Assessment

Agency name \_\_\_\_\_ Assessment Date \_\_\_\_\_  
 Agency assessor \_\_\_\_\_ Signature \_\_\_\_\_  
 Client Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Phone nos \_\_\_\_\_

Emergency contact name \_\_\_\_\_  
 Others living in the home \_\_\_\_\_

**Include information as indicated on the service requisition or as communicated by Social Development. Use the Comment Box for examples**

## Client Information

Activities of Daily Living (ADL)	Yes	No	Comments
Client needs help with eating	<input type="checkbox"/>	<input type="checkbox"/>	
Client needs help getting to the bathroom	<input type="checkbox"/>	<input type="checkbox"/>	
Client uses incontinence supplies	<input type="checkbox"/>	<input type="checkbox"/>	
Client needs help with mobility	<input type="checkbox"/>	<input type="checkbox"/>	
Client needs help with dressing	<input type="checkbox"/>	<input type="checkbox"/>	
Client needs help with transferring	<input type="checkbox"/>	<input type="checkbox"/>	

Client needs help with grooming	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Self Sufficiency (IADL)</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Client needs help with meal prep  <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/>	<input type="checkbox"/>	
Client needs help with house work (indicate all that apply in comment box)	<input type="checkbox"/>	<input type="checkbox"/>	
Does the client take medications	<input type="checkbox"/>	<input type="checkbox"/>	
Does the client need reminders to take medications	<input type="checkbox"/>	<input type="checkbox"/>	
Does the client use oxygen (indicate if there are compliance issues)	<input type="checkbox"/>	<input type="checkbox"/>	
Does the client use any adaptive equipment Indicate condition if applicable	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Cognitive Impairment</b>			
Does the client have a problem with memory	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Client Behaviour</b>			
Are there any concerns regarding the client's behaviour? Please describe Please indicate in the comment box if this information came from Social Development or from assessor observation	<input type="checkbox"/>	<input type="checkbox"/>	

**Assessor's Notes**

**Environmental Safety Assessment**

<b>Exterior of the Home</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
House free of ice, snow	<input type="checkbox"/>	<input type="checkbox"/>	
Entrance to home has clear access	<input type="checkbox"/>	<input type="checkbox"/>	
Entrance has sufficient lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Steps are sturdy	<input type="checkbox"/>	<input type="checkbox"/>	
Aggressive pets	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Interior of the Home</b>			
Aggressive pets	<input type="checkbox"/>	<input type="checkbox"/>	
Infestation of insects or rodents	<input type="checkbox"/>	<input type="checkbox"/>	
Overloaded extension cords	<input type="checkbox"/>	<input type="checkbox"/>	
Frayed electrical cords	<input type="checkbox"/>	<input type="checkbox"/>	
Working phone in the home	<input type="checkbox"/>	<input type="checkbox"/>	
Unsafe appliances	<input type="checkbox"/>	<input type="checkbox"/>	
Smoking in the home	<input type="checkbox"/>	<input type="checkbox"/>	
Restricted chemicals	<input type="checkbox"/>	<input type="checkbox"/>	
Functioning smoke alarm	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature of home is extreme; i.e., hot or cold	<input type="checkbox"/>	<input type="checkbox"/>	
Firearms secured if present	<input type="checkbox"/>	<input type="checkbox"/>	
Slipping/tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Clutter free	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficient lighting	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Interior of the Home cont'd</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Proper disposal of sharps	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficient room to perform home support tasks	<input type="checkbox"/>	<input type="checkbox"/>	
(Other)	<input type="checkbox"/>	<input type="checkbox"/>	

**Instructions**

**This form will be kept in the client's file. It can be shared with Social Development when requested and/or shared with another agency should the client change service providers.**

## **Client Responsibility for a Safe Workplace**

\_\_\_\_\_ wants to provide their staff with a respectful and  
(Agency Name)  
healthy workplace. That is why we have developed a Safe Workplace Policy.

