

Appendices

Eagle Village First Nation Community Health Plan 2013-2018

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Appendix 1

JOB DESCRIPTIONS

Of June 2013

TITLE:

Wellness & Addictions Worker

SUPERVISOR: **Community Wellness Programs Manager**

SUMMARY: Under the supervision of the Community Wellness Programs Manager the incumbent is responsible for planning, organizing, and implementing the EVFN Addictions Program. They will promote and encourage healthy lifestyles free of addictions through prevention workshops and cultural activities. Assist and refer community members seeking treatment and provide them with aftercare support upon their return from a treatment program.

SUMMARY OF DUTIES:

- Plan and Coordinate prevention activities aimed at preventing and reducing addictions .
- Plan and organize information sessions concerning addictions including alcohol, tobacco, gambling, prescription and street drugs. This will include ways to identify problems, impacts on family, health, finances etc., pre and post treatment options.
- Plan and organize cultural and spiritual events and activities for members of the community, including, workshops, teachings, ceremonies and outings to serve as a support in countering addictions.
- Coordinate and assist members seeking help for their addiction problems, including referrals, individual sessions and support for client and family.
- Provide aftercare to community members including counselling referrals, client follow ups, individual/family sessions, support groups and sharing circles or other Anishenabe teachings.
- Provide up-to-date resource materials for all areas for addictions and contribute articles to the monthly newsletter.
- Actively promotes the addictions program throughout various means within the community and externally.

- Provide support for family members who live with a person struggling with addiction.
- Work in conjunction with other Program Coordinators by providing support and assistance for activities that share a common objective such as culture, mentorship and front line services.
- Prepares and submits regular activity reports to the Community wellness Programs Manager and provides all information required by Management or Government Ministries or Agencies.
- Contributes to the development and maintenance of a cooperative and stimulating work environment to enhance a team approach.
- Is the key resource person in the area of addictions with external organizations such as other First Nation communities, Social Services, CSSS-TK and Treatment Centers.
- Works in conjunction with other Program Coordinators and Managers to plan and coordinate efficient program delivery through staff meetings, calendar planning and sharing of ideas.
- Serve as an active representative to various local, regional and perhaps national boards or committees that will promote the advancement of the EVFN addiction programs.
- Performs all other related duties assigned by Management.

REQUIREMENTS:

- Post secondary degree in Addictions or Social Work or other related field.
- Recognized certification in addictions
- Excellent interpersonal and communication skills to work with clients
- Proficient in facilitating larger groups
- High degree of confidentiality and discretion.
- Structured and well organized person, capable of working in a team concept.
- Basic computer skills (Windows, Microsoft Word, excel).
- Can be viewed as a role model and mentor both within and outside the community.
- Good communication skills in English both verbal & written with French being an asset.
- Knowledge of the Algonquin language and culture.
- First Aid and CPR.

TITLE: Medical Transport Coordinator

SUPERVISOR: Director of the Health Center

SUMMARY: Under the direction of the Director of the Health Center, the incumbent is responsible for the coordination of medical transport and accommodations according to Health Canada national framework and serves as key resource person for all aspects of the NIHB program. He or She will be responsible in managing all full-time and contractual medical drivers and will ensure their compliance to the SAAQ laws and continued trustworthiness.

SUMMARY OF DUTIES:

- Make travel arrangement for all clients that are referred to local and out-of-town locations for medical appointments;
- Complete mileage claims to ensure reimbursement for clients who use their own vehicle for medical appointment;
- Account and file claims for all clients who went to their medical appointment by band own vehicle for accountability purposes;
- Coordinates medical transportation between clients and drivers according to established policies and procedures;
- Ensures that all supporting documents are provided after trips.
- Establish repayment plan for collecting overpayments on modified trips
- Ensures that all medical transportation driver-reporting forms are completed and handed in;
- Collaborates in the establishment of work calendars for regular and special work activities and carries out related follow ups in regards to medical transportation.
- May participates in the planning and coordinating of projects and programs under the responsibility of management, including research and development programs;
- Provides administrative and logistical support for the holding of events and or meetings in support of communicating the Medical Transportation Framework;

- May participate from time to time in working groups pertaining to medical transportation or NIHB

REQUIREMENTS:

- Post secondary diploma or certificate in administration.
- Solid experience in secretarial organizational skills;
- Structured and well organized, capable of working autonomously;
- Strong Knowledge of computers: Microsoft Office, Windows and Excel programs;
- Good interpersonal and leadership skills and empathetic.
- High degree confidentiality, ethics and integrity
- Good communication and writing skills in English with French being an important asset;
- Knowledge of the Algonquin language and culture would be an asset.
- First Aid CPR

Appendix 2

PROTOCOL CONCERNING THE CONFIDENTIALITY AND MANAGEMENT OF CLIENT FILES AT THE EAGLE VILLAGE HEALTH CENTRE

Revised version May, 2013

1. General

1.1 This protocol concerning the confidentiality and management of the client file seeks to ensure the quality of services and the respect of confidentiality for all information concerning clients using services of the Eagle Village Health Centre.

1.2 The population of Eagle Village will be informed of the content of this protocol and the rights and duties it involves.

1.3 All employees of the Eagle Village Health Centre are bound by the rules of this protocol concerning the confidentiality and management of the client file.

2. Basic principles concerning the client file

2.1 The client file is made up of a confidential, exact, precise written report that is as complete as possible of the client's former and current physical, psychological, and social conditions. The main purpose of this work instrument is to help the Eagle Village Health Centre steadily provide an appropriate service to its clients.

2.2 The client is defined as any person or group to whom the services are provided within the Algonquin health services of Eagle Village.

2.3 The health worker is defined as any person who, carrying out functions within the Algonquin health services of Eagle Village, takes professional action of a social, medical, psychological, paramedical or nursing nature.

2.4 All of the information concerning a client, all required by a legal or quality requirement, is recorded in a (medical or social) file.

2.5 Eagle Village Health Centre is required to open and hold a file in the name of the client receiving services there.

2.6 The file belongs to the client and Eagle Village Health Centre has custody of it.

2.7 Any person working for Eagle Village Health Centre and having access to information concerning the clients is bound by professional secrecy.

3. The file's content

3.1 In order to respect the law and guarantee the efficiency of our system, the client will be correctly identified on the sheet upon registration. This information is found on the "information sheet" recorded in the file.

3.2 To register at the Eagle Village Health Centre, a person must supply the following information: his name and surname, address, postal code, birthplace, the names and surnames of his father and mother, birth date, sex and RAMQ card number. During subsequent visits to the former, this basic information will be updated.

4. Documents required by the Act

4.1 The file must correctly reflect the state of the client's situation in order to properly inform the decisions and recommendations that the files health workers must make. To this effect, all meaningful interventions made by Eagle Village Health Centre health workers must be recorded in his file.

4.2 The file held by the Eagle Village Health Centre namely includes:

4.2.1 A summary sheet;

4.2.2 The medical, psychosocial or beneficiary-autonomy assessment;

4.2.3 The diagnostic reports;

4.2.4 The orders;

4.2.5 The progress notes written by the nurses, doctors and all members of the clinical staff.

4.3 In accordance with the services provided and the elaborated procedures, forms can be developed and added to the preceding list.

4.4 The various formulas to be used concerning the file are determined in accordance with the operational needs of each program or in virtue of laws and regulations in force. The creation of a new form must be entered into the procedure described in section 14 of this protocol.

5. Refusal of treatment

5.1 A client can sign a refusal form after having been informed of the eventual consequences of his refusal and once the health worker has ensured the client's full understanding.

6. Client file access policy

6.1 An Act respecting Access to documents held by public bodies and the Protection of personal information proclaims as follows:

Article 9: "Every person has a right of access, on request, to the documents held by a public body.

The right does not extend to personal notes written on a document or to sketches, outlines, drafts, preliminary notes or other documents of the same nature."

Article 10: "The right of access to a document may be exercised by examining it on the premises during regular working hours or by remote access.

The applicant may also obtain a copy of the document, unless reproducing it would endanger its preservation or raise serious practical difficulties owing to its form.

At the request of the applicant, computerized documents must be communicated in the form of a written and intelligible transcript."

6.2 The client file is subject to the strictest confidentiality as indicated by the legislator in the Act respecting health services and social services and An Act respecting Access to documents held by public bodies and the Protection of personal information: Article 19 (AHSSS): "The record of a client is confidential and no person may have access to it except with the consent of the client or the person qualified to give consent on his behalf, on the order of a court or a coroner in the exercise of his functions, where

this Act provides that an institution may be required to release information contained in the record or where information is communicated for the purposes of the Public Health Act" (AHSSS, Article 19).

Nonetheless, a professional can look into a file for the purposes of study, teaching and research, with the authorization of the Health Director.

6.3 According to Article 83 of An Act respecting Access to documents held by public bodies and the Protection of personal information and Article 17 of the Act respecting health services and social services the client has direct access to his file and can obtain a copy of it.

Article 83: "Every person has the right to be informed of the existence of nominative information concerning him in a personal information file.

Every person has the right to obtain any nominative information kept on him.

Notwithstanding the foregoing, a minor under fourteen years of age is not entitled to be informed of the existence of or to obtain nominative information of a medical or social nature which concerns him, contained in the record established by a health or social services institution referred to in the second paragraph of section 7."

Article 17, AHSSS: "Every client 14 years of age or over has right of access to his record. However, the institution may deny him access to it temporarily if, on the advice of his attending physician or the physician designated by the executive director of the institution, communication of the record or any part thereof would likely be seriously prejudicial to the client's health. In that case, the institution, on the recommendation of the physician, shall determine the time at which the record or the part thereof to which access has been denied can be communicated to the client, and notify him thereof."

7. Client files access by health worker

7.1 In order to preserve confidentiality at the Eagle Village Health Centre, the client files are kept in an office that remains locked in the absence of the receptionist or all other persons authorized to have access to it. This office is safe from a confidentiality point of view (accessibility and control) and protection (against fire, theft, etc.). Here we find all the material necessary for the conservation, handling and consultation of client files.

7.2 Only a member of the professional staff of the Eagle Village Health Centre can have access to a client file in the exercise of his functions.

