

KITASOO / XAI'XAIS

10 YEAR

COMMUNITY HEALTH AND WELLNESS PLAN

APRIL 2016 - MARCH 2026

Developed for the purposes of acquiring a 10 year Flexible Health Transfer Contribution Agreement from the First Nations Health Authority

March 2016

[Approved by Chief and Council May 2016]

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This plan was developed under the direction of Chief and Council by the Health Director and health staff – with the support of consultants Kahui Tautoko Consulting Ltd. KTCL provided copies of all documents to the Kitasoo Health Director including minutes of meetings held with external parties who were engaged such as the Bella Bella Hospital staff, FNHA nurses and VCH staff. All meetings during the process of developing this plan involved the Health Director to help share information and to develop capacity. The Band's Finance Department supported budget development.

Kitasoo Band also discussed the CHP with FNHA staff (Dawn Lee) as the transfer process was evolving. It was with their guidance that we made the decision to move from Set Agreement to a Block Flexible Agreement after many years of being in a Set & Transitional arrangement.

BAND COUNCIL RESOLUTION

The Band Council Resolution from Chief and Council for this Plan is attached at Appendix A.



Aerial view of Klemtu

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KITASOO/XAI'XAIS COMMUNITY PROFILE

The Kitasoo/Xai'xais First Nations Have Lived Here for Thousands of Years1

Since time immemorial, the peoples of the Kitasoo Indian Band, situated in what is now called the Province of British Columbia, have been and remain the rightful owners, users and sovereign occupants of our tribal territories.

Our peoples have traditionally used, occupied and exercised jurisdiction over our tribal territories for countless thousands of years. They have never surrendered our tribal territories or jurisdiction through conquest, treaty or any other means to the British Crown or its colonial governments or to the Crown in the right of Canada or to any other government or people.

Nor has this original ownership, occupancy and use by the Kitasoo people and jurisdiction over our tribal territories ever been superseded by law.

Therefore, Kitasoo assert our right and claim to our tribal area... to our land and to its preservation, development and management and to the benefits that have been and may be derived from all resources and development of resources within our tribal territories."

This "Statement of Comprehensive Claim" was presented to the Government of Canada and British Columbia on behalf of the Kitasoo/Xai'xais Band members. In 2000, this was followed up by a "Land and Resource Protection Management Plan", which explained how the community would look to its heritage for present day decision making.



"Our vision for our land and resources is based on the best definition of the term "sustainable". To us this means that the wealth of forests, fish, wildlife and the complexity of all life will be here forever. It also means that we will be here forever. To remain here as Kitasoo and Xai'xais people we need to protect and

¹ From Spirit Bear Lodge website

enhance our culture and protect our heritage. We also need to live in the modern world. We need jobs to sustain our families. We need revenue and economic development to sustain our community.

We invite other people and governments to work with us to implement the plan but we seek no permission. Our right to implement this plan comes from our aboriginal rights and title and from our connection to this land for thousands of years."

With that claim and land use plan, the Kitasoo effectively regained our rightful control of the land and resources within. This plan also protected 40% of their traditional territory and contained a "Protocol on the Environment", which governed future use and conservation of all the lands and resources for generations to come. These historic steps by the Kitasoo/Xai'xais First Nation Council and Hereditary Chiefs has allowed the community to grow economically for the long term as well as ensure that future generations of this small town in BC's Great Bear Rainforest will benefit from the abundant natural resources, like their ancestors before them.

The following community profile is extracted from the recently completed Comprehensive Community Plan (CCP) and has been integrated into this CHP to ensure alignment and consistency in the Kitasoo / Xai'xais planning documents:

The Kitasoo/Xai'xais peoples are two distinct cultural groups; the Kitasoo, a Tsimshian group, and the Xai'xais, a Heiltsuk group. The KFN is the Nation government of the Kitasoo/Xai'xais people, and this government is a member of the Oweekeno-Kitasoo-Nuxalk Tribal Council.

The KFN people reside primarily in the Village of Klemtu, BC (Kitasoo IR#1; a reserve of 334.70 ha (approximately 3.35 km²). Klemtu is a small unincorporated community located on Swindle Island in the coastal fjords of B.C.'s Inside Passage route and in the heart of the Great Bear Rainforest. The community is approximately 60 km north of Bella Bella and 740 km north of Vancouver. Access to this remote area on the province's central coast is limited to air and water travel.

The Kitasoo/Xai'xais and their ancestors have lived in Klemtu and the surrounding area since the end of the last ice age. The area has been largely uninhabited since that time, except for the Kitasoo and Xai'xais people who have thrived there for thousands of years in one of the richest, most diverse ecosystems on Earth.

The Kitasoo were originally from Kitasu Bay and the Xai'xais from Kynoc Inlet. The Kitasoo and Xai'xais people first came to settle in Klemdulxk (Klemtu), which means "blocked passage," in reference to the abundance of sea kelp in the bay. Initially, this was the peoples' camping area during their travels to engage in trade. Later, it was used as a place for trading and providing cordwood to fuel the steamships

that travelled the Inside Passage. The Kitasoo/Xai'xais people are the only permanent residents of the Nation's Traditional Territory (Figure 1-1 Map of KFN Traditional Territory¹).





Historically, the Kitasoo/Xai'xais have relied on the bounty of natural resources that the area provides. Rich aquatic life in the ocean and lush temperate rainforest has supported the Kitasoo and Xai'xais people for thousands of years. This emotional and spiritual attachment to the natural environment is expressed in the social organization and spirituality of the Nation. Fishing, hunting, food-gathering, arts, crafts, cooking, healing, transportation and building are all tied to the natural environment.

The people of Klemtu share a vivid and distinct social and cultural history. Traditional cultural celebrations, including potlatches, singing, dancing, storytelling and art, display and express this rich history. These celebrations have persisted through generations, and provide means for passing on cultural and social values. Today, these celebrations continue as a spirited aspect of the local culture.

The Kitasoo/Xai'xais people also share their culture, traditions, and respect for nature with visitors to Klemtu and the Kitasoo/Xai'xais Traditional Territory.



A total of 302 (59% of the total membership) people reside on-reserve at Kitasoo (AANDC Dec 2015).

A further 12 live on other reserves and 199 live off-reserve. This makes a total of 513 registered members.

Registered Population as of December 2015 [AANDC]

RESIDENCY	# OF PEOPLE
Registered Males On Own Reserve	161
Registered Females On Own Reserve	141
Registered Males On Other Reserves	6
Registered Females On Other Reserves	6
Registered Males Off Reserve	83
Registered Females Off Reserve	116
Total Registered Population	513

Community Assets and Facilities (information from the CCP)

The people of Klemtu hold Aboriginal Rights and Title to the land and resources of British Columbia's Central Coast Region and a part of what is now called the Great Bear Rainforest. The Klemtu area is home to coastal wolves, grizzly and black bears, eagles and the Kermode "spirit" bear. This wilderness destination offers wildlife viewing, bird watching, diving, cruising and some of the best sport fishing on the central coast. Sightseeing and eco-tours are available through KFN's Spirit Bear Lodge, which provides significant economic benefits to the community both directly (employment) and indirectly (tourism dollars spent locally). As well, the Discovery Coast Passage ferry route operates between June and September with stops in Klemtu on a route that includes Port Hardy, Bella Coola, Bella Bella, Denny Island, and Ocean Falls.

The Kitasoo/Xai'xais Economic Development Corporation (KEDC) manages economic enterprises currently owned by the Nation, and maintains a mandate to seek out potential opportunities on behalf of the membership. Through the KEDC, the KFN own and operate a number of businesses, including the following:

- Spirit Bear Lodge and Spirit Bear Adventures Ltd. a community-based eco-tourism venture owned and operated by the KFN, with over 350 annual visitors from around the globe coming to see the rare Spirit Bear.
- Kitasoo Band Store Ltd. a general store in Klemtu that serves the local community, the seasonal tourist traffic that arrives on the ferry, and the smaller boat operators.
- Kitasoo Aqua Farms Ltd. and Kitasoo Seafoods Ltd. a working partnership in the finfish aquaculture business that operates in the Traditional Territory in partnership with Marine Harvest Canada.



Kitasoo Seafoods LP: Community Vision Document

- Kitasoo Forestry Limited Partnership a business that, through a limited joint venture with Western Forest Products, is able to optimize the benefits from the timber in Kitasoo territory.
 - Kitasoo Power Ltd. a business that holds two active licences on Baron Lake. The works
- authorized under these licences are used to generate the power supply for Klemtu.

Tourism and eco-tourism are primary areas of focus for KFN, specifically in relation to the Nation's Spirit Bear Lodge and Spirit Bear Adventures Ltd. The Great Bear Rainforest is located within KFN's ancestral lands and Traditional Territory. It is the largest intact temperate rainforest in the world, and home of the world's only Spirit Bear Conservancy. The two ventures provide significant opportunity for the Nation to further develop and enhance long-term economic and ecological opportunities within the Central Coast Region¹⁰.



Beyond the economic development benefits of each of the KFN business ventures, the various working partnerships and sole proprietary ventures enable the Nation to subsidize the cost of groceries at the local grocery store, provide for community programs that would otherwise not be possible due to limited resources, and provide apprenticeships and management training internships.

¹⁰ Kerrigan, Sean. Kitasoo/Xai'xais First Nation Tourism Strategy, March 2009.

During the community planning process, there was an expressed desire on the part of some community members to look beyond the economic prosperity that, historically, has been provided by the Klemtu fish plant operations and other resource-based opportunities. While these members are grateful for this prosperity, they are also excited to explore other

entrepreneurial opportunities, including:

- Expanding the eco-tourism potential of Spirit Bear Lodge and tours;
- Developing a local artisan collaborative through which local artists can capitalize on the seasonal tourism traffic by displaying and selling their art; and
- Further developing the cultural tourism potential as it relates to the Big House (the Nation's place of ceremonial gathering) and the Big House museum.



Kitasoo/Xai'Xais Big House on the south side of Klemtu (with Cone Island in the background)

3.3 EDUCATION

Kitasoo/Xai'Xais Community School is operated as a private school and serves grades K-12. As detailed in the community profile above, the projected growth of the Klemtu population is 1.5% per year. This, coupled with the relatively young population (approximately half of the population is under the age of 25), indicates that demands on the education infrastructure will increase with time.

Kitasoo Community

School



The KFN places significant importance on education, especially education and training that is sensitive to the cultural and traditional teachings of the Nation. The community dialogue and baseline data clearly reflect the importance of education and the various opportunities to incorporate education into the lives of the children, youth, and adult members of the Nation. The focus is aimed at improving lives and providing lifelong options with education.

There are education and training opportunities within the community that extend beyond the typical formal "education" that is in-classroom teaching. A number of on-reserve programs and services are offered to the KFN membership, ranging from parenting support programs and pre-school age education and care, to Elder programs and services. These opportunities provide education and training to the membership at various stages and circumstances of peoples' lives, and they offer great value and support the health and wellbeing of the community as a whole.

However, in spite of the investment in education at the community level, in a recent study KFN members reported that individual education levels continue to be a significant barrier to employment, with 56% having only completed some high school, 18% having completed high school, and only 9%

having completed some post-secondary training¹¹. At the time of the aforementioned study, respondents indicated that the lack of appropriate education made it difficult to find suitable employment opportunities or qualified employees.

The KFN CCP is intended to support Nation members in their desire to address impediments to economic opportunity. Specifically, the Implementation Measures (see Appendix A) require that, within 2 years of CCP ratification, a community capacity assessment is to be conducted. The purpose is to gain an accurate accounting of relevant information gaps, including the following:

- the skills, formal (i.e. from a recognized educational institute) and informal education and training (such as a retreat / camp) that people wish to acquire;
- types of training and education desired;
- people's individual goals and aspirations related to education and career; and
- a list of members who hold a valid driver's licence and those who would like to obtain their driver's licence.

Data collected during this community capacity assessment will identify the information gaps that exist, and senior administration can then develop the necessary initiatives to address these capacity gaps. Through this process and its outcomes, the KFN leadership will continue to invest in the wellbeing of the entire community.

3.4 ADMINISTRATION AND COMMUNITY SERVICES



The Kitasoo Indian Band and Kitasoo Band Council were initially creations of the Government of Canada via the *Indian Act*. Prior to government intervention, the KFN people had their own traditional forms of government that followed their own customs and traditions¹².

Today's Kitasoo Band Council has evolved to become the principle governing

authority of the community of Klemtu. The Band Council is primarily responsible for directing and controlling the activities of the Band administration, and is accountable to the membership at large. The Band Council and Band administration have become increasingly important with the gradual devolution of central Canadian government authority and the increasing demand for services necessary in today's more complex society.

The focus of the Department of Administration and Community Services (the "Department") is to provide and administer services within a governance framework that addresses the requirements of the community. More specifically, the Department manages finance,



¹¹ Kitasoo / Xai'Xais Marine Use Plan (2011)

¹² Kitasoo/Xai'Xais First Nation, Operations Manual, February 4, 2013.

administrative services, post office, emergency response, and social development.

The importance of the role of Administration and Community Services cannot be overstated. Research has shown that effective governance is the single greatest contributing factor to a community's socioeconomic progress and its overall well-being¹³.

Good governance and institutions assist communities in doing the following:

- maintaining control over the decisions that affect community members' lives;
- optimizing relationships with other government bodies;
- capitalizing on economic development opportunities;
- developing, administering and improving programs and services; and
- enhancing social and economic wellbeing locally.

One of the tools of good governance is bylaws. The authority to make bylaws is delegated to First Nation governments in Canada through sections 81, 83, and 85.1 of the *Indian Act*. The Act delegates authority to the Nation to make bylaws that are subject to ministerial approval¹⁴. Note that a bylaw created under the *Indian Act* cannot conflict with the *Indian Act* or with regulations that are passed by the Governor in Council under the Act.



The KFN has both traditional and conventional forms of government directed by the *Indian Act*, with Band Council serving as the local elected officials that are held accountable by Nation membership. The Council consists of the Band's chief and five councillors, and these individuals are elected every 2 years in July. Specifically, the Council members are the Nation's elected officials under Section 74(1), (2), (3) (a) (i) and (3) (b) (i) of the *Indian Act*. The role of the Council is to manage the affairs of the Nation as delegated under the *Indian Act* by the Minister of Indian Affairs, and in accordance with the objectives of the KFN.

The KFN membership entrusts the Council to represent the Nation's political views and aspirations at reserve, district, provincial and federal levels. The membership holds Council accountable for the actions of the Nation administration.

aandc.gc.ca/eng/1100100013803/1100100013807 (accessed March 2015); United Nations: The Department for Economic and Social Affairs and the United Nations Development Programme. May 2000. Responding to Citizens' Needs:

¹³ Governance. Aboriginal Affairs and Northern Development Canada. www.aadnc-

Local Governance and Social Services for All http://unpan1.un.org/intradoc/groups/public/documents/un/unpan001598.pdf (accessed March 2015).

¹⁴ The BC Assembly of First Nation. Our Indian Act Reality. June 2012. http://www.bcafn.ca/toolkit/documents/Tools1.2-OurIndianActReality-Handout.pdf (accessed March 2015).

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Health Centre

(opened in 2010)





i Santé la Canada



Kitasoo / Xai'xais **Longhouse**



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HEALTH NEEDS

COMPREHENSIVE COMMUNITY PLAN (CCP)

The Kitasoo / Xai'xais Band has completed their Comprehensive Community Plan and the development of this CCP involved various levels and types of community engagement to determine community needs and priorities. The relevant sections related to those needs, to the engagement and to health priorities have been extracted from the CCP and are shown below.

As the CCP engagement was of a more strategic nature and did not include a specific health survey on health conditions, wellness and views on health services, the Kitasoo Health Department also conducted a community survey in early 2016. The full survey results are in the appendix – but a summary of the key findings is added below.

Klemtu is home to 516 people⁴, and the local population is increasing by approximately 1.5% per year³. The projected population in 10 years, not accounting for externally induced fluctuations, is projected to be approximately 600, with nearly half younger than age 25.

The federal government maintains a Community Wellbeing (CWB) index as a means of measuring socioeconomic well-being in First Nations, Inuit and non-aboriginal communities⁶. The CWB index combines data on income, education, housing and labour force activity into well-being "scores" for most such communities in Canada. Each score can range from a low of zero to a high of 100, with higher scores indicating better CWB.

The Central Coast First Nations consist of the Heiltsuk, Kitasoo/Xai'Xais, Nuxalk and Wuikinuxv Nations⁷. These four Nations share similarities with respect to culture, history, and traditions, economy, remoteness, types of employment, and more. Figure 3-1 below illustrates CWB index/score and other related scores for the Central Coast Nations⁸.

⁸ Data not available for the Wuikinuxy Nation



⁴ Registered Population as of March, 2015; http://pse5-esd5.ainc -

inac.gc.ca/fnp/Main/Search/FNRegPopulation.aspx?BAND_NUMBER=540&lang=eng (accessed March 2015)

⁵ Coastal First Nations Great Bear Initiative - http://www.coastalfirstnations.ca/programs/marine-use-planning ⁶ AANDC Community Wellbeing (CWB) index - https://www.aadnc-aandc.gc.ca/eng/1100100016579/1100100016580

Central Coast Indigenous Resource Alliance http://ccira.ca (accessed March 2015)

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Figure 3-1: Central Coast First Nations 2011 Comparative Community Wellbeing

Data sources: Statistics Canada, Censuses of Population, 1981-2006 and National Household Survey, 2011.

Legend for Chart		
Income Score	Income score is calculated based on total income per capita.	
Education Score	Education score reflects how many community members have at least a high school education and how many have attained a university degree.	
Housing Score	Housing Score Housing score reflects the number of community members whose homes are in an adequate state of repair and are not overcrowded.	
Labour Force Score	Labour force score reflects how many community members participate in the labour force and how many labour force participants have jobs.	

Overall, the data show that the KFN's CWB is similar to those of the neighbouring Nations with respect to all components considered in the CWB index calculation, and with labour and housing being the KFN's strongest components.

However, note that KFN's overall CWB index for 2011 is 55, which is down from the 2006 CWB index of 67. The specific causes of this decrease and its overall implications relative to community members' quality of life are unknown. Further research would be required to better understand the causes and local implications of the decrease.

Finally, the average CWB index for First Nation communities across Canada was 59 in 2011⁹, whereas the KFN CWB index in that year was 55. This indicates that there is opportunity for continued community improvement in community wellbeing, an ongoing focus of the Nation.

COMMUNITY HEALTH SURVEY 2016

In February and March 2016 Kitasoo Health department completed a survey of health needs for the community. The full results are in the appendix and the following summarizes the results:

PROFILE OF RESPONENTS

A total of 53 people (20% of local population) completed the survey. The majority (26%) were in the 26 – 35 year age group but there was also a good spread aross other age ranges. Of the total 40% were make and 60% were female. Everyone who completed the survey was a Kitasoo Band member. All but two live on-reserve and the other two live within 5km of the reserve. Half of the respondents are working and the remainder are caring for family at home, looking for work, attending school or retired,

USE OF HEALTH SERVICES

When asked about their satisfaction with services at the Kitasoo Xai'xais Health Centre, the majority of people (62% or 35 people) were "satisfied" or "very satisfied" with services. 6 people (14%) were "dissatisfied" or "very dissatisfied" (no reasons given). 11 people skipped the question

When asked about their satisfaction with hospitals, Doctors and other services the majority of people (80% or 40 people) were "satisfied" or "very satisfied" with services. 11 people (20%) were "dissatisfied" or "very dissatisfied". 2 people skipped the question.

Attachment to a regular Doctor: Most people said they didn't have a regular Doctor however the vast majority (almost 95%) said they had seen a Doctor in the last 1 - 2 years. There were comments that people had no choice of Doctor since the person was assigned by the Medical Clinic at Bella Bella so whoever showed up on the day was who people saw. People did not necessarily see themselves as "attached" to the Doctor but more just a walk-in patient for the clinic.

Access to dental care: 72% of respondents had been to the dentist in the last 1 or 2 years. Only 4 people said it has been more than 6 years since they saw the dentist

VIEWS ON SERVICE NEEDS AND SERVICE BARRIERS

The top three barriers to sccesing services that were identified by community members were:

- Distance to services
- Not enough services onn-reserve
- Not enough information about available services (in Kitasoo, at Bella Bella and in Vancouver)

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HEALTH STATUS

MAJOR HEALTH CONDITIONS		
		#People
Allergies		13
Chronic back pain		12
High blood pressure		9
Diabetes		9
Asthma		8
Stomach / intestine problems		8
Arthritis		7
Cataracts		2
Hearing impairment		2
Bronchitis		1
Emphysema		1
Glaucoma		1
Vision problems		1
Heart Disease		1
Liver disease		1

When asked what people do for physical exercisem the majority of people (40% or 20 people) walk for exercise. Around 5 played a sport and another 10 did other activity and 12 people never did anything regular.

The majority of survey respondents do not smoke - 12 people said they did; 32 people said they didn't and 6 people said they smoke "sometimes".

GENERAL COMMENTS

CONCERN FOR FOOD SECURITY & HEALTHY EATING

- Amount of ramen, ichiban, noodles people rely on for a meal. People need proper information to
 make healthier choices they would begin to feel more empowered in other areas of their lives as
 well. Food delivery for elders prepared by volunteers would be good
- Need a diabetes clinic + classes on healthy eating + healthy habits/choices
- Need cooking classes on how to prepare the traditional and non-traditional foods.

CHILDREN AND YOUTH

- Youth health committee
- More services where children are considered

COMMUNITY WELLNESS

- Recreational sports in all varieties of sports bike club, hiking club, running club, cooking club, kits/tots night, community sports night
- Just people need to come forward themselves to talk or report in their problems and have better communication with family members or address the family

ACCESS TO DOCTORS AND NURSES / MEDICAL APPOINTMENTS (15 responses)

- I have concerns with Doctor I find we cannot obtain second opinions, because of just one Doctor coming in.
- I feel the Doctor does not have time to consult with us on our needs. It feels like we get shut down.
- Well we need more, plenty of more doctors to come here on a permanent basis with routines off and on with other doctors if one can't live here permanent.
- Community needs a better Doctor
- We really need a Doctor, nurse, dentist or other to stay here
- No Doctor is a concern

Concerns about constant changes in Nurses (20% of responses):

- Do they always have to change the nurses? When we have to explain ourselves over and over
- More regular nurses + too many different ones to explain what's wrong with us other than that all the nurses are friendly even the staff. Nice job they are doing
- Having a doctor here to help with the nurses permanently can bring a lot more care giving to our community. It would most definitely help the babies and elders out, along with other young adults who need medical attention on a regular basis with what sometimes the nurses aren't able to do when needed

TRAVEL TO MEDICAL APPOINTMENTS

- Concerns about appointments being cancelled when it is affected by weather
- Concerns about travel being done in Vancouver who have no idea about seabus / plane schedules / weather
- Not feeling comfortable at bella bella

EMERGENCIES

- Concerned about weather conditions if there is a heart attack or alcohol relapse happens. Everyone needs a medic alert bracelet
- Need an x-ray room even if small will help a lot as well, along with proper and updated supplies for emergencies. All in all in my thoughts having a doctor here 24/7 would be safe, least till air ambulance gets here for ANY destination they will be bringing the patient for further and better treatment.

KITASOO HEALTH CENTRE

- Your health / wellness centre has very nice polite staff, nice manners, good attitude, good help in all areas. Always happy. Good work in all areas
- The clinic here needs more of a comfortable environment
- The front desk and nurses need to make more contact calls with the patient after tested results are back (STOP misplacing our blood test tubes, or any kind of tests) 3 comments

Community Meeting

As well as the community survey, a community meeting was held on March 8 2016 with dinner, to present the survey findings to the community and seek any further comment or feedback. In total around 52 people attended which is a high turnout for the community. There was strong support for the direction of the Community Health Plan.

The following additional comments to the survey findings are summarized below:

- <u>FNHA Health Benefits</u>: concerns about access to medical supplies and equipment; access to costs for skooters; access to escorts for patient travel; wanting more information on supports available when in Vancouver and an advocate who can help community members understand and navigate the Health Benefits;
- 2) <u>Concerns about Bella Bella Hospital care and treatment</u>: being left in waiting room for hours both in medivac situations and when down for appointments; use of outdated equipment (comment made by a paramedic); losing blood samples for testing from Klemtu; losing lab results or not communicating lab results; medications being delivered from Bella Bella pharmacy where pills weew "stuck together" and deemed unuseable; not upholding agreement (2006) to provide Doctor and supplies services for Klemtu; fragmented services from Bella Bella; Doctor not being familiar with modern technology (almost retired) compared to the younger locum Doctors that come in; substandard care being provided

COMMUNITY ENGAGEMENT PRIORITIES FOR HEALTH

The CCP community engagement process is described below (extracted from the CCP) and highlights the community's priorities for youth, wellness, nutrition ansd food security.

FROM CCP:

2 Community Process - Journey to Date

Community engagement and participation is the cornerstone of the community planning process. By ensuring meaningful community involvement, the Nation leadership is able to ratify and implement the resulting Plan with confidence. In addition, the community is able to "own" the resulting Plan and support ratification and implementation knowing that the Plan generally supports individual and family goals. For KFN, the planning process resulted in a clear, detailed CCP (this document) that will allow the leadership and senior staff to make management decisions with confidence based on guidance in the plan.

Throughout the process of developing the KFN CCP, the community was encouraged to participate. Some examples of the engagement efforts that were conducted to secure direction from community members are as follows:

- engaging with Elders during their morning gatherings at the KFN Health Centre;
- engaging with youth and children at the KFN Youth Centre, with ready assistance from the Centre's coordinator;
- engaging with members at community dinners and meetings hosted by the Nation leadership at the community gym; and
- engaging in one-on-one dialogue with numerous community members who were keen to participate and guide the community plan.

To provide periodic updates to the community as a whole, a newsletter was also produced by the CCP Coordinator, a youth who was hired to work alongside staff and the external registered professional planner. The KFN leadership's efforts to ensure that the community was able to guide the development



and contents of the Nation's community plan are detailed in the following section.

The first KFN CCP community dinner and meeting was held in November 2014. This event provided an opportunity to briefly review the previous planning process (which served to inform the contaminated sites remediation project) and allowed community members to recall the "journey to date"; the fulsome guidance and information that the community shared during the previous process. In addition, this review

allowed the community to revisit the various goals and priorities that had been put forward and to update and revise these accordingly.

In addition to the numerous KFN CCP dinner and meetings following the first, other smaller, more focused meetings were conducted at the Youth Centre, at the Health Centre (with Elders), at the Kitasoo Community School, in one-on-one format with KFN staff members, through informal dialogue with community members as the planning project team moved about the community, and through ongoing drop-in opportunities with the CCP Coordinator.

Following each engagement session, the information was captured in a newsletter that was disseminated to the community. This provided community members further opportunity for review, and ensured that those who were unable to attend an event were also able to learn what had been discussed. The newsletters also served to augment information provided at the various meetings; if a topic of interest was discussed at one specific meeting (for example, with Elders), the newsletter was able to communicate these specific topics to the general community for further consideration and dialogue.



The KFN recognizes that the scope of health and wellness within a community goes beyond the general physical wellbeing of an individual and beyond typical medical services. Health and wellness includes healthy work practices, healthy homes and workplace environments, disease prevention, recreation and community engagement, community infrastructure support and maintenance, poverty reduction, nutrition, and a general feeling of safety.