### **Healthy Workplace**

- We request that no one smoke while the Home Support Worker is in your home. We recognize that second hand smoke is harmful to health
- We request that perfumes/cologne and scented candles not be used during the shift

### **Safe Workplace**

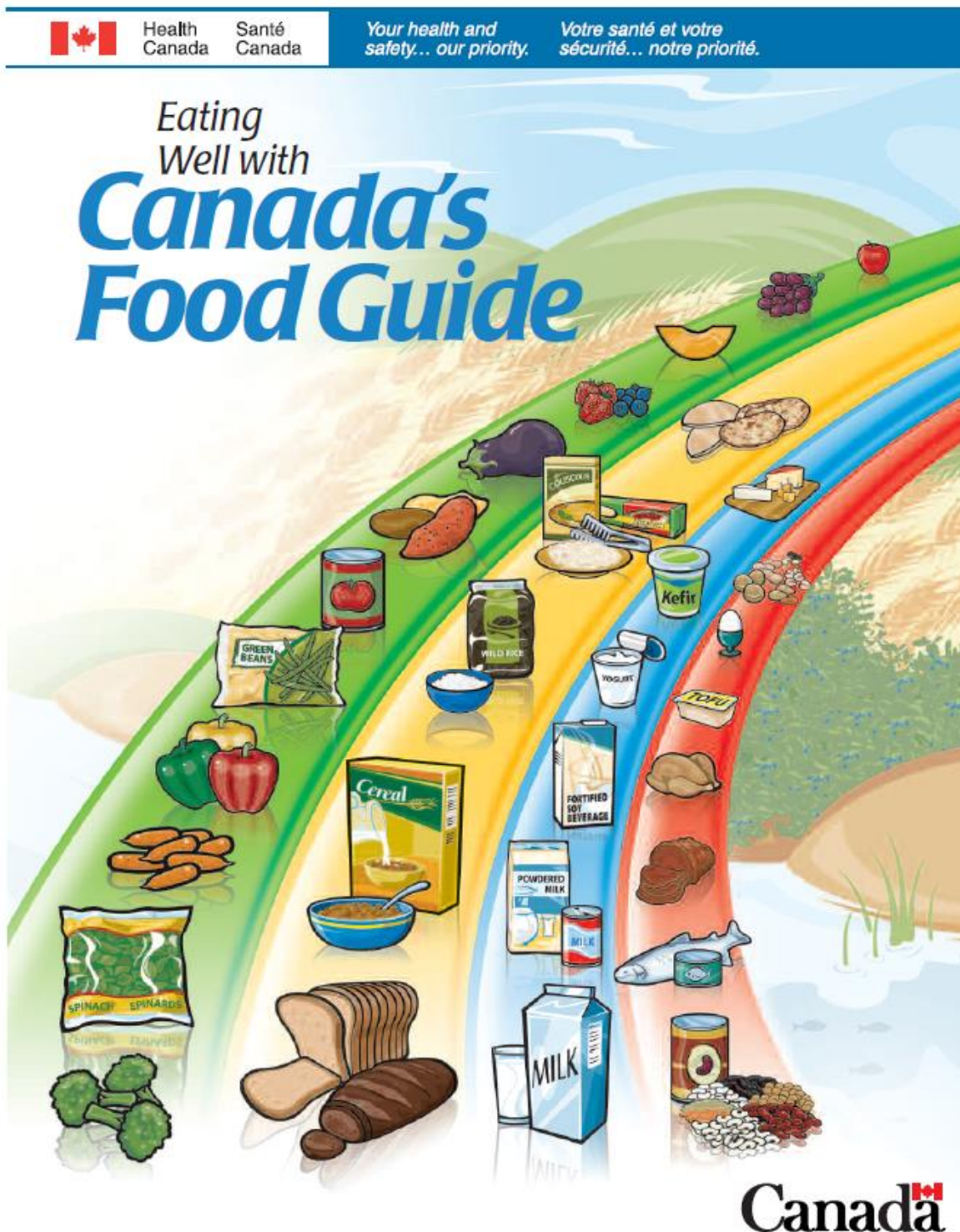
- We request that pets are placed in another room, or tied if they are outside. Unsecured pets may pose a safety concern to home support staff
- We request that guns and weapons be safely stored

### **Respectful Workplace**

- We request that you use respectful language and behaviours while we are in your home. Shouting, name calling, swearing, sexually suggestive comments, inappropriate touching, alcohol or illegal drug use will not be tolerated during the shift.