7.3 The consultation of a file by a professional is only done for strictly professional reasons. (AHSSS, article 7).

7.4 A professional can pick up a file for study, research or teaching purposes, with the written authorization of the health services director.

7.5 A professional who is not part of the Eagle Village Health Centre staff can pick up a file for study, research or teaching purposes, only after obtaining the written authorization of the Eagle Village health services director.

7.6 The client files must be consulted on the spot, meaning in the offices of the Eagle Village Health Centre.

7.7 If important file outputs are necessary, a specific agreement must be made with the health services director. This agreement should seek to guarantee the keeping of confidential information and the physical integrity of files.

7.8 The other persons authorized to have access to client files are the receptionist and her replacement, who have functions that oblige them to handle files. Nonetheless,

these persons do not have access to the file content. They have access to files for filing, organization and consultation, for the purpose of planning an appointment, a lab or a consultation with a health professional or to ensure the application or the renewal of a prescription.

In all cases these persons are held to the same strict confidentiality obligations as the Centre's medical staff.

7.9 The members of the Eagle Village Health Centre other than health professionals who can have limited access to client files have signed a corporeal oath where it is mentioned that they commit themselves to respecting professional secrecy and to not disclose at any time information on beneficiaries and or the content of their files.

7.10 Considering the practice of all persons working for the Eagle Village Health Centre, each person is required to respect confidentiality.

This confidentiality applies to information of any nature brought to their attention (voluntarily or by chance) and which concerns the client's private life and identity. As a result, all persons working within the Eagle Village Algonquin health services team are required to sign a corporeal oath in which it is mentioned that they agree to respect professional secrecy and to not disclose at any time information on beneficiaries and or the content of their files.

8. Client access

8.1 In compliance with Articles 17 and 23 of the Act respecting health services and social services and Article 83 of An Act respecting Access to documents held by public bodies and the Protection of personal information; the following persons have access to the client file:

8.1.1 The client (including a minor aged 14 years and over),

8.1.2 The holder of parental authority,

However, according to the Act respecting health services and social services:

"However, an institution shall refuse to give the holder of parental authority access to the record of a client who is a minor where

1) The client is under 14 years of age, an intervention within the meaning of section 2.3 of the Youth Protection Act (chapter P-34.1) has been made in his regard or a decision respecting him has been made under the said Act, and the institution, after consulting the director of youth protection, determines that communication of the record of the client to the holder of parental authority will or could be prejudicial to the health of the client;

2) The client is aged 14 years or over and, after being consulted by the institution, refuses to allow his record to be communicated to the holder of parental authority and the institution determines that communication of the record of the client to the holder of parental authority will or could be prejudicial to the health of the client."

9.1.3 The heirs and legal representatives of client (executor, testamentary, curator, guardian),

9.1.4 A professional for the purposes of study, research or teaching with authorization from the health services director.

8.2 By access we mean the possibility of becoming aware of or picking up and/or authorizing a third party to receive a copy or summary of the file.

8.3 When an access request to a client file is made, Eagle Village Health Centre must ensure that it meets the legal requirements as soon as possible.

8.4 Nonetheless, according to Article 18 of the Act respecting health services and social services, a client does not have the right to be informed of the existence nor receive communication of information concerning him and the content of his file which was supplied about him by a third party and of which the communication of the information's existence would allow for the identification of the said third party, unless the latter has consented in writing that this information and its origin be revealed to the client. Nonetheless, this does not apply when the information was supplied by a health or social services professional or an employee of the establishment in the exercise of his functions.

8.5 Any client or client representative of good standing who has been provided information of a medical or social nature in a client file has the right to request and obtain assistance to fully understand the nature and the implications of the provided information.

9. Information requests over the phone by the client

9.1 Information requests by telephone must be processed carefully. No medical information may be disclosed by telephone except in the event of an emergency. It is important to ensure oneself of the caller's identity and conserve his coordinates for future reference.

10. Access by a third party with the client's explicit authority

10.1 The client aged 14 years and over and his representative have the right to have the establishment forward to another institution or to a professional designated by him, a copy, excerpt or summary of his file as soon as possible (AHSSS, art. 24; volume "Legal access to client health files", Rule 17).

11.1.1 The authorization must be written and include the original signature of the client or his representative. The authorization must specify to whom the information can be forwarded.

11.1.2 This information must also include its period of validity.

11.1.3 The client can at any time verbally revoke such an authorization.

11.1.4 A third party cannot become acquainted with information that are subject to an exclusion of access because they were supplied by a third party other than health and social services professionals.

10.2 Article 21 (AHSSS): "At the request of a client, an institution must send a copy or summary of, or an extract from, the client's record as soon as possible to another institution or to a professional.

However, where the request of the client is made for study, teaching or research purposes, the institution may require consent in writing as provided for in section 19.1."

11. Third-party access without client authorization

11.1 Considering the requirements of certain acts, communication of and access to the client file can be carried out without the client's authorization if the physical and moral persons are the following:

11.1.1 Professional (study, teaching, research). A professional with the authorization of the health services director, for study, teaching or research purposes (AHSSS, art. 19, 2nd paragraph; volume "Legal access to client health files", Rule 39);

11.1.2 Public organization in the exercise of a mandate or during the implementation of a program managed by the organization. These communications must be carried out within a written agreement (volume "Legal access to client health files", Rule 58);

11.1.3 Professional orders. Professional orders in cases allowed by the Professional Code (volume "Legal access to client health files", Rule 44);

11.1.4 Court order. Any person holding a court order (volume "Legal access to client health files", Rule 63). One must ensure that the applicant is the same person as the one mentioned in the order and a copy of the order must be kept in the file;

11.1.5 Councils and committees. The members of councils and committees that perform a function of quality-assessment for the actions taken by the health workers, within the limits of their mandate (volume "Legal access to client health files", Rule 51);

11.1.6 *Commission de la protection des droits de la jeunesse* and the Youth Protection director. A member of the *Commission de la direction des droits de la jeunesse* has access to any pertinent file for a child, even in the event of an adult's file, provided that knowledge of this file appears pertinent to the committee in charge of studying the child's case (volume "Legal access to client health files", Rule 47);

11.1.7 Holder of parental authority. The holder of parental authority unless he is refused access to the file in virtue of Article 21 of the AHSSS (volume "Legal access to client health files", Rules 13 and 14);

11.1.8 Holder of a search warrant. The holder of a search warrant (volume "Legal access to client health files", Rule 53). The holder of a warrant must prove his identity and a copy of the warrant must be kept in the file;

11.1.9 Coroner. The coroner in cases allowed by the act (volume "Legal access to client health files", Rule 80);

11.1.10 Spouse, ancestors, direct descendants of a deceased client. The spouse, ancestors, direct descendants of a deceased client have the right to receive information relating to his cause of death, unless the deceased client has recorded in writing his refusal to grant this right of access. (AHSSS, art. 23, 2nd paragraph; volume "Legal access to client health files", Rule 68).

12. Distribution of client files

12.1 The control of the distribution of client files is ensured by the person in charge of the health centre's reception (the receptionist). Only this person, her replacement, the Eagle Village Health Centre nurses or a professional authorized by the health services director are authorized to take a file out from the archives.

12.2 Saving all exceptions, all the files must be returned to the archives every day before the closing of the health centre.

12.3 It is strictly forbidden for a health worker to transport or hold a file or a copy of a file or part of a client file in his residence.

12.4 When a duly authorized person must transport a file outside the establishment, he must do so in a manner ensuring the protection, integrity and absolute confidentiality of the document.

12.5 It is to be noted that the AHSSS concerning the confidentiality of files ends in mentioning the preponderance of this one:

Article 28: "Sections 17 to 27 apply notwithstanding the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1)."

13. Creation of client forms

13.1 The team of professionals at the Eagle Village Health Centre can create forms for writing reports, exams, assessments or follow-ups that meet local needs. These new forms will always be elaborated in teamwork involving at least two (2) health workers.

13.2 A new form before becoming part of the tools to be included in the files must receive the approval of the health services director to whom the authors were to have submitted a report presenting the *raison d'être* of this form, its functions, its purposes. In addition, it would be desirable for the authors to obtain the recommendations of an archivist before integrating any new form.

13.3 When a form is approved and designed according to procedure, the health services director sees to it that the health workers are informed of the availability of this new form.

13.4 The establishment procedure of forms for client files will be subsequently defined with more precision. Until then, any new client file form must present:

- In the upper left-hand corner: The identification of the Eagle Village Health Centre;
- In the upper right-hand corner: a space to identify the client by addressograph or handwriting;
- In the lower left-hand corner: the date of the design or revision of the form and its identification number;
- At the top, centre: The title of the form.
- At the bottom, centre: The title of the form.



EAGLE VILLAGE CONFIDENTIALITY FORM

During my association with the Eagle Village First Nation Health Center, I will have access to information and material relating to clients, medical staff, employees, other individuals of Eagle Village First Nations, which is of a private and confidential nature.

I agree to respect the confidentiality of matters dealt with in the course of my time spent at the Eagle Village First Nation Health Center and I shall respect the privacy and dignity of the organization's clients, employees, and all associated individuals. I agree that the terms outlined in this agreement will remain in force even if I cease to have an association with the Eagle Village First Nation Health Center.

I will treat all Eagle Village First Nation Health Center client, administrative, contract, human resources, statistical, educational, research, cultural and financial information as confidential information, and I will protect all information to ensure full confidentiality. This obligation applies to information in any form (e.g. written, electronic or oral).

I understand that during my association with the Eagle Village First Nation Health Center, I may be sharing facilities and databases with employees of other Health Departments. Access to the personal health information in the custody of each Department will be restricted to its own employees and other authorized individuals, except where there is express consent from a client to share information or where it is necessary to provide health care to a particular client.