Heading home with the day's harvest

Good health and wellness requires the participation and support of the community, Nation leadership, and various effective programs in the community. Health and wellness encompasses the physical, emotional, and spiritual wellbeing of a community. During the CCP process, the Nation membership identified the following priorities specific to health and wellness:

- To build a multi-purpose centre that will provide a place to gather to prepare traditional foods, share and teach cultural practices, access fitness-oriented activities, and host community and Nation-to-Nation events;
- To build a community garden and greenhouse next to the multi-purpose centre in order to address food security and the requirement for affordable fresh, whole foods;
- To feel confident that any family member who requires in-hospital care would be able to access this level of care safely and efficiently;
- To ensure that when members require assistance to address violence or other unsafe living conditions, there is access to a transition house in the community;
- To provide basic community infrastructure that supports safety (e.g. streetlights to increase safety during non-daylight times, especially in the winter months when daylight is significantly restricted);
- 6) To increase attention to the unique roles and needs of Elders and youth/children in the community (e.g. formally institute a stronger voice formally for youth by initiating a council that would be organized and guided by community youth).

One of the challenges for the KFN leadership and Health Director in addressing health and wellness priorities is the community's remote location and the fact that it can only be accessed via air or water. The First Nations Telehealth Expansion Project ("Telehealth") program is able to address a number of health and wellness priorities in remote communities through communication technologies, such as video-conferencing, that allow delivery of health, wellness and educational services from a distance¹⁵. Peripheral electronic devices, such as exam cameras, stethoscopes, portable ultrasound machines and ophthalmoscopes, can be attached to video-conferencing units to enhance clinical sessions. Connecting to Telehealth and its equipment will enable KFN community members to access healthcare services remotely.

3.5.1 Elders' Centre

The KFN Elders' meeting space is currently the Health Centre meeting room. A number of desired programs of interest are provided, including a morning gathering that provides Elders opportunity to stop in and catch up on community news over coffee and a snack with other Elders and community members. The Health Centre also provides presentations and information sessions on programs, services, and upcoming events relevant to the Elders, as well as health and wellness sessions on issues such as diabetes management. Continued investment in Elders is a priority of the KFN community, and this includes exploring the possibility of establishing an Elders' Centre within the proposed multi-purpose centre.

3.5.2 Daycare Centre

The KFN Daycare Centre offers an age 0-6 daycare program, pre-school, and kindergarten. Each of these programs includes a number of sub-programs that were created in response to need, and that are staffed by KFN staff and/or by contractors as required. As mentioned, children's health and wellness is a high-priority consideration for the KFN community, and continued support and development of childcare within the community remains very important to the KFN membership.



3.5.3 Youth and the Youth (& Children's) Centre

The Youth Centre employs a coordinator who oversees a number of youth programs focused on the general health and wellness of the younger population in the community. For example, a Homework Club is offered for both elementary and secondary students who are encouraged to complete their homework after school. This program also supports students who may need tutoring or extra assistance to improve their academic understanding. Another program students can access at the Youth Centre is the E-Learning Program, which is on-line supported learning for young adults who need to boost their academic work. The sense of accomplishment that is gained through academic progress and success that can result from such programs contributes to a young person's sense of self-worth and overall wellness.



Youth dialogue at the Youth Centre

The Youth Centre also serves the younger contingent of the community. On Tuesday and Wednesdays, it provides a place for kids aged 7 - 11 to enjoy ping pong and board games, and also receive assistance with homework after school.

In addition to the centre, there is the Youth Council, which consists of youth members who organize and lead extracurricular activities for other youth once they have completed their homework.

NB: Day Care Centre mentioned in CCP should actually refer to this as a "Child Care Centre" (Aboriginal Headstart on-Reserve)

As part of the KFN CCP process, youth and children in the community expressed their desires and priorities through a number of dialogues during the community meetings and during visits at the Youth Centre. They discussed the importance of having a place to go to be active, socialize, and feel part of the community, and they deemed this to be a high priority. The proposed multi-purpose centre will address these needs for the younger population of Klemtu. The proposed multi-purpose centre would also address community members' desire for a space to spend time with Elders. This is a community priority currently, but opportunities to gather are significantly hindered by the lack of appropriate space to do so.

The goal of Kitasoo/Xai'xais Nation when initiating the planning process was to create a Kitasoo/Xai'xais Comprehensive Community Plan that truly reflects the goals and priorities of the community. The supporting implementation measures enable Council and senior management to carefully direct Nation resources in order to realize the KFN CCP.

As detailed throughout the CCP, the KFN infrastructure priorities include:

- Housing
- Multi-purpose centre
- Sports field completion
- Community gym upgrades
- Community garden and greenhouse
- May Queen Stand replacement
- Place of worship / church

Other community priorities include the completion of the Naming the Streets Initiative and the numbering of the homes to address family safety and to encourage community pride and ownership. And finally, KFN priorities include continued investment in infrastructure and community capacity specific to tourism opportunities including trail and boardwalk development and the development of a carving shelter for year-round community and tourism activities.

The above priorities are guided by the Nation's belief in maintaining the environmental, cultural



and ecological values of the territory. The CCP also greatly benefitted from Nation engagement and guidance through community meetings, discussions with youth, Elders and parents, workshops, one-on-one discussions with senior staff and the leadership, in addition to community outreach including the community newsletter and other social media.

The completion of the Kitasoo/Xai'xais Comprehensive Community Plan must now move forward to the next phase; Council ratification and the operationalization of the Implementation Measures in Appendix A. Implementation of the Plan will continue to greatly benefit from the ongoing participation and engagement of the community.

COMMUNITY VISION



Kitasoo/Xai'xais First Nation Vision Statement

"Our vision for our land and resources is based on the best definition of the term 'sustainable.' To us this means that the wealth of forests, fish, wildlife and the complexity of all life will be here forever. It also means that we will be here forever. To remain here as Kitasoo and Xai'xais people, we need to protect and enhance our culture and protect our heritage. We also need to live in the modern world. We need jobs to sustain our families. We need revenue and economic development to sustain our community."

In addition to the above Vision Statement, the following overarching values and priorities are of significant importance to the community and should be reflected in all current and future KFN decision making:

- Equal opportunities for all
- Tradition and culture
- Education
- Stewards / stewardship
- Economic development
- Continue growing and learning as a community
- Health and wellness
- Transparency
- Energy self-sufficiency (relying upon local energy development and conservation)
- Recognize the important role of children, youth and Elders
- Continue to strive to build community that the membership supports and desires

HISTORY OF HEALTH PLANNING AND HEALTH TRANSFER

HEALTH TRANSFER – SET AGREEMENT

Kitasoo has been in a Set Agreement since January 16, 2008. The current Set agreement ran from January 2008 to March 2009 and then a Transitional Agreement operated from April 1, 2009 to March 31, 2016. Kitasoo intends to move to a Flexible Agreement from April 1, 2016.

Since entering into a Set Agreement, the following programs were funded by Health Canada (FNIH) – now First Nations Health Authority (FNHA) - under our Set Agreement:

- National Alcohol and Drug Abuse Program (NADAP) for an Addictions Worker
- Home and Community Care and supported clinically by FNHA home and community care program
- Aboriginal Diabetes Initiative
- HIV-AIDs
- Brighter Futures Initiative and Building Healthy Communities
- Canada Prenatal Nutrition Program
- Aboriginal Headstart on-reserve program
- NAYSPS Solvent abuse prevention
- Healthy Living / Injury prevention
- Drinking water safety

HEALTH TRANSFER - TRANSITIONAL AGREEMENT

- Multi-Year Work-plan (MYWP)
- Shifted to a partial Set Agreement and partial Transition Agreement. FNHA Nursing team providing Community Health Nurse (CHN) services (April 2009)

With recent announcements by the FNHA that Bands can move directly to a Flexible Agreement if they are ready, Kitasoo decided to go directly from the Set & Transitional Agreement to the Flexible Agreement through the completion of this Community Health Plan.

PREPARATION OF OUR 2016 – 2026 COMMUNITY HEALTH PLAN

By achieving a full Flexible Agreement - where we have the greatest level of flexibility on designing and delivering services and programs – we will be better able to respond to our community needs based on local knowledge, expertise and information. The engagement that led to this Community Health Plan has consisted of:

- Meetings with Chief and Council of Kitasoo
- Staff and Health Director workshops
- Community Meetings CCP meetings as well as community meeting on March 8, 2016
- Community Health Survey conducted in 2016

Before this, Kitasoo had undertaken several years of engagement as part of its ongoing consultation and engagement with Kitasoo members through the Comprehensive Community Plan process.

HEALTH MANAGEMENT STRUCTURE

Kitasoo / Xai'xais Band Operations Manual contains a complete description of the structure, health committee Terms of Reference (see appendix) and processes. The following extracts provide evidence of this.

GOVERNANCE AND MANAGEMENT ORGANIZATION STRUCTURE & PROCESSES

Section 3 - Government & Administration

Operations Manual

- 3.01 Government The Government is made up of the Chief and five (5) Councillors elected in accordance with the laws governing elections as applies to the First Nation.
- 3.02 Role of the Chief The Chief is a member of the elected Band Council with special authority and responsibilities including those items listed below:
 - Acting as a spokesperson for the Band by speaking for and expressing the opinions of the Band Council and the membership at large;
 - b. Assigning portfolios to Councillors;
 - c. Chairing Council Meetings;
 - d. Making decisions on behalf of the Council in emergency situations;
 - e. Attending Tribal Council meetings and negotiating with other governments.

The Chief is able to delegate his/her responsibilities to other Councillors but must be well informed at all times so that she/he can speak on behalf of the Band Council and the band. The Chief Job Description is attached and marked as Appendix "38"

3.03 Role of the Council - As the elected representatives of the Band members, the Band Council is the Government of the First Nation responsible for making decisions regarding the interests of the Band and overseeing the local administration of community services. Councillor job description is attached and marked as Appendix "3C". Some of the principal duties of Council are:

- a. Keeping themselves informed on important issues affecting the community;
- Reporting to Council and the community on their assigned portfolios and participating on related boards and committees;
- c. Council delegates authority to the Band General Manager to run the Band office and manage Band employees. Council also provides direction to the Band General Manager and other employees by:
 - i. Setting policy and procedures;
 - ii. Reviewing and approving work plans, budget proposals, and other reports;
 - iii. Hiring and firing employees;
 - iv. Monitoring program service delivery.
- Acting as an appeal board for the Band members and Band employees as per the Grievance and Appeal Process defined in this Operations Manual;
- e. Reporting and making recommendations to the community on major issues;
- f. Passing Bylaws approved by the membership;
- g. Forming committees to deal with local issues.
- 3.04 Portfolios The Chief assigns portfolios to Band Council members. Councillors are expected to become familiar with and current on all issues under her/his portfolio. She/he will then report back to council on their portfolio assignments at each Council meeting.

Section 3 - Government & Administration

Operations Manual

The use of the Portfolio system is designed to promote a team approach on Council and ensure that all members of Council are actively involved in the community's affairs. It also provides for greater efficiency and information flow.

- 3.05 Bylaws Pursuant to the Indian Act, Band Council has the authority to enact Bylaws for the First Nation. The process for enacting Bylaws in accordance with the Indian Act is therefore adopted as the Band policy. Approved Bylaws shall be in the Band office in a Bylaws binder.
- 3.06 Role and Authority of Band Members It is imperative that the local government be accountable to the Band membership and that Band members have ways and means to exercise their ultimate authority. It is the policy of the Band that Band members be kept informed on all decisions made by Band Council and that decisions of lasting consequence to the community be put to a vote for the membership at a Band General Meeting.
- 3.07 Role and Authority of Committees The Government has the authority to form committees and delegate authority to them. The Committees are formed to promote a community based approach to Government. Individual Band members can participate in Government by becoming a member of a Committee or Board in an area of their personal interest and/or knowledge. The wide use of Committees promotes community input and allows more avenues for the average Band member to express his/her concerns and viewpoints. The Committees are as follows:
 - a. Kitasoo Educational Authority (School Committee) The Kitasoo Educational Authority (School Committee) consists of five (5) members. Two members are appointed by Council and three members are elected by the community. All Committee members are in position for a two year term.
 - b. Health Services Committee The Health Services Committee consists of five (5) members. Two members are appointed by Council and three members are elected by the community. All Committee members are in position for a two year term.
 - c. Housing Committee The Housing Committee consists of five (5) members. Two of them are appointed members of Council while the remaining three are elected for a two year term.
 - d. Kitasoo/Xai'Xais Integrated Resource Stewardship Authority Committee The Kitasoo/Xai'Xais Integrated Resource Stewardship Authority Committee is a Community Advisory Committee which does not fall under the authority of Band Council. The Committee is a Community Planning Team which consists of a small focus group (5 to 10) with broad representation of the community including: Members of Band Council, Elders, Members of the Fisheries Committee and Fisheries Program, Commercial Fishermen, Subsistence Harvesters, Community Youth, and Members at Large. Three (3) Committee Members are identified as Community Advisors and responsible to provide ongoing support and advice to the Community Coordinator. Committee members serve on the committee until the integrated marine use planning process is complete or the Committee is dissolved by the Community.

prescribed numbers are seeking positions in a particular committee. While some committees have some delegated authority, they mostly only have the authority to make recommendations to Council. With the exception of the Integrated Resource Stewardship Authority Committee, the overall authority is maintained by Band Council and Committees are accountable to the duly elected Government of the First Nation while the Integrated Resource Stewardship Authority Committee is accountable directly to the First Nation membership.

- 3.08 Policy Development Policies and procedures of the First Nation are used as guidelines for employees, members, management personnel and Council to provide for clear interpretation and processes for the day-to-day administration and operation of the First Nation. Band Council is the only authority who can introduce and amend the First Nation policies and procedures. As our organization is constantly evolving and new challenges are identified, our policies and procedures must also continue to evolve and change with the time. Any amendments to our policies and procedures will be reflected and incorporated in this Operations Manual as they happen and are approved by Council. Council, Employees, Band Members and Committees all play a role in policy development as mentioned below:
 - a. Band Council provides a framework to conduct regular reviews of the overall effectiveness of the current policies and procedures, and based on their findings and assessment, will determine the necessity to either amend the current policies or introduce new ones. Council retains sole authority and responsibility to introduce and/or amend the First Nation policies and procedures.
 - b. Employees, Band Members and Committees all play an important role in the development of policies and procedures since they are generally responsible for implementing them. Although the process for soliciting input shall be at the discretion of Band Council, we encourage participation in making suggestions and constructive comments about our policies and procedures.

2.01 Organizational Components - The First Nation is made up of the following components:

- a. The Government also referred as Band Council being One (1) Chief and Five (5) Councillors;
- b. Committees being the following:
 - i. Kitasoo Educational Authority (School) Committee;
 - ii. Health Services Committee;
 - iii. Housing Committee;
 - Kitasoo/Xai'Xais Integrated Resource Stewardship Authority Committee (This is a Community Advisory Committee which does not fall under the authority of Band Council.)
- c. Administration & Community Services;
- d. Public Works & Housing Department;
- e. Education Department;
- f. Health Department;
- g. Social Development Program;
- h. Fisheries Department;
- i. Resource Stewardship Authority Department;
- Economic Development initiatives being businesses and ventures owned and managed by the Development Corporation.
- 2.02 Organizational Structure The organizational structure of the First Nation is as illustrated on the Organizational Chart in Appendix "2A" with lines of authority as shown and specific roles and responsibilities as more particularly described in the Operations Manual, and summarized as follows;
 - a. The Government, as the elected representatives of the Band Members is the ultimate authority within the First Nation and is responsible for making decisions in the interests of the Band and overseeing the local administration of community services;
 - b. The Band General Manager is the Senior Administrative Officer for the First Nation;
 - c. The Finance Officer (Comptroller) is the Senior Financial Officer for the First Nation;
 - d. The Committees provide community level input as to service delivery, under the various Department/Programs of the First Nation.
 - e. The Managers, Supervisors and Coordinators are responsible for the day-to-day operation of their respective Department/Programs. Managers and Supervisors have the responsibilities of supervising other employees. Coordinators do not have employees under their supervision. When a Coordinator is called upon to supervise an employee (classified as permanent full time or permanent part time) over an indefinite period, the Coordinator's position is regarded as changed to a Supervisor position.



HEALTH SERVICES COMMITTEE

The following extract from Section 7 of our Operations manual describes the Health Services Committee structure and meeting structure. More detail is included at Appendix I:

- 7.03 Health Services Committee The Health Services Committee is made up five (5) adult members of the Kitasoo/Xai'Xais First Nation. Two (2) of the Committee members are appointed by Chief & Council with one of the appointee being the Councillor holding the Health Portfolio. The remaining three (3) Committee members are elected by the membership. All Committee members serve on the Committee for a term of two (2) years. The Terms of Reference of the Health Services Committee describing their role and responsibilities are as contained in Appendix "7B".
- 7.04 Health Services Committee Meetings The following applies with respect to the Health Services Committee Meetings:
 - Standing Meeting The Health Services Committee meets monthly in accordance with the Schedule of Standing Meetings, and such further other meetings as may be approved by Band Council;
 - b. Standing Agenda The Standing Agenda for the Health Services Committee meetings is as contained in Appendix "7C";
 - c. Standing Chairperson The Health Services Committee appoints one (1) of their numbers as the Standing Chairperson for the Health Services Committee meetings which person holds such position until otherwise changed by the Health Services Committee. The duties of the Health Services Committee Chairperson are set out in the Health Services Committee Terms of Reference;
 - Standing Secretary The Standing Secretary for the Health Services Committee meetings is selected from among their numbers, and can be changed from time to time;
 - Minutes The Health Services Committee keeps the minutes in a standard format similar to the sample minutes as contained in Appendix "7D" and the management of such minutes are subject to the procedures as contained in the Operations Manual;
 - f. Committee Operations The Health Services Committee operates in accordance with the rules contained in the Terms of Reference of the Health Services Committee.

The Council of the Kitasoo Indian Band are the elected officials of the Band, under Section 74(1), (2), (3) (a) (i) and (3) (b) (i) of the Indian Act. Apart from the regulations to the Indian Act, the role of Council is to manage the affairs of the Kitasoo Indian Band as delegated under the Indian Act by the Minister of Indian Affairs, and in accordance with the objectives of the Kitasoo community.

The Band Council is entrusted by the General Band Membership to represent the Band's political views and aspirations at the Reserve, District, Provincial and National levels. The Band Membership holds Council accountable for the actions of the Band Administration. Ultimately, Council is answerable to the General Band Membership. With the direction of general membership, Kitasoo Chief and Council and Administration are responsible for carrying out all Kitasoo programs and services and developing the policies to guide them. These panels provide an overview of our Chief and Council and Administration as a whole, but focus on the role of our Band Manager in particular.

HEALTH DEPARTMENT

The Health Team is one of several departments within the Kitasoo Band structure, and the team is led by Health Director Cindy Robinson reporting to the Band General Manager as well as the Health Committee.

The Health Director is responsible to the Band Manager and coordinates all of the health and wellness services, ensuring that the delegated responsibilities, tasks and reporting occur in a professional and timely fashion. The Health Director position involves strategic planning, relationship building, fiscal management of department budgets, staff management, events planning, communications and building capacity. The Director also provides technical advice and briefings to the Chief and Council as required. See current organization chart below and proposed organization chart once Kitasoo Band has moved into a Flexible Transfer Agreement.



The Kitasoo Health Department works to provide all members access to basic health, mental health, home and community care to help them live healthier, longer lives. By providing both health promotion and prevention programs, we encourage members take charge of their health through education, information and teaching, so that they are better equipped to avoid disease, and complications of chronic illnesses. As a department, we are responsible for many important roles, including:

- Development, delivery and administration of all health programs, including nutrition, mental health, drug and alcohol addictions, pre and post-natal care, community health nursing (currently provided by FNHA but will transfer to Kitasoo in the new Contribution Agreement)
- Budget maintenance, financial reports, and program communications
- Provide access/liaison with band members for non-insured health benefits such as prescription drugs, glasses, dental, audiology, orthotics, medical supplies and equipment.
- Liaise with the various levels of governments and agencies on health matters, including Vancouver Coastal Health Authority, Federal and Provincial government.



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PROPOSED ORGANISATIONAL CHART *ONCE IN FLEXIBLE TRANSFER

(current FNHA CHN process to be initiated so Nurse employed by Kitasoo + LPN from Joint Project Board + visiting Nurse Practitioner from NP4BC initiative):



OTHER ADMINISTRATIVE INFORMATION

Kitasoo is fully covered by insurance including liability and malpractice for employees. The Certificate of Insurance can be found in the Appendix.

The Medical Officer of Health assigned to Kitasoo is Dr Paul Martiquet from Vancouver Coastal Health – based at Gibsons but responsible for Sunshine Coast, Pemberton and Central Coast region. See MOU in Appendix signed with Dr Martiquet to provide medical health officer oversight, support and liaison for the Kitasoo community.

The Band's Chief and Council set strategic direction expressed through various documents including the Comprehensive Community Plan and with engagement with members. The staff members of the Band are required to implement the direction and to report to management on delivery. The health team also reports to the Health sub-committee of Chief and Council who have a governance role to oversee the Health. The health department uses:

- Kitasoo Finance and Administration department for audits and cheque requisitions but all paperwork leading to this is done within the health program (see financial policies in this CHP)
- Records and client files are held in the health department in secure lock but staff files are held by the Human Resources team in the Band office
- The health team does its own reporting to the FNHA, but also does reporting to Chief and Council
- The Chief Financial Officer and Accountant are responsible for financial management and audited accounts.

The Kitasoo / Xai'xais Band has a comprehensive Operations Manual which includes a full description of all governance and administrative processes for the Band including a specific chapter for the Health Department. It describes key roles responsibilities and for all processes, and has all Job Descriptions (copies for health team in appendices).

Specific policies required for this Community Health (and for FNHA's Health Transfer approvals) have been copied from the Operations Manual into this CHP.


STAFF TRAINING AND DEVELOPMENT PLAN

Kitasoo wishes to strengthen its role as a learning organization and to grow opportunities for staff development and training. There are funds set aside to support training and whenever training is offered by FNHA, VCH and other entities we take advantage of this especially when it is free.

The Health program follows the staff development and training policies set out in the Kitasoo Band Operations Manual (see Appendix I for Personnel policies including training). Access to training by individual staff is influenced through annual performance appraisals. Our key objectives for training and learning are:

- To identify the skills and abilities required for each program and then design job descriptions to suit those positions
- To assess skills and abilities of staff to perform the role defined in the position
- To access training where needed to continually up-skill staff to meet the requirements of the job description
- To support staff to access and attend training with our partners
- To incorporate in-service training and learning whenever possible (e.g. our home health staff workshop with the VCH home health team)
- To identify courses, certificates, diplomas and other qualifications that our staff may wish to access that are within budget

Key training priorities for staff in the first phase of our CHP are:

- Training in implementing a new EMR and moving from paper records to electronic
- Training in using the Patient Travel component of the EMR
- Continuing to learn about VCH programs and services that we can access
- Upskilling in the areas of mental wellness and substance use

PARTNERS

LOCAL PHYSICIANS AT BELLA BELLA HOSPITAL WHO VISIT

Kitasoo community receives bi-weekly visits from one of the Doctors based at Bella Bella medical clinic and services are provided from one of the treatment rooms at the Kitasoo Xai'xais Health Centre, supported by our receptionist for appointments. Kitasoo has been negotiating for some time with VCH and the Province under the NP4BC program for a visiting Nurse Practitioner to supplement the GP clinics and expand our primary care service. Kitasoo will continue to advocate for the NP services. There is a Service Agreement in place with the (former) United Church (now VCH) Bella Bella hospital for physician services and Health Canada (now FNHA) Nurses which now needs updating to ensure ongoing physician coverage for Kitasoo.

FIRST NATIONS HEALTH AUTHORITY

NURSING TEAM

It is planned that once the current 1 FTE CHN position transfers from the FNHA to Kitasoo under the Flexible Agreement, that Kitasoo would retain an ongoing relationship with the FNHA Transfer

Nursing team to provide clinical supervision, mentoring and training opportunities as needed. Kitasoo will be aiming for a Remote Certified CHN however recognizes that initially this may be difficult and agency nurses may be required. The process of transferring this position to Kitasoo has been initiated with Marleen Hoover in the FNHA Nursing Directorate and will continue to be implemented in the first year of our plan.

JOINT PROJECT BOARD

Once the JPB Central Coast initiative is implemented, Kitasoo Health department expects to receive funds for a new Licenced Practical Nurse (LPN) position to support our Home and Community Care program. We also expect to have more visiting Rehabilitative services coming in such as OT and SLT services. We will maintain linkages with our central coast partners and the FNHA to implement this new initiative.

As well as the LPN, Kitasoo expects to be receiving mental health clinician services from the regional MWSU Flagship initiative where 5.2FTE Mental Health clinicians are being hired for the region.

VANCOUVER COASTAL HEALTH AUTHORITY

The VCH Bella Bella hospital provides outpatient services, including x-ray, laboratory, and emergency/urgent/ambulatory care but if they cannot manage the situation at Bella Bella then our patients are transferred to Port Hardy or Vancouver.

NP4BC (NURSE PRACTITIONERS FOR BC PROGRAM)

Once the NP4BC initiative for the central coast is implemented, Kitasoo Health department expects to have an NP visiting the community at regular intervals to supplement our GP clinics, The NP will vastly increase local access to primary care services.

CLIENT INFORMATION MANAGEMENT AND REPORTING

CURRENT SYSTEM

Currently client health information is held on paper-based files which are locked in secure cabinets. Data on client contacts is maintained in manual form by the Nurses and staff, and then collated manually on a regular basis for reporting to FNHA. Kitasoo has found this system of client health data collection cumbersome and out-dated however as it impedes monitoring of health status across our client population, and monitoring population health trends. It is our intention therefore to move to an electronic health record (EMR) - see below – so that we can better monitor health of the population, our client service delivery and make service improvements each year in a more responsive manner.