**Our goal is to provide services in a respectful way and in a safe and healthy environment. We ask for your help in achieving this goal.**

APPENDIX C



**Recommended Number of Food Guide Servings per Day**









Age in Years Sex	Children			Teens		Adults			
	2-3	4-8	9-13	14-18		19-50		51+	
	Girls and Boys			Females	Males	Females	Males	Females	Males
<b>Vegetables and Fruit</b>	4	5	6	7	8	7-8	8-10	7	7
<b>Grain Products</b>	3	4	6	6	7	6-7	8	6	7
<b>Milk and Alternatives</b>	2	2	3-4	3-4	3-4	2	2	3	3
<b>Meat and Alternatives</b>	1	1	1-2	2	3	2	3	2	3

The chart above shows how many Food Guide Servings you need from each of the four food groups every day.

**Having the amount and type of food recommended and following the tips in *Canada's Food Guide* will help:**


- Meet your needs for vitamins, minerals and other nutrients.
- Reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis.
- Contribute to your overall health and vitality.

**What is One Food Guide Serving?**  
Look at the examples below.

 <p><b>Fresh, frozen or canned vegetables</b> 125 mL (½ cup)</p>		 <p><b>Leafy vegetables</b> Cooked: 125 mL (½ cup) Raw: 250 mL (1 cup)</p>		 <p><b>Fresh, frozen or canned fruits</b> 1 fruit or 125 mL (½ cup)</p>		 <p><b>100% Juice</b> 125 mL (½ cup)</p>					
 <p><b>Bread</b> 1 slice (35 g)</p>		 <p><b>Bagel</b> ½ bagel (45 g)</p>		 <p><b>Flat breads</b> ½ pita or ¼ tortilla (35 g)</p>		 <p><b>Cooked rice, bulgur or quinoa</b> 125 mL (½ cup)</p>		 <p><b>Cereal</b> Cold: 30 g Hot: 175 mL (¾ cup)</p>		 <p><b>Cooked pasta or couscous</b> 125 mL (½ cup)</p>	
 <p><b>Milk or powdered milk (reconstituted)</b> 250 mL (1 cup)</p>		 <p><b>Canned milk (evaporated)</b> 125 mL (½ cup)</p>		 <p><b>Fortified soy beverage</b> 250 mL (1 cup)</p>		 <p><b>Yogurt</b> 175 g (¾ cup)</p>		 <p><b>Kefir</b> 175 g (¾ cup)</p>		 <p><b>Cheese</b> 50 g (1 ½ oz.)</p>	
 <p><b>Cooked fish, shellfish, poultry, lean meat</b> 75 g (2 ½ oz.)/125 mL (½ cup)</p>		 <p><b>Cooked legumes</b> 175 mL (¾ cup)</p>		 <p><b>Tofu</b> 150 g or 175 mL (¾ cup)</p>		 <p><b>Eggs</b> 2 eggs</p>		 <p><b>Peanut or nut butters</b> 30 mL (2 Tbsp)</p>		 <p><b>Shelled nuts and seeds</b> 60 mL (¼ cup)</p>	

**Oils and Fats**

- Include a small amount – 30 to 45 mL (2 to 3 Tbsp) – of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.
- Use vegetable oils such as canola, olive and soybean.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard and shortening.



## ***Make each Food Guide Serving count... wherever you are – at home, at school, at work or when eating out!***

### ▶ **Eat at least one dark green and one orange vegetable each day.**

- Go for dark green vegetables such as broccoli, romaine lettuce and spinach.
- Go for orange vegetables such as carrots, sweet potatoes and winter squash.

### ▶ **Choose vegetables and fruit prepared with little or no added fat, sugar or salt.**

- Enjoy vegetables steamed, baked or stir-fried instead of deep-fried.