I agree to respect the following rules regarding the treatment of confidential information:

- I will only access confidential information that I need to know to perform my job duties or to meet my responsibilities with the Eagle Village First Nation Health Center.
- I will not search for or access any client or employee information for any reason not related to the performance of my job duties.
- Where I am sharing facilities and databases with employees of other departments, I will abide by my responsibilities to ensure the confidentiality of information for clients of the Eagle Village First Nation Health Center.
- I will not engage in discussions about confidential information in public areas either inside or outside the Eagle Village First Nation Health Center.
- I shall ensure that confidential information is not inappropriately accessed, used, or released either directly by me, or by virtue of my signature, security pass or username and password, under any circumstances.
- I will only access, process, and transmit confidential information using authorised hardware, software and other equipment provided by the organization.
- I understand that I cannot remove or disclose confidential records or material, either on a permanent or temporary basis, from the Eagle Village First Nation Health Center unless authorized to do so by the organization's Administration or as required by law.

- I will keep all confidential and/or personal health information to which I have access secure from unauthorized access, use, disclosure, copying, modification or disposal and I will follow all steps required to do so.

- I will immediately report the fact that confidential information in my possession has been stolen or lost as well as any other violations of the above rules to the Eagle Village First Nation Health Center Direction without threat of penalty for doing so.

I understand that the organization will conduct regular audits to ensure confidential information is protected against unauthorized access, use, disclosure, copying, modification or disposal.

I have read this Agreement. I understand and agree that if I fail to comply with the conditions outlined in this agreement, I may be subject to corrective action, up to and including termination of my employment, termination of a contract, legal action, or any similar action as determined by the Council of Eagle Village First Nation.

Name _____ Role

(please print)

Signature _____ Date

Witness _____ Date

Appendix 3

Eagle Village First Nation

2013-2018 TRAINING PROGRAM

This document is designed to establish a clear picture of the training needs for the management & staff of Eagle Village First Nation Health Centre.

While keeping in mind the needs of our community as demonstrated through our recent assessment, the proposed requirements also encompass basic and trendy skills required to continue to be prolific & efficient in his or her position.

When addressing our training needs, efforts will be done to focus on acquiring collegiate or university certification when feasible & possible. This will enhance credibility and motivation towards the employee. This does not limit us in any way to accessing training from various sources (Health Canada, CSSSPNQL and the Agence de Sante ET Services Sociaux) which will provide an economy of scale towards costs and usefulness.

<u>Position</u>	<u>Training costs</u>	<u>Location</u>
Health Director:	Management principles 2,850.00***	Quebec PNF
	H.R. labour laws 2,500.00	Quebec
	Advanced First Aid 420.00 ***	In house
Clinical Prog. Mgr	Effective Communications 500.00	Regional
	Nursing practices upgrade 1,300.00 *	Regional

	Advanced first Aid 1,300.00 **	Regional
	Immunization updates 450.00 *	RRSSS
	Core Competency Mgmt Training (Continuation)	Regional
Community Nurse	Nursing practices upgrade 1,300.00 *	Regional
	Advanced first Aid 1,300.00 **	Regional
	Immunization updates 450.00 *	RRSSS
	Infant / Child Development 900.00	
	Wound Care Management 1, 450.00	Health Canada
	Diabetes Management 1, 250.00	Regional
Homecare nurse:	Nursing practices upgrade 1,300.00 *	Regional
	Advanced first Aid 1,300.00 **	Regional
	Advanced Foot care (speciality) 875.00	Provincial
	Wound care 1, 450.00 *	Health Canada
	Homecare Rehabilitation 1250.00	Regional
	Geriatric Care 875.00	Regional
Wellness Prog. mgr	Communications 500.00	In house

Advanced First Aid 420.00 ***	In house
Health topics updates 1,300.00*	Regional

Diabetes & Chronic disease:

Communication 500.00	In house
Animation/presenter 1,300.00	Regional
Project management 1,200.00	Regional
Advanced First aid 420.00 ***	In house

EH & EPP
correspondence

Environmental Health 6,850.00	McMaster U.
Water treatment 1,300.00**	Regional (INAC)
Communications 500.00	In house
Advanced First aid 420.00 ***	In house

Addiction workers:

Communications 500.00	In House
Program updates 1,300.00	Regional
Advanced First aid 420.00 ***	In house
Harm Reduction 2,500.00	T.B.D.

Sprts, Leisure & Mentor

Communications 500.00	In house
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	Program updates 1,300.00 *	Regional
	Advanced First aid 420.00 ***	In house
Med. Transport:	Communications 500.00	In house
	Project management 1,200.00	Regional
	Advance First Aid 420.00***	In house
Personal Support:	Communications 500.00	In house
Worker (PSW)	Program updates 1,300.00*	Regional
	Advance First Aid 420.00***	In house
	Safety with Elderly	Regional
	Transfers and Mobility in Homecare setting	Regional
2 Med. Transp. Drivers:	Communications 500.00	In house
	Advance First Aid 420.00***	In house
	Communications/cust serv. 500.00	In house
	Confidentiality 500.00	T.B.D.
Secretary rec.	Communications 500.00	In house
	Advance First Aid 420.00***	In house

	Communications/cust serv. 500.00	In house
	Confidentiality	T.B.D.
Maintenance/janitor:	Communications 500.00	In house
	MSDS 250.00*	In house
	Products & Applications 500.00	T.B.D.

1. ###.## Represents a one-time training cost.
2. ###.## * Represents a yearly training cost.
3. ###.## ** Represents training costs that are repeated every 2 years.
4. ###.## *** Represents training costs that are repeated every 3 years.

Appendix 4

EAGLE VILLAGE HEALTH CENTRE

INVENTORY CHECK LIST (MAY 2013)

ARCHIVES	"GLOBAL" 4 DRAWER FILING CABINET	1
	"MONTEL" FILING CABINET	1
	SHELF TABLE W/ WHEELS	1
	CHART HOLDERS W/ WHEELS	2
RECEPTION	"BROTHER 2820" FAX MACHINE	1
	"HP LASER 1160" PRINTER	1
	"WHEELWRITER 3" IBM TYPEWRITER	1
	"DELL" COMPUTER & "PHILLIPS" MONITOR	1
	"HP COMPAQ" COMPUTER & "ACER" MONITOR	1
	4 SHELF BOOKCASE	1
	2 DRAWER DESK	1
	CHAIRS	2
	"FELLOWES" PAPER SHREDDER	1
	COAT RACK	1
	DESK LAMP	1
2 DOOR TABLE	1	
WAITING AREA	CHAIRS	4
	3 SLOT WALL PAMPHLET HOLDER	1
	FLOOR MODEL PAMPHLET HOLDER	1
	3 SHELF BOOKCASE	1
	FRAMED EAGLE PRINT	1
	"SKY POLSON" ART WORK	1
	SM COFFEE TABLE	1
	WALL CALENDAR	1
	COAT RACK	1
	DISPLAY TABLE	1
	SMALL PRINTS	6
STORAGE (BEHIND KITCHEN)	COMPUTER NETWORK	1
	KITCHEN SUPPLIES	1

HOMECARE NURSE	"GLOBAL" 4 DRAWER FILING CABINET	1
	4 SHELF BOOKCASE	1
	WALL MOUNTED OTO/OPHOLMOSCOPE	1
	CHAIRS	3
	5 DRAWER DESK W/ HUTCH	1
	DESK LAMP	1
	"DELL" COMPUTER & "PHILLIPS" MONITOR	1
	COAT RACK	1
	BULLETIN BOARD	1
	MEDICAL TRANSPORT BAG	1
	"FELLOWES" SHREDDER	1
	"LEXMARK" PRINTER	1
	ELECTRIC SCALE	1
	HAND ANEROID SPHYGMOMANOMETER MULTI-CUFF KIT	1
	STETHOSCOPE CLASSIC 11 LITTMAN	1
	CLIP REMOVER	1
	O ₂ SAT MONITOR	1
	ABDOMINAL PADS (5X9)	16/box
	LISTER BANDAGE SCISSORS	1
	SPENCER STITCH SCISSORS	1
	DIAGNOSTIC SET OTO/OPHTALMOSCOPE	1
	TAPE MEASURE 60"VINYL	1
	LATEX GLOVES NON-STERILE	100/box
	LATEX GLOVES STERILE	100/box
	ANTISEPTIC HAND GEL	118 ml
	GAUZE PADS STERILE 2X2	50/box
	GAUZE PADS STERILE 4X4	50/box
	ALCOHOL WIPES	200/box
	TELFA PADS 2X3	100/box
	TELFA PADS 3X4	100/box
	PAPER BAGS	100/box
	SHARP COLLECTOR	1
	TAPE MICROPORE 1"	12/box
	TAPE TRANSPORE 1"	12/box
	STRETCH GAUGE 2"	12/box
	STRETCH GAUGE 3"	12/box
	STRETCH GAUGE 4"	12/box
	STRETCH GAUGE 6"	6/box
	NORMAL SALINE FOR IRRIGATION	100ml
	ACCUTREND GC	
	CONTOUR GLUCOMETER	

	CONTROUR TEST STRIPS	
	SYRINGES 10ML	
	SYRINGES 3ML	
	NEEDLES 25GAUGE 1"	
	INSTA GLUCOSE	
	HYPAFIX 5CMX10M	
	HYPAFIX 10CMX10M	
	SYRINGE 20CC	
	SYRINGE 60ML	
	TWEEZERS	
	EYE PATCH	
	STERI-STRIP ½"X4	
	STERI-STRIP ¼"X3	
	TEGADERM 4"X4 ¾"	
	TEGADERM 2 ¾"X2 ¾"	
	JELONET 5CMX5CM	
	GAUZE PADS 3X3	
	SKIN PREP	
	ADHESIVE REMOVER	
	EMERGENCY BLANKET	
	PIQUE	2
CENTRE JEUNESSE	"COMPAQ" COMPUTER & MONITOR	1
	5 SHELF BOOKCASE	1
	"SHREDMASTER" SHREDDER	1
	COAT RACK	1
	CHAIRS (SOFA CHAIR INC.)	4
	2 DRAWER DESK	1
	LASER SCANNER PRINTER	1
	4 DRAWER FILING CABINET	1
	2 DRAWER FILING CABINET	1
	TABLE	1
	TABLE FAN	1
MEDICAL TRANSP.	"GLOBAL" 4 DRAWER CABINET	1
	DESK	1
	CHAIRS	3
	2 SHELF BOOKCASE	1
	"ACER" COMPUTER & "LG" MONITOR	1
	LAMP	1
	COMPUTER DESK	1
	"SENTRY" SAFE	1