Our plan is to train our current Receptionist to be an MOA and to support this to happen, This will support our Primary Care team as well as improve our data collection and reporting,

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PLANNED FUTURE SYSTEM: MUSTIMUHW COMMUNITY EMR

Kitasoo has co-signed a proposal (with all other Health Directors in the region) to the FNHA for the Mustimuhw EMR and we wish to migrate to a comprehensive computerized electronic health record and community health information system, Mustimuhw [developed by Cowichan Tribes and especially adapted for First Nations Health Centers²]. The cost for Kitasoo is \$5,000 start-up cost and \$18,000 (for 10 user licences) annually for the licence fee and helpdesk support. Note this may be adjusted as this rate was quoted in 2013. There are several modules that make up Mustimuhw. They are:

- *Central Registry* a database of demographic information, designed to be integrated with the community's Membership system where desired;
- *Client Information* an extension of the Central Registry containing information appropriate to the health system (Provincial Health Number, etc);
- *Encounters* Contributes to a holistic approach to the documentation of care while safeguarding the confidentiality of specific information;
- *Charting* on-line charting available to all staff, secured by an access matrix to protect confidential information from unauthorized staff. There are numerous charting formats designed to meet and encourage best practices. This charting complements the specific information recorded in all of the modules listed below.
- *Follow-up* automatic bring forward items (such as next assessment due) as well as manual entries by staff;
- Baby Growth Charts producing the standard provincial graphs for tracking development. The ability to produce these graphs on-the-spot for parents and the availability of these charts for parents (for instance to display on refrigerator doors throughout the community) will be a significant element in involving parents in the care of their children;
- *Immunizations* designed to assist the nurse in ensuring the appropriate immunizations are about to be given, as well as recording the completion of the immunization;
- *Communicable Disease Control* designed to track the information needed by Kitasoo and required by FNHA;
- *Diabetes* this module is a recent addition designed to assess, treat, monitor and follow up persons with diabetes. Kitasoo already has a number of clients with diabetes and this module will help Kitasoo monitor and track the care of these patients;

 $^{^{\}rm 2}$ Kitasoo has received a quote for Mustimuhw along with other Nations in the VC region

- *Home Care* for the scheduling, follow-up and recording of home visits to community members requiring personal care and homemaking services;
- *Groups* tracking the content and attendance of diverse groups to our health education and promotion sessions;
- *Counselling* designed to assist the counselling staff in tracking the members attending counselling programs. This will be particularly important for our NADAP and Wellness Worker(s):
- *Pre-Natal / Post-Partum and Maternal Child* designed to track families and babies before and after their birth with the goal of improving the health of all children. This module includes prenatal, postnatal and birth registries;
- Infant Development tracks specific developmental information.
- Medical Transportation Both in-town and out-of-town medical travel in tracked in Mustimuhw and reports can be regularly submitted to the FNIH. We do not administer the NIHB Medical Transportation fund ourselves but Kitasoo is keen to track how many of our clients use this support where they are eligible so that we can identify our own transport needs in the future;
- *Flexible Registry Capacity* to track chronic illness, injuries, addictions and other conditions in the community. Kitasoo communities have a number of clients with arthritis, asthma and other chronic conditions, and this module will help us track these clients to ensure that these conditions are well-managed by the client, their family and the Kitasoo support staff.

The system allows for a number of service providers within our team to have input and the appropriate access to information based on the concept that Kitasoo wishes to provide holistic care in partnership with its clients.

EMERGENCY PREPAREDNESS PLAN (EPP) & PANDEMIC PLAN

The Kitasoo Xai'xais Band Emergency Preparedness Plan and the Kitasoo Xai'xais Pandemic Plan are attached to the CHP.

HEALTH AND WELLNESS SERVICES AND PROGRAMS

SELF-ASSESSMENT OF OUR SERVICE CAPACITY

In 2013 we underwent an assessment of our current primary and community care services with Vancouver Coastal Health (2013) which provides a comprehensive picture of our current capacity - as well as identifying gaps and opportunities - to deliver more comprehensive and integrated services to the Kitasoo community:

SPIRITUAL, CULTURAL AND TRADITIONAL WELLNESS

<u>Traditional healers / practitioners and medicines</u>: Kitasoo has no identifiable traditional healers in the community but people in the community do use traditional medicines and remedies often produced from plants. Information and knowledge about use is passed down through families and shared with community members. An area for improvement is through promotion of traditional medicine that could be done within the health centre but there is no identifiable person with capacity to lead this.

<u>Access to and Use of Elders / Elders, Councils or advisory group(s)</u>: There is no current Elders Council or Advisory Group in Kitasoo although the team has often thought in the past about best to incorporate elders to the health service. Elders are invited to weekly health education session but many often cannot attend because of lack of transport / taxi and the related cost. There is a need for funding to develop an elders group that would cover honoraria for their knowledge and time, and transport costs to support the health centre is a gap. HCC runs an Elders group for their health but there is no formal elders group that gives advice on program design and delivery for the whole health centre.

Access to traditional / spiritual facilities or spaces, sacred places, longhouse / big-house: The Kitasoo community has a lovely Longhouse built on the shoreline that is used for ceremony and other gatherings. Sometimes the health staff are invited to participate and will do so, however the health service does not use the Longhouse for health programming. It is acknowledged however that community use of the Longhouse is a contributing factor to wellness.

There is a spiritual room in the health centre that was part of the original design and one of the original intentions was to use this as a room for discussion and healing as part of the Restorative Justice process but this has not come about. One of the reasons is the absence of mental health services in the community that can help with healing and counselling after Restorative Justice sessions when mental health is part of the issue. The room is therefore not used as much as it could be for healing and at present an exercise machine is located in there. The health service can use the meeting space at the "House of Wolves" building nearby if needed or the boardroom in the health centre which is used for education sessions, meetings and health fairs.

<u>Access to and Use of Traditional and Cultural ceremonies</u>: *This includes the use of prayer, sweats, ceremonies, naming ceremonies, rites of passage, healing circles, feasts, gatherings, potlatches, gifting, pow wow, traditional gardening, smudges, fasting, bathing, cedar baths, cedar brushing as examples.* Kitasoo health centre gets invited to different ceremonies and potlatches in the community but these activities are not things incorporated into the health centre or programming.

Access to and Use of Traditional and Customary activities: *This includes activities such as crafting, drumming, regalia-making, singing, dancing, and exploring traditional territory among others.* Kitasoo agreed that with resources they would have a dedicated role to promote the culture and fully integrate it into their health programming. These things are not included in the health programming currently although sometimes take

leave to undertake some of these activities with their families at certain times of the year. The Band Council does not resource these activities within the community either. Resources are needed to enable the Health Centre to pay for tutors and materials to encourage more of this within the health programs and the community.

<u>Use of language within the Health Centre</u>: In Kitasoo language is taught in the school but is not part of the health program in any way apart from the name. Incorporating language is an area that could be looked into if there were resources to pay someone with expertise to work on this.

COMMUNITY HEALTH AND WELLNESS (PREVENTION)

<u>Physical Activity</u>: The Kitasoo health centre has offered different activities in the past but finds it very difficult to get high levels of participation from community members. There are two exercise machines in the health centre but some people cannot get there during business hours of the centre and want these to be available before and after hours – however without supervision the centre is liable for any accidents that may occur so use of the equipment after hours is not possible. A Recreation Program (funded under Brighter Futures) which has a schedule of activities (e.g. weekly volleyball club) and a Family Night on Fridays with the intention that parents in the community participate. The CHR started a "biggest loser" program to encourage participation and the registration process received a good number of participants. The CHR is currently processing schedules to commit people as well as meet as a group to promote and encourage each other. More can be offered but it is still difficult to encourage participation. Physical activity resource people from VCH would be helpful to advise, develop and provide additional tangible resources that would help generate more physical activity awareness and participation in the community.

Nutrition and Food Security: Using ADI funding the Kitasoo Health Centre had arranged for a Dietician to come every quarter for about 3 days each time but there were insufficient funds to bring the person in more frequently. The Dietician has not been back for around 6 months due to the cost and lack of use of her service by the community. A challenge in the community is that there is not a strong linkage between the Health Centre and the Band Store although this is improving over time slowly to help promote less processed food availability and more fresh and healthy food choices. Often the price makes fresher foods a barrier for community members. VCH did fund a Food Security initiative at one time under their AHIP funding but this has not been in place for around 2 years. The CD nurse has done blood sugar screening and offered a healthy meal to school age children and has conducted sessions on healthy eating.

Kitasoo is also funded for the Canada Prenatal Nutrition Program (CPNP) which is delivered by the Aboriginal Headstart program. A community-wide approach is needed to improve nutrition and food security and availability of fresh and healthy foods but without ADI funding or other alternatives it is difficult to get something comprehensive in place working with the Band Store and General Store, and promoting healthy eating. There is a gap in resources for this area. The program needs a better approach to achieve community engagement.

<u>Healthy Pregnancies and FASD Prevention</u>: Kitasoo has a new Public Health Nurse that comes from Health Canada (Prince George) who focuses on chronic disease management and awareness so also focuses on ensuring young Mums are eating well. FASD prevention is not a routine program in the community without MCH and often it is a sensitive topic among community members. Prenatal updating of the system is in progress and immunizations are being updated via the CHN who also does public health initiatives. There is a concern that some children with suspected FASD or behavioral and learning challenges may be slipping through as they are not being assessed by an FASD assessor in order to get the supports they need. The health team identified that FASD was a topic rarely discussed as it is highly sensitive. They believed that dialogue amongst

the community without prejudices would lessen suffering and perhaps lessen the missed diagnoses, as challenges intensify for people faced with illness who are left undiagnosed. They affirmed that it is a topic that needs to be prioritized by all seeking to enhance the quality of life for First Nations.

<u>Smoking Prevention and Cessation</u>: Kitasoo does not have access to, or provide, a sustained, planned and measured smoking cessation or prevention program in the community. In Kitasoo the Public Health Nurse from Health Canada does do a promotion on World Smokefree Day but this is all that is able to be done within current resource. The Kitasoo community did receive an invitation to go and obtain smoking cessation program training but weather became a barrier both times that this was available.

<u>Suicide Prevention</u>: Kitasoo is not funded to operate a Suicide Prevention program within the community – but does have the Brighter Futures and Building Healthy Communities programs from Health Canada which support the Recreation and Youth initiatives. These are aimed to keeping people well and promoting wellness and are a contributing factor to suicide prevention. Suicide intervention is a frequently required service currently responded to by the CHNs in combination with Program services however the demands outweigh the capacity available. There is no specific suicide prevention program but this could be developed to complement the Youth and Recreation programs.

<u>Violence Prevention</u>: Kitasoo does not have a Violence Prevention program within the community and they believe this also needs to include lateral violence prevention. There is a gap in violence prevention programming due to lack of resources. It has been identified as something that the staff members often address in response to violence that may occur or which may escalate. It was noted that this can be challenging as front line workers do not have the necessary resources to respond to incidents if they should occur. They noted that they need to develop response teams or mirror what may be successful in other communities.

<u>Communicable Disease Prevention</u>: In Kitasoo Health Canada is responsible for this and between a FNIH Nurse and an agency nurse they provide full-time cover for the community on a roster basis to undertake communicable disease prevention. They also undertake elements of public health, chronic disease prevention (e.g. diabetes), STI / birth control and contraception. Very recently the CD Nurse has done a lot of awareness and education on STIs, contraception and birth control and HIV prevention. The HIV awareness campaign let people know that treatment is free in BC (unlike some other Provinces) and more accessible now than before. While POC testing is not offered, the community has been given information on HIV and prevention and that they can get tests from the physician when they visit. As part of the education a guest speaker with HIV spoke to participants about his experience and how the treatment has helped extend his life. A challenge for the Kitasoo arrangement is the need to have two Nurses on site at all times with both having to catch up due to the roster system. It is viewed that this arrangement is not enough to allow for or compensate for access to education.

<u>Injury Prevention</u>: Kitasoo currently has no year round injury prevention program in the community in the area of child injury prevention (e.g. car seats), vehicle safety, sports injury prevention and elders falls prevention. There is a gap in resources and planning for a sustainable and comprehensive Injury Prevention program for the community that operates year round for different ages, activities and settings – however the CHR will be enhancing programs for injury prevention as they progress in enhancing deliverables in collaboration with the CHNs and HCC Nurse.

<u>Alcohol and Drug Prevention</u>: Kitasoo has no promotion program for alcohol and drug prevention due to lack of resources and capacity. The NNADAP worker comes monthly from Vancouver for 20 days but is focused on working with individuals and does not have time to work with families or the wider community to do promotional work. The budget is only sufficient to pay their contract costs and travel since the travel costs to Klemtu are so expensive.

<u>Stress Management and Positive Mental Wellness</u>: In Kitasoo the Early Childhood Educator has offered yoga classes as part of healing and promoting positive mental wellness. No other alternative practitioners come into the health centre or community. Kitasoo is funded for the Brighter Futures and Building Healthy Communities programs by Health Canada and gives effect to this through the Recreation Program and youth program both of which aim to promote stress management and positive mental well-being among youth and the community. The NNADAP worker does plan to offer more workshops to promote wellness.

<u>Emergency Preparedness</u>: Kitasoo Health Centre does not have an Emergency plan in place in terms of crisis or pandemic preparation or earthquake etc preparedness but one is in development. A current and active plan is needed to enable Kitasoo to move into s Flexible Funding Agreement. They now have 6 Emergency Medical Responders (EMRs) trained including the CHR. There are emergency kits in place and the community knows to evacuate to the hall for fire, earthquake and other natural disaster crisis. They are currently awaiting shipment of more emergency kits and will be working closely with other Departments to develop the Emergency Preparedness Program.

FAMILY HEALTH SERVICES (AGE-RELATED SERVICES)

<u>Infant Development:</u> Kitasoo Health Centre has a dental chair and dental therapist will do child screening from VCH through COHI program once this is negotiated. VCH helped purchase hearing screening equipment and the CHR daycare worker have been trained to use it for hearing screening and then children are referred to the physician. An Audiologist from Vancouver comes up and does child hearing screening and Kitasoo Health Centre pays for his travel. Not sure who pays his costs outside of that but it is costly to bring this service in [should be available locally]. Vision hearing screening for children is not provided as a routine service within the community or school. Kitasoo has an Aboriginal Headstart program which operates for 0 - 6 years which has about 15 children. There are also approx. 35 School children at the school up to Grade 12. There appears to be a gap in mothers and newborns returning from birthing in Vancouver being routinely referred to the physicians who cover Kitasoo so that new mothers and newborns can be checked and followed after birth to ensure no Post-Natal depression and that newborns are getting the infant checks they should be getting in their first year of life. Kitasoo needs routine vision hearing and dental screening for children and this needs to become a routine program coming in to the community for the school and pre-schoolers.

Regarding the COHI program - FNIH has a 'pilot' Dr Cam Robson dentist who will be doing dental work and will refer for dental surgery if needed. The process of referrals from maternity in Vancouver back to the Doctor to do follow ups with new Mums and infant checks is unclear and there is a need for a better protocol to ensure this happens.

<u>Child Health and Development</u>: Kitasoo has a Maternal Child program covers support for mothers and infants but insufficient funding or resources to cover special needs or access paediatric support for children's health and development. There is a reliance on physician referrals however this means flying clients out of community which is very expensive. They would prefer better access to a Paediatrician who can support nursing and health staff with assessing children's health and developmental issues (perhaps regular visits during the year). Some of this need may be met through the new tele-health implementation. Some supports are provided by Aboriginal Head Start but for newborns the care pathway and responsibility is unclear. AIDP supported Child development can be used toward the Maternal Child and CPNP program. Special needs and Paediatric support for children's health and development is a gap including at the Aboriginal Headstart program. There is no Paediatrician or Paediatric OT coming in to community on a regular basis.

<u>Youth Health</u>: In Kitasoo there is a Youth Coordinator employed within the health centre who runs programs for youth. BCCDC helped to run sexual and reproductive health and invited youth to come and listen. It is hard to get participation but the FNIH Nurse works hard to share information on sexual and reproductive health. The

Youth Coordinator works from the Youth Centre - life skills is a big challenge but they want to work more on this. The Coordinator promotes activities and learning for youth; how to spend leisure time positively and learn new life skills. Youth need personal development and motivational techniques that encourages people to learn. Some community members have been trained people in transportation in dangerous goods (TGG) and Workplace Hazardous Material Emergency Safety WMES. No relationship and anger management counselling but this would be helpful.

<u>Women's Health</u>: Mammography is not available in the Kitasoo community but through referral by visiting physician when required. For breast screening BC Cancer Agency pays for boat charter 40 women go on boat for the day to get mammogram at Bella Bella. Pap smears can be done. Physicians in BB are working with Dr Shearer to do a pap smear update on all women. Post-Natal Depression is another issue that may not be assessed adequately in the community. It is the responsibility of the CHN to run the well-women's program to keep track of and perform pap smears and consult the women and physician regarding mammography. Health teaching in prevention is also discussed with women during these consultations. Maternity referrals from Vancouver or BC Women's need to improve so that physicians coming to Kitasoo can follow up with women and babies – at present they are do not appear to be receiving the necessary information.

<u>Men's Health</u>: For Kitasoo this is not available in community but through referral by visiting physician when required. Physicians may do referrals for prostate care after physician visits however if it is the female physician the clinic is often poorly attended as the men prefer to wait for the male physician to come.

<u>Parenting Programs</u>: Kitasoo Health Centre previously sent two staff for "Nobody's Perfect" parenting program but only for social assistance or low income yet it is would be valuable for all parents not just low income. This program was run by BC Council for Families. This should be available for whole community. They would like the eligibility criteria that cuts eligibility out to be removed so more people can access this.

<u>Elder Health</u>: In Kitasoo the HCC Nurse has recently started an Elders group which is starting to get good participation and many health topics are discussed. This would include Falls Prevention and Smoking Cessation but support is needed from VCH / Public health to help with education and resources. The HCC nurse does a women's group which includes elders once a month in the health centre for them to talk about whatever they like including women's issues. Support is needed for the HCC Nurse with smoking cessation and Falls Prevention for the elders group (resources, training and education).

<u>Effective Referral for Secondary Care</u>: At Kitasoo there is no local birthing or birthing in the community or at Bella Bella as the same process exists as for Bella Bella mothers. They would also like births to happen locally (if not at Kitasoo then at Bella Bella so that women do not need to leave home for so long and are closer for relatives to visit or be part of the process). Referrals to BC Women's and BC Children's are done by the physician if needed but Kitasoo HD noted that there was no communication from BC Women's or BC Children's if Kitasoo clients are discharged and sent back to the community, so that the health team can follow up. This needs to be improved.

HOME AND COMMUNITY CARE

<u>Home Care Nursing</u>: For Kitasoo they have contracted in a HCC Nurse who carries out required HCC assessments and provides care to eligible clients. They are also supported with HCC by the RN from UCHSS Bella Coola who supplements wound care and pain management as needed.

<u>Medication Reviews:</u> For Kitasoo this requirement is provided by the Pharmacist and RN from the VCH program from Bella Coola who carry out the medication reviews in order for Kitasoo. For Kitasoo funding has ended to cover the Pharmacist cost due to the high travel costs from Bella Coola to Kitasoo. The HCC nurse now does medication reviews monthly only with clients enrolled in her program but needs a pharmacist to come and review annually (at least) to support this work from an independent lens (chronic disease management).

<u>Clinical Supervision and Education</u>: For Kitasoo this is provided by the RN from the HCC program from Bella Coola and contracted agency nurses must undertake their own professional development and supervision according to their arrangement with the Nation.

<u>Case Management:</u> In Kitasoo this is carried out by the contracted HCC nurses.

<u>Community Rehabilitation</u>: Kitasoo's services are coordinated by the HCC RN from UCHSS at Bella Coola as much as possible but access is still poor in the community. With a shortage of resources it is difficult to access rehabilitative supports as far as Kitasoo. With additional resources these could be additionally contracted from the same contractors who are currently serving Bella Bella. Kitasoo contracts in a dietician who visits to provide dietician workshops and support under the ADI contract, but apart from this they have poor access to a number of rehabilitative supports including:

- Podiatry (some is covered by HCC Nurse from Bella Coola)
- Physiotherapy (is on contract as well as Loco Motion agency)
- Audiology esp. for adults and elders and to get access to hearing aides
- Speech therapist (monthly but would like more often)
- Occupational therapist (Mount Currie's Occupational Therapist comes sporadically)
- Podiatry comes a few times per year (LPN just got foot care trained)
- Chiropractor (previously visited on site but would like to get him back for 2 days per week)
- Nutritionist visits regularly for staff and community training.

<u>Adult Day Support for HCC Clients</u>: For Kitasoo there are no day support programs in place for HCC clients or recreational therapy.

<u>Medical Supplies and Equipment for HCC Clients:</u> Supplies and equipment for Kitasoo HCC clients are coordinated by the HCC RN from VCH (United Church, Bella Coola).

Palliative Care: At Kitasoo Palliative care services are coordinated by HCC RN from VCH (Bella Coola).

<u>Personal Support / Care</u>: Kitasoo contracts Home Care Aide time and they provide personal care as required by the Care Plan. They do not have a van to transport people for medical purposes so cover for people for 2 weeks of each month is an issue.

Home Help: In KItasoo the Band arranges this for anyone needing it outside of the personal care.

<u>Referral to Secondary Care</u>: For any Kitasoo clients needing this, the clients are referred to Bella Bella hospital if LTC is needed.

MENTAL WELLNESS AND SUBSTANCE USE

<u>Community-based counselling</u>: Kitasoo have a 0.5 FTE NADAP Counsellor (privately contracted in from Vancouver) who visits for 2 weeks per month. At one time the role was filled with a Mental Health worker (rather than an Addictions counsellor) and it was noted that many child behavioral and mental health needs were addressed when that person was serving the community and this is still a gap. BC Conference contracts a Mental Health Clinician (psychologist) for the Central Coast. BC Conference of the United Church of Canada hired this person as a mobile counsellor to provide psychotherapeutic services to survivors of Indian Residential Schools, their families and others affected by the Indian Residential School experience. The mobile counsellor will work in the four Central Coast communities providing a broad range of counselling services that address the intergenerational effects of colonization and the common experience of residential schools. These services may include supporting recovery from addictions and substance use; building healthier family relationships; overcoming parenting challenges; resolving marital problems; preventing and recovering from suicide trauma; stress management; self-worth issues and supporting mental, social and emotional health. This person visits all 4

communities on the coast on a shared basis so visits Kitasoo for 5 days per month (.25 FTE per month). The clinician does individual, family, group and psycho-education sessions. This role ends at the end of November 2013 and it is unknown whether this will be ongoing. Kitasoo need to have 1FTE Mental health worker for Kitasoo community as the shared Central Coast community position is insufficient to cover the needs and to promote mental wellness. Kitasoo needs a Mental Health worker who has ability to deal with severe situations that the Addictions worker cannot or is not within their scope of practice. Ideally this role will be performed by someone independent from the community as confidentiality with mental health trauma and local family issues is a high priority for clients. Despite the fact that they have a mobile mental health worker, they still need to find another worker to serve the community. An alternative is that BC Conference provides additional days to mobile visits.

<u>Outpatient Therapy and Social Worker Counselling</u>: Kitasoo does not have a social worker who can provide support to families in the community and this is a gap.

<u>Clinical Psychologist counselling</u>: While Kitasoo has the mobile mental health worker (psychologist) visiting this is insufficient to meet needs as the time spent in Kitasoo is only 5 days per month since the position visits the other three central coast communities each month. This is a gap and a full-time position would be more desirable to meet the needs in the community.

<u>Psychiatrist Access</u>: Kitasoo aimed to access tele-psychiatry through tele-health and would like to complement this with frequent psychiatrist face to face visits however until Telus updates the service in Kitasoo to provide sufficient bandwidth the tele-health option is stalled. If they get invited to participate in videoconferencing the community cannot access as the capability is not operational yet.

<u>Crisis Support for acute mental illness</u>: Kitasoo has access to crisis support for acute episodes from Bella Bella hospital and if necessary people are flown down to Vancouver with the support of emergency services or RCMP. They feel they need better crisis response support for people with acute addiction or mental health episodes so clients can be managed in the immediate timeframe until Bella Bella services are coordinated.

<u>Support to access supported housing, respite:</u> Kitasoo has no residential or community housing for people with mental illness in the community. They have to access this in the nearest township. They would like to see a better referral mechanism for supported housing and linkage with the specialist mental health team at VCH.

<u>Vocational, social and recreational support:</u> Kitasoo has contracted .5FTE NADAP worker but finds this is insufficient to provide full coverage for their counselling workload as well as coordinating these types of opportunities for clients. There is also limited access to training and recreational opportunities in the community due to lack of resourcing.

<u>Support for families while clients in treatment</u>: In Kitasoo all services provided for clients are inclusive of family support and participation with the consent of the client, but due to small numbers there are no family group programs in place.

<u>Crisis response system for suicide and postvention</u>: Kitasoo does not have an ASCIRT trained team in the community nor is there a postvention approach in place so this is an identified gap.

<u>Referral to Secondary Care:</u> Kitasoo have a good referral process in place with the FNIH Addiction Treatment Centre. The Psychiatric unit is down in Vancouver and not within 2 flights. Methadone treatment / maintenance is not available locally. The challenge for them is the waiting list for NADAP Residential Treatment Centers which is a barrier to clients needing to go into treatment. Also they do not get notified of admissions or discharges from the Psychiatric Unit of Kitasoo residents in order to follow up when they return home, so they see a need to work on this with VCH.

HEALTH PRACTITIONER SERVICES

<u>Physicians</u>: Kitasoo has a visiting physician from Bella Bella 1 day every 2 weeks and are currently completing a proposal for an NP who can work in the community for longer periods and could do more with clients and then let the physician know what is needed.

<u>Nurse Practitioner / Nursing</u>: Kitasoo combined with Heiltsuk and Wuikinuxv to apply for an NP position through provincial NP4BC proposal process. The proposal was not approved in Round 1 in 2012 and will be resubmitted in Round 2 in 2013. Kitasoo is an applicant for an NP with Heiltsuk and Wuikinuxv in 2013.

<u>Pharmacy</u>: Kitasoo Prescriptions come from the Bella Bella pharmacy and are flown in via Pacific Coastal and distributed by the Nurse. There is no pharmacist in the community due to the small size of the community.

Dental: Kitasoo have a dental chair in their facility but no dentist yet as this is being negotiated.

<u>Access to Emergency Services</u>: Kitasoo emergencies are flown to RW Large Hospital Bella Bella (40 min flight) if weather permits otherwise transported to Port Hardy or Vancouver. The Nation is aiming to train 8 more First Responders in the community but this is costly and needs financial support.

Optometry: Kitasoo does not have any access to local optometry.

<u>Alternative Medicines:</u> Kitasoo community members do not have access in the community.

<u>Visiting Specialists</u>: Kitasoo have room in the health centre for visiting specialists but there are none who visit at the moment. This would be a beneficial service for the community and they would like to identify ways to organize rotating visits of specialists into the community. Referrals for specialists are done by the physician who visits. Tele-health may also help to improve access to specialists once fully implemented in 2013.

<u>Referral to Specialists / Secondary Care:</u> Kitasoo do not have a routine protocol in place with local admissions or acute / surgical teams to get notification of admissions or discharge summaries as consent and privacy issues need to be worked out for community members to sign.