### ▶ **Have vegetables and fruit more often than juice.**

### ▶ **Make at least half of your grain products whole grain each day.**

- Eat a variety of whole grains such as barley, brown rice, oats, quinoa and wild rice.
- Enjoy whole grain breads, oatmeal or whole wheat pasta.

### ▶ **Choose grain products that are lower in fat, sugar or salt.**

- Compare the Nutrition Facts table on labels to make wise choices.
- Enjoy the true taste of grain products. When adding sauces or spreads, use small amounts.

### ▶ **Drink skim, 1%, or 2% milk each day.**

- Have 500 mL (2 cups) of milk every day for adequate vitamin D.
- Drink fortified soy beverages if you do not drink milk.

### ▶ **Select lower fat milk alternatives.**

- Compare the Nutrition Facts table on yogurts or cheeses to make wise choices.

### ▶ **Have meat alternatives such as beans, lentils and tofu often.**

### ▶ **Eat at least two Food Guide Servings of fish each week.\***

- Choose fish such as char, herring, mackerel, salmon, sardines and trout.

### ▶ **Select lean meat and alternatives prepared with little or no added fat or salt.**

- Trim the visible fat from meats. Remove the skin on poultry.
- Use cooking methods such as roasting, baking or poaching that require little or no added fat.
- If you eat luncheon meats, sausages or prepackaged meats, choose those lower in salt (sodium) and fat.



\* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to [www.healthcanada.gc.ca](http://www.healthcanada.gc.ca) for the latest information.



**Advice for different ages and stages...****Children**

Following *Canada's Food Guide* helps children grow and thrive.

Young children have small appetites and need calories for growth and development.

- Serve small nutritious meals and snacks each day.
- Do not restrict nutritious foods because of their fat content. Offer a variety of foods from the four food groups.
- Most of all... be a good role model.

**Women of childbearing age**

All women who could become pregnant and those who are pregnant or breastfeeding need a multivitamin containing **folic acid** every day. Pregnant women need to ensure that their multivitamin also contains **iron**. A health care professional can help you find the multivitamin that's right for you.

Pregnant and breastfeeding women need more calories. Include an extra 2 to 3 Food Guide Servings each day.

**Here are two examples:**

- Have fruit and yogurt for a snack, or
- Have an extra slice of toast at breakfast and an extra glass of milk at supper.

**Men and women over 50**

The need for **vitamin D** increases after the age of 50.

In addition to following *Canada's Food Guide*, everyone over the age of 50 should take a daily vitamin D supplement of 10 µg (400 IU).

**How do I count Food Guide Servings in a meal?****Here is an example:****Vegetable and beef stir-fry with rice, a glass of milk and an apple for dessert**

250 mL (1 cup) mixed broccoli, carrot and sweet red pepper	=	2 Vegetables and Fruit Food Guide Servings
75 g (2 ½ oz.) lean beef	=	1 Meat and Alternatives Food Guide Serving
250 mL (1 cup) brown rice	=	2 Grain Products Food Guide Servings
5 mL (1 tsp) canola oil	=	part of your Oils and Fats intake for the day
250 mL (1 cup) 1% milk	=	1 Milk and Alternatives Food Guide Serving
1 apple	=	1 Vegetables and Fruit Food Guide Serving

**Eat well and be active today and every day!****The benefits of eating well and being active include:**

- Better overall health.
- Lower risk of disease.
- A healthy body weight.
- Feeling and looking better.
- More energy.
- Stronger muscles and bones.

**Be active**

To be active every day is a step towards better health and a healthy body weight.

Canada's Physical Activity Guide recommends building 30 to 60 minutes of moderate physical activity into daily life for adults and at least 90 minutes a day for children and youth. You don't have to do it all at once. Add it up in periods of at least 10 minutes at a time for adults and five minutes at a time for children and youth.

*Start slowly and build up.*

**Eat well**

Another important step towards better health and a healthy body weight is to follow Canada's Food Guide by:

- Eating the recommended amount and type of food each day.
- Limiting foods and beverages high in calories, fat, sugar or salt (sodium) such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, french fries, potato chips, nachos and other salty snacks, alcohol, fruit flavoured drinks, soft drinks, sports and energy drinks, and sweetened hot or cold drinks.