BIOMEDICAL	MFC 13M3BWO FREEZER	1
	BIO-WASTE SUPPLIES	1
HALL CLOSET	"RICOH MP C4501" PRINTER	1
DIABETES PROGRAM	CHAIRS	2
	"GLOBAL" 4 DRAWER FILING CABINET	1
	"DELL" COMPUTER & "PHILLIPS" MONITOR	1
	4 SHELF BOOKCASE	1
	DESK LAMP	1
	COAT RACK	1
	BACK-UP SAVER	1
CHR & EHO	4 SHELF BOOKCASE	2
	"DELL" COMPUTER & MONITOR	2
	"GLOBAL" 4 DRAWER FILING CABINET	2
	DESK LAMPS	2
	COAT RACK	1
	CHAIRS	3
	6 SHELF WIRE RACK	1
	"HP" PRINTER	1
	"CANON" PRINTER	1
	"SHRED MASTER" SHREDDER	1
	"SWINGLINE" SHREDDER	1
	12" DIGITAL FRAMES	2
BULLETIN DISPLAY BOARDS	3	
ADDICTIONS	CHAIRS	3
	"ACER" COMPUTER & MONITOR	1
	4 SHELF BOOKCASE	1
	"GLOBAL" 3 DRAWER FILING CABINET	1
	COAT RACK	1
	DESK LAMP	1
	"HP LASERJET 1020" PRINTER	1
	CORK BOARD	1

SPORTS & LEISURE	2 DRAWER BLACK FILING CABINET	1
	DESK	1
	CHAIR	1
	"ACER" COMPUTER & MONITOR	1
	"HP DESKJET D2660"	1
	SIRIUS RADIO	1
JANITOR ROOM	CLEANING SUPPLIES	1
	CLEANING SUPPLY CART W/ WHEELS	1
EHO LAB	MODEL 1545 INCUBATOR	1
	QUANTI-TRAY SEALER MODEL 2X	1
	MODEL-B-160 BLACK LIGHT LAMP	1
RESOURCES	FLIP CHART	2
	TV STAND, TOSHIBA TV, SONY VCR	1
	"EPSON" SCANNER	1
	4 SHELF BOOKCASE	1
	OFFICE SUPPLIES	
KITCHEN	VIEW SONIC TV	1
	CHAIRS	16
	TABLE SHELVES	2
	"GE" FREEZER	1
	TIM HORTONS COFFEE MAKER	1
	TABLES	5
	WATER COOLER	1
	"BLACK & DECKER" TOASTER OVEN	1
	"PROCTOR" COFFEE MAKER	1
	1100 WATT MICROWAVE OVEN	1
	"MCCLARY" FRIDGE	1
	"MCCLARY" STOVE	1
	"PHILIPS" ELECTRIC KETTLE	1
	BULLETIN BOARD	1
	CUTLERY (SET FOR 8 PEOPLE)	
	DISHWARE (SET OF 8 PEOPLE)	
	POTS & PANS (SET OF SIX)	
	"BRAUN" PROCESSOR	1
	HAND MIXER	1
MICROWAVE STAND	1	

	SMALL ART PRINTS	2
COMMUNITY HEALTH NURSE	"GLOBAL" 4 DRAWER FILING CABINET	1
	4 SHELF BOOKCASE	1
	CHAIRS	3
	DESK	1
	"ACER" COMPUTER	1
	"PHILLIPS" MONITOR	1
	COAT RACK	1
	DESK LAMP	1
	BULLETIN BOARD	1
	"FELLOWES" PAPER SHREDDER	1
	"DYMO" LABEL MAKER	1
	"SIRIUS" RADIO	1
HEALTH DIRECTOR	CHAIRS	5
	TABLE	1
	"GLOBAL" 4 DRAWER FILING CABINET	1
	4-SHELF BOOKCASE	1
	COAT RACK	1
	"ACER" COMPUTER	1
	"BENQ" MONITOR	1
	"FELLOWES" PS70-2 PAPER SHREDDER	1
	DESK LAMP	1
	"HP LASERJET" 1012 PRINTER	1
	DESK (L SHAPE)	1
	DESK HUTCH (2 DRAWER-2 DOOR SHELF)	1
CLINICAL MNGR	DESK (L SHAPE)	1
	"ACER" COMPUTER	1
	"LG" MONITOR	1
	CHAIRS	3
	SCALE	1
	DESK LAMP	1
	DREMEL	1
	FOOTCARE SUPPLIES	1
	WALL MOUNTED OTO/OPHOLMOSCOPE	1
	WALL MOUNTED SPYMANOMETTE	1
CLINIC &	(LUXO) MAGNIFYING LAMP	1

PHARMACY

TUTTNAUER 1730 STEAM STERILIZER	1
INFANT TABLE SCALE (RITTER 109) WITH DRAWERS	1
EXAMINATION TABLE (RITTER 104)	1
LAB TEST CHAIR	1
WALL MOUNTED OTO/OPHALMOSCOPE	1
WALL MOUNTED SPYMO MANOOMETRE	1
PORTABLE BABY SCALE (TANITA)	1
CHAIRS WITH WHEELS	2
BIOMEDICAL REFRIGERATOR (SANYO)	1
FIRST AID BAG WITH O ₂ TANK	1
(WELCH ALLYN) WALL CABINET WITH ALARM	1
WATERGEL FIRE BLANKET PLUS	1
FIRST AID BAGS (1 BLUE - 1 ORANGE – 2 RED)	1
O/2 CYLINDER SUPPLIES	1

**MEDICAL
EQUIPMENT**

MEDICAL EXAMINATION BED	1
PRS CRUTCHES (WOOD)	21
INFLATABLE RUBBER RINGS	2
BREAST PUMPS (AMEDA)	4
12" CHROME GRAB BAR	3
RESUSCI-ANNE	1
CAR SEAT (10-18 KG)	1
HAMILTON BEACH FOOD PROCESSOR	1
RAISED TOILET SEAT	4
TOILET SEAT WITH HANDLES	1
COMPRESSOR NEBULIZER SYSTEMS	3
INTERNAL COMPACT DELIVERY SYSTEM	9
MATTRESS	1
SITZ BATH	6
LS 135 LIGHT ON WHEELS (WELCH ALLYN)	4
BATH BENCH WITH WHEELS	1
BATH BENCH	1
DETECTO SCALES	4
BED/FRAME MATTRESS	1
ILLUMINATING FOOT MIRRORS	4
SPHYGMOMANOMETER FOR WALL	1
WIRELESS VHF SYSTEM 3 (SAMSON)	1
SERO-FUGE 202 (CLAY ADAMS)	1
ALUMINUM FOLDING WALKERS	5
COMMODE CHAIRS (2 ON WHEELS)	4
SHOWER SEATS	2

WALKER WITH WHEELS/SEAT/BRAKES	1
WHEELCHAIRS	3
MANNEQUIN	1
ACTAR 911 INFANTRY	10
PORTABLE SCALE	1

Appendix 5

LIABILITY

GENERAL DECLARATION

Eagle Village First Nations

Named insured

Eagle Village First Nations a/o Taxi TEM Inc.

Postal Address

P.O. Box 756
Timiskaming QC JOZ 3R0

Policy Period

From June 30, 2011 to June 30, 2012

Cancellation Clause 30 days

Mortgagees

- Canadian Mortgage & Housing Corporation
- RBC Banque Royale de Rouyn-Noranda
- Caisse Populaire Desjardins Temiskaming

insurer

Lloyds - 100%

Limit of Liability

Community	\$11,034,014
building Houses	\$8,253,909
Contractors equipments	\$135,746
Limit of Liability without stop loss	\$19,287,923

Risk Inswed

All Risks of direct physical loss or damage to assets including Flood, Sewer-backup and Earthquake

Margin Clause

Property of every description subject ta 110% of values declared on the statement of values.

Property Extensions

Ice and Muskeg	\$5,000
Exterior Signs	\$10,000
Newly acquired buildings 90 days to report	\$1,000,00
Newly acquired contents — 90 days to report	0
Account receivable	\$500,000
Valuable papers	\$500,000
Transit / tem porary location	\$500,000
Personal Effect of insured — per employee / per year	\$2,500 / \$5,000
Blanket glass	included
Debris removal expense after ioss	\$100,000
Cost ta prepare proof of ioss	\$50,000
Fire department service charges	\$50,000
Fine art all risk	\$50,000
Builders <u>risk</u> houses and community building	\$2,000,000
Additions' living expense 10% dwelling lrait, max payable	\$5,000



Boiler and Machinery

Comprehensive Form

Limit of Liability \$10,898,268

Business interruption Automatiques coverages

<u>Loss of business income covered including extra expense</u>	Included
Automatic limit included	\$500,000
Product recall coverage	\$10,000
Contingent Business Interruption	\$25,000
Accounts Fees	\$25,000
Civil authority cover <u>up</u> to 2 weeks	

Deductible

Earthquake, 3% minimum	\$100,000
or Flood, per claim	\$25,000
<u>Business interruption & rental incomes waiting</u>	24 hours
<u>All other losses</u>	\$2,500



COMMERCIAL GENERAL LIABILITY
Eagle Village First Nations

Insurer

Lloyds -100%

Limit of Liability

Property damage and bodily injury per	\$5,000,000
claims Products and completed operation,	\$5,000,000
annual limit Personal and Advertising	\$5,000,000
Liability	
Employee Benefit Liability	\$1,000,000
(daims made basis) limit per year of insurance	\$1,000,000
Tenants Legal <u>liability</u>	\$2,500 /
Medical expense — par person /	\$25,000
SEF 94	\$50,000
Limit on abuse liability (daims made basis) limit per year of insurance	\$1,000,000
Retroactive date :	June 30, ?
Forest fire fithing expense	\$1,000,000
Professional liability for Hearthcare providers/counselors and miscelianeous professionals (<u>excluding doctors</u>)	\$5,000,000
Public officer	
Claims made basis	
Band Council	\$5,000,000
Limit per year of insurance	\$5,000,000
Retroactive date	June 30, ?
Wrongful Dismissar :	
Per daim	\$100,000
Annuel general aggregate	\$500,000
Autornafic Extensions	

- Contingent employer's liability
Employees and volunteors as additional insured's. Includes band members occupying residential property owned by the First Nation.
- Broad form property damage
- Sudden and accidental pollution — 120 heur reporting Except for pollution arising from hostile fire, a pollution exclusion applies on the following operations and locations: gas station, waste disposai site, dump site, marina, water treatment, underground tanks, sand and gravel operations.