SERVICES PLANNED FOR THE NEXT FIVE - TEN YEARS

Using the flexibility of the new Health Transfer agreement we intend to redefine the way our teams and programs are organized to create four teams (see our organization chart) as this enables us to re-define our programs to meet the designated needs of our community in our own way:

- 1. Mental Wellness and Substance Use (MWSU)
- 2. Community Wellness
- 3. Primary Health Care (medical / clinical)
- 4. Maternal and Child Development

What is clear from our community health survey and from the analysis of our services and gaps, is that key priorities for Kitasoo are:

- Adding to the MWSU team:
 - o new mental health clinician services (coming from Joint Project Board Flagship initiative)
 - Elders to support healing and counselling
 - Use of tele-psychiatry
- Adding to the Community Wellness Team:
 - o gardener to the Wellness team to support Food Security and Healthy Eating efforts
 - visiting dietician
- Adding to the Primary Care team with:
 - Nurse Practitioner (NP4BC);
 - visiting allergist (top health priority from the survey);

- regular Doctor visits (new Doctor to replace retiring Doctor) through updating the 2006 Service Agreement with Bella Bella Hospital (VCH) and FNHA
- Licenced Practical Nurse and Rehabilitation services (OT, SLT etc) (funded by JPB Central Coast)
- o Sustaining current visits by Audiologist and other health professionals,
- More use of telehealth
- Adding to the Child Development team:
 - o Maternal and Child Health Nurse (focus on pre-natal, post-natal maternal care
- Adding to management:
 - Administration Assistant to help focus on coordination of visiting health professionals + access to FNHA Health Benefits
 - Support the Health Director to participate and maintain information on the increasing number of tables, committees and consultations now occurring since FNHA inception. This demand on Health Director time has increased significantly since the FNHA started in October 2013; there is vastly more paper work to keep track of and review







MATERNAL & CHILD HEALTH DEVELOPMENT TEAM & PROGRAMS

TEAM:

- Maternal Child Health (MCH) Nurse
- Community Health Nurse (.5 FTE) shared with Community Wellness Team
- Child Care supervisor & 3 staff + cook (AHSOR) Daycare team

EXTERNAL SUPPORTS:

- Visiting paediatrician (to be organized)
- Visiting audiologist (current)
- Dental / COHI for children (FNHA)

PROGRAMS	MATERNAL & CHILD DEVELOPMENT TEAM DELIVERABLES			
Objectives	Activities	Schedule of Activities	Outcome Measures	
(1)	MATERNAL AND CHILD	CARE NEW		
GOAL 1	To improve maternal and i	infant nutritional health, we	ellness and development	
Community members experience a healthy transition to parenthood with assistance through education of breastfeeding and infant/child nutrition	 Prenatal classes Education on breastfeeding and child nutrition Breastfeeding support Well-baby clinic Healthy Beginnings Program 	 Quarterly or as needed Clinics two days per week 	 # of pregnancies in Kitasoo Prenatal education topic and # participants Age of mother, gestational age of new born, and birth weight # women breastfeeding and length of breastfeeding 	
Monitoring and support of infant/child development in areas of physical, social emotional, and spiritual	 Screening and assessments of new born babies Vision and hearing screening Home visits Case management Toy library Behavioural and developmental counselling Promotion of the Doula Program 	• As required	 # screening and assessments # home visits # of new born babies with health or social risks, requiring follow up #counselling specialists 	
Maternal client has access to resources out of town care and feels supported throughout Perinatal, Antenatal	 Referrals where appropriate to specialists Provide education to physicians and clinic staff about Baby 	As required	 #, type of referral and outcome of referral # and types of education sessions held with health practitioners Types of events and # 	

PROGRAMS	MATERNAL & CHILD DE	VELOPMENT TEAM DELIV	
Objectives	Activities	Schedule of Activities	Outcome Measures
and Post-Natal period	 Friendly Provide parenting resources Community events 		participants
(2)	CANADA PRENATAL NU	TRITION PROGRAM	
GOAL 2			r transition to parenthood with nfant/child nutritional health
Increase breastfeeding support	 Prenatal classes Education on breastfeeding and child nutrition Breastfeeding support Well-baby clinic Healthy Beginnings Program 	 Quarterly or as needed Clinics two days per week 	 # of pregnancies in Kitasoo Prenatal education topic and # participants Feedback from clinics / classes Age of mother, gestational age of new born, and birth weight # women breastfeeding and length of breastfeeding Workshop/education
Improve the adequacy of the diet of infants and prenatal and breast feeding women	 Nutrition and dietary screening Nutrition counselling Workshops and education sessions Food vouchers Food boxes Community gardens Traditional food gathering/preparatio n 	• As required	 Workshop/education topic and # participants # Counselling sessions and # participants # screening and assessments # food vouchers distributed # food boxes distributed # community garden participants
(3)	ABORIGINAL HEADSTAR	T ON-RESERVE (ahsor) Ea	arly Childhood Development
GOAL 3	to age 6 and their families	development needs of Firs , to ensure successful early and ongoing child health a	
Increase knowledge of culture and language	 Activities and events that allow children to develop a sense of belonging and identity as a First Nations Kitasoo Xai'xais child – and to learn and retain their language 	 Develop cultural resources to support child learning about Kitasoo history and cultural norms Support linkages to and participation in Kitasoo community events Connect children to the Kitasoo Big House 	 # and type of new resources developed Educational sessions and outings conducted with children Feedback from parents of the children # of children speaking words of the Kitasoo language

PROGRAMS	MATERNAL & CHILD DEVELOPMENT TEAM DELIVERABLES			
Objectives	Activities	Schedule of Activities	Outcome Measures	
Education: Promote life-long learning	Activities that encourage child readieness to learn skills and focus on their physical, spiritual, emotional, intellectual and social development needs	 Curriculum at the Daycare includes: Literacy skill sessions Printing Recognizing sounds and words Gross and fine motor skills Active learning Positive social interactions Learning through play 	 Curriculum includes all required elements Evidence for each child of experiencing these activities (home work; art work; child diary / scrap book; photo evidence 	
Health Promotion: Encourage children and their families to live healthy lives by following healthy lifestyle practices (physical activity, nutrition and self- care)	Activities and events that promote physical activity	 Curriculum and timetable includes: Outdoor playground activities Traditional games Promoting self-care (e.g. brushing teeth) Physical, visual, hearing and developmental checks Mental health checks are undertaken for children with persistant behavioural challenges 	 Development checks are completed by qualified assessors / CHN / MCH Nurse Children are enrolled in and attend dental care (COHI) Children receive assessments from SLTs, OTs, physicians on a regular basis 	
Nutrition: Teaching children and families about nutrition and eating well	 Activities and events include promotions and information about healthy snacks; importance of breakfast; "Eating Well with Canada's Food Guide" 	 Children are provided with traditional foods and supported to grow and harvest fruit / vegetables Children are taught benefits of eating well and impacts of eating processed / fast foods 	 Evidence of nutrition-related education Evidence of traditional food teachings about gathering/harvesting/fis hing; preserving; drying/smoking and sharing Evidence of visiting nutritionist sessions at the daycare 	
Social Support: Assisting parents and guardians to become aware of resources available	• Activities that support parents and families to connect with other resources available to them to achieve a holistic and	 Activities include information on accessing social, educational and healthy supports for children and families 	 # activities conducted or information provided to parents and guardians 	

PROGRAMS	MATERNAL & CHILD DEVELOPMENT TEAM DELIVERABLES			
Objectives	Activities	Schedule of Activities	Outcome Measures	
Objectives Prenatal and Family Involvement: Supporting the role of parents and families as the primary "teachers" and caregivers of their children	 Activities healthy lifestyle Activities include attending parent committees for the daycare and school; participating in children's day trips or camps; after school activities; monthly family dinners Outreach and home visits are provided for parents and caregivers to support 	 Schedule of Activities (e.g. Nurseline; internet; resources; services) Monthly promotions on registering children in daycare Information packages completed for parents and disseminated Field trips for daycare (and encouragement for parent participation) 	 Outcome Measures # outreach / home visits conducted # parents / caregivers per child participating in daycare events Information packages provided to parents and new parents 	
	 them by bringing information into the home Information on registering children in daycare 			



MENTAL WELLNESS& SUBSTANCE USE (MWSU) TEAM & PROGRAMS

TEAM:

- Youth Coordinator
- Recreation Coordinator
- NADAP Worker
- Mental Health Worker
- Elders (on a roster new)

EXTERNAL SUPPORTS:

- Tele-health / tele-psychiatry (FNHA/ VCH) linkage
- MWSU Clinician (JPB Flagship project)

PROGRAMS	MENTAL WELLNESS & SUBSTANCE USE (MWSU) TEAM DELIVERABLES		
Objectives	Activities	Schedule of Activities	Outcome Measures
(1)	NATIONAL NATIVE ALCOHOL	AND DRUG ABUSE F	PROGRAM (NNADAP)
GOAL	To reduce the incidence of alcoh community	ol, drug abuse and ad	ddictive behaviours in our
Increase the awareness and understanding concerning alcohol, substance abuse and alternative healthier lifestyles such as traditional values, practices and activities Provide pre and post	 Workshops or education sessions held in the community Health promotional displays or information dissemination Education sessions at the schools Cultural activities in the community Assessments conducted of 	 As required As required 	 # of workshops / classes # participants at workshops / classes Workshop / class topic (e.g. Depression, Substance Abuse) Feedback from information workshops / classes # and types of cultural activities # Number of assessments &
assessments, planning and treatment, and support client access to residential treatment facilities that specialize in the treatment of addictions	 Assessments conducted of people with addiction symptoms Counselling to individual, family and small group Individualized treatment plans Follow up and after care planning Referrals to treatment centres, AA groups Traditional and cultural approaches to mental wellness 		 # referrals made to treatment centres # counselling sessions, type, # participants, age, gender # AA Group sessions and participants, age, gender # and types of community/cultural activities

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PROGRAMS	MENTAL WELLNESS & SUBSTANCE USE (MWSU) TEAM DELIVERABLES			
Objectives	Activities	Schedule of Activities	Outcome Measures	
(2)	MENTAL HEALTH AND SUICID (BHC), Brighter Futures Initiat	E PREVENTION: Bui ive (BFI), NAYSYPS S	lding Healthy Communities Solvent Abuse prevention	
GOAL	To promote wellness within the holistic and community-directed			
Empowering and supporting community members to be healthy, resilient and have a strong sense of identity and culture	 Youth groups Workshops and education Traditional and cultural approaches to mental and spiritual wellness Language development, family tree and potlatches Sport, recreation and other activities Health promotional displays or information dissemination 	Ongoing	 # participants at youth groups # and topics of workshops; # participants # and types of cultural activities # and types of sporting, recreation or other activities Feedback from clients / participants 	
Improving community-level crisis response efforts following a suicide- related crisis	 Hope Help & Healing implementation to create a Suicide PIP Plan Suicide Response Team in place Assessment and intervention with people at risk or who have attempted suicide Prepare individualized treatment plans Crisis and grief counselling Community based supports Referrals to specialist services and supports Development of crisis response tools and protocols Community suicide prevention and management planning Traditional healers 	As required	 # counselling sessions, type (one-on-one, family, group), # participants, age, gender # assessments completed # treatment plans completed # referrals made to treatment centres # clients and contacts with traditional healers # planning meetings and participants 	
Providing treatment and support to youth with solvent abuse	 Counselling Youth groups Addictions recovery support groups Traditional and cultural approaches to mental wellness Community based activities 	• As required	 # counselling sessions, type (one-on-one, family, group), # participants, age, gender # participants at youth groups # participants at recovery support groups # and types of cultural 	

(2)	MENTAL HEALTH AND SUICIDE PREVENTION: Building Healthy Communities (BHC), Brighter Futures Initiative (BFI), NAYSYPS Solvent Abuse prevention			
	 Traditional healing practices Referrals to specialist services and supports 		activities	
Increasing awareness and understanding of suicide prevention and substance/ solvent abuse	 School based education programmes Community based workshops Promotional activities Staff training 	As required	 # participants at workshops / classes Workshop / class topic Feedback from workshops / classes # counselling sessions, type (one-on-one, family, group), # participants, age, gender # and types of training completed 	
Networking and working collaboratively with other community- based programs and services	 Local networking and linkages Development of community-based tools and protocols Staff training 	Ongoing	 # meetings and participants Development of tools, documents, protocols # and types of training completed 	



COMMUNITY WELLNESS TEAM (PREVENTION)

TEAM:

- Community Health Representative (CHR)
- Community Health Nurse (.5 FTE) shared with Maternal Child Health team
- Gardener (new) for new greenhouse facility focus on food security and nutrition

EXTERNAL SUPPORTS:

- Visiting nutritionist / dietician (VCH)
- Visiting VCH HIV Nurse Educator for First Nations
- Medical Health Officer (signed MOU with Kitasoo): Dr Paul Martiquet & his VCH CD Nurse
- Bella Bella Hospital (VCH) breast and cervical screening etc

PROGRAMS	COMMUNITY WELLNESS TEAM DELIVERABLES		
Objectives	Activities	Schedule of Activities	Outcome Measures
(1)	ABORIGINAL DIABETES I	NITIATIVE (ADI)	
GOAL 1	To reduce the incidence of prevention and monitoring	diabetes in our community	through promotion,
Decrease the rate of incidence of Type 2 diabetes by increasing community awareness of healthier lifestyles and high risk behaviours	 Diabetes screening Case management Community gardens Walking club Cooking classes Chronic disease, physical activity and nutrition workshops Diabetic diet education and blood pressure clinics Foot care clinics Traditional and cultural approaches to wellness Sport, recreation and other activities Health promotional displays or information dissemination 	• As required	 # and types of activities # diabetes screenings undertaken # participants and topics of workshops / classes # and types of sporting, recreation or other activities Feedback from clients / participants
(2)	COMMUNITY HEALTH PROMOTION AND INJURY/ILLNESS PREVENTION		
GOAL 2	To promote wellness and healthy living amongst the community through reducing the incidence of disability due to injuries in our community through promotion, prevention and monitoring		
Supporting families	Community gardens	As required	• # and types of

PROGRAMS	COMMUNITY WELLNESS TEAM DELIVERABLES		
Objectives	Activities	Schedule of Activities	Outcome Measures
to lead healthy lifestyles through increased physical activity and good nutrition while increasing awareness around high risk behaviours	 Walking club Gym sessions Cooking classes Chronic disease, physical activity and nutrition workshops Education clinics Foot care clinics Kitasoo Food and Nutrition Handbook Traditional and cultural approaches to wellness Sport, recreation and other activities Health promotional displays or information dissemination 		 activities # diabetes screenings undertaken # participants and topics of workshops / classes # and types of sporting, recreation or other activities Feedback from clients / participants
Decrease the incidence of acute and long-term disability due to injuries by increasing community awareness of injury prevention and effectively managing injuries	 Elders groups Home visits Client assessments and case management Health promotional displays or information dissemination Fall risk assessments and prevention workshops Assessment and management of areas of 'risk' in community School based education Community based education 	As required	 # and participants at Elders groups # assessments undertaken # home visits # injury prevention health workshops / classes; participants; settings # participants and topics of
(3)	COMMUNICABLE DISEAS	E CONTROL	
GOAL 3	To decrease the incidence of morbidity and mortality due to communicable diseases through prevention provided by education, immunization disease management, isolation, and treatment.		
OBJECTIVES	ACTIVITIES	SCHEDULE OF ACTIVITIES	OUTCOME MEASURES
Preventing, treating and controlling cases and outbreaks of	 School workshops Prenatal classes Community Groups / 	As required	# and type of treatments provided; gender, age

PROGRAMS	COMMUNITY WELLNESS TEAM DELIVERABLES			
Objectives	Activities	Schedule of Activities	Outcome Measures	
communicable diseases	 workshops Provide basic treatments for Head Lice, Scabies, diaper rash, fevers and allergic reactions Examinations for eyes, ears, throat, skin Monitoring and reporting to EHO Youth Clinics Quarantine for highly infectious communicable disease Staff training 	Bi-monthly Youth Clinics	 Log of referrals # of workshops / classes held # examinations, type, age, gender # participants at workshops / classes # participants at Youth Clinics, age, gender # and types of training completed 	
Provide immunizations	 Age appropriate vaccinations and re- enforcement doses provided to infants and school age children Immunization records and notifications Child health clinics Flu clinics Immunize adults and health care workers as needed 	As required	 Immunization status ages 0, 6, 12, 18 months, 7 years, 17 years Type of immunization # of children immunized # of adults immunized # of children attending child health clinics 	
Increase knowledge and awareness of HIV/AIDs and sexually transmitted infections and support those impacted by HIV/AIDs	 Provide education and resources for HIV/Aids and other STIs as well as safe sex practices Community Groups / workshops Youth groups and clinics STI, HIV routine testing School and community newsletters Health Fair 	 Workshops and education classes as required Monthly Newsletters Annual Community Health Fair 	 # of workshops / classes held # participants at workshops / classes Feedback from information workshops / class # participants at Health Fair 	
Promoting public education and awareness to encourage healthy	 Provide education and resources for breastfeeding, nutrition, physical 	 Workshops and education classes as required Monthly Newsletters 	 # of workshops / classes held # participants at workshops / classes 	

PROGRAMS	MS COMMUNITY WELLNESS TEAM DELIVERABLES			
Objectives	Activities	Schedule of Activities	Outcome Measures	
practices	 activity, standards of housing, hand washing, "Do Bugs Need Drugs" and safe sex practices School and community newsletters Community Groups / workshops Community Health Fair 	• Annual Community Health Fair	 Workshop / class topic (e.g. nutrition) Types of resources distributed (e.g. condoms) Feedback from information workshops / class 	
(4)	ENVIRONMENTAL HEALT	ENVIRONMENTAL HEALTH PROGRAM		
GOAL 4		 testing of drinking water Recording data Disseminating results of tests Quality assurance Advocating for clean, safe and reliable water Providing information on community drinking water quality issues Supporting individuals and families during a waterborne disease undertaken weekly Monthly reporting to EHO, C&C and WTPO Mothally reporting to EHO, C&C and WTPO Number of bacterial and (or) chemical samples taken Sampling frequency of bacterial and (or) chemical sampling 		



OUR NEW GREENHOUSE ALMOST COMPLETED CONSTRUCTION – for Food Security and Healthy Eating program,s

PRIMARY HEALTH CARE TEAM

TEAM:

- Home and Community Care Nurse (provides footcare also)
- Licenced Practical Nurse (LPN) from JPB Central Coast initiative
- Receptionist / MOA support (to be trained as an MOA to provide additional support for medical & clinical care)

EXTERNAL SUPPORTS:

- Visiting Doctor (from Bella Bella Medical Centre)
- Visiting Nurse Practitioner (from NP4BC initiative VCH)
- Visiting dentist Dr Cam Robson (FNHA) & assistant current
- Telehealth capability
- Visiting Occupational Therapist & Speech Language Therapist (from Bella Bella / Heiltsuk)
- Visiting optometrist (current)

PROGRAMS	PRIMARY HEALTH CARE TEAM DELIVERABLES			
Objectives	Activities	Schedule of Activities	Outcome Measures	
(1)	HOME AND COMMUNITY	CARE PROGRAM		
GOAL 1	To assist community members living with chronic and acute illnesses in maintaining optimum health, wellbeing and independence in their home for as long as possible through providing a range of support services within the community			
OBJECTIVES	ACTIVITIES	SCHEDULE OF ACTIVITIES	OUTCOME MEASURES	
Provide home care support to clients in their homes, in conjunction with the Vancouver Coastal Health Home Health program	 Home care nursing services and home support personal care Client assessment, care planning and management Wound care Adult Day Program Diabetic diet management education Foot care clinic Blood pressure clinic Elders groups / luncheons Oxygen assessments for OT and SLT assessments and care 	 As required by individual Care Plans Foot Care clinic twice per month Weekly luncheons 	 # clients being provided with home care support in the home Type of home care provided by category Feedback from clients Log of referrals # of workshops / classes held # clients for foot care clinics # participants at Elders luncheons # assessments by gender and age # clients supported to see OT, SLT and other rehabilitative service 	

PROGRAMS	PRIMARY HEALTH CARE TEAM DELIVERABLES		
Objectives	Activities	Schedule of Activities	Outcome Measures
			providers
Provide advocacy and support for clients who need to visit the hospital Doctor or pharmacy for their care and / or medication	 Advocacy and support Referrals Medication reviews Facilitating access to medical equipment and supplies 	• As required	 # clients supported to access Doctor, pharmacy or hospital services # referrals by type # medication reviews undertaken
Optimize the quality of life for the Elderly by education about healthy choices and minimizing the requirements for institutional care	 Flu clinics Education on chronic disease prevention, Arthritis, Depression and Functional senses Elders Wellness Program Referrals to specialists 	• As required	 # flu clinics, participants by age and gender # workshops and topics covered # participants at workshops / classes # participants, age, gender in Elders Wellness Program # referrals by type



PROGRAMS	PRIMARY HEALTH CARE TEAM DELIVERABLES			
Objectives	Activities	Schedule of Activities	Outcome Measures	
(2)	NIHB (DENTAL BENEFITS)			
GOAL 2	To reduce the incidence of oral health disease among the population			
Coordinate effective dental care for community members encourage	 Coordinating dental appointments for the visiting dentist Liaise with the FNHA Dentist to schedule community visits at appropriate times Support dentist and assistant with accommodations and safe working environment 	 Coordinate dental appointments for the visiting Dentist (dr Cam Robson from FNHA) and promote appointment adherence amongst community Support purchase of equipment and supplies as needed for Kitasoo in liaison with dentist and FNHA Promote dental and oral health to the community Provide information & education in the school 	 All Pre-school children in the community are enrolled with the dentist / COHI and supported to attend appointments for annual checks Youth & adults in the community are supported to receive high quality dental care and treatment 	





PROGRAMS	PRIMARY HEALTH CARE TEAM DELIVERABLES			
Objectives	Activities	Schedule of Activities	Outcome Measures	
(3)	PRIMARY CARE MEDICAL / CLINICAL SERVICES (visiting GP / NP)			
GOAL 3 Provide a set of	To make available to the Kitasoo community, a coordinated system of health services to maintain positive health and treat illness. Primary Care is delivered by health professionals (Doctor / GP and Nurse Practitioner / NP) to provide medical and clinical health services & prescriptions where needed.• Screening• GP from Bella Bella• GP / NP clinics are			
integrated and accessible health care services – that promote disease prevention and successful management of chronic conditions	 Assessment Diagnostic Curative Rehabilitative Supportive Palliative / end of life care Provide care for complex patients with multiple conditions (including prescribing where needed) & coordinating delivery of medications Make referrals to specialists outside of Kitasoo (i.e. to Bella Bella ideally where visiting specialist clinics occur) or to Vancouver Island or Vancouver city (and follow-up post referral) Coordinate with patient travel to ensure community member has transport to their specialist appointments Coordinate inpatient, ambulatory and emergency care – including stabilization at the health centre 	 visits bi-weekly NP from VCH visits 3 days per week (weather permitting) Provide either by face to face visits or by telehealth or by phone: Urgent care Non-urgent care Inpatient hospital referrals and follow up on discharge Coordination and case management Access to medical supplies and equipment (NIHB Benefit) Record keeping and data collection (using Kitasoo EMR when available) Diagnostics (xrays, blood and urine samples) Provide clinic staff with advice on ordering needed supplies and equipment Liaise with emergency and ambulance / medivac services when patient needed to be evacuated in medical emergency Support Kitasoo's efforts to bring in more visiting health professionals to bring services closer to 	 attended as scheduled and patients seen on time (wait time is low) Patient satisfaction is high (exceeds 90% of patients feeling very satisfied with service) Staff satisfaction is high (exceeds 90% of staff feel positive about working with the primary care clinics) and visiting providers Patients with chronic conditions are self- managing well (and un-necessary hospitalizations avoided) Screening rates for cervical and breast screening are at the provincial average Immunizations are at the provincial average 	

PROGRAMS	PRIMARY HEALTH CARE TEAM DELIVERABLES		
Objectives	Activities	Schedule of Activities	Outcome Measures
		home and avoid patient travel	



ABOVE: Kitasoo Emergency stabilization room to prepare for medivac BELOW Pharmacy



OTHER SPACES IN OUR HEALTH CENTRE THAT SUPPORT OUR PRIMARY CARE SERVICE



ACCOUNTABILITY, INFORMATION AND REPORTING

ACCOUNTABILITY AND REPORTING

Kitasoo provides accountability to the community and its members through:

- Audited financial statements
- Appeals process for the management of complaints or concerns.
- Conflict of Interest Policies Chief and Council
- Community engagement sessions

Kitasoo provides accountability to its funding agencies including FNHA through:

- Annual report that includes program and service data (CBRT / ESDRT) and the audited financial statements (in the future service reporting will be through Mustimuhw-based reports)
- Community Health Plan.
- Reports to FNHA regarding the flexible programs as per the Contribution Agreement.
- Accountable administrative systems for the management of Human Resources, Finances, and Information Systems managed by the Band (and use of the Accountant for completion of all our financial management processes)

CLIENT CONFIDENTIALITY

Confidentiality of patient's medical information is paramount to Kitasoo in order to maintain health program and personnel credibility.

Kitasoo does not operate a health information system yet – but intends to transition to Mustimuhw Electronic Medical Record (community EMR). For now, each Program area stores hard copies of client records in locked filing cabinets, with access limited to designated staff members. Any access to patient records requires that patients sign a release form authorizing a release of information from their patient records. Once records have been transferred to the EMR, files will be still be maintained but any material not needed archived into safe storage.

Kitasoo has client confidentiality policies and procedures (see Appendix for Policy) which all staff are educated on and required to follow (for Health Department and other departments). All nation staff, including Chief and Council, must sign a commitment to Confidentiality. This is to ensure confidentiality for community members at all levels of service. Kitasoo's employment policies ensure that conflict of interest issues are managed appropriately by staff. The policies reflect expectation that employees will use common sense and good judgment with regard to appropriate conduct at work (Code of Conduct), See also our Personnel policies copied in the Appendix.

There is a complaints process in place whereby any person wishing to make a complaint, whether it be regarding a breach of client confidentiality or any other Health matter may do so by submitting the matter in writing to the Health Director.

LIABILITIES AND INSURANCE

The Kitasoo Chief and Council assume any harm or damage resulting from its own activities and those of its employees. The Kitasoo has liability insurance coverage that covers the contractors and employees for actions in

the performance of their duties and for accidents on the reserve premises where health programs are provided across the Kitasoo. Certificate of Insurance has been provided in Appendix.

REPORTING TO THE COMMUNITY

Our Operations Manual includes a policy on service information flow – see extract below:

2.06 Service Delivery Information Flow – The Band General Manager is responsible to compile the service delivery information on a monthly basis from his/her meeting with Department Managers and Program Coordinators. The Band General Manager is responsible to provide Band Council with a monthly service delivery status report along with the monthly financial statements at the next Band Council meeting.

Kitasoo utilizes a number of processes to ensure that there is strong engagement from the community in all activities of the Health Department. The Kitasoo reports regularly to the community through a variety of mechanisms:

- Elders groups and other small groups
- Health Services Committee
- Chief and Council meetings
- Community meetings (e.g. CCP)
- One to one home visits with individuals and families by staff
- Promotional activities including local media (promotions, posters etc)
- Annual reporting, including financial reporting on AANDC website
- Celebration events such as National Aboriginal Day
- Kitasoo Web page (in development)

REPORTING TO THE FIRST NATIONS HEALTH AUTHORITY

The Health Director prepares reports to the FNHA. Kitasoo utilizes the Community-based Annual Reporting Template (CBRT) to report to FNHA which in the future will be extracted from the EMR data.

Information for these official reports arises from staff periodic reports to the Health Director (mostly provided on a monthly basis) that document activities, how community members participated, what was achieved and opportunities or barriers that arose during program implementation. The indicators contained in the Community-based Annual Reporting Template largely guide the information collected by staff at the program level, with staff utilizing a range of data collection and reporting tools and forms.

FINANCIAL MANAGEMENT³

Health funds are administered by Kitasoo Indian Band's Finance and Administration Department. These functions are provided for the Health department. The Financial Manager is a certified Accountant and they use recognized accounting software for processing financial transactions. Moveable Assets Reserve funds are currently held in a separately coded account.

Financial management is guided by a set of financial administration regulations and align with Provincial standards.