**Read the label**

- Compare the Nutrition Facts table on food labels to choose products that contain less fat, saturated fat, trans fat, sugar and sodium.
- Keep in mind that the calories and nutrients listed are for the amount of food found at the top of the Nutrition Facts table.

**Limit trans fat**

When a Nutrition Facts table is not available, ask for nutrition information to choose foods lower in trans and saturated fats.

Nutrition Facts	
Per 0 mL (0 g)	
Amount	% Daily Value
<b>Calories</b> 0	
<b>Fat</b> 0 g	<b>0 %</b>
Saturates 0 g	<b>0 %</b>
+ Trans 0 g	
<b>Cholesterol</b> 0 mg	
<b>Sodium</b> 0 mg	<b>0 %</b>
<b>Carbohydrate</b> 0 g	<b>0 %</b>
Fibre 0 g	<b>0 %</b>
Sugars 0 g	
<b>Protein</b> 0 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 0 %	Iron 0 %

**Take a step today...**

- ✓ Have breakfast every day. It may help control your hunger later in the day.
- ✓ Walk wherever you can – get off the bus early, use the stairs.
- ✓ Benefit from eating vegetables and fruit at all meals and as snacks.
- ✓ Spend less time being inactive such as watching TV or playing computer games.
- ✓ Request nutrition information about menu items when eating out to help you make healthier choices.
- ✓ Enjoy eating with family and friends!
- ✓ Take time to eat and savour every bite!



For more information, interactive tools, or additional copies visit **Canada's Food Guide on-line at:**  
[www.healthcanada.gc.ca/foodguide](http://www.healthcanada.gc.ca/foodguide)


**or contact:**

Publications  
Health Canada  
Ottawa, Ontario K1A 0K9  
**E-Mail:** [publications@hc-sc.gc.ca](mailto:publications@hc-sc.gc.ca)  
**Tel.:** 1-866-225-0709  
**Fax:** (613) 941-5366  
**TTY:** 1-800-267-1245

Également disponible en français sous le titre :  
Bien manger avec le Guide alimentaire canadien

This publication can be made available on request on diskette, large print, audio-cassette and braille.

## APPENDIX D

NEW BRUNSWICK EXTRA-MURAL PROGRAM		PROVINCIAL POLICY MANUAL	
<b>Chapter:</b> 4	<b>Section:</b> 4.9.4 Service Delivery – Delegation of Service Delivery		
<b>Issue Date:</b> August 2000	<b>Revision Dates:</b> September 2008; June 2006; November 2003	<b>Page:</b> 1 of 1	<b>FRANÇAIS</b>

**Delegation of Service Delivery**

EMP service providers have the ultimate responsibility for service delivery. It is the responsibility of the EMP service provider to determine the needs of the client, the service required and to deliver competent care. An EMP service provider may deliver service or components of the service may be delegated to another individual or service provider involved with the client.

Delegation refers to the assignment of a specific task or activity, by an EMP service provider, to another individual. Appropriate delegation is important in ensuring quality of client services.

Key conditions for the delegation of service include:

1. Delegation of tasks/activities is carried out in accordance with the EMP service provider's scope of practice, professional standards, legislative act and regulations.
2. Delegation is carried out on an individual client basis.
3. Tasks/activities are delegated that will be carried out more than once with the client.
4. Prior to delegation, the EMP service provider will consider the stability of the client's condition and the predictability of the client's response to intervention.
5. The client understands and consents to the provision of service by an individual who has been delegated and agrees to carry out the task/activity.
6. The EMP service provider provides appropriate training/education regarding the tasks/activities to be delegated. The EMP service provider determines if the individual has the knowledge, skill and judgment to competently perform the task and manage possible outcomes.
7. Appropriate communication channels are established between the EMP service provider and the individual performing the delegated task.
8. The EMP service provider will determine the appropriate level of monitoring/supervision required based on the needs of the client, the expected client outcomes and in accordance with professional standards, legislative act and regulations.
9. The EMP service provider documents the delegation of tasks and procedures in the client record.