Deductible

Property damage	\$2,500
Tenants legal liability	\$2,500
Damage to short term rental vehicle	\$1,000
Employee benefits error & omission	\$2,500
Forest firefighting	\$2,500
Professional liability	\$2,500
Wrongful dismissal	\$10,000
Abuse	\$10,000



UMBRELLA LIABILITY

**Eagle Village
First Nations**

Irsurer

Lombard — 100%

Limit of Liability

Property damage and bodily injury per daims \$5,000,000

Rétention

Retention per daim \$10,000

This coverage is in excess of the following policies

- Commercial general liability
- Automobile
- Non-owned automobiles

Appendix 6

FUNDING AGREEMENT

**CONCERNING THE GRANTING OF FINANCIAL ASSISTANCE FOR THE
HIRING OF AND FOLLOW-UP ON SPORT AND RECREATION
AND COMMUNITY AND CITIZEN INVOLVEMENT COORDINATORS
IN VARIOUS ABORIGINAL COMMUNITIES OF QUÉBEC**

BETWEEN: THE SECRÉTARIAT AUX AFFAIRES AUTOCHTONES acting and

represented here by the secrétaire général associé, Mr. André Maltais, duly authorized, hereinafter referred to as the "SAA"

AND: THE MINISTÈRE DE L'ÉDUCATION, DU LOISIR ET DU SPORT acting and represented here by the sous-ministre adjoint au loisir et au sport, Mr. Jean-Guy Ouellette, duly authorized, hereinafter referred to as the "MELS"

AND: THE PREMIÈRE NATION EAGLE VILLAGE-KIPAWA acting and represented here by its Chief, Mr. Jimmy Constant Sr., duly authorized, hereinafter referred

to as the "Council"

WHEREAS the Québec government adopted in March 2009 the Youth Action Strategy 2009-2014 and mandated the Secrétariat à la jeunesse to coordinate the work to implement, follow up on and evaluate this strategy;

WHEREAS this Strategy aims to *Invest in Youth, Empower Québec's Future* by offering notably to young people of all regions of Québec the tools and the means in order to support them in their self-fulfillment and in the realization of their ambitions and their dreams;

WHEREAS within the context of this strategy, it is agreed to renew the financial assistance program for hiring sport and recreation and community and citizen involvement coordinators in Aboriginal communities of Québec (Program);

WHEREAS the SAA contributes to the implementation of the Youth Action Strategy 2009-2014 as an organization responsible for the coordination of the Program;

WHEREAS the Québec-Canada Agreement on participation in sports 2008-2011 notably provides for the promotion of participation in sports among the Aboriginal people;

WHEREAS the Québec government wishes to address the difficulties that some young Aboriginal people may experience regarding the absence of adequate physical activity and whereas the participation in recreational activities will promote the acquisition of healthy living habits;

CONSIDERING the wish to consolidate the achievements developed by the community in the field of sports and recreation and the promotion of healthy living habits;

WHEREAS the parties wish to combine their efforts to contribute to improving the quality of life of children and young people of the community of Kebaowek.

THE PARTIES AGREE TO THE

FOLLOWING: 1. PURPOSE

- 1.1 The purpose of this agreement is to define the terms and conditions of funding granted to the Council for the hiring of and follow-up on the sport and recreation and community and citizen involvement coordinator.

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- submit a progress report (in September) and an activity report describing the degree of achievement of the Program's objectives and including a statement of expenses (in March), the required forms of which will be sent by the SAA;

4.1.2.4 a fourth and final grant installment for a maximum amount of \$11,550 (17% of the total amount) if the Council has complied with the general conditions of the agreement and the following particular condition:

- submit a progress report (in September) and an activity report describing the degree of achievement of the Program's objectives and including a statement of expenses (in January), the required forms of which will be sent by the SAA.

5. COMMITMENTS OF THE MELS

5.1 The MELS undertakes to:

5.1.1 pay the Council, in accordance with the rules set out in this agreement, a total grant of up to a maximum of \$17,130, to allow the Council to carry out the project;

5.1.2 pay out, under the conditions described below, the following amounts:

5.1.2.1 an initial grant installment for a maximum amount of \$11,420 (67% of the total amount) upon receipt of the sums from the federal government, stipulated in the Québec-Canada Agreement on participation in sports 2008-2011;

5.1.2.2 a second grant installment for a maximum amount of \$5,710 (33% of the total amount) if the Council has complied with the general conditions of the agreement and the following particular condition:

- the Council has to submit to the SAA a progress report (in September) and an activity report describing the degree of achievement of the Program's objectives and including a statement of expenses (in March), the required forms of which will be sent by the SAA.

6. SHARED COMMITMENTS

6.1 The parties recognize that:

6.1.1 the treatment reserved for paid and unpaid sums for any project undertaken but which is not carried through to completion, will be determined by the SAA or the MELS. The funds paid, but not committed for such uncompleted projects, might have to be reimbursed to the SAA or the MELS. Under such circumstances, the reimbursement will include the principal and the interest accumulated by the Council at the date of the reimbursement. Technical and financial data, to be determined, will have to be submitted in relation to the cancellation of the project being carried out;

6.1.2 the rights and obligations found in this agreement cannot be assigned, sold or transferred, in whole or in part, without the written consent of the SAA and the MELS.

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ofthe parties

For the Council: Mr. Jimmy Constant Sr.
 Chef
 Première Nation Eagle Village-Kipawa
 Case postale 756
 Témiscaming (Québec) JOZ 3R0

12. DURATION OF THE AGREEMENT

12.1 This funding agreement shall enter into effect at the time of its signing by all of the parties. It shall remain in effect until the date when the obligations of each of the parties have been fulfilled, subject to the provisions to put an end to the agreement. This agreement is not subject to tacit renewal.

13. CANCELLATION

13.1 The SAA and the MELS reserve the right to cancel this agreement for one of the following reasons:

13.1.1 the Council fails to meet any one of the terms, conditions or obligations that it has under this agreement;

13.1.2 the Council made representations or provided guarantees, information or documents that are inaccurate;

13.1.3 the Council ceases its activities in any manner whatsoever, including by reason of insolvency, bankruptcy or assignment of its property.

13.2 When one of the events described in subsection 13.1 occurs, the SAA or the MELS must send a cancellation notice to the Council which will then have ten working days to remedy the default stated in the notice, failing which this agreement will be automatically cancelled. The cancellation will take effect *ipso facto* from the date of receipt of this notice or at any other later date indicated in the notice.

13.3 The Council shall then, in the thirty (30) working days following the date of cancellation of the agreement, reimburse any amount of the grant, including the interest accumulated at that date, that will not have been used by the Council or that will have been used for purposes other than those stipulated in this agreement.

14. RESERVATION

14.1 The payment of the grant to the Council by the SAA is conditional upon the voting of the appropriations by the National Assembly and the government's approval required under the *Regulation respecting the promise and awarding of grants* (R.R.Q., c. A-6, r. 22), as amended.

15. DOCUMENTS

15.1 This agreement and any other document mentioned herein, as well as any duly approved change to these documents, constitute the full agreement between the parties and bind them. Any verbal agreement not reproduced in this agreement shall be deemed null and void.

SCHEDULE A

FUNDING AGREEMENT CONCERNING THE GRANTING OF FINANCIAL ASSISTANCE

FOR THE HIRING OF AND FOLLOW-UP ON SPORT AND RECREATION AND COMMUNITY AND CITIZEN INVOLVEMENT COORDINATORS IN VARIOUS ABORIGINAL COMMUNITIES OF QUÉBEC

Eligible expenses

- The wages and fringe benefits of the coordinator for a period of three (3) years;
- The Council has the possibility to earmark one thousand dollars (\$1,000) of the grant, per year, to the funding of sports and recreational activities in the community.

Mandate of the local coordinator

- Organize and coordinate activities promoting healthy living habits (HLH) among children and young people;
- Actively participate in the Circle of recreation coordinators, particularly through physical and virtual networking activities;
- Participate in the training sessions offered by the Québec coordinator;
- Show leadership and commitment in the works of a local mobilization structure, the mission of which is articulated around HLH or that takes into account HLH;
- Participate in the reporting process by taking part in the drafting of progress reports and activity reports, which MI have to be validated by the Council.

Details of the grant

	Year 1	Year 2	Year 3		Total
Secrétariat aux affaires autochtones*	\$17,130	\$22,840	\$17,000	\$11,550	\$68,520

Ministère de l'Éducation, du Loisir et du Sport	\$11,420	\$17,101	-		\$17,130
Total by community	\$28,550	\$28,550	\$28,550		\$85,650

* The funding of the Secrétariat à la jeunesse is included in the grant paid by the

SAA. Details of the reporting

Grant (time of the installment)	Filing of progress reports Filing of activity reports

[Handwritten signature]

Year 1	1 st grant installment at the signing of the agreement (March 2010) — SAA 1st grant installment upon receipt of the sums from the federal government, stipulated in the Québec-Canada Agreement on participation in sports 2008-2011 (2010) - MELS	September 2010	March 2011
Year 2	2nd grant installment following receipt of the vouchers of Year 1 (March 2011)	September 2011	March 2012
Year 3	3rd grant installment following receipt of the vouchers of Year 2 (March 2012) 4th grant installment following receipt of the vouchers of Year 3 (March 2013)	September 2012	January 2012

Appendix 7

QUÉBEC EN FORME



Ville-Marie, July 12th,

Mr. Mitchell McMartin
Eagle Village Kebaowek
P. O. Box 756
Témiscaming (Québec) JOZ 3R0

050-5051

Object : Response to the submitted projects requests funds by the "Regroupement de Québec en Forme du Témiscamingue", under the Action-Plan 2012-2013

Sir,

We are pleased to announce that your Summer Camp project will be supported to the height of \$ 7 770. the Soccer Camp up to \$ 1 060. and the Skate park up \$ 3 450., as requested. You are allowed to have \$2 700. for follow up trainings in psychomotricity or healthy lifestyle.