Kitasoo's Finance and Administration Department helps support and coordinate the work of all other Kitasoo Departments and the Chief Financial Officer. From providing receptionist and administration services for all Departments to secretarial and reporting duties for Chief and Council meetings, and from helping coordinate budgets and annual audits to managing payroll, our Department is responsible for any important duties in the day-to-day operations of our Band. As a department, the Financial and Administration team are responsible for many important roles. Specific policies for the Finance Department (including role of Comptroller) are outlined in our Operations Manual_ Policy 2.05 extracted below:

- 2.05 Financial Information Flow The flow of information within the organization is as illustrated in Appendix "2C" with the specific procedures as follows;
 - a. The Finance Officer (Comptroller) is responsible to compile all necessary and updated financial information from each Department/Program at the end of each month and prepare monthly, quarterly and annual financial statements for each Department/Program that have been allocated a budget.
 - b. The Finance Officer provides the Band General Manager with monthly, quarterly and annual consolidated financial statements and financial statements respective to each Department /Program covering all incomings and outgoings, in accordance with generally accepted accounting principles, together with year-to-date and variances from the budget reports.
 - c. The Band General Manager presents the monthly, quarterly and annual financial statements to Band Council at the next Band Council Meeting.
 - d. The Finance Officer provides a copy of the monthly, quarterly and annual financial statements to the respective Department Managers and/or Program Coordinators to share and review with their respective Committees at their next meeting.

A full set of detailed financial policies are in the Operations Manual that cover:

- Accounts payable and general bookkeeping
- Payroll
- Financial statements and reporting

³ From Kitasoo "Open House" 2009

- Ensuring that financial by-laws, procedures and policies are followed
- Managing and archiving Chief and Council motions
- Development of maps and planning aids for our community plan process and for other departments

A full description of our Comptrollers roles is included in our Operations Manual (see extract below):

Position: Finance Officer (Comptroller)

Immediate Supervisor: Band General Manager

SUMMARY OF DUTIES:

In addition to the duties and responsibilities as are specified in the Operations Manual, the Finance Officer is the senior Financial Officer and internal Auditor for the Government. The Finance Officer is responsible for maintaining the financial accounting and control system for all Departments /Programs and Band enterprises. He/she will ensure that computerized ledgers and journals are maintained and that financial reports are produced.

RESPONSIBILITIES INCLUDE:

1. BANKING

- Prepare bank deposits.
- Keep a daily record of bank account balances.
- Balance the bank statements to the general ledger every month (usually by the 15th of the following month).

2. ACCOUNTS PAYABLE

- Maintain the accounts payable sub-ledger.
- Write purchase orders upon request from program or review purchase orders written by Program /Department Managers.
- Review vouchers for accuracy and appropriate authorization by Program/Department Managers.
- Match voucher to purchase order and reference both documents.
- Prepare cheques for signatures.
- Record cash disbursement in accounting system.
- File vouchers and purchase order.

3. ACCOUNTS RECEIVABLE

- Prepare invoices and statements as required.
- Maintain cash receipts journal.
- Prepare aged accounts receivable listing.

4. EMPLOYEE BENEFITS

 Administer Band employees' benefits package by signing new employees up, providing reports and reporting to the Many Nations Benefit Corporation.

5. PROPOSAL WRITING

Initiate/coordinate proposals for funding from outside agencies.

6. FINANCIAL REPORTING & FINANCIAL MANAGEMENT CONTROL

- Set up and maintain accounting systems for Band programs and commercial enterprises.
- Provide advice and assistance to managers of Band enterprises.
- Prepare/review monthly-computerized financial reports including budget comparison information.
- Prepare/review statements from Band enterprises and report observations to the Band General Manager.
- Alerting the Program/Department Managers and the Band General Manager as to any significant
Finance Officer Job Description

Operations Manual

variances in actual budget comparisons.

- Completing special reports for submission to the Band General Manager & Council.
- Review and prepare reports for accuracy for outside agencies including Canadian Employment and Immigration Commission, and Indian Affairs.

7. BUDGETING

- Assist in the preparation of the annual budgets.
- Provide advice and assistance to Department/Program Managers and assist in the preparation of the administration budget.
- Provide recommendations to the Band General Manager & Council.
- 8. PROVIDE ASSISTANCE TO THE BAND AUDITOR BY PREPARING REQUIRED INFORMATION FOR AUDIT
- Packaging files in preparation for the audit.
- Provide staff assistance to the auditor for the duration of the audit.
- Review audited statements for accuracy and reporting any discrepancies to the auditor.

9. OTHER RELATED DUTIES

- Attending and participating in Council meeting upon request.
- Attending and participating in Management meetings called by the Band General Manager.
- Participating in seminars, workshops, and training programs to upgrade skills and knowledge relevant to the position.
- Provide directions and assistance to Financial Staff.
- Ensure adherence and compliance to the Finance Policy and Procedures Manual
- Maintain and enforce systems associated with Financial Information Flow as described in the Operations Manual.
- Adhere to the Code of Conduct as contained in the Operations Manual.
- Encourage and foster team spirit within the organization in general.

QUALIFICATIONS:

The qualifications of the Finance Officer are determined in the absolute discretion of the Government depending upon the needs of the First nation at the time. The following attributes are assets:

EDUCATION & TRAINING

- Formal training in accounting/bookkeeping essential.
- Must type and be proficient in the operation of computers and business machines.

EXPERIENCE

- Should have a minimum of two (2) years experience in accounting/bookkeeping.
- Previous experience in accounting for government programs and knowledge of administrative policy is an asset.
- Demonstrated ability to work independently.
- Demonstrate initiative and resourcefulness.
- Proficient with use of computers.

AUDIT

An annual audit is conducted annually each fiscal year of all Kitasoo Indian Band finances. Auditors are chosen through an open process when required and are appointed by Band Council Resolution. All audits are required to conform to the audit requirements of the funding agencies and of Kitasoo Indian Band. Each annual audit is presented to Chief and Council for review and approval and is recorded in Council minutes as

such. Copies of the final audit report are made available to the community after the fiscal year audit is completed. See procedures below from our Operations Manual:

- 4.27 Annual Year End Audit Kitasoo Band Council is required to have an audit conducted throughout the fiscal year (April 1st to March 31st). The annual audit provides assurances to Band members, and funding agencies, that all revenues are properly accounted for, and that expenditures were made appropriately. Annual audits also provide membership with the opportunity to review information on how Kitasoo Band Council has used funds and may be reviewed at a Band General meeting. This section outlines policies for year-end audits.
 - Detailed financial statements covering all financial activities will be prepared annually, or as requested by the Chief & Council or the Kitasoo Band's funding agents;
 - b. The Kitasoo Band Council will appoint an Auditor to audit financial statements, records and supporting documentation at least once per fiscal year. The audit will be completed and submitted to the Chief & Council on or before July 31st for fiscal year ending March 31st;
 - c. The Auditor selected must be an accountant licensed to practice audits under Provincial Guidelines and have the one of the following designation:
 - A Chartered Accountant;
 - A Certified Management Accountant;
 - A Certified General Accountant.
 - d. Kitasoo Band Council will require the Band General Manager and Auditor to meet five (5) to six (6) months before fiscal year-end to discuss what information, other than bookkeeping records, the Auditor will require. This process determines pre-audit specifications and will help reduce the entity's auditing costs. Upon Chief & Council's selection of a qualified auditor an engagement letter will be drawn up and signed by both the entity and the auditor;
 - e. The final audit report prepared by the Auditor will be signed by a quorum of Chief & Council and will be recorded in meeting minutes as being reviewed and approved.
- 4.28 Financial Information Disclosure and Dispute Resolution The purpose of this Policy is to make Band Council more accountable to Membership by giving Membership general rights of access to financial records of the Band in the custody or under the control of the Band. This policy also sets out specific limited exceptions to the Membership's right of access to certain financial records.

MANAGEMENT OF SURPLUSES AND DEFICITS

The Health Lead must obtain permission of the Band Administrator to incur a year-over-year deficit in any fiscal year. Any deficits or surpluses must be reflected in the next year's budget.

MOVEABLE ASSETS RESERVE FUND MANAGEMENT

Moveable Capital expenditures of \$20,000 or more require the authorization and signature of the Health Lead and the Band Administrator. Capital expenditures under \$20,000 require the authorization of the Health Lead. Purchase Orders are prepared by the health department administrative staff on the basis of approvals from the Health Lead. All such purchases are recorded and tracked. Small capital items under \$1,000 are expensed.

See our Financial policies below:

- 4.24 Capital Assets (Purchase and Sale) The following are the policies with respect to the purchase and sale of Capital Assets:
 - All purchase or sale of assets will be conducted by the Band General Manager with prior approval of the Band Council;
 - Two quotes will be obtained for all capital acquisitions over \$5,000.00. Purchase order is required for purchases of Capital Asset;
 - c. A tender document is required for sales of a Capital Asset.
- 4.25 Security of Assets A good risk-management policy is to protect assets. This section outlines policies and procedures to protect all assets.
 - The Band General Manager will ensure adequate insurance coverage is obtained to protect the full value of all assets;
 - b. Financial data is to be backed-up on a daily basis. The back-up may be electronic in the form of a diskette or external hard drive and will be stored:
 - Under lock and key;
 - In a fireproof container.
 - c. Computers will:
 - Have anti-virus software installed and regularly updated;
 - Passwords to access computer use.
 - d. Office keys and the alarm system code will be provided to a limited number of employees. Keys issued to employees will be signed for and, under no condition, will any key (s) be transferred to, or duplicated for, another employee or person;
 - e. Employees who are assigned key(s) and the alarm code have the responsibility of locking and securing the office before leaving. They are also responsible for using their assigned keys to secure assets located within the office;
 - It is recommended that any employee who is required to handle cheques and funds be insured and bonded;
 - g. Unauthorized, personal use of assets will not be permitted;
 - h. It is the shared responsibility of office staff to maintain high health and sanitation standards in Kitasoo Band buildings.
- 4.26 Inventory of Capital Assets Prior policies address policies and procedures for the purchase and security of assets. Once these assets are purchased, a permanent record of their existence is required. Maintaining a record of assets and their current value provides auditors, creditors and funding agencies with an accurate representation of Kitasoo Band Council's financial worth. This section outlines policies and procedures for recording assets.
 - a. A complete inventory list of all Kitasoo Band owned assets valued at over \$100 will be established, recorded in the fixed asset register. This inventory list will be updated annually with a copy provided to the auditor. The list will include:
 - The cost and date of original purchase;
 - The date of sale;
 - The write-off or surplus price;
 - A brief description of the asset;
 The serial number allocated to the item.
 - The senal number allocated to the item.
 - b. The asset will be recorded if it is deemed to have "lasting value" (where lasting value is defined as having long term worth and the item can be amortized);
 - c. As assets are purchased, a copy of covering invoices for the assets will be maintained in a separate file that contains a master inventory list. At the end of each fiscal year, these invoices will be used to update the master inventory list;
 - d. Periodically, the Band General Manager will assign an employee with the task of verifying the existence of the items included on the master inventory list. The employee will prepare a list of missing, unserviceable or obsolete items for Kitasoo Band to write-off, sell or surplus;
 - e. In the event there are assets missing, an employee will be assigned to track down and locate the missing item(s). Should any of these items be of significant value, a report will be filed and the asset's value recovered under Kitasoo Band's insurance policy;
 - f. Should Chief & Council approve an asset item for write-off, sale or surplus, the asset is to be deleted from the master inventory list and the Council meeting motion number written beside the deleted item.

REVIEW OF HEALTH PLAN

As stated previously Kitasoo intends to move from the Set Agreement we have been in for the past 20 years to Flexible Health Transfer as quickly as possible. We will undertake a formal review of the Community Health Plan after 5 years of our expected 10 year agreement (i.e. in Year 2021) focusing on the indicators / outcomes outlined under our programs above, and also any health-related indicators arising from our Comprehensive Community Planning processes.

We will also conduct another community survey to see what movement there is in community perspectives and health & wellbeing since our 2016 survey.

Our program logic model is shown below. This shows the reasons why we are implementing our plan and the goals we are trying to achieve.

CHP 2016-2026

KITASOO XAI'XAIS HEALTH PROGRAM – LOGIC MODEL



External Factors

FNHA Regional Investment Strategy & Regional Health Plan + VCH Regional Health Plan & Investment plan + Joint Project Board investment + NP4BC (MOH)

CHP 2016-2026

FINANCIAL BUDGET: KITASOO BAND 2016 – 2026

KITASOO HEALTH PROGRAM: BUDGET PROJECTIONS	2015-2016	2016-2017	2017-2018	2018 – 2019	2019 - 2020	2020 - 2021
	CURRENT	Projected	Projected	Projected	Projected	Projected
PROGRAM INCOME by TEAM						
MATERNAL & CHILD DEVELOPMENT TEAM						
Aboriginal Headstart on-Reserve	\$101,036	\$135,000	\$135,000	\$135,000	\$135,000	\$135,000
Maternal Child Health (MCH Nurse, remote)	\$0	\$110,000	\$110,000	\$110,000	\$110,000	\$110,000
Canada prenatal nutrition	\$26,386	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000
MATERNAL & CHILD DEVELOPMENT TOTAL	\$127,422	\$280,000	\$280,000	\$280,000	\$280,000	\$280,000
MENTAL WELLNESS & SUBSTANCE USE TEAM						
NNADAP	\$49,391	\$85,000	\$85,000	\$85,000	\$85,000	\$85,000
Building Healthy Communities (BHC)	\$91,757	\$145,000	\$145,000	\$145,000	\$145,000	\$145,000
Brighter Futures Initiative (BFI)	\$125,036	\$155,000	\$155,000	\$155,000	\$155,000	\$155,000
Mental Health and Suicide Prevention – Solvent Abuse Program	\$19,928	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000
MENTAL WELLNESS & SUBSTANCE USE TOTAL	\$286,112	\$415,000	\$415,000	\$415,000	\$415,000	\$415,000
COMMUNITY WELLNESS TEAM						
Aboriginal Diabetes Initiative	\$25,717	\$45,000	\$45,000	\$45,000	\$45,000	\$45,000
Drinking Water Safety Program (Environmental Health)	\$10,684	\$11,000	\$11,000	\$11,000	\$11,000	\$11,000
Community Health Promotion and Injury/Illness Prevention (CHR & CHN from April 1)	\$81,300	\$210,000	\$210,000	\$210,000	\$210,000	\$210,000
HIV / AIDs Program (Communicable Disease)	\$978	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
COMMUNITY WELLNESS TOT	× \$118,679	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
PRIMARY HEALTH CARE TEAM						
Community Dental Benefits (NIHB)	\$9,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
Joint Project Board: Central Coast - LPN (separately funded)	\$0	\$0	\$0	\$0	\$0	\$0
Home and Community Care	\$120,859	\$155,000	\$155,000	\$155,000	\$155,000	\$155,000
PRIMARY HEALTH CARE CARE TOT	129,859	\$155,000	\$155,000	\$155,000	\$155,000	\$155,000
HEALTH INFRASTRUCTURE SUPPORT						
Capital and operating maintenance for Health Facility and Equipment	\$60,848	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000
eHealth: Electronic medical record (\$5000 startup - 10 licences)	\$0	\$23,000	\$18,000	\$18,000	\$18,000	\$18,000
Health Planning and Management	\$121,838	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
HEALTH INFRASTRUCTURE TOT	^{NL} \$182,686	\$293,000	\$288,000	\$288,000	\$288,000	\$288,000
TOTAL REVENUES	\$844,758	\$1,145,000	\$1,140,000	\$1,140,000	\$1,140,000	\$1,140,000

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CHP 2016-2026						
PROGRAM EXPENDITURES						
PERSONNEL	400.000				4/00 000	4400.000
Health Director and Receptionist - add new Admin Asst from April 1, 2016	\$80,000	\$130,000	\$130,000	\$130,000	\$130,000	\$130,000
Nursing staff. Incl. new MCH Nurse & CHN from April 1 2016 #	\$90,000	\$290,000	\$290,000	\$290,000	\$290,000	\$290,000
Other employees (non-nurses): Incl. new Gardener, Elders for MWSU from April 1, 2016 ##	\$580,000	\$570,000	\$570,000	\$570,000	\$570,000	\$570,000
Training & Development	\$9,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000
PERSONNEL TOTAL	\$759,000	\$1,020,000	\$1,020,000	\$1,020,000	\$1,020,000	\$1,020,000
ADMINISTRATIVE COSTS						
Phone, power, rent, cellphones, internet	\$5,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
IT support costs	\$1,500	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Vehicle mileage / transport costs (mostly visiting professionals)	\$6,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Office stationery and supplies	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500
Insurance premiums - liability insurance (more clinical after April 1 2016)	\$1,500	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Hospitality costs for meetings with funders, agencies	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Minor equipment and supplies	\$3,500	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500
Electronic Medical Record (EMR) licence cost	\$0	\$23,000	\$18,000	\$18,000	\$18,000	\$18,000
Printing, copying, publishing costs for reports and community information	\$1,600	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Contingency for unexpected costs	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
ADMINISTRATION TOTAL	\$29,600	\$64,000	\$59,000	\$59,000	\$59,000	\$59,000
PROGRAM / ACTIVITY FUNDS	, ,,	1. ,	1	,,		,,
Mental Wellness & Substance Use Team	\$10,000	\$16,000	\$16,000	\$16,000	\$16,000	\$16,000
Maternal & Child Development Team	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
Primary Health Care Team (incl. costs for visiting professionals)	\$18,000	\$16,000	\$16,000	\$16,000	\$16,000	\$16,000
Community Wellness Team	\$16,000	\$16,000	\$16,000	\$16,000	\$16,000	\$16,000
PROGRAM TOTAL	\$56,000	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000
	,,	, ,	+ ,	,,	,,	,,
TOTAL EXPENDITURES	\$844,600	\$1,144,000	\$1,139,000	\$1,139,000	\$1,139,000	\$1,139,000
				,,,	,_,_,,,	,_,_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
VARIANCE	\$158	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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NOTES TO BUDGET PROJECTION:

#	Clinical Staff	Kitasoo Employees	
	HCC Nurse (existing)	1	
	CHN Nurse (was FNHA - transfer to Kitasoo)	1 (salary no longer paid by FNHA: Transfer salary & operating costs + travel to Kitasoo)	
	MCH Nurse (new)	1	
	LPN (funded by JPB) - not part of C/A Flexible	0	
	NP (funded by NP4BC - employed by VCH)	0	
	GP (VCH employee)	0 3	
# #	Non-clinical staff		
	NADAP Worker	1	
	Youth Coordinator	1	
	Recreation Coordinator	1	
	Mental Health Worker	1	
	Elders (roster)	1	
	CHR	1	
	Gardener (for new greenhouse)	1	
	Child Care Supervisor + 3 staff + cook	5	
	Health Director, Reception, Janitor, Admin Asst	4 16	
		TOTAL 19	

APPENDICES

APPENDIX A: BAND COUNCIL RESOUTION: APPROVAL OF CHP

KITASOO INDIAN BAND COUNCIL RESOLUTION

The Council of the: Kitasoo Indian Band			
Date of duly convened meeting: April 6, 2016	Province: B.C.	Resolution Number:	

- WHEREAS:Kitasoo Indian Bandis committed to the physical, emotional and personal growth of all Band Members and
has developed a Community Health Plan which is endorsed by Council
- WHEREAS:the existing Contribution Agreement between Health Canada and Kitasoo Indian Bandwill expire on March31, 2016;
- WHEREAS:the Kitasoo Indian BandHealth Department has prepared a Community Health Plan covering the period2016 2026 in pursuit of a 10 Year Contribution Agreement along with an Emergency Plan and PandemicPlan;
- WHEREAS:the <u>Kitasoo Indian Band</u> Community Health Plan 2016 2026 for the <u>Kitasoo Indian Band</u> represents the
final step in the Health Transfer process shifting the Band from a Set Agreement to a Flexible Transfer
Agreement;

THEREFORE BE IT RESOLVED that Kitasoo Indian Band approves and submits it's Community Health Plan 2016-2026

THEREFORE BE IT RESOLVED that <u>Kitasoo Indian Band</u> wishes to enter into a new Health Funding Block (Flexible Transfer) Agreement with the First Nations Health Authority (FNHA) for a 10 year period effective April 1, 2016; and wishes to receive cash flows on a quarterly basis. This agreement does not prevent Kitasoo Indian Band from negotiating additional resources from the FNHA outside of the Health Transfer Program.

(Chief - Signature)		
(Councillor - Signature)		(Councillor - Signature)
(Councillor - Signature)	(Councillor - Signature)	(Councillor - Signature)

APPENDIX B: COMMUNITY HEALTH SURVEY (2016) FULL RESULTS



nswer Choices -	Responses	-
19 - 25 years	15.09%	8
26 - 35 years	26.42%	14
36 - 45 years	16.98%	9
46 - 55 years	20.75%	11
56 - 65 years	15.09%	8
66 years +	5.66%	3
otal		53

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What is your gender?

Answered: 53 Skipped: 0



An	swer Choices -	Responses	Ŧ
Ŧ	Male	39.62%	21
Ŧ	Female	60.38%	32
Tot	31		53

Are you

Answered: 52 Skipped: 1





er Cholces	Ŧ	Responses	Ŧ
On recerve		98.16%	50
Off reserve at Klemtu (within 5km or the reserve)		3.85%	2
Off-reserve away from Klembu - but still in BC		0.00%	0
Outside of BC		0.00%	0
			52

What do you consider to be your current main activity (for example, working for pay, caring for family)? (tick only one)

Answered: 48 Skipped: 7



MAJOR H	MAJOR HEALTH CONDITIONS			
		# People		
Allergies		13		
Chronic ba	ack pain	12		
High bloo	d pressure	9		
Diabetes		9		
Asthma		8		
Stomach /	intestine problems	8		
Arthritis		7		
Cataracts		2		
Hearing in	npairment	2		
Bronchitis		1		
Emphyser	na	1		
Glaucoma		1		
Vision pro	blems	1		
Heart Dise	ase	1		
Liver disea	ase	1		

Have you gone for health care or advice at the Kitasoo/Xai'xais Health Centre in the last 12 months?

Answered: 52 Skipped: 1



An	swer Cholces -	Responses	Ŧ
-	No - go to the next question	21.16%	11
Ŧ	Yes - I was very satisfied	16.38%	8
-	Yes - I was catiofied	61.92%	27
Ŧ	Yes - but I was discatisfied	6.77%	3
-	Yes - but I was very discatisfied	6.77%	з
Tot	al		52

Overall how do you feel about the care you have received from Doctors, medical clinics or hospitals in the last 12 months?

Answered: 51 Skipped: 2



nswer Cholces. T	Responses	-
Very caticfied	21.67%	11
&aticfied	58.38%	29
Dissatisfied	17.85%	9
Very discatisfied	3.92%	2
otal		51



Answer Cholces -		Responses	-	
Ŧ	Never - don't do anything physical		24.49%	12
Ŧ	Walking or hiking		40.82%	20
-	Running / jogging		2.04%	1
-	Play a sport regularly		10.20%	5
Ŧ	8wimming or fishing		0.00%	0
-	Go to the gym and work out		2.04%	1
-	Cyoling or biking		0.00%	0
-	Other (please specify)	Responses	20.41%	10
Tot	Total			49

Do you smoke cigarettes?

Answered: 50 Skipped: 3



Answer Choices v	Responses v
- Yes	24.00% 12
- No	84.00% 32
⊤ Sometimes	12.00% 6
Total	

Are you registered with a General Practitioner or Family doctor (one that you return to and who knows you and your health history)?

Answered: 50 Skipped: 3



How long has it been since you last visited a Doctor for a routine check up? Answered: 47 Skipped: 8 Within the past year



How long has it been since you last visited a dental office/dentist for any reason?

Answered: 50 Skipped: 3



Ans	wer Cholces T	Responses	-
-	Within the past 12 months	62.00%	26
-	Within the past 2 years	10.00%	5
-	Within the pact 6 years	\$0.00%	15
Ŧ	5 or more years ago	8.00%	4
÷	I have never been to a dentist	0.00%	0
Tot	Total		

TOP THREE BARRIERS TO ACCESSING HEALTHCARE SERVICES					
Distance to services	36				
Notenough services being on-reserve	27				
Not enough information about available services	20				
Attitudes of external service providers	9				
Costofservices	9				
Concerns for privacy & confidentiality	8				



Barriers to accessing Health Care Services

APPENDIX C: MEDICATION MANAGEMENT POLICY

Policy

The ordering, stocking, and dispensing of medical and drug supplies will be managed within CRNBC Guidelines by the nurses employed at the Centre. Nurses also use the FNHA guidelines which are on line and provided by the FNHA Transfer Nursing team (these include for instance Policies and Procedures on Dispensing for Nurse-Managed Drug Inventory).

All staff accessing these supplies will do so in a manner that promotes member safety. The Health Nurses are responsible for the overall management of the drug and medical supplies and are the Purchasing Authority. In the absence of the nurses, the Health Program Manager will assume this role. Only the nurses and the Health Program Manager will have keys to the supply room where these supplies are kept.

Drug Supplies

Authorization for the purchase of drugs/supplies covered under the Non-Insured Health Benefits shall be the responsibility of the local Physician and shall be in accordance with the Controlled Drugs and Substance Act.

Policies and Procedures

The regulations of the Health Professionals Practice Act, the standards and guidelines of the CRNBC and the Controlled Drugs and Substance Act will govern the following ordering, purchasing, prescribing, dispensing, inventory control, storage and disposal of stocked drugs and medical supplies. All medications used in the treatment of STI's and emergency contraception are governed by policies and procedures set by the BC Centre for Disease Control and are ordered, prescribed, dispensed and/or administered by two registered nurses at the Centre who have been specially trained and certified in this field.

Inventory Control

This will be done by the Community Health Nurses. Dating of items shall be visible so that inventory can be easily rotated and used in order of dating to ensure efficacy and safety of product. Check all expiration dates. Drugs and medical supplies are stored in the Medical Supply Storage Cupboard in the Health Centre. Biologicals (immunization vaccines) are stored in accordance with the Provincial and Federal Health Policy. Refrigerator temperatures are monitored accordingly. The Community Health Nurses, under the direction of the Nurse Manager are responsible for ordering biologicals.

Prescribing of Items

Prescriptions will be obtained from the client's physician and are processed by the local Pharmacists.

Dispensing of Items

The following criteria shall be met prior to dispensing stocked drugs and medical supplies:

- The member has been assessed as to the need for the medication or other item.
- Allergies of the member have been identified.
- Possible drug interactions, side effects and precautions for use have been discussed.
- Only enough medication is given to the member to assist with symptoms until a medical assessment can occur.

- Member's name, medication and amount provided, date, and reason for dispensing medication are recorded in the member's electronic health record.

Stocked drugs and medical supplies are kept in a locked cupboard in the Health Centre. Access is restricted to the Community Health Nurses.

Disposal of Items

Drug items are handled in a manner, which promotes safety to the user, handler and others who may come into contact with the item. Approved containers shall be used for the disposal of sharp items and glass; liquid and solid items are bagged for disposal by BFI. Items classified as hazardous waste (e.g. vaccine vials, needles and syringes) are placed in an approved container and picked up regularly by BFI, an organization authorized to dispose of hazardous waste.

APPENDIX D: HEALTH PATIENT / CLIENT COMPLAINTS POLICY

All clients of Kitasoo have the right to be treated with dignity and respect, the right to have all of their personal and health information kept confidential and the right of access to their own health information. If clients have any complaints or concerns about any of the services offered by the service, they contact the Health Director. Members may be asked to put their complaint or concern in writing. It is a client's right to request that they have a reply to their written complaint or concern in writing within 7 days of Kitasoo having received the client's letter.

If Kitasoo fails to respond in that time or the client is not satisfied with the response that is received then they have the right to complain direct to Chief and Council. This notice is made available to all clients.