To access the funds for those projects, you must complete attached claim forms and provide copies of all invoices for expenditures relate to those projects. Refund checks will be sent, only following receipt of these documents.

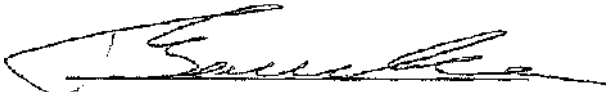
The Regroupement of "Québec en Forme du Témiscamingue", active since September 2008, is pleased to be among the players that make a difference for our children. We wish to remind you that the mission of the Coalition *is to educate and support local and Algonquin communities in creating environments that will promote a physically active lifestyle (PALS) and healthy eating habits for (HE) children and their families from a perspective of sustainable change, in a spirit of complementarity.*

We take this opportunity to mention that you will be contact in the fall, to reflect on the actions you might want to submit under the Action-Plan 2013-2014. This is intended to help municipalities to plan the desired activities in their annual budgets. Be assured of our support in this process.

For questions concerning the strategy of "Québec en Forme", please contact Manon Gauthier, Coordinator, Office of the MRC de Témiscamingue at 819-629-2829 ext 235 or email at

manon.gauthier@mrctemiscamingue.oc.ca

Thank you for your engagement towards the development of Témiscamingue's childrens. Please accept, Sir, Yours faithfully.

A handwritten signature in black ink, appearing to read 'Tomy Boucher', written over a horizontal line.

Tomy Boucher

Representative of the MRC Témiscamingue in the committee of vigilance for the stratégies of "Avenir d'enfants" and "Québec en Forme".

Appendix 8

POLICIES & PROCEDURES: EAGLE
VILLAGE HEALTH CENTRE

DIRECTION: CLINICAL DEPT.

DATE:

CREATED: 30-04-2013

**SUBJECT: INVENTORY
CONTROL ORDERING
PROCEDURE**

PAGE: 1 of 1

1. **General Provision:** The minimal inventory will be established jointly by the Clinical Department and the Health Director.
2. **Goal:** The present policy is to describe the procedure established for inventory control and the handling of medications.
3. **Elements:**
 - Only nurses have the authority to take medications out of the pharmacy as deemed necessary for the intended clients of the community.
 - Nurses who remove medications from the pharmacy must register it on the “medication distribution log” form, located in the EVHC pharmacy, and complete the proper documentation in the client file. (see appendix ____)
 - Drug Distribution Program order is to be completed by the CHN and approximately twice a month as designated by the yearly calendar.
 - One day prior to the DDP order, the CHN will review current pharmacy stock and prepare order accordingly to maintain our minimum supply.
 - The ordering of medication and supplies is completed via Promed Program and submitted electronically and by fax to the “Centre de Distribution de Wendake”
 - Upon delivery/supplies, the CHN will stock new products in a manner to optimize products by rotating according to expiry dates.
 - The CHN is to forward the faxed copy the Clinical Programs Manager for review and filing.
 - Every 2 months the Clinical Programs Manager will review the general inventory of the pharmacy completed by the CHN against the ordering to ensure adequate stock.
 - Verification of expiry dates and discarding of outdated medications is to be completed monthly by the CHN.
 - Outdated medications and supplies will be discarded according to policy & procedure “Handling of medications and bio-hazard materials”.

Prepared by: _____
Clinical Programs Manager

POLICIES & PROCEDURES: EAGLE VILLAGE
HEALTH CENTRE

DIRECTION: CLINICAL DEPT.

DATE:

CREATED: 30-04-2013

**SUBJECT: POLICIES &
PROCEDURES OF
EXPIRED/DISCARDED
MEDICATIONS AND BIO-
HAZARD MATERIAL.**

PAGE: 1 of 1

1. **General Provision:** To ensure proper handling and safe storage of all types of medications from 2 different sources. 1: External: Unused and expired medications handed in from community members.
 1. 2: Internal: Health Center expired stock and bio-hazard material.
2. **Goal:** To demonstrate proper and safe handling, storage, and discarding of medication and bio-hazard material.
3. **Elements:**
 1. External Sources:
 - Medications and bio-hazard materials handed in by community members are to be given to nursing staff only. These items will be packaged in bio-hazard bags which will be immediately sealed in the presence of the client who will jointly initial the sealed envelope/bag.
 - Sealed envelopes/bags will be stored in the pharmacy, where the nurse will be responsible to log this envelope/bag on the medication disposal record form. (see appendix ___)
 - Clinical Programs Manager will be responsible for these envelopes/bags being properly stored in locked freezer in bio-hazard room.
 - The Clinical Programs Manager will prepare the disposed items for pick-up and transportation as per the packaging procedure provided by the "Stericycle Bio-Hazard Waste".
 - Scheduled pick-ups are done approximately twice a year by the "Stericycle Bio-Hazard Waste" according to their designated calendar as organized by the Medical Receptionist.
 2. Internal Sources:
 - The Community Health Nurse will remove expired medication and supplies from pharmacy shelf. These items will be packaged in bio-hazard bags which will be sealed and jointly initialed by two nurses.
 - Sealed envelopes/bags will be stored in the pharmacy, where the nurse will be responsible to log this envelope/bag on the medication disposal record form. (see appendix ___)

- Clinical Programs Manager will be responsible for these envelopes/bags being properly stored in locked freezer in bio-hazard room.
- The Clinical Programs Manager will prepare the disposed items for pick-up and transportation as per the packaging procedure provided by the “Stericycle Bio-Hazard Waste”.
- Scheduled pick-ups are done approximately twice a year by the “Stericycle Bio-Hazard Waste” according to their designated calendar as organized by the Medical Receptionist.

Prepared by: _____
Clinical Programs Manager

Approved by: _____
Health Director

Appendix 9

SERVICE DELIVERY PLAN EAGLE VILLAGE FIRST NATION HOME AND COMMUNITY CARE PROGRAM

Revised March 2012

Prepared for Health Canada
By Jennifer Presseault RN CCM

Nom du Fichier:A:/servicedeliveryplan.wpd

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Program Vision

The following statements from the vision for the Eagle Village First Nation Home and Community Care Program:

- **Home and Community Care will contribute to the respect and dignity of individuals by providing needed supportive services.**
- **Home and Community Care will be equally accessible to all registered community band members of Eagle Village First Nation.**
- **The care provided by this program is to be centered on the client and his/her family. The care is to be flexible so it may better meet their needs.**
- **The Home and Community Care services are intended to enhance the person's self-determination, self-reliance and well being through family and community resources, thus enabling individuals to continue to live productive useful lives in their own homes.**
- **Home and Community Care must only do for people the things that they cannot do for themselves, so that they may preserve their self-worth and independence.**
- **Home and Community Care is not meant to replace the support and care traditionally provided by family members.**

The Home and Community Care providers must be supported by the family and the community.

Program Philosophy

The program is guided by the following beliefs:

- **Individuals can usually retain more independence and control over their lives when living in their own homes rather than in care facilities.**
- **Individuals remain healthy or return to wellness more consistently while in the familiar environment of their homes with family and friends nearby.**
- **Individuals and families are responsibly for their own health. The support usually provided by the family and the community should be encouraged and maintained and, if necessary, supplemented by the Home and Community Care Program.**
- **Services should help individuals and families retain greater autonomy by not creating unnecessary dependencies.**
- **Individuals with the greatest need for homecare should receive priority for service.**
- **Individuals and their supporters should help identify their needs, establish goals, and develop plans to meet their goals.**
- **The Home and Community Care Program should respect a person's right to live at risk and to accept or refuse services.**
- **The Home and Community Care Program should assist individuals to access needed health and social services.**
- **The Home and Community Care Program should participate in the planning and coordinating of local health and social services.**

Confidentiality must be maintained at all times.

Program Mission

Eagle Village First Nation will provide a holistic home health care program that is reflective of its health and social needs, that is comprehensive, accessible, effective, and equitable to all registered community band members.

The Eagle Village Home and Community Care Program aims to preserve and maximize an individual's ability to remain independent at home by offering services that provide needed care and support.

The long term goal of the program is to provide a full range of preventive, therapeutic and restorative health services to Eagle Village residents. In doing so, it is hoped that appropriate home and community care services will be available and utilized as alternatives to institutional care.

Registered community band members that live with illnesses or disabilities that limit their autonomy, but don't require acute care or continuous supervision will be able to continue living at home for as long as they want, if it is feasible.

The Eagle Village Home and Community Care Program is based in a holistic approach that recognizes that a person's needs are social, emotional, physical, and spiritual in nature. These factors will all be considered when planning, with the client, how his/her health needs can best be met.

Description of the Community

The community of Eagle Village First Nation is located at Kipawa, Quebec in the Abitibi-Temiscaming region very close to the Quebec-Ontario border. The nearest point of service for health and social off-reserve is the Temiscaming Health Centre CSSST-K approximately 12 km away. This centre offers CLSC type services, an out patient and emergency department, an acute care unit and a Long Term Care unit. There are only family physicians on staff, therefore, for specialized or surgical care a referral is usually made to North Bay, Ontario (89 km) or farther.

Population:

The population of Eagle Village First Nation totalled 880 persons as of December 31, 2011. Only 31% of the band members reside on-reserve. But, at least half of the non-residents live close by and wish to live on-reserve. Within the past five years, the numbers of resident members have increased at a growth rate of 11%. In addition to the 272 members living in the community, there are 18 members from other bands and also 59 non-members living on-reserve.

The following tables represent demographic changes in our community over the past five years. The population living off-reserve has been included because of the growing number of off-reserve members that are coming to live on-reserve. The on-reserve population figures include the non-members living in Eagle Village. It is also important to note that the number of elderly residents is and will be increasing.

2009 Population				
	ON-RESERVE		OFF-RESERVE	
AGE GROUP	MALE	FEMALE	MALE	FEMALE
Less than 1*	1	3	0	0
1-4 years	5	9	8	4
5-14 years	18	20	26	28
15-24 years	23	24	52	40
25-44 years	33	35	85	85
45-64 years	41	38	84	96
65+	9	6	20	12
TOTAL	130	135	275	265

*These figures may be underestimated since not all babies were registered.