Any disputes or complaints not addressed to the satisfaction of the community member may be escalated to the Band General Manager provided the Health Director has FIRST had an opportunity to:

- a) Review the complaint
- b) Investigate the complaint
- c) Provide a written response within 7 days of receiving the written complaint
- d) Provided an opportunity to meet the community member face to face to address their concerns if the response is not satisfactory to the community member
- e) If the Band General Manager determines that the complaint is serious, they may report the complaint to the Health Services Committee for advice on appropriate action or response
- f) The Health Services Committee shall report to the Chief and Council on the complaint, the recommendations and the action and response provided.

APPENDIX E: CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST POLICY IN FINANCIAL MATTERS(From Operations Manual):

- 4.29 Conflict of Interest Guidelines in Financial Matters The following is the policy when a conflict of interest arises with respect to a financial matter;
 - In this policy "Related Persons" means a spouse, parent, parent-in-law, sibling, child, grandchild, dependants, aunt, uncle, niece, nephew, any person with whom they currently reside, or controlled corporation;
 - b. In this policy "Financial Benefit" includes, but is not limited to:
 - i. Employment benefits'
 - ii. Contract benefits:
 - iii. Educational, medical, or other social benefits;
 - iv. Honorariums; v. The payment of any money; or
 - vi. The allotment, leasing, or other grant of interest in Band Lands.
 - c. A "Conflict of Interest" will arise when:
 - i. A Councillor, employee, or committee member exercises an official power or performs an official duty or function in the execution of his or her office, job, or committee and at the same time knows or ought to know that in the performance of the duty or function or in the exercise of the power there is opportunity to receive a Financial Benefit for themselves or to provide a Financial Benefit to a Related person; or
 - A Councillor's, Employee's, or Committee member's personal interests supersede or compete with their dedication to the best interests of the Band.
 - d. A Conflict of Interest will not arise if a Financial Benefit is intended or extended at the same time:
 - i. To Membership
 - To a group of Members who are identifiable by reference to age, gender, financial circumstances, or medical needs, or
 - iii. To Council as a whole.
 - Prior to approving a Financial Benefit to a Councillor, the council will determine whether the Financial Benefit is consistent with this policy and is consistent with standards of other federal governing boards;
 - All Council discussions and resolutions concerning Financial Benefits payable to Council or Councillors will be made at General Meeting;
 - g. Councillors, Employees, and Committee members will arrange their private affairs and conduct themselves in a manner to avoid a Conflict of Interest;
 - Councillors, Employees, and Committee members with a Conflict of Interest will, without delay, declare the nature of the conflict and remove themselves from the meeting;
 - Where Councillors, Employees, and Committee members are unsure of whether they have a Conflict of Interest, the Councillor, Employee, or Committee member will raise the perceived Conflict of Interest with the Council, and the Council will decide whether a Conflict of Interest does exist with the Band;
 - j. A Councillor, Employee, or Committee Member with a Conflict of Interest will not exercise their powers as a Councillor, Employee, or Committee Member, and will:
 - i. Not take part in the discussion of or vote on any question in respect of the matter;
 - Immediately leave the meeting or the part of the meeting, to influence the opinion or vote of the Council on any question in respect of the matter; and
 - Not attempt in any way to influence Employee's or Committee members in carrying out their duties.
- k. Where a Conflict of Interest is discovered after consideration of the matter, the Conflict of Interest must be declared in writing to Council;
- I. Any Councillor who fails to or makes an incomplete disclosure of a Conflict of Interest will pay to the Band a sum of money equal to the value of any and all Financial Benefits the Councillor or related person received and benefited from the undisclosed Conflict of Interest notwithstanding any other disciplinary action the Council may take.

CONFLICT OF INTEREST POLICY IN HUMAN RESOURCE MATTERS (from Operations Manual)

- 5.07 Conflict of Interest Kitasoo Band Council operates an organization that serves the needs of our community. It is very important that our reputation is based on sound behaviour and business practices that reflect our professionalism. The Conflict of Interest policy is designed to help you understand how outside activities and associations can create problems. A conflict must not exist between an employee's private interests and their ability to perform their duties.
 - a. Employees will not conduct personal business or the business of any organization other than the employer during normal working hours, without the pre-approval of the Immediate Supervisor or Department Manager.
 - b. Employees will report any personal relationships with other employees of Kitasoo Band Council that could create a conflict of interest.
 - c. Employees will not take other employment or volunteer positions while working for the employer when it conflicts with the duties, responsibilities and required working hours, or where the employment conflicts with the interests and business of the employer. You need to discuss other employment or volunteer positions with your Department Manager.
 - d. Employees or members of their immediate family will not misuse for profit, political gain or personal gain, information, resources, funds, property or an opportunity belonging to the employer, where the employee ought to have had knowledge of, or is in possession of such knowledge because of their employment.
 - e. Employees will not take part in discussions or decisions involving a business, or an organization in which they, or a member of their immediate family have an interest in. They need to identify this as a potential Conflict of Interest.

Continued over...

- Employees cannot use access to the employer's information, resources or funds to put themselves, their family or personal friends at an advantage over other Band members.
- g. Employees will not demand, accept or offer gifts, discounts, loans, sales incentives, services or benefits from or to a person or organization having dealing with their employer, unless preapproved by the employer.
- h. If engaging in political activities, employees must remain impartial and retain perception of impartiality in relation to their duties and responsibilities.
- Employees should not engage in activities or speak publicly on matters which could bring the organization into disrepute or be perceived as an official act or representation unless authorized to do so.

Declaration of a Conflict of Interest

- At hiring, employees must confirm any and all real, potential and perceived conflict issues with their Department Manager. This will be part of the hiring process.
- k. When a conflict occurs, it is the responsibility of the employee to immediately discuss any potential, real or perceived conflict of interest with their Department Manager, or the Band General Manager whom will undertake the appropriate course of action to remedy the situation.
- Any employee failing to declare a potential or real conflict of interest involving themselves or a member of their immediate family will be subject to disciplinary action, including possible termination of employment.
- m. All potential or actual conflicts of interest will be reviewed immediately and with due diligence, so as to determine an appropriate course of action to protect the integrity of both the employee and the employer, and where appropriate, to determine the necessary disciplinary action.
- n. The Human Resource Officer will have the authority to obtain information from affected employee(s) before referring the matter to the Band General Manager or Chief and Council, when appropriate, for making a decision.
- o. The Department Manager or Band General Manager will maintain records of employee conflict of interest declarations on the Personnel file. Employees are to identify any assigned duties that will place them in potential conflict situations.

Examples of Conflict of Interest:

 an employee benefits from, or is reasonably perceived to have benefited from, the use of information acquired solely by reason of the employee's employment;

- an employee benefits from, or could be reasonably perceived to have benefited from, a financial transaction, contract or private arrangements because the employee influenced decisions,
- an employee uses the employer's property to pursue their private interests or the interests of friends, families or a business or organization controlled by any of these individuals;
- an employee requests or accepts from an individual, corporation or organization, directly or indirectly, a personal gift or benefit that arises out of the employment, other than:
 - the exchange of hospitality between persons doing business together;
 - tokens exchanged as part of protocol;
 - · the normal presentation of gifts to persons participating in public functions;
 - the normal exchange of gifts between friends;
 - the benefit is of a nominal value;
 - the exchange creates no obligation.
- An employee solicits or accepts gifts, donations or free services for work-related leisure activities other than in situations outlined above.

APPENDIX F: PRIVACY & CONFIDENTIALITY POLICY

Extract from Operations Manual

- 5.05 Confidentiality Employees will maintain the security, confidentiality and accuracy of all personal information collected and held by their employer, and will consider the need for protecting the anonymity of other employees and clients in the course of their duties.
 - a. Department Managers, the Band General Manager or the Human Resource Officer will ensure a Confidentiality agreement with all employees is signed. Employees must sign the declaration of Confidentiality within the Employment Agreement as a condition of employment, which will be kept on the employee's personnel file.
 - b. Employees have access to information that is confidential to their clients, other employees and members of the community. This information, whether written or verbal, must be kept confidential and used strictly in the performance of their duties.
 - c. No business transactions or confidential information should be disclosed without prior written approval of the Band General Manager and must at all times be in keeping with organization policies and legal requirements.
 - d. If an employee is unsure about the confidentiality of any information or a document, they must check with their Department Manager or the Band General Manager.
 - e. All necessary steps to preserve confidentiality must be taken. At all times consideration must be given to where business is conducted, and to the security of documentation that contains confidential information. Employees must ensure that material belonging to the employer is not stored on home computers.
 - Any breach of confidentiality will be reviewed by the Department Manager or Band General Manager and may result in disciplinary action, which may include termination of employment.
 - g. The Department Manager will make record of any breaches of confidentiality conducted by an employee and will be noted on the employee's personnel file.
- .06 Code of Conduct The purpose of the Code of Conduct is to provide guidance on the expected standards of conduct required of all employees. One of our fundamental principles is that all individuals, business acquaintances, employees, and clients be treated with respect.
 - a. Kitasoo Band Council is committed to providing the highest standard of customer service to its community, and as such is committed to corporate and individual behaviours that uphold the vision, values and goals of our organization. The values reflect this commitment, and the conduct of our employees should instil confidence, accessibility and trust in those they serve.
 - b. Our expectations for every employee are:
 - To work as a team with other employees;
 - Treat everyone with dignity and respect;
 - To perform your job to the best of your ability;
 - To offer ideas that may improve efficiency and service;
 - To comply with our policies and procedures contained in the Operations Manual.
 - c. The following list provides some examples of improper conduct that would not be in keeping with our Code of Conduct:

- Theft;
- Abuse of property and equipment;
- Harassment or discrimination;
- Habitual tardiness or absences;
- Solicitation or acceptance of personal gifts or gratuities in exchange for preferential treatment;
- Falsitying company records;
- Disclosing confidential information;
- Engaging in activity that creates a conflict of interest;
- Possession, use or sale of illegal substances on Kitasoo Band property;
- Being under the influence of alcohol or illegal substances while on the employer's business;
- Insubordination or failure to carry out instructions;
- Job abandonment;
- Undermining Behaviour.
- Failure to live up to the Code of Conduct is grounds for immediate disciplinary action, up to and including termination of your employment.

Privacy and Confidentiality Policies – Health Patient Specific (added to Operations Manual)

- 1. **Records**: Client files are stored in locked cabinets and available only to Kitasoo's Health Department service providers. Records relating to individuals are to be factual, non-judgemental, and regularly updated with the knowledge of the person concerned.
- 2. Computer Files: Computer files containing patienr's personal information are to be stored on the appropriate workstation and are to be accessed by the use of a password of authorized service users and health professionals only. Passwords are to be kept confidential other than as required for computer back up and maintenance. Regular back up files are to be made by the Administration Worker and stored securely.
- 3. Client Files: All client files will be regarded as the property of the individual client who will be given access on request subject to reasonable verification of client identity. All clients will be supplied with information setting out their rights of access to their personal files and their right to seek correction of any information contained in their personal files. Only authorised personnel will access client files and only when it is consistent with the purposes for which the information was obtained and for which the client has given their consent. Generalised client lists, names, addresses or case details will not be released to any individual or organisation without the client's prior written approval.
- 4. **Discretion**: All personnel will be personally responsible for guarding against casual indiscretions that may damage professional service delivery or client / staff / interagency relationships (e.g. speaking about a client on the phone within earshot of others not related to that client's care).
- 5. **Safety of Clients is Paramount**: The safety of the client and any other person who may be at risk will override issues of confidentiality.
- 6. **Privacy of Meetings**: Any meeting or discussion, which may involve disclosure of personal information relating to a client, or any person who has supplied personal information in confidence, will take place in an area, which is not open to the public or any unauthorised person.
- 7. **Confidentiality of Supervision Sessions**: Client information shared during professional supervision is bound by this Code of Confidentiality.

- 8. **Chief and Council Access**: Chief and Council members do not have privileged access to client / patient information or any other personal information. The Council role will remain distinct from any professional or community involvement they may have with the organisation's clients in any other role.
- 9. **Staff Professional Undertaking for Privacy of Patient Information:** Kitasoo Band will require all staff working within the health centre whether permanent, full-time, part-time or casual, to sign a confidentiality agreement that they have read and understood this policy with wording to the effect:

"I will maintain confidential information in strict confidence and not disclose to any person (except as required by law). I agree to take all reasonable steps to protect all confidential information from inadvertent disclosure. I will not copy, alter, destroy, retain, disclose or reproduce any confidential information except as authorized by my Manager. I will not forward any confidential information provided to me electronically or by email to any person unless directed to do so".

- 10. **Handling Confidential Information:** Staff are required to protect confidential information that is collected, stored and used in the course of their employment with the Health Centre. In particular staff must understand that all personal information about clients gathered in the course of providing services (including medical records) may NOT be communicated or released to anyone in ANY manner except as authorized by Kitasoo Health management.
- 11. **Ownership of Confidential Information:** All information collected during service delivery belongs to the Kitasoo Health Centre not to the individual service provider or staff member. On ceasing employment or contracts with the health centre any electronic or written documents or records or information held that belongs to the Health Centre (including client, staff or organizational information) must be returned. Further staff may not discuss any staff or client confidential information at any time including out of hours and when they leave the organization.
- 12. **Consequences of releasing private patient information:** Compliance with confidentiality and privacy policies and legislation is a requirement of employment with the Health Centre and that failure to comply may result in immediate dismissal from any position in addition to any legal action that may apply.

APPENDIX G: VISITING HEALTH PROFESSIONALS POLICY

Professional Contracts / Agreements with Visiting Health Providers and Professionals:

- 1. In general, contracted professionals will enter into formal contracts / agreements for clarification of the nature of the relationhip with the Kitasoo Band. Unless otherwise specificed in their formal contract / agreement, then relationship between contracted professionals and the Kitasoo Band is governed by the Bylaws and policies of the Kitasoo Band.
- 2. Contracted professionals are accountable to the Band General Manager and/or Council depending on the nature of the professional services provided.
- 3. Contracted professionals are expected to maintain their professional membership in good standing and comply with all professional standards required by their professional governing or licencing bodies
- 4. Contracted professionals shall NOT have employment status with the Kitasoo Band and no leave, benefits or other items payable to employed staff are required to be paid
- 5. Professional contracts / agreements will be periodically reviewed and amended to accord with changes in the nature of the professional duties performed by the professional and the requirements of the Kitasoo Band
- 6. Contracted professionals are to be paid by invoice in accordance with the terms and conditions of their contract / agreement. Invoices are to be submitted monthly and all contract agreements entered into shall reflect this.
- 7. All contracted professionals must have their own Errors & Omissions, Public Liability and Assets insurances for any equipment or assets that they bring with them and no charges for equipment damage or liability shall fall to the Kitasoo Band for any action taken by the health professional while providing health services.

Third Party Arrangements with visiting Health Professionals:

- 1. It is acknowledged that from to time, Vancouver Coastal Health and/or the First Nations Health Authority may arrange for contracted or paid health professionals (whom these agencies might employ or enter into contracts with directly and pay directly) to visit the Kitasoo community to provide services from the Kitasoo Health Centre.
- 2. In all such cases the agency (VCH or FNHA) shall be required to enter into a Letter of Agreement or Memorandum of Understanding with the Kitasoo Band: Health Department – to ensure that contractual terms between the agency and the health professional, both protect the Kitasoo Health team, facility and services, as well as inform the Kitasoo health team of the services to be expected from the arrangement so that service delivery – to the satisfaction of the Kitasoo Health Director - can be validated and verified before payment is made for Kitasoo-provided services.
- 3. Furthermore the Agreement or MOU should ensure that agencies ensure privacy confidentiality and all other policies and requirements (including insurance and liability protection) of the Kitasoo Band are complied with while visiting health professionals are in the Kitasoo community and working within the Kitasoo Health Centre building.

APPENDIX H: MEMBER REPORTING POLICY

Extract from the Kitasoo Operations Manual

- 2.04 Standing Meetings The Government establishes a schedule of Standing Meetings for the entire fiscal year. A Band Council meeting schedule is circulated throughout the organization by the Band General Manager. The Government also establishes the frequency of Standing Meetings for the following bodies;
 - a. Band Council Government meetings are normally scheduled for the first Wednesday of every month but may be subject to change occasionally due to circumstances. Additional meetings may occur as the Government considers appropriate.
 - Committees The Kitasoo Educational Authority, Health Services and Housing Committees are to meet once per month.
 - c. Management The Band General Manager meet with Department Managers and Program Coordinators at least once per month, or as necessary, either in a group or individually to discuss and receive service delivery status report for each program.
 - Department Department Managers meet with their respective staff weekly or as deemed necessary.
 - e. General Band Meetings General Band Meetings are held quarterly where the Government, Administration and representatives of each committee are in attendance and where quarterly financial reports and service delivery reports are presented to the membership, and at one (1) of such quarterly meetings, the audited financial statement of the First Nation for the previous fiscal year is presented.

Attached as Appendix "2B" is a listing of Standing Meetings with the purpose and deliverables for each such meeting.

3.06 Role and Authority of Band Members - It is imperative that the local government be accountable to the Band membership and that Band members have ways and means to exercise their ultimate authority. It is the policy of the Band that Band members be kept informed on all decisions made by Band Council and that decisions of lasting consequence to the community be put to a vote for the membership at a Band General Meeting.

Operations Manual



- Meeting: Frequency of meetings of the Government and Committees is set by the Government each year being the Schedule of Standing Meetings and can be amended as required.
- Agendas: There are Standing Agendas for each type of meeting. Agenda items can be added as required.
- Form of Minutes: There is a standard format of minutes. Only decisions are recorded, with the right to have a dissent recorded if there is a request. Discussions are not recorded. The meetings are chronologically numbered and motions are also sequentially numbered.
- Chairperson & Secretary: There is a Standing Chairperson and Secretary for each meeting.
- Draft Minutes: A draft copy of the minutes is provided by the Secretary of each meeting to the Chairperson and BGM within five (5) working days of the meeting. The BGM holds the minutes on file pending receipt of an Approved Copy of the minutes.
- Approved Minutes: The draft minutes are presented for approval at the next of Government or Committee meeting, and when approved, the Secretary records the approval in the minutes and signs the approved minutes certifying their approval. The Secretary provides a copy of the approved minutes to the BGM within five (5) working days of the meeting.
- Circulation: The BGM files Approved Minutes in the filing system and provides the Government and Auditors with copies of Approved Minutes of the Government & Committees.


Appendix 2B - Schedule of Standing Meetings Operations Manual

<u> </u>	Weekly	Monthly or as Specified	Quarterly	Annually
Meetings	 Managers meet with their staff weekly. Short Monday morning meetings are recommended 	Government meets monthly, fint Wednesday of the month Committees meet monthly on separate dates from each committee Dand General Manager meets monthly with Manager and Coordinatom either as a group or individually. First of the month meetings are recommended. DGM meet with Finance Officer prior to monthly Band Council meeting.	Government, Administration and general Membership meet quarterly (General Band Meeting)	Annual General Membership Meeting
Purpose	 Review service delivery for the past week Plan the work week Address common issues 	 Government and Committees follow Standing Agendas and review special initiatives Monthly management meeting to receive and review service delivery status reports. Identify, discuss and address staff and management related issues. Meeting with Pinance Officer to review monthly Department /Program and consolidated Financial reports 	 Review and present quarterly financial reports Review and present quarterly service delivery status reports 	 Review and present annual Financial and Service Delivery Reports Follow Standing Agenda
Deliver to BGM		Government and Committees Meetings minutes Department/Program and consolidated monthly Financial Reports with budget variance reports Monthly Service Delivery status report is collected from each Department /Program Managers & Coordinators during management meetings	 Government and Band General Meetings minutes Department/Program and consolidated quarterly Financial Reports with budget variance reports 	Band General Annual Meeting minutes
Deliver to Band Council		Meeting minutes from previous Band Council meeting for approval Approved minutes from Committees Meetings Department/Program and consolidated monthly Financial Reports with budget variance reports Service delivery status reports for each Department/Program	 Department/Program and consolidated quarterly Financial Reports with budget variance reports Service delivery status reports for each Department/Program 	

APPENDIX I: PERSONNEL POLICIES

Extract from the Kitasoo Operations Manual

Chief and Council shall have the authority to approve professional development for the Band General Manager.

- The Department Manager will manage any travel time that could become overtime by providing a flexible schedule for the employee.
- f. The employee may be asked to share the lessons learned with other employees, provide the employer with a written report or other activities which would add value to the organization's investment.
- g. The employer recognizes the need for the equitable distribution of professional development funds amongst all employees and will take this fact into consideration when approving applications for professional development.
- h. Employees are encouraged and expected to take personal interest and responsibility in the development of their skills, knowledge and personal qualities, and the setting of career goals.
 - d. The employee performance appraisal process shall include an employee self-appraisal. It may also include information from peers, supervisors, subordinates, committees and external organizations. The employee is to be given an opportunity to write comments on the fairness of the appraisal.
 - e. The employee is required to sign the performance appraisal and may indicate any disagreement with the findings in the comment section provided on the performance appraisal form. The employee will be provided with a signed copy of their appraisal, and the signed original of the appraisal shall be placed in the employee's personnel file. In the event an employee feels that he/she is being treated unfairly, he/she may appeal the appraisal following the provisions of the Dispute Resolution and the Grievance Process outlined in this Operations Manual.
- 5.23 Employee Training and Development The employer recognizes the value of employee training and development and will make every reasonable effort to assist permanent employees in obtaining new and enhanced skills, abilities and knowledge, which will aid in the execution of the employee's duties. This assistance may take the form of time off with pay, course fees, or travel costs associated with course or workshop attendance.
 - a. An employee requesting professional development shall make written application to the Department Manager or the Band General Manager as appropriate, thirty (30) days before the commencement of the professional development. The application must outline the nature of the training, the cost, date and duration of the training, and the benefits to both the employer and the employee resulting from the employee's completion of the professional development. The Manager will review the employee's application, make note on the application of their rationale whether or not they support the application and forward the request to the Band General Manager for approval. The Band General Manager, in consultation with the Human Resource Officer and Chief and Council may approve the request. Depending on the application to the current job the employee holds, the employer may consider assisting with tuition and course fees, based upon successful completion of the course. The employee would be responsible for all other associated costs including travel time and expenses.
 - b. While the employer will make every reasonable effort to accommodate the professional needs of the employee, the assistance will be limited by:
 - Funding availability;
 - Employer's needs:
 - Employee's past and current job performance;
 - Degree to which the training will assist the employee in carrying out his or her duties;
 - Previous training.
 - c. The employer may request or require an employee to complete formal professional development that is identified by management which would be the financial responsibility of the employer.
 - d. The Band General Manager, in consultation with the Human Resource Officer and Chief and Council shall have the authority to approve professional development for all employees. The

- f. An employee with a known medical condition may choose to provide relevant information to the employer in case of a medical emergency. This information is kept in a sealed envelope on the employee's personnel file and can be opened only by emergency medical personnel and the designated Health and Safety employee if the injured employee is unable to speak for him/herself.
- g. Personal employee information within the personnel file shall not be released to anyone without the written consent of the employee, except where required by law. This does not include personal information relating to the employees qualifications, position, performance, or other employment information of a non-personal nature.
- h. We will only release your personal information to third parties at your request, or with your permission to verify your employment or when required to satisfy legitimate investigative or legal requirements. For example, if a third party calls to verify salary for a mortgage or loan application, you will have to provide written permission to give out this information.
- i. We will not provide reference information beyond verifying dates of employment or last position held without your written permission. With your permission we will provide additional reference information concerning your general working habits, reason for termination or resignation, attendance record, salary verification, and whether or not we would rehire you, but would require a written request for us to provide this information.

Personnel Management

- 5.22 Performance Management All employees will have regular and scheduled formal performance appraisals once per year for the purpose of providing performance recognition, fostering employee self-development, and identifying performance and personal areas for development. Performance evaluation is achieved by comparing actual performance against goals and work standards. Feedback between an employee and supervisor should be ongoing, frequent and a regular part of working together. The Performance Appraisal Chart attached as Appendix "5C" provides direction, guidance and identify who is responsible to conduct employee Performance Appraisals.
 - a. Employees shall receive an annual written performance appraisal; scheduled twelve (12) months from the completion of the employee's probationary period and every twelve (12) months thereafter.
 - b. For probationary employees, a performance appraisal will be conducted two (2) weeks prior to the end of the probationary period.
 - c. The performance appraisal will be conducted by the employee's Department Manager and will be based on the most recent job description and work plan. During the course of this review, the employee and his/her Department Manager will discuss progress made during the previous year and a work plan for the upcoming year. They will also discuss training requirements, salary review and current job description to ensure it is up to date. The appraisal will follow the format as provided on the Performance Appraisal form.

position of the employer, or where the offense or activity interferes with an employee's ability to perform his/her duties and responsibilities, may be subject to the termination of her/his employment.

- d. Kitasoo Band Council reserves the right to require annual Criminal Records Checks and Driver's Abstract for employees at the employer's expense.
- 5.20 Employee Orientation The employer shall provide all new employees with an orientation process at the start of their employment. The orientation process takes time and does not happen all in a single day. As you settle in, please do not hesitate to ask questions at any time. We recognize the value of providing a comprehensive orientation program to employees.
 - a. The Orientation will be the responsibility of the employee's Department Manager and may be supported by other staff members of the organization.
 - b. The Department Manager will ensure that all payroll, benefits and employee documents are completed and forwarded to the payroll department, and to the employee's personal file, within the first two days of work.
 - c. An Orientation checklist may be used by the supervisor to ensure that all aspects are covered. The New Employee Orientation Checklist is attached as Appendix "SA".
- 5.21 Employee Records Adequate records must be maintained on every employee and all information retained in the employee's personnel file will be the responsibility of the Human Resource Officer.
 - a. Two files will be kept on each employee: (a) a personnel file, and (b) a payroll file. Refer to the Employee Documentation Requirements List attached as Appendix "SB" for a complete list of employee records necessary to be included in each of the employee's file.
 - b. No documentation will be placed in an employee's personnel file without the employee's knowledge.
 - c. Records will be kept confidential and locked at all times to protect your privacy. Internal access to employee's records is restricted to those having an authorized, business related need to know.
 - d. Employees are entitled to review their file at any reasonable time during regular office hours. Employees can make arrangements to view their file by contacting the Human Resource Officer and shall only be allowed to view their Personnel file in the presence of a designated employee. Details of employment references which were obtained in confidence from previous employers and other sources are not to be made available for the employee's review.
 - e. Employee files are kept for a minimum of nine (9) years in accordance with the Canada Labour Code Regulations.

In the event that no qualified candidate is identified or accept the position, the position will be advertised again.

Offer of Employment

m. Once a successful candidate accepts the position, the offer of employment will be made by way of a written letter setting out the terms and conditions of employment including the job title, starting salary, the benefits (if any), the probationary period, the commencement date, a copy of the Human Resource Policy section of the Operations Manual, and the employment agreement. The offer will not be complete until the candidate signs and return the original Offer of Employment letter and the Employment Agreement. All duly signed forms must be returned prior to the start date. The Human Resource Officer will keep the Offer of Employment letter and the signed forms on the employee's personnel file.

Employment Conditions

- n. It is the policy of Kitasoo Band Council to require verification of all education, certificates and licences before employment commences. The candidate will be required to provide original documents or certified true copies, including transcripts, certificates, graduation certificates or licences for copying. Copies will be maintained in the employee's personnel file.
- o. Positions that have bona fide occupational requirement may require the ability:
 - i. To obtain and maintain a valid Criminal Record Check:
 - ii. To obtain and maintain a valid BC Driver's Licence;
 - iii. To obtain and maintain bonding;
 - iv. To obtain and maintain first aid certification.

Candidates will be informed of this requirement on the job posting, at the interview and in writing in an offer of employment letter. Failure to meet or maintain the requirement could result in termination of employment.

- p. In cases where it is necessary to hire for a position on an emergency basis, the procedure set out above may be waived, but only with the prior approval of the Chief and Council.
- q. These procedures do not restrict the ability of Chief and Council to make appointments as required.
- .19 Criminal Record Checks The following policy applies for job positions within the Kitasoo Band Council that requires a criminal record check as a term of employment:
 - a. Positions requiring a criminal records check (CRC) will provide an offer of employment that is contingent upon obtaining and maintaining a satisfactory CRC for the position.
 - b. During employment, an employee who is charged with a criminal offence must immediately advise their Department Manager.
 - c. An employee of the Kitasoo Band Council convicted of a criminal offense or who engages in criminal activity, where the offense or activity harms or compromises the reputation or

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Selection of Employees

- h. The employer is an affirmative action employer although it reserves the right to give first preference to individuals of the Kitasoo/Xai'Xais First Nation who possess the necessary qualifications or experience for the position and second preference to members of other First Nations who possess the necessary qualifications and experience for the position.
- Applications will be reviewed by a Personnel Selection Board which will compile an initial ranking to produce an eligibility list consisting of a maximum of 3 candidates, or less if less than 3 candidates apply. Ranking of the candidates will be done in a fair and equitable manner based on the following criteria: (Prior to the interview)
 - Education and Training;
 - Work Experience;
 - Skills and Abilities;
 - Motivation and potential;
 - Personal expectations of the employee;
 - References;
 - Aptitude test (where applicable)
- j. Once the initial ranking has occurred, a member of the Personnel Selection Board is required to declare any personal conflict of interest and withdraw from the selection process if the eligibility list includes a member's spouse, sibling, child, parent, spouse's parent, aunt or uncle, direct niece or nephew. In that case, the Band General Manager or the Chief when applicable will replace the Job Selection Board member who has a personal conflict of interest with another suitable member.
- k. Prior to the actual interviews, the Personnel Selection Board will compile a set of questions designed to test the candidate knowledge, ability, and personal suitability for the position. Once unanimously approved, these same questions shall uniformly be used for all candidates. The Personnel Selection Board will then proceed with interviewing the candidates on the eligibility list.
- I. Once all interviews are completed, the Personnel Selection Board will decide which candidates are qualified for the position based upon their skills, abilities and suitability for the position. Where more than one candidate is qualified, the board will rank the candidates in order of who is best suited and qualified. In some cases salary requirements may be an issue and may be subject to consideration in the selection process. The Human Resource Officer will notify the Band General Manager of the Personnel Selection Board's results.

The Human Resource Officer will then notify the successful candidate of the result and if he or she accepts the position, the other interviewees will be contacted and notified of the Personnel Selection Board's decision. Should the successful candidate turns down the position, the second interviewed candidate on the list will be offered the position. 5.18 Recruitment Process - Vacant positions will be filled through a process of recruitment and selection designed to hire and retain the most suitably qualified applicants following objective and consistent hiring practices. However, Kitasoo Band Council is committed to the providing career development opportunities for staff and community members. The organization has a vested interest in encouraging and assisting in the development of training and education programs designed to create a skilled source of future staff members from within the Band membership, thus vacancies will first be posted internally and than externally to find qualified candidates.

Internal Process

a. To create or abolish a position, the Band General Manager, in consultation with Department Managers, Committees and the Human Resource Officer, makes a recommendation to Chief and Council outlining the rationale identifying the need to add or delete a position, the cost, identification of funding source and other relevant information. The Chief and Council will render a decision and task the Human Resource Officer to proceed with the recruiting process.

Advertising of Positions

- b. Vacant or new staff positions for the Kitasoo Band Council or its enterprises shall first be advertised internally and will be posted in a prominent public place commonly used for the purpose of community notices, newsletter and website where available. It will be common practice to post for ten (10) working days where operationally feasible. The Kitasoo Band Council reserves the right to hire without posting to meet operational requirements.
- c. In the event a qualified candidate is not found within the Kitasoo/Xai'Xais First Nation community, the employer may advertise the vacant or new position externally for a period of fourteen (14) days. Advertising may include, but is not limited to, the following;
 - Newspaper ads;
 - Postings with Human Resources Development Canada;
 - Postings with other First Nations;
 - Ads with Educational Institutions (where appropriate);
 - Public notices;
- d. The employer reserves the right to re-advertise any position wherein the applications received did not meet the basic requirements for the position.
- e. All job postings will contain a brief job description, minimum qualifications and a date by which the applications should be received. An indication of salary or wages may also be included.
- Job postings that are being developed in anticipation of an upcoming position will state — Anticipatory Staffing – This position may not be filled depending on funding.
- g. To avoid nepotism and conflict of interest, relatives of employees may not be hired into positions where there is a direct reporting relationship or where internal controls may be compromised as a result of such appointment. Individuals must declare these relationships in advance.

Section 5 - Human Resources Management

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- 7.06 Hiring & Firing The following are the hiring/appointment and firing/removal rules as they relate to the Health Department:
 - a. Health Department Manager The Health Department Manager is hired by the Government on the recommendation of the Band General Manager and is dismissed by the Band General Manager in consultation with the Government. If the Department Manager is dismissed by the Band General Manager, the Department Manager has a right to appeal to the Government.
 - b. Child Care Centre Supervisor The Child Care Centre Supervisor is hired by the Government on the recommendation of the Band General Manager and the Health Department Manager, and is dismissed by the Band General Manager in consultation with the Government. If the Child Care Centre Supervisor is dismissed by the Band General Manager, the Child Care Centre Supervisor has a right to appeal to the Government.
 - c. Health Department Personnel (Non Professional Contractor) Health Department personnel, with the exception of professional contractors and employees working at the Child Care Centre, working under the Health Department Manager, are hired by the Band General Manager on the recommendation of the Health Department Manager and the Health Services Committee if applicable. The Band General Manager can dismiss the Health Department Personnel. Health Department Personnel when dismissed by the Band General Manager have the right to appeal to the Government.
 - d. Child Care Centre Personnel Child Care Centre personnel are hired by the Band General Manager on the recommendation of the Child Care Centre Supervisor and the Health Department Manager. The Band General Manager can dismiss the Child Care Centre

personnel. Child Care Centre Personnel when dismissed by the Band General Manager have the right to appeal to the Government.

- e. Health Department Professional Contractor The Health Department Professional Contractor is hired by the Government on the recommendation of the Band General Manager, Health Department Manager and/or Health Services Committee and is dismissed by the Government with no right for appeal.
- 7.07 Health Department Financial Information The Health Department Manager and the Child Care Centre Supervisor implement and follow the Financial Information Flow as described in the Operations Manual, subject to the direction of the Finance Officer.
- 7.08 Health Department Service Delivery Information The Health Department Manager and the Child Care Centre Supervisor prepare a monthly Service Delivery Status Report that is delivered at the monthly management meeting with the Band General Manager as per the Service Delivery Information Flow specified in the Operations Manual, subject to the direction of the Band General Manager.
- 7.09 Health Department Compliance The Health Department Manager, the Health Services Committee and all Health Department Personnel comply with the provisions contained in the Operations Manual.
- 7.10 Health Program Internal Policies, Procedures and Multi Year Health Plan The Health Program Internal Policies and Procedures are as contained in Appendix "7R". The Kitasoo Xai'Xais Multi Year Health Plan is as contained in Appendix "7S". The Multi Year Health Plan is required by Health Canada in order to obtain funding contribution agreement. Any changes to the Health Program Internal Policies and Procedures and the Multi Year Health Plan may be as recommended by the Health Services Committee and the Health Department Manager. The Government approves any changes to the internal Health Program Policies and Procedures and the Multi Year Health Plan.
- 7.11 Child Care Centre Internal Policies and Procedures The Child Care Centre Internal Policies and Procedures are as contained in Appendix "7T" and the After School Care Program Staff Operational Directives are contained in Appendix "7U". Any changes to the Child Care Centre Internal Policies and Procedures or Staff Operational Directives may be as recommended by the Child Care Centre Supervisor, in consultation with the Health Department Manager. The Government approves any changes to the Child Care Centre Internal Policies and Procedures.

- 2.09 Hiring & Firing The hiring and firing of personnel throughout the First Nation, as well as termination appeals is as summarized in "Appendix 2E" ("the Hiring & Firing Chart"), and as may be more particularly specified in the Operations Manual. All potential dismissals are first discussed with the Band General Manager to insure that the proper notice is given, so that potential liability to the First Nation is minimized.
- 2.10 Human Resource Services The persons who have hiring and firing authority utilize the Human Resource Officer as may exist within the organization, or in his\her absence or position vacancy, the Band General Manager appoints someone else. The Human Resource services are further described in the Human Resource Officer job description and Section 5 of the Operations Manual and consist but is not limited to the following:
 - a. Preparation of advertisements for positions that become available;
 - b. Advertising positions that are available;
 - c. Receiving applications for new positions;
 - Coordinating meetings and Job Selection Boards to review the applications and choose the new employee;
 - e. Keeping and maintaining personnel files for all employees;
 - Keeping a standing list of all employees with name and contact information and circulate the same throughout the First Nation, as is appropriate.
 - g. Keeping the Band General Manager and Department Managers informed as to the status of new jobs for each individual Department/Program;
 - h. Serve as the grievance registrar for grievances under the Operations Manual.
- 2.11 Recommendations to Dismiss In circumstances where a Committee recommends a dismissal, the following procedure applies:
 - a. In the event the Committee recommends the dismissal of a Manager or Coordinator, then:
 - The Committee provides the Band General Manager with a copy of the written recommendation to dismiss the Manager or Coordinator setting out reasons for dismissal;
 - ii. The Band General Manager promptly investigate the matter;
 - iii. If the Band General Manager does not thereafter dismiss the Manager or Coordinator, then the Band General Manager gives written report to the subject Committee setting out reasons why the subject Manager or Coordinator was not dismissed, with a copy of the written report to the Government;
 - iv. If the Committee is not satisfied with the decision of the Band General Manager not to dismiss the Manager or Coordinator, the Committee can appeal the matter to the Government with the Chairperson of the subject Committee making the representations to the Government.
 - b. In the event the Committee recommends the dismissal of a Teaching or Teaching Support Staff, then the following procedure applies:
 - The Committee provides the Department Manager with a copy of the written recommendation to dismiss the subject Teaching or Teaching Support Staff setting out reasons for dismissal, with a copy of the same concurrently provided to the Band General Manager;
 - ii. The Department Manager promptly investigates the matter;
 - iii. If the Manager does not support the recommendation to dismiss the Teaching or Teaching Support Staff, then the Manager gives a written report to the subject Committee setting out the reasons of his/her decision and provides a copy of the written report to the Band General Manager;
 - iv. If the Manager agrees with the recommendations made by the Committee to dismiss the Teaching or Teaching Support Staff, the Manager gives a written report to the Band General Manager with the supporting reasons for the dismissal of the subject personnel;

- v. If the Committee is not satisfied with the decision of the Manager not to support the recommendation to dismiss the subject Teaching or Teaching Support Staff, the Committee through the Chairperson of such Committee, can appeal the matter to the Band General Manager;
- vi. If the Band General Manager does not thereafter dismiss the Teaching or Teaching Support Staff, then the Band General Manager gives written report to the subject Committee setting out reasons why the subject personnel was not dismissed, with a copy of the written report to the Government;
- vii. If the Committee is not satisfied with the decision of the Band General Manager not to dismiss the Teaching or Teaching Support Staff, the Committee can appeal the matter to the Government, with the Chairperson of the subject Committee making the representations to the Government.

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4.01 Purpose of Financial Policy - The purpose of these policies and procedures is to create an environment within which the Kitasoo Band Council can operate and maintain strong internal controls, accountability and transparency to ensure the integrity of the financial information through standardized financial management processes for all departments and programs within the Kitasoo Band.

Kitasoo Band will be able to utilize the assets entrusted to it in the most efficient and effective manner for the benefit of all members and future generations.

4.02 Accounting Standards - The First Nations are involved in different activities; their financial statements must follow a set of common rules used by all levels of government, corporations, and other organizations. The use of these rules and standards helps First Nations conduct business with financial institutions and other governments. These rules are referred to as Generally Accepted Accounting Principles (GAAP), and they are prescribed by the Canadian Institute of Chartered Accountants (CICA).

The financial statements are audited annually in accordance with Generally Accepted Auditing Standards (GAAS) by an independent professional auditor to ensure that the financial statements are presented fairly in accordance with Generally Accepted Accounting Principles (GAAP). First Nations also refer to the recommendations of the Public Sector Accounting Board (PSAB).

4.03 Financial Management - While the method or system of financial management may vary, the basic principles of effective financial administration remain the same. These basics principles include accurate, up-to-date record-keeping to facilitate budget control. Chief & Council, through delegated authority to the Band General Manager and the Finance Officer (Comptroller), will ensure strong internal financial controls and security through the careful development and implementation of their bookkeeping/accounting system and financial management policies.

This section provides general policies concerning the financial management and accounting system.

- a. Kitasoo Band Council is solely responsible to approve and adopt Financial Policies regarding controls which will be used to perform the financial management. The Band General Manager will review any proposed amendments to the policy and procedures with the Band Council.
- b. The Band General Manager and Finance Officer (Comptroller) are responsible to enforce and maintain the Financial Policy and Procedures.
- c. Kitasoo Band Council will adopt an accounting system, which will ensure that all funds received and expended are properly recorded and debited/credited to the proper account; and that financial reporting requirements for funding agencies are met, as per contractual agreements.
- d. The Band General Manager and the Finance Officer (Comptroller) will ensure that all designated finance employees have adequate knowledge and abilities to maintain duplicate, cross-referenced bookkeeping, filing, and accounting systems to enable rapid information retrieval and/or verification of individual transactions, when required.
- An adequate double entry accounting system will be maintained weekly to record all financial transactions. This system will record:

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- All assets and liabilities
- All receipts and receivables
- All disbursements and payables
- Details of employees' salary and payroll deductions
- Commitments for services, and benefits/goods received, but not immediately paid for (payables)
- A General Ledger will be maintained and updated monthly to facilitate a continual accounting of revenue received, expenses incurred, and changes to assets, liabilities, and equity.
- g. Bank reconciliations will be prepared monthly, upon receipt of bank statements and cancelled cheques.
- Accounting and reporting systems will be based on fund accounting principles; all incoming funds and outgoing expenditures will be debited/credited to the appropriate department/program.
- Employees using computerized accounting systems will have duplicate back-up copies of financial records to ensure that records stored on the computer are not lost in the event of a failure in the system.
- j. It is recommended that employees who handle cash and cheques be bonded and insured.
- k. Financial authorities and responsibilities of individual employees will be clearly defined and recorded in the employee's personnel file.
- I. Chief & Council will approve the designation of cheque-signing and spending authorities.
- 4.04 Financial Statements and Reporting Requirements Monthly and Quarterly financial statements are the responsibility of the Band General Manager to report to Chief & Council on the financial affairs of the Kitasoo Band. Financial statements are the primary source of information on which proper planning for future expenditures is based. Therefore having a good understanding of the current financial position on a monthly and quarterly basis is essential for sound management and proper decision making.
 - a. The Band General Manager with the assistance of the Finance Officer (Comptroller) are required to prepare financial statements in a timely manner and report to the Band Council on a monthly basis.
 - b. Each Department/Program Manager responsible for a Department/Program budget are to present a monthly and quarterly progress report to be delivered to the Band General Manager at the monthly management meetings, which is least a week prior to the scheduled monthly Band Council meeting. Each Department/Program progress report should include a summary of the service delivered and work performed during the last month and/or quarter as per the Department/Program annual work plan and budget.
 - c. The Band General Manager with the collaboration of the Finance Officer (Comptroller) are to prepare monthly financial statements each month and quarterly financial statements at the end of each quarter showing the financial position for each program and department. A variance report is also to accompany the completed financial statements on a monthly basis to compare budget to actual revenues and expenses.

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- d. The Band General Manager presents the financial statements monthly to Council at a regular Council meeting with a report explaining any variations or concerns. During the same meeting, the Band General Manager also presents Service Delivery progress report from each Department/Program. At the end of each quarter, the Band General Manager presents to Council at a regular meeting the quarterly financial statements, the Department/Program progress reports with an explanation on any variations or concerns.
- e. Financial statements are to be reviewed by Chief & Council and formally adopted through motion, with the corresponding motion appearing in the Council meeting minutes. Any variance reports and progress reports submitted to address program expenditure shortage/overages and service delivered or work performed as per work plan will be reviewed and approved at that time.
- Financial statements reviewed and approved will be filed in an appropriate manner to facilitate a speedy and efficient annual year-end audit.
- g. The Finance Officer (Comptroller) is responsible for maintaining adequate filing and retrieval systems for accounting information.
- h. When Council is to make any financial decision the financial statements must be reviewed.
- An annual audit must be completed annually. The auditor will be requested to present the audited financial statements to the Council prior to the approval signing.
- To comply with accountability and transparency the annual financial statements are to be presented to the Band Membership annually.
- k. To comply with accountability and transparency Council will give the membership a right of access to financial audit.
- This Policy also sets out specific limited exceptions to the Membership's right of access to certain financial records. See Financial Information Disclosure – Section 4.28 for details.
- 4.05 Annual Budget Preparation and Approval Budgets promote responsible management, planning, and decision-making. Budgeting is a crucial part of the planning process in any organization. Realistic planning for all projected costs helps to prevent deficits by establishing budget expenditures in accordance with actual revenue, before incurring the costs. This involves deciding priorities for budget expenditures, with the full knowledge of projected costs.

When preparing the annual budget, it is necessary to include all expected inflows and outflows of funds. To do so, an analysis of past cash flows is required. Although the future cannot be expected to mirror the past, a thorough examination of past cash flow trends is the first step in effective cash flow forecasting. This section provides general policies concerning budgeting.

a. Budgets are prepared annually and approved by the Band Council.

- b. The budget preparation process is described as follow;
 - i. In January of each year the Band General Manager and his/her staff will prepare a budget package with guidelines and instructions for completion by the department/program managers who have spending authority. These packages will be distributed to the departments/programs for their use in preparing their annual budgets.
 - ii. The department/program managers shall prepare an annual budget for the upcoming year for their respective department/program and as soon as the required budget information is received from INAC. The budget shall contain description of the proposed activities to be undertaken. Under certain conditions or special circumstances, specific department/program budgets can be given different priorities when necessary and applicable.
- iii. The Band General Manager and his/her staff will review the budget submissions from departments/programs for numerical accuracy and conformity to guidelines. Any necessary amendments will be made only with the approval of the department/program manager.
- iv. The Band General Manager will forward the individual department/program budgets to Council for review and approval. The department/program managers may be called to present their budget at the request of the Band Council.
- v. Once all department/program budgets have been approved by Band Council, the Band General Manager and his/her staff will prepare a consolidated budget by the first week of March for review and approval by the Band Council.
- c. For each department/program budget, Council may increase allocation of funds, reduce allocation of funds or reallocate funds to different programs only where it does not conflict with funding agreements.
- d. Approved budget is to be forwarded to the Band General Manager and Finance Officer (Comptroller). Department/Program managers are informed of the approval of their respective budget and a copy of respective budgets are distributed.
- e. The approved budgets are to be managed by the Band General Manager, Finance Officer (Comptroller), Department/Program Managers according to their work plan. This is to ensure there are no surpluses and deficits.
- For reporting purposes the Budget is to be included with the Financial Statements along with a variance report.
- g. Council may amend the Annual Budget at any time before or after implementation by a Band Council decision. The budget Band Council Resolution file must be made available to the auditor at the year end.
- 4.06 Budget Monitoring Once the budgets have been approved by Council, the Band General Manager and Department/Program Managers will have authority to expend up to but not over their budget. The Band General Manager or Finance Officer (Comptroller) will prepare monthly actual budget comparison statements on a timely basis highlighting any potential variances for the Department/Program Managers and Band Council.

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- 4.07 Balanced Budget Policy The Annual Budget and Department/Program Budgets must be balanced budgets.
 - a. Balanced budgets ensure that expenditures do not exceed revenues for all Programs;
 - b. The Band General Manager, the Finance Officer (Comptroller) and Department/Program Managers must review the financial statements and the variance report. (Comparing actual revenues and expenditures to the approved Budget);
 - c. The Band General Manager must notify the Council if there is any problem in a Department or Program related to budget balancing;
 - d. The Band General Manager and the Finance Officer (Comptroller) will ensure that any Program inter-fund transfer or reduction of budget to balance the budget are appropriate, reasonable and as per Council's authorization;
 - Council must approve any revision of the Annual Budget by a Band Council Resolution. The budget Band Council Resolution file must be made available to the auditor at the year;
 - f. Any surplus funds shall be kept within the department/program in which they resulted. The amount of surplus shall be clearly identified in the revenue side of each department/program budget and the use of those surplus funds be reflected in the expense side of the budget.
- 4.08 Department /Program Deficit Policy Financial statements and the variance reports must be monitored to ensure that a program will not be operating in a deficit position.
 - a. The Band General Manager or Department/Program Managers cannot authorize an expenditure that will result in an overall deficit within a Program.
 - b. The Finance Officer (Comptroller) must notify the Band General Manager that a proposed expenditure will result in a deficit. If budget amendments or adjustments cannot correct the deficit situation, a proposal must be presented to Council to operate the program in a deficit situation.
 - c. The Council may approve or decline the deficit and convey their decision to the Band General Manager to take the necessary actions.
- 4.09 Authorization for Expenditures The authorization for expenditures are as follows;
 - a. Band Council has signing authority for approved budget totals. Band Council may delegate specific expenditure authorization responsibilities to the Band General Manager and other management employees.
 - Band General Manager delegates expenditure signing authority within the Departments/Programs.
 - c. Expenditures must be according to the approved budget, the Band General Manager and/or Department/Program Managers are responsible for providing the applicable information to the Finance Officer (Comptroller) in a timely manner for the purpose of updating the accounting system.

APPENDIX J: POSITION DESCRIPTIONS

EXTRACTED FROM THE KITASOO OPERATIONS MANUAL: Section 7

- 7.05 Health Department Job Descriptions The job descriptions for the personnel working within the Health Department are as follows:
 - Health Department Manager attached and marked as Appendix "7E";
 - b. Community Health Rep attached and marked as Appendix "7F";
 - c. Home & Community Care Nurse attached and marked as Appendix "7G";
 - d. Drug & Alcohol Counsellor attached and marked as Appendix "7H";
 - e. Recreation Coordinator attached and marked as Appendix "71";
 - f. Youth Program Coordinator attached and marked as Appendix "7J";
 - g. Health Clinic Receptionist/Clerk attached and marked as Appendix "7K";
 - h. Health Clinic Janitor/Custodian attached and marked as Appendix "7L";
 - i. Child Care Centre Supervisor attached and marked as Appendix "7M";
 - j. Child Care Provider attached and marked as Appendix "7N";
 - k. Child Care Centre Cook attached and marked as Appendix "70";
 - Child Care Centre Early Childhood Educator attached and marked as Appendix "7P";
 - m. Child Care Centre Janitor/Custodian attached and marked as Appendix "7Q".

The job for each of the above is determined at the time each such person is hired, which job description is in writing. Each job description for the Health Department Personnel incorporates by reference the provisions contained in the Operations Manual. The Band General Manager may vary the above job descriptions from time to time, and in the event a new job is created or an existing job is materially changed, then the approval of the Band Council is required. The Health Services Committee of the Kitasoo/Xai'Xais First Nation is subject to the provisions in the Operations Manual, and has the following Terms of Reference:

Mission Statement

Mission Statement - The Kitasoo Health Services Committee will work in partnership and cooperation
with Chief and Council, Education Department, Social Development Program and Community
Members to improve the general health and well-being of the Kitasoo/Xai'Xais First Nation from the
unborn to our Elders, and to ensure that Health Services are delivered in an effective and efficient
manner to the Community.

Philosophy

- 2. Philosophy The Kitasoo Health Services Committee is guided by the following beliefs:
 - In respecting the life of the unborn;
 - b. That our youth are our future and must be included in decisions with regards to health issues;
 - c. That the overall direction of health services must come from the community;
 - That it is our responsibility to educate ourselves with current health issues and traditional practices;
 - e. That prevention must incorporate education and training;
 - f. Promoting health services careers among the people of our community;
 - g. We must respect and take care of our Elders by providing quality and meaningful services;
 - h. Promoting a healthy lifestyle and eating habits to our community members;
 - i. Practicing healthy boundaries;
 - j. Promoting the idea that each family has the responsibility to take care of each other;
 - k. That clients must receive initial and on-going assessments to adequately determine the level of service required;
 - I. That all clients have rights and responsibilities;
 - m. That all Committee Members and Health Department staff must adhere to the Oath of Confidentiality;
 - Protecting the rights of the people in the community with special needs and disabilities in self respect and self reliance;
 - That all Committee Members, Health Department staff and visiting professionals must adhere to our values which are; Respect, Honesty, trust, compassion and empathy; Treat everyone with dignity and respect.

Health Services Committee Responsibilities

- Health Services Committee Responsibilities In order to fulfill its mandate, the Health Services Committee has the following responsibilities:
 - a. Vision, Philosophy and Goals of the Health Services In consultation with the community and the Health Department Staff, the Health Services Committee is responsible for developing the long term vision of health services being offered to the community and the philosophy which form part of the values and principles that provides the foundation in our service delivery. The Health Services Committee is also responsible for setting short and long term goals with regards to Community Health Services by developing a multi year health plan for the community for submission, review and approval of Band Council.

- b. Reporting The Health Services Committee will submit copies of all Committee meeting minutes to the Chief and Council as per the meetings minute information flow contained in the Operations Manual. The Health Services Committee may be asked to provide reports to the Band Membership at General Band Meetings as requested by Chief and Council. All information from in comoro meetings will be kept confidential.
- c. Policies and Procedures The Committee, in collaboration with the Health Department Manager, is responsible to Chief and Council for the development of internal Health Services Policies and Procedures. These policies and procedures once drafted are then submitted to Chief and Council for approval. Once approved, the Committee is responsible for ensuring that the internal Health Services Policies and Procedures are implemented and enforced with the overall objectives to promote the effective and efficient operation and management of health services for the community in accordance with all applicable policies, laws and regulations. The Committee is also responsible for the ongoing review of established policies.
- d. Budget & Finances In collaboration with the Health Department Manager, the Committee is responsible to participate in the preparation of the annual Health Department budget and once the annual budget has been approved by Chief & Council, the Committee is responsible for monitoring expenditures throughout the year ensuring that budget guidelines are being followed as per the provisions of the Operations Manual;
- e. Authority The Committee has no authority with respect to the management of Band Council Employees. The Committee also has no authority to sign or enter into a contract with any third parties. All matters relating to service contracts must be referred to Chief and Council. The Health Services Committee makes recommendations to Band Council.
- f. Distribution of Information The Health Services Committee acts as the main conduit of information between Health Department and the Community. Therefore the Committee is responsible for the distribution of all communications and information relating to health services to the Community.