Program Overview

The Eagle Village Home and Community Care Program Service Delivery Plan is based on the needs and priorities identified in our Community Needs Assessment. This plan will outline how our program will be managed, how to access the program, its goals and objectives, how the essential services will be delivered in our community, the staff required to deliver these special services and the budget required.

This program should be equally accessible to all the registered community band members of Eagle Village who have a need for health care and/or support services. As the program grows and develops, we hope to be able to offer a full range of preventive, therapeutic, and restorative services as an alternative to institutional care.

Home Care Services will be available five days per week, during business hours. For evenings and weekends, we will follow the CSSST-K guide for coverage for homecare which is the CSSST-K outpatient clinic.

Management Structure

The Home and Community Care Program is managed and administrated at the community level. The EVFN Health Centre is responsible for hiring, training and supervising the personnel, administrating the budget, assuring service delivery, and supervising evaluating the program. The following diagram identifies the management structure for the Eagle Village Home and Community Care Program. Council has given full responsibility of program to the Health Director. The qualified workers have been hired to fill each position, as depicted below. The roles and responsibilities of each member of the program will be discussed further in the Essential Services section.

Accessing Services

The following illustrates the steps for accessing services in the Home and Community Care Program.

1. Request for Home Care Nursing Services and or Personal Care Services are sent to and received by the Case Manager via telephone (verbal), fax referral or written prescription. Initial contact is made within 48 hours.(excluding weekend and holidays)
2. A physician, a health professional, the patient or a family member, and / or a community member can request an evaluation for homecare services.
3. The patient is evaluated within 72 hours of receiving the request. (excluding weekends and holidays)
4. A client assessment is completed using the “Initial/Admission Care Pathways Form“ or a “Multiclientele Assessment Form”
The type of services rendered are based the outcomes of the evaluation.
5. Should the patient or family member contest the decision of the Case Manager, the case will be reviewed by the Homecare Committee.
Recommendations are made by a Homecare Committee in cases of appeal to reach a final decision on the services rendered.
6. Planning the care to be dispensed. (See Appendix D for an example of a care plan) and individualized visits, when the services of the homecare nurse are required)
7. Service Delivery.
8. Re-evaluation of the care and services dispensed to assure that the client’s needs are met. (Re-evaluation of acute clients will be done at minimum every 3 months and chronic client re-evaluations will be done at minimum every year or when there is a health status change.)

Goals and Objectives

As stated in the program’s mission statement, our aim is to offer a holistic program that helps preserve and maximize and individual’s ability to remain independent at home by offering services that provide needed care and support. This program should be equally accessible to all the registered community band members of Eagle Village who had a need for health care and/or support services. As the program grows and develops, we

hope to be able to offer a full range of preventive, therapeutic, and restorative services as an alternative to institutional care.

The following are our program's main goals and their objectives:

Goal

Enable individuals to continue to live productive lives in their own homes, while encouraging the continued support of their families and community.

Objectives

- Offer, to individuals requiring home care, direct access to health and support services.
- Offer the client a complete evaluation that is based on his needs and includes other health professionals if needed.
- Develop, with the client and/or family, a client centered care plan that is flexible and that identifies the services to be dispensed and the expected outcomes.
- Integrate the objectives and the health promotion techniques in the care plans and in service delivery.
- Teach clients and their families to promote autonomy and how to effectively use the available resources.
- Provide only those services that cannot be undertaken by the client or family to promote independence rather than create greater dependencies.
- Encourage individuals to come to the Health Centre, whenever possible, to receive their treatments.
- Coordinate the services that are needed by the clients and help them access other related services that are needed.
- Recruit the help of volunteers or volunteer organizations whenever possible, to help with the clients' needs.
- Supervise and frequently evaluate the services to make sure clients are receiving the required care.
- Start the discharge planning as soon as the client is admitted, when applicable.

Goal

Work in conjunction with other health care providers to increase the effectiveness of community care, to fill-in the gaps in services, and to avoid repeating or overlapping the services.

Objectives

- Establish a teamwork approach with other health care providers to avoid repeating services and to increase the client's capacity to access only the services he or she needs.
- Promote effectiveness use of short-term care services by working in conjunction with the local hospital to prevent needless admissions and to promote early discharges.
- Determine the available health care resources to keep individuals in their community.

Essential Services

This section describes each element of the essential services in the Home and Community Care Program. These essential elements are based on the Needs Assessments of Eagle Village First Nation and will be administrated as previously outlined in the management structure. (Please refer to the organizational structure Appendix A depicted on Page 7)

Management and Supervision of the Program

Home and Community Care is a program that will be continually changing in relation to client needs, with frequent admissions and discharges. It is therefore very important that it be managed and supervised closely. The Clinical Programs Manager will oversee the program with the cooperation of the Home Care Nurse.

The Health Director will be responsible for the overall programming of health and social services, the budget and staff of the health centre and will be the link between the program and higher management. The Clinical Programs Manager, who reports to the Health Director, will be responsible for the management of the program, and the professional supervision of nursing and personal care worker. Professional nursing supervision will be agreed upon by both the Health Director and FNIHIB Health Canada - regional office.

For now, home support workers will continue to be funded by AANDC and therefore the hiring and supervision of these workers will remain the responsibility of the Social Services.

Our community has established a Homecare Committee. This committee is comprised of the some or all of the following people upon availability; one member of council (not

related to the client), the Health Director, the Clinical Program Manager, and one representative from Social Services. The role of the Homecare Committee when required is to re-evaluate a decision rendered by the Homecare Nursing Staff regarding eligibility, level of service, type of service, urgency of service, discontinuation of service or the mix of services provided by the Home and Community Care Program. The Homecare Committee would review all pertinent information in the case and would render a final decision. The home care committee will do so following the policy & procedure with documentation accordingly. (Appendix G & H)

The Home and Community Care Service Delivery Plan is to be reviewed and updated yearly by the HomeCare Nurse under the supervision of the Clinical Programs Manager and approved by the Health Director.

The Home and Community Care Policy and Procedure Manual is to be reviewed and updated every year by the HomeCare Nurse under the supervision of the Clinical Programs Manager and approved by the Health Director.

Managed Care

Managed Care in home care services assures that the client receives care that is specific to his/her needs, that it is dispensed by qualified members of health team, and that it is given at the required intervals and for the time needed. The needs of the client will be re-evaluated as needed with changes in status, when the professional deems necessary, and / or at a minimum yearly. It is also essential to establish links with other services that are not available on-reserve in order to eliminate all gaps in services to which the client is entitled. The EVFN Homecare Nurse collaborates with the CSSST-K Homecare Nurse for coordination of services as needed.

Case Management

The position of Case Manager will be full time and will be undertaken by the Clinical Programs Manager.

The Case Manager will have the responsibility to evaluate admissions request and planning discharges. He/she will do so by evaluating the client's needs (using the CarePath Admission and/or Multiclientele form whichever appropriate). The Case Manager will plan and organize the types of services to be dispensed. The Case Manager, in conjunction with the Homecare Nurse/ LPN will create a care plan with the clients and or their family. The Case Manager will assure quality service delivery, evaluating the care offered and its effect on the client. Re-evaluation of acute clients will be done at minimum every 3 months and chronic client re-evaluations will be done at minimum every year or when there is a health status change.

Homemaker / Home Support Service needs that are identified by the Case Manager or Homecare Nurse are to be forwarded to Centre Jeunesse. The evaluation and set up of such services will be done by the person designated by Centre Jeunesse. Essentially, the

Case Manager coordinates the numerous services received by the client at home and ensures that the services are of quality and uniformity. This person will also be the link between all the care providers, hence facilitating communication and preventing gaps and/or overlaps in services.

Referrals and Linkages to Services and Other Care Providers

Linkages to outside services will be an important part of our Home and Community Care Program as our program is very limited. They will help support the community based activities and ensure that the client is receiving the best possible care. Physicians from the local CSSST-K are present and provide services on site at the EVFN Health Centre monthly.

The Home Care Nurse will work to maintain the present linkages with the Centre de Santé de Temiscaming so that the client is able to pass from one service to the other without difficulty and that his/her information will follow. At the Centre de Santé Temiscaming, we find such professionals as our Family Physicians, Psychologist, Physiotherapist, Occupational Therapist, Nutritionist, Nurses, etc. These professionals are actively involved in our clients' care when needed and are also able to refer them to other specialists and services when needed.

Client Assessment

The goal of evaluating the client's needs is ensuring that home and community care services are adapted to the particular needs of the person, either on a physical, mental, emotional, and/or spiritual level. This will be a process that will include the participation of the client and family (or natural care-giver) in identifying the person's health problems and the types of services that will best suit his/her needs.

The client's needs assessment is a task completed by the Case Manager. During the evaluation process, the case manager uses the CarePaths Standard Assessment tool and / or Multidietele to collect information on the client's health, autonomy and needs in order to develop a care plan (refer to Appendix B & C). This care plan will outline the client's health/functional needs, the planned care with a description of the role of each caregiver (including the client and his/her family)It will also include the goals of the care and expected outcomes, expected date that the outcomes will be reached and the duration of the services. The plan will also indicate the referrals that have been made to other services.

The care plan will be re-evaluated at minimum every 3 months for acute client, every year for chronic clients and / or as the client's needs or condition changes.

Homecare Nursing

Homecare nursing is /are services that are delivered by RN or LPN in the client's home. The Home Care Nurse will be under the supervision of the Clinical Program Manager. She/he will be responsible for a number of activities that revolve around the client's care. The nurse's responsibilities include client assessment and care planning with such activities as acute care nursing, medication management, and wound management, teaching clients to care for themselves, and managing chronic illnesses. In addition to these responsibilities the Clinical Programs Manager is responsible for the supervision and teaching of the personal care worker.

To receive home care services a new client needs to be referred by a hospital, a physician (or other health professional) or a request must be made by the client or his/her family or community member. The Case Manager will initiate the assessment process. Then, the services delivered will be based on the client's care plan which was developed based on the needs / conditions of the client identified on the Nurses Initial Assessment.

Home Care Services will be available five days per week, during business hours. During this time, when the Homecare Nurse is absent, the Community Health Nurse or Case Manager will cover homecare nursing services. For evenings and weekends, we will follow the CSSST-K guide for coverage for homecare which is the CSSST-K outpatient clinic.

Professional supervision will be provided by the Health Director and FNIHIB, Health Canada – regional office.

Home Support Services

Home support services will be provided by two types of workers.

Personal Care Services

The EVFN Personal Support Worker is certified in the field of personal care. The role of a Personal Support Worker is to provide personal care according to the care plan. Under the supervision of a registered nurse, these workers assist the client with activities of daily living such as bathing, grooming, dressing, mobilizing, toileting, feeding, taking prepared medications, etc. Eagle Village First Nation Home Community Care Program has 1 Certified Health Care Aide / Personal Support Worker working regular part-time. The PSW will be made aware of her clients needs and expected duties initially via telephone and with written PSW care plan sheet. (see Appendix I) The PSW is to hand in her visits / task sheet completed every 2 weeks to the Homecare nurse for an update on the clients file. Any changes in the clients status or updates are required to be reported immediately (within the same day) via telephone and in writing within 48hours to the PSW.

Home Management

Home management services presently exist in our community. The role of a Home Management Worker / Home Support Worker is to assist the client with tasks such as housekeeping, laundry, meal planning and preparation, shopping, etc. according to the Care Plan.

This service is available through funding from AANDC Adult Care Program. Presently these funds are allocated to the Centre Jeunesse in Ville-Marie. Social Services (from Centre Jeunesse – native division) liaison officer or other designated person in our community (also AANDC funded) is responsible for the hiring, management and supervision of these workers and the services provided.

In-Home Respite Services

Presently, this type of service is offered in part by the INAC Adult Care Program, but is not available evenings and nights. This type of care is provided to higher need clients who are in the community and require supervision because they can't be safely left alone at home. This service assigns a Home Support Worker to go the home and stay with the client for a period of time (max of 10 hrs/week) or in periodic intervals during the time the caregiver is away from home. The goal of this service is to provide respite to the caregiver so that he/she can continue to care for the client and therefore delay or prevent the need for institutional care.

If needed, for higher needs clients, the Centre de santé de Temiscaming does have one available bed for inpatient respite services.

Medical Supplies and Equipment

Medical Supplies and Equipment are needed to provide good health care in the home and to promote the independence of the client. It is important for the Home and Community Care Program to keep various supplies on hand, so that the support can be provided when needed. At the present time, the Health Centre does have some medical equipment available to be lent out for short-term use by clients. Clients receive medical supplies and equipment as per the assessment and according to the care plan completed by the Case Manager. These supplies and equipment will be kept at the Health Centre and accessed by the Homecare Nurses when needed.

We will continue to lend equipment when needed for short periods of time. At that time the client (or his representative) will sign a loan of medical equipment form.

(See Appendix J & K)

If any Medical equipment is needed by the client for long term use then a prescription is obtained from the physician and the supplies or equipment will be processed thru NIHB and covered as applicable. For equipment not covered thru individual benefits then the option is for the client to purchase the supplies/equipment themselves or the health centre to continue lending the items long term.

Pharmaceutical Services are provided by NIHB.

Information and Data Collection

To adapt the services and programming to meet the constantly changing needs of the community, collection of data and information are imperative. e-SDRT and HR e-HRTT are used to collect and report homecare activities and human resource information. This process is to be completed by the Homecare Nurse.

Monthly statistical reports will be completed and compiled at the end of each year.

Annually, the service delivery will be evaluated, taking into account all requests for service, overall satisfaction of clients and complaints.

Confidentiality; The Eagle Village Home and Community Care Program is respectful of, and committed to maintaining the confidentiality of all client information gathered by staff or sent as a referral from other programs and services. Confidentiality of all client information is maintained through a variety of processes and procedures. (See HCC Policy 3.2) Client charts are to be stored in a locked unit or in the locked secure achieve room. All employees at the Eagle Village First Nation Health Centre have signed the confidentiality agreement.

Supportive Services

With the limited budget for our Home and Community Care Program, we will not be able to expand and offer any types of services other than the Essential Services described in this plan.

Periodically, we have access to other supportive and complementary services (ie. dietician, OT, PT) thru the CSSST-K when they have them contracted or on staff. We will access these individuals as needed when able.

Human Resources

For service delivery to occur, as outlined in this plan, the following staff will be required for the essential services of the Home and Community Care Program:

- Home Care Nurse / LPN: 5 days per week
- Case Manager : position assumed by the Clinical Programs Manager
- Personal Support Worker : 8 hours per week (2 days x 4hrs)
- Home Support Workers are provided and managed by the liaison officer or other designated persons funded by AANDC.

Training plan for yearly CPR and First Aid is provided to employees of the Eagle Village Health Centre.

Job Descriptions

Please find enclosed (Appendix 1)

Budget

Please find enclosed

Appendix 10

POLICIES & PROCEDURES: EAGLE
VILLAGE HEALTH CENTRE

DIRECTION: CLINICAL DEPT.

DATE:7-06-2013

CREATED: 7-05-2013

**SUBJECT: POLICIES &
PROCEDURES FOR
IMMUNIZATION PRODUCTS**

PAGE: 1 of 1

1. **General Provision:** To ensure proper handling and safe storage of all types immunization products in accordance to the PIQ – Protocole d'Immunisation du Québec

2. **Goal:** EVFN health Centre will properly and safely handle and store all immunization products by following the guideline of the PIQ (Protocole d'Immunisation du Québec)

3. **Elements:**

Types of immunization products that are ordered and received include but are not limited to the following; Hib, dcaT, DCaT-HB-VPI-Hib, DCaT-VPI-Hib, DCaT-VPI, Rotarix, dT, MMRII, MMRV, Var, Men-C-C, Pneu-P-23, Pneu C-13, HB, HAHB, Influenza

- Ordering of all immunization products (except for influenza vaccines) is done directly thru the local CSSST-K by the Community Health Nurse CHN via telephone. The demand is done as needed based on scheduled vaccine appointment. No surplus stock of vaccine is intentionally ordered and stored at EVFN Health Centre.
- Influenza vaccines are order yearly by means initiated by the A.S.S.S. An order form is faxed to EVFN Health Centre. The number of ordered vaccines for influenza is based on previous year of doses given. The form is completed by CHN and returned via fax to ASSS. Influenza vaccines are shipped to local CSSST-K as all other immunization products.
- Upon arrival of immunization products, contact and coordination is completed between EVFN CHN and CSSST-K nurse for pickup and transportation.
- Transportation of immunization products is done following the requirements and guidelines of the PIQ (reference PIQ Chapter 5.1.4)

- Handling and storage of immunization products will be done in accordance with Section 5.1.4 & 5.1.2 of the PIQ
- Storage of immunization products / vaccines is in a designated “vaccine only” refrigerator located in the EVFN health Centre clinic. This refrigerator has a thermometer that is monitored. Temperatures (min /max) are logged twice per day, Monday – Friday excluding holidays on log sheet by the CHN. (reference PIQ 5.1 & 5.1.3 & 5.1.3.1 & 5.1.3.2)
- These monthly log sheets, once completed are stored in Achieves for a minimum of 4 years.
- Cold Chain Management will be done in accordance with section 5.1.1 – 5.1.6 of the PIQ.

Prepared by: _____
Clinical Programs Manager

Approved by: _____
Health Director

Appendix 11

EVFN-EPP ACTION PLAN 2013

GOALS	Develop a Community Protection Unit. Provide training in Emergency Management, mitigation/prevention as well as preparedness and response. Complete a mock disaster exercise.
RATIONALE	To provide leadership, education and support to reduce the loss of life and protect EVFN territories from all types of hazards through a risk based emergency management program of mitigation, preparedness, response and recovery.
STRATEGY	Build capacity within Eagle Village First Nation personnel to provide Emergency Management and Emergency Preparedness Planning

OBJECTIVES	MAIN ACTIVITIES	TITLE RESPONSIBLE	CALENDAR/DATES	OUTCOMES	COMMENTS
Access funding for training	Submit training proposal to funding sources	Emergency Preparedness Coordinator	April	Obtain sufficient funding to complete tasks necessary to develop a Community Protection Unit	
Update/Create EM Committee	-Identify roles required -Update EPP to reflect personnel changes	Emergency Preparedness Coordinator -Chief and Council	April/May	develop EM team based on duties and current responsibilities within the Community	This will help to provide continuity within the Emergency Management Team when there are personnel changes

Upgrade skills of EPP Committee	<ul style="list-style-type: none"> -Standardized training with ICS100 -Understanding roles and Responsibilities of Elected Officials 	MCK Community Protection Unit - Kellyann Meloche	June	Trained personnel within key positions to provide Emergency Management and develop EPP
Develop a current Risk Analysis	<ul style="list-style-type: none"> -historical overviews of risks/hazards -current risk assessment backed by scientific data (Env. Can.) 	<ul style="list-style-type: none"> -Emergency Preparedness Coordinator -EM Committee 	July/Aug	Identify specific risks most likely to affect EVFN residents and territory
Ensure our current plans meet the requirements of the Community	<ul style="list-style-type: none"> -integrate EPP with other community plans -pandemic plan -potable water plan 	<ul style="list-style-type: none"> -Emergency Preparedness Coordinator -EM Committee 	July/Aug	Emergency Management Team will coordinate and initiate all necessary plans (when an emergency is declared)
Engage the Community through a Community Emergency Volunteer Team	<ul style="list-style-type: none"> -First aid training -current training , skills and experience built upon -Responsibilities and limitations identified 	<ul style="list-style-type: none"> -Emergency Preparedness Coordinator -EM Committee 	July/Aug	Provide an emergency workforce of skilled and semi-skilled personnel

Strengthen ties to
surrounding Communities

- mutual aid agreements
- MOU's

- Emergency Preparedness
Coordinator
- Chief and Council

Sept/Nov

- identify alternate
emergency
shelters/destinations
- identify equipment and
supplies available for
emergency use