Structure, Appointment and Removal

- 4. Structure The Health Services Committee consists of five (5) members. Two members are appointed by Band Council, one of whom is the Councillor holding the Health Portfolio. The Government Appointments are made through a Band Council Resolution. Three members of the Health Services Committee are elected by the community. All Health Services Committee members are in position for a two year term commencing on the day of the election and/or appointment.
- Qualifications The selection of a Government Appointee is determined in the absolute discretion of the Government. Community members who possess the following recommended qualifications may be qualified to become a Health Services Committee member:
 - Is an adult member of the Kitasoo/XaiXais First Nation and is qualified to vote in the Band elections;

- b. Is not a current employee working within the Kitasoo Health Department;
- Is a full time resident of Klemtu;
- d. Has a strong interest in enhancing the health services for the community;
- Removal or Resignation Such persons remain members of the Health Services Committee for the term of office until disqualified from being a Health Services Committee member under the Health Services Committee Terms of Reference. Otherwise, Band Council Appointees can be removed by Band Council Resolution and elected Health Services Committee members can be removed by a community vote.
- 7. Vacancy In the event of a vacancy on the Health Services Committee, the Health Services Committee Chairperson will advise Band Council and Band Council will appoint someone to fill such vacancy within thirty (30) days of receiving notice of such position becoming vacant. Until the position is filled, the Health Services Committee can hold meetings provided that a quorum is present.
- Disqualification: A member of the Health Services Committee is disqualified from holding office for any of the following reasons:
 - Term expires;
 - Being absent for three (3) consecutive Health Services Committee meetings, unless the majority
 of the balance of the Health Services Committee declare, in writing that the reason of such
 absenteeism is acceptable;
 - c. Declared mentally incompetent;
 - d. Is convicted of an indictable offence while being a Health Services Committee member, with such member being suspended from holding office from the date such charges came to the attention of the Health Services Committee until such charges are disposed by law. A suspended Health Services Committee member does not have to be replaced during the suspension period;
 - e. Resigns.
- Quorum A simple majority of the Health Services Committee present at a meeting constitutes a
 quorum to hold a meeting, and a simple majority of the Health Services Committee members present
 at a meeting is required to pass motions.
- Chairperson The Health Services Committee appoints one of their numbers as the Standing Chairperson for the Health Services Committee, which persons hold such position until otherwise, changed by the Health Services Committee. The Chairperson conducts the following duties:
 - Preside at all Health Services Committee meetings;
 - ii. Establish and distribute the Agenda for each Health Services Committee meeting;
 - Rule on questions of order at Health Services Committee meetings;
 - May set specific time limit for discussion on any matter before the Health Services Committee or may require certain procedures prior to the matter being discussed;

- Possess the same rights as other Health Services Committee members in the matters of offering resolution, proposing motions, and the like and shall have the right to vote on all motions;
- Call special meetings of the Health Services Committee once approval is obtained from Band Council;
- May appoint any Health Services Committee members to a representative position on special committees as required;
- viii. Is responsible for notifying all concerned parties about all Standing and Special Meetings of the Health Services Committee;
- ix. In the event the Chairperson is absent for a meeting, Committee members present must pass a resolution as a first order of business, appointing a temporary Standing Chairperson to preside over the meeting from their number. The motion must be duly recorded in the meeting minutes. The temporary appointed Chairperson shall have the duties outline above.
- Secretary The Standing Secretary for the Health Services Committee is selected from among their number.
- Health Department Manager The Health Department Manager shall attend all Health Services Committee Meetings, except in camera meetings and provides reports and information on the Health Services Program to the Health Services Committee as required.

Health Services Committee Meetings

- Meetings The Health Services Committee meets monthly in accordance with the Schedule of Standing Meetings and such other meetings as approved by Band Council.
 - i. Health Services Committee Standing Meetings are held once per month;
 - The Chairperson may order postponement or cancellation of a meeting due to extraordinary cause;
 - iii. In-Camera sessions may be held to discuss matters of confidential nature relating to clients or any other personal matters. At the conclusion of the in-camera session, the regular meeting shall be reconvened to record the decision of the "in-camera" session;
 - iv. Special meetings of the Health Services Committee may be called by the Chairperson or upon written request of a majority of the Health Services Committee members with prior approval of Band Council. No business other than that for which the meeting was called shall be conducted at the special meeting. Health Services Committee shall decide on attendance at special meetings depending on the matters being discussed;
 - v. The public, including media, shall be permitted to attend Health Services Committee meetings. Persons other than Health Services Committee members and/or persons requested to attend shall not be permitted to attend "in-camera" sessions of the meeting;
 - It shall be the responsibility of the Secretary to ensure that the minutes of each Health Services Committee meeting are properly recorded, typed and distributed to Health Services Committee Members and Chief and Council as per the information flow contained in the Operations Manual;

- vii. All meetings adopt Robert's Rules of Order to conduct an efficient meeting.
- Committee Meeting Standing Agenda The order of proceedings for all regular committee meetings shall follow the Health Services Committee Standing Agenda attached as Appendix "7C" of the Operations Manual, which is as follows:
 - 1. Confirmation of Standing Chairperson and Secretary or appointment of substitute;
 - 2. Approval of Agenda and Notice of Meeting;
 - 3. Approval of the Minutes from the previous meeting;
 - 4. Introduction of Special Guests in attendance;
 - 5. Special Presentations;
 - 6. Business arising out of the minutes from the previous meeting (Tabled Business);
 - 7. Reports presented by Health Department Manager;
 - a. Health Department Service Delivery Report;
 - b. Health Department Financial Report;
 - 8. New Business;
 - 9. In-Camera Session;
 - 10. Confirmation of next meeting;
 - 11. Adjournment.
- Notice to Health Services Committee Members Other than for Standing Meetings as contained in the Schedule of Standing Meetings, each Health Services Committee members must receive at least forty eight (48) hours notice of meeting, unless all of the Health Services Committee members waive such notice.
- 13. Notice to Public All Health Services Committee meetings are public meetings and are open to members of the community. Notice of meeting including date, time, place and main topic to be discussed at the meeting will be posted well in advance and by appropriate means for the public to be informed.
- Health Services Committee Members Honorarium Health Services Committee members are entitled to receive honorarium as prescribed in the Operations Manual (Finance Policy - Section 4.10).
- General Band Meetings The Health Services Committee Chairperson may be called by Band Council from time to time to present Health Services Delivery Reports at designated General Band Meetings.
- 16. Special Presentations by Guests or Delegations If an outside guest, a Band Member or group of Band Members wish to make formal presentation to the Health Services Committee they shall advise the Committee Chairperson in writing of the reason of the presentation and the name (s) of the guests/delegations making the presentation to the Committee. The Committee Chairperson will provide a written response to every request for a presentation by a Guest/Delegation. The response will either indicate why the Committee will not meet with the Guest/Delegation, or will inform the Guest/Delegation of the time and place for it to make its presentation to the Committee.

If the Committee chooses to hear a Guest/Delegation, the presentation topic will be included on the meeting Agenda and will make its presentation immediately after the Agenda is approved.

If necessary the Chairperson reserves the right to restrict the time allotted to any Guest/Delegation appearing before the Committee.

Miscellaneous

- Service Contracts The Health Services Committee can make recommendations to the Government to enter into contracts associated with the Health Program as the Health Services Committee deem appropriate.
- 18. Politicization The Health Services Committee focuses on the overall Health Program Service Delivery in the community and enhancement of the effectiveness and efficiency of such Service Delivery, and to the extent possible, de-politicizes all issues that directly and indirectly relate to Health Program services.
- 19. Misc. Perform such other services as may be required by Chief & Council dealing with Health Services as may be required from time to time.

Conduct

- Compliance Each Health Services Committee Member complies with the provisions contained in the Operations Manual.
- Code of Ethics Each Health Services Committee Member complies with the Code of Ethics contained in the Operations Manual.
- Conflict of Interest Each Health Services Committee Member complies with the Conflict of Interest provisions contained in the Operations Manual.
- 16. Confidentiality Each Health Services Committee Member at their first Health Services Committee meeting signs the Oath of Confidentiality as a precondition to becoming a member of the Health Services Committee in the form as contained in the Operations Manual and the signed Oath of Confidentiality forms are attached to the meeting minutes and filed.
- 17. Amendments to Terms of Reference Amendments may be necessary from time to time. Either the Health Services Committee or the Chief and Council may suggest amendments to these terms of reference. Once suggestions have been made both the Committee and Chief and Council will review and make comments. Any and all suggestions for amendments to these terms of reference shall be submitted to Chief and Council at a duly convened Council meeting for approval. Any and all amendments to these Terms of Reference must be approved by Chief and Council at a duly convened Council meeting before the said amendment can take absolute effect.

Job Description – Health Department Manager

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Position: Health Department Manager

Immediate Supervisor: Band General Manager

A. SUMMARY OF DUTIES:

Under the general supervision of the Band General Manager, the Health Department Manager; manages the day to day administration, operation and staff of the Health Department and the Kitasoo Health Clinic. In collaboration with the Health Services Committee, the Department Manager prepares the annual budget and oversees the financial management for the department.

B. JOB RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

As to the Management of the Health Department and Programs

- Responsible for the planning, development and implementation of Health Programs for the community in a manner consistent with the Health Services Committee's vision, philosophy, goals and internal policies;
- Works closely with staff and the Health Services Committee in evaluating existing internal Health Services policies and developing new ones;
- c. Works cooperatively with the nursing team and all other visiting health professionals;
- d. Establishes and supports a cohesive work environment for all Department staff;
- Communicates regularly and consistently with the Community to inform members of current, new and upcoming health programs and services that are available;
- Promotes healthy eating and healthy lifestyle amongst the Community;
- g. Promotes a sense of awareness by providing education and training on health issues and related topics for Community members;

As to the Administration of the Health Department

- h. Works closely with the designated staff in carrying out all administrative duties;
- Exercises sound financial management and control of Health Department funds;
- j. Works closely and cooperatively with the Health Services Committee and the Finance Officer in preparing an expenditure plan for the fiscal year;
- Responsible for the development and administration of the annual budget for the Health Department in consultation with Health Canada;
- Negotiates funding agreements in consultation with the Health Services Committee and the Finance Officer;
- Writes proposals to obtain additional funding for programs, as identified by the Committee and the Community;
- n. Prepares necessary narrative and financial reports to outside funding agencies;

Job Description – Health Department Manager

Operations Manual

As to Reporting

- Carries out the instructions of the Finance Officer concerning financial information;
- p. Carries the instructions of the Health Services Committee as may be provided from time to time;
- q. Prepares and provides the Band General Manager with monthly, quarterly and annual Service Delivery Status Reports for the Health Department in accordance with the Operations Manual;
- Prepares or cause the preparation of monthly, quarterly and annual financial reports to be provided to the Finance Officer as per the information flow contained in the Operations Manual;
- Is the liaison and information conduit for the Government, the Health Services Committee and the Band General Manager on Health Programs related matters;
- t. Attends and participates in monthly Health Services Committee meetings;

As to the Management of Kitasoo Health Clinic Property

- Makes requests or cause requests to be made for maintenance of the Health Clinic building and grounds to the Band General Manager or other designated Manager;
- Responsible for the occupational health and safety of the Health Department staff of the Kitasoo Health Clinic;

As to the Management of School Personnel

- w. Is the immediate supervisor for all Health Department employees;
- Assigns duties, supervises and provides guidance to Health Department staff so that the Health Programs are efficiently and effectively carried out;
- Makes recommendation to the Band General Manager on hiring of Health Department Personnel;
- Makes recommendation to the Band General Manager on the dismissal of Health Department Personnel;
- Participates in Job Selection Boards for the selection of candidate for the Health Department job positions;
- bb. Performs assessments, reviews, evaluations, discipline and handle complaints concerning the Health Department Personnel;
- cc. Provides role model leadership for the Health Department Personnel consistent with professional standards and code of ethics as contained in the Operations Manual;
- dd. Insures compliance by the Health Department Personnel with the provisions of the internal Health Program Policies and Procedures, and with the provisions of the Operations Manual;
- ee. Encourages and fosters a team spirit within the Health Department and Kitasoo Band operations in general;
- ff. Adheres to the Code of Conduct as contained in the Operations Manual.

Job Description – Health Department Manager

Operations Manual

C. QUALIFICATIONS:

The qualifications of the Health Department Manager are determined in the absolute discretion of the Band General Manager and the Government depending upon the needs of the organization at the time. The following attributes are assets:

- Grade 12 or equivalent;
- An understanding of the health issues and programs and services for Aboriginal people;
- Knowledge of current trends in health promotion, community development and a basic understanding of common diseases;
- · An ability to identify health issues and formulate an action plan;
- Knowledge of traditional healing methods as well as community and cultural norms;
- Ability to educate parents, families and community members on appropriate self-care methods and techniques as directed by a health care provider (ie. Nurse in Charge)
- Knowledge of and ability to network with resources within and outside the community (i.e. Public Health, Ministry of Health, medivac teams, Bella Bella Hospital, Vancouver Island Health Authority) in order to provide comprehensive health promotion and education;
- Must type and be proficient in the operation of computers and business machines;
- Ability to formulate, manage and administer programs with budgets;
- Demonstrated ability to communicate effectively in English (oral and written);
- Possess good problem solving and decision making skills;
- Ability to organize, motivate, delegate, supervise and co-ordinate operations;
- Possess good interpersonal skills to effectively manage personnel.
- Ability to work independently and demonstrate initiative to develop new procedures and proposals;
- A willingness to take training regarding health programs and services;
- Criminal Record Check;
- Ability to work as a team member with the Nursing Station team;
- Preferably a Band Member.

Job Description - Community Health Rep

Operations Manual

Position: Community Health Rep

Immediate Supervisor: Health Department Manager

SUMMARY OF DUTIES:

Under the general supervision of the Health Department Manager, the Community Health Rep; provides first aid emergency treatment and other similar health services to the community and is responsible to organize various workshops and training sessions to deliver information and instructions with respect to health care.

JOB RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

- Responsible for doing Home Visits with all Elders and discharged patients in liaison with the Clinic Nurse and Home and Community Care Nurse;
- b. Responsible for liaising and working closely with the Nurses in the Health Clinic;
- c. Responsible for communicating regularly with all pre-natal moms and dads;
- If Clients request appointments and want to see the visiting medical professionals. CHR is to direct the request for appointments to Reception (i.e. Front desk);
- e. Responsible for promoting health, well being and injury prevention;
- Responsible for the development of narrative reports to be submitted to the Health Department Manager monthly.
- g. Promote healthy lifestyles to all community members and to protect, prevent and reduce the incidence of injuries and communicable diseases;
- h. Organize classes in pre-natal and post-natal care;
- Hold informational workshops, encourage community members participation and distribute relevant material in various health care related topics to educate and better inform community members;
- j. Respond to the expressed needs of community groups;
- k. Hold clinics to provide first level care to patients including dispensing medicine as directed;
- Apply first aid treatment to sick or injured patients;
- Provide home support by conducting follow-up visits in patients homes that require care and to monitor their recovery if required;
- Assess patient needs through personal observation and conversation and make recommendations on a case by case basis as required;
- Act as a custodian of emergency pharmaceutical supplies by safeguarding supplies in a locked cabinet and re-ordering supplies as required;
- p. Deliver medications that already have been dispensed to community members in their homes, as required;
- q. Assist in arranging specialty clinics with visiting medical professionals and speakers;

Job Description – Community Health Rep

Operations Manual

- Provide reports of sickness or injury to the doctor, nurse or other health professionals as required;
- Work with the Nurses to ensure that they understand the cultural protocol and cultural sensitivity that is respectful to Elders;
- t. Promote traditional healing methods and practices to all Nurses and visiting health professionals;
- Refer patients who require health services outside the community and make appropriate arrangements for hospitalization of patients;
- Maintain current and accurate files for all clients that s/he is visiting and secure files accordingly;
- Conduct water samples and other related tests to maintain a safe environment;
- Prepare reports for submission to the Health Department Manager, Band General Manager, Band Council and other agencies as required;
- y. Participate in seminars, workshops, and training programs to maintain level of certification and upgrade skills and knowledge relevant to the position;
- z. Attend and participate in Management and Band Council meetings if required to do so;
- aa. Complies with the provisions of the Operations Manual;
- bb. Adheres to the Code of Conduct as contained in the Operations Manual;
- cc. Encourages and fosters a team spirit within the First Nation office and operations generally;

QUALIFICATIONS:

The qualifications of the Community Health Rep are determined in the absolute discretion of the Band General Manager and Government depending upon the needs of the First Nation at the time. The following attributes are assets;

- Grade 12 or equivalent
- Standard First Aid and CPR
- Very good communication (oral and written), problem solving and decision making skills
- Knows and understands the community, in particularly the Elders
- Computer Experience: hardware and software
- Caring, empathetic, compassionate and respectful
- Ability to take the initiative and direction
- Professional and ethical in all aspects
- A willingness to take training in health programs.
- Ability to maintain confidentiality.
- Honest and Trustworthy
- Ability to do outreach and home visits
- A good role model
- Criminal Record Check
- Preferably a Band Member

Operations Manual

Position: Home & Community Care Nurse

Immediate Supervisor: Health Department Manager & Health Canada Home Care Consultant for FNIBH

SUMMARY OF DUTIES:

Under the general supervision of the Health Department Manager and Health Canada Home Care Consultant for FNIBH, the Home & Community Care Nurse provides quality home and community care services to the Community of Klemtu by providing care to the Elderly with the goal of keeping them in the Community and others who require care after hospital discharge.

JOB RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

Health Programs and Services

- a. Submit monthly reports to the Health Department Manager and Health Committee;
- b. Submit monthly statistics to e-sdrt report data to Health Programs officer. Home and Community Care First Nations Inuit Health Branch Health Canada;
- c. Provide programs and services according to funding guidelines;
- d. Work closely and cooperatively with the Health Department Manager, Home Makers, CHR, Nurses and Personal Care Aides to provide case management services to client;

Main Goals and Performance Responsibilities

- e. The Home Care Nurse/Manager works in collaboration with the appropriate Kitasoo Clinic Nurse and reports to the Health Department Manager and Home and Community Care Consultant at First Nations Inuit Health Branch;
- The Home Care Nurse must possess the ability to collaborate with appropriate HCT member to coordinate, plan, organize and evaluate a comprehensive Home and Community Care Program;
- g. Nursing care may include; wound care management, pain management, medication administration/monitoring, treatments and post-hospital discharge follow-up and care in collaboration with the HCT;
- h. Completes initial and ongoing assessment of client needs;
- Provides education for clients and caregivers on self-care, preventative, rehabilitative and comfort measures;
- Maintains case management files, up-to-date charts and health records;
- Identify individuals at risk in consultation with support staff and initiating referrals to appropriate HCT members;
- Provide supervision and direction for Personal Care Aides monitoring the quality and delivery of care;
- Completes written performance evaluation of the supervised staff, discussing results and recommendations with the Program Manager;
- Participates in the identification, planning and provision of training to Home Care staff

Job Description – Home & Community Care Nurse

Operations Manual

- Maintains adequate medical supplies and recommends purchases of professional supplies as needed;
- p. Complies with the provisions of the Operations Manual;
- q. Adheres to the Code of Conduct as contained in the Operations Manual;
- r. Encourages and fosters a team spirit within the First Nation office and operations generally;

QUALIFICATIONS:

- A Baccalaureate degree in Nursing (or equivalent);
- · Good standing with the Registered Nurses of B. C. ;
- Foot Care certificate preferred;
- Excellent verbal and written communication skills and interpersonal skills;
- A strong team player.

Operations Manual

Position: Drug & Alcohol Counsellor (NNADAP)

Immediate Supervisor: Health Department Manager

SUMMARY OF DUTIES:

Under the general supervision of the Health Department Manager, the Drug & Alcohol Counsellor; processes inquiries and makes assessment, provides addiction counselling services and follow up services, provides education seminars and workshops, provides community development services and participate in the preparation of monthly service delivery reports.

JOB RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

- Receive inquiries from members of the community in which the Counsellor works concerning addictions generally and the addiction services offered under the Health Program;
- Determine whether the member making the inquiry is a candidate for addiction treatments or other services offered under the Health Program and make appropriate referral to addiction treatment centres;
- Provides member clients with counselling services: one on one or small groups in the area of addictions;
- d. Ensure confidentiality of all information provided by a client;
- Adopt a personal behaviour consistent with the code of professionalism and ethical behaviour of an addiction counsellor;
- f. Maintains professional and confidential records a client treatment for addiction;
- g. Prepare and deliver reports to health care professionals as directed from time to time;
- Provide after-care services to clients after completion of addiction treatment including assistance to re-enter the home community, encourage involvement in community rehabilitation programs as well as support groups such as AA;
- i. Conduct clients home visits as deemed appropriate;
- j. Continue to offer referral services to clients in the event of relapse;
- beliver presentations concerning addictions to day care, school, Council or any other groups within the community;
- Assess community education needs in the area of prevention, special abuse problems, treatment referral needs, after care support services and any other addiction related issues;
- Plan, implement and evaluate educational seminars and workshops on alcohol and chemical abuse incorporating classroom lectures, film presentations, resource speakers, group discussions and distribution of educational material as is appropriate;
- Provide prevention and promotion activities for students in the Day Care, School and community which include workshops and information sessions during addictions week, on international child day, and any other wellness days or weeks;

Job Description – Drug & Alcohol Counsellor

Operations Manual

- Work closely and cooperatively with the health team on promoting an addictions free lifestyle;
- p. Incorporate cultural activities as much as possible with wellness activities;
- q. Work closely and cooperatively with the school team on promoting a drug, alcohol and substance free lifestyle amongst the students;
- Work closely with external agencies in bringing speakers, information sessions, and wellness activities in the community;
- s. To provide mental health services in lieu of a counsellor such as suicide, abuse, family violence, sharing circles, life skills and other overall wellness activities to promote healthy lifestyles individually, within the family and within the community;
- Mentor and help research possible education/training programs for community members who are sober and living healthy lifestyles and want to enter the addictions field;
- Advise the Health Department Manager and Health Services Committee on all aspects of drug, alcohol and substance abuse and wellness for the community;
- Assist other community volunteers in furthering public awareness in education about alcohol and chemical abuse by setting up support and self help group meetings within the community;
- w. Act as a liaison between the Health Program and the community concerning addiction services;
- Act as a liaison with all related agencies associated with substance abuse;
- y. Carries out the instructions of the Health Department Manager and health care professionals as may be directed from time to time, provided the same is otherwise consistent with the within job description;
- z. Attend Health Services Committee meetings when required to do so;
- aa. Participate by providing the necessary information to the Health Department Manager in the preparation of the monthly service delivery report for the Health Program;
- bb. Comply with the terms of the Operations Manual;
- cc. Adhere to the Code of Conduct as contained in the Operations Manual;
- dd. Encourage and foster a team spirit with the operations in general.

QUALIFICATIONS:

The qualifications of a Drug & Alcohol Counsellor are as determined in the absolute discretion of Band Council and such qualifications depend on the needs of the Kitasoo/Xai'Xais First Nation at the time. The following attributes are regarded as assets:

- A Certificate or Diploma in Addictions;
- Knowledge of addiction issues affecting Aboriginal people: drug and alcohol abuse, substance abuse;
- Knowledge of Mental Health Issues affecting Aboriginal people: suicide, depression, family violence, abuse, residential schools, grief and loss, generational trauma;
- Very good communication (oral and written), problem solving and decision making skills;
- Counselling Experience (one on one and small groups);
- A thorough understanding of addictions and recovery methods;

Job Description - Drug & Alcohol Counsellor

Operations Manual

- A knowledge of the various Aboriginal treatment centres and their intake process and success factors;
- An awareness and understanding of the Kitasoo people;
- Experience working with other health professionals: nurses, doctors, counsellors, therapists, police, and justice workers;
- Computer Experience: hardware and software;
- Ability to take the initiative and direction;
- Demonstrate the fundamental values of the NNADAP Program: compassion, humility, honesty, respect, trust, interconnectedness, building on the strength of families;
- Criminal Record Check;
- Ability to work as a team member with all of the health team;
- Living and practicing a healthy lifestyle;
- Preferably a Band Member

Operations Manual

Position: Recreation Coordinator

Immediate Supervisor: Health Department Manager

SUMMARY OF DUTIES:

Under the general supervision of the Health Department Manager, the Recreation Coordinator; organize and supervise community recreational activities and manages event schedule for the Community Hall. Provide a safe, respectful and stimulating environment to socialize, network and build capacity with one another.

JOB RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

Management of Recreation Program

- a. Submit monthly reports to the Health Department Manager and Health Committee;
- b. Provide programs and services according to funding guidelines;
- c. Work closely and cooperatively with the Youth Coordinator in establishing an annual work plan for both the recreation and youth programs;

Programs

- d. Work closely with the youth, Elders and departments (education, health, justice, social development, and band management) in identifying, developing and implementing programs for youth in the area of life skills, education, health and wellness, addictions, personal growth and development, leadership;
- Provide stimulating and respectful evening and weekend activities for youth such as homework clubs, book clubs, movie and pizza nights, board game nights;
- Plan and provide stimulating and enriching activities for the youth during the school breaks: Xmas, Spring and Summer such as cultural camps, overnight camping trips, hiking, fishing, berry picking, village clean up;
- g. Guide and assist youth in fundraising activities so that they can offer programs and services that funding does not cover;

Safe, Respectful and Stimulating Environment for Youth and Community

- h. Ensure a safe environment;
- i. Ensure respectful atmosphere for everyone;
- j. Ensure that the activities are offered on a regular and consistent basis;
- Role model healthy relationships and encourage others to network and build capacity with one another;

Mentor and Build Leadership Amongst the Youth

- Role model and exhibit leadership skills;
- m. Work together with Youth Coordinator keeping Youth Council active;
Job Description – Recreation Coordinator

Operations Manual

- n. Help youth coordinator to fundraise to attend workshops and conferences outside of the community;
- Work with youth and community in establishing an annual work plan on activities that they
 would like to participate in throughout the year;

Building Relationships with Youth, their Families and Community

- Encourage youth to develop positive relationships with their parents and family by encouraging them to attend Family Fun Nights;
- q. Encourage youth to become responsible citizens of their community by engaging them in activities such as village clean ups, learning the importance of recycling, protecting the natural resources and environment;
- Participate and assist Youth Coordinator when Elders are invited to teach youth cultural values and traditions;
- Participate and assist Youth Coordinator at cultural camps throughout the year that involve youth, Elders and families.
- Carries out the instructions of the Health Department Manager as may be directed from time to time, provided the same is otherwise consistent with the within job description;
- u. Comply with the terms of the Operations Manual;
- v. Adhere to the Code of Conduct as contained in the Operations Manual;
- w. Encourage and foster a team spirit with the operations in general.

QUALIFICATIONS:

The qualifications of a Recreation Coordinator are as determined in the absolute discretion of Band Council and such qualifications depend on the needs of the Kitasoo/Xai'Xais First Nation at the time. The following attributes are regarded as assets:

- Grade 12 or equivalent;
- A good role model for youth and their families;
- Passion and commitment to work with youth and community;
- Living and practicing a healthy lifestyle;
- Very good communication (oral and written), problem solving and decision making skills;
- Computer Experience: hardware and software;
- Overall management and administration experience;
- Ability to take the initiative and direction;
- A willingness to take training;
- Criminal Record Check;
- First Aid;
- Preferably a Band Member.

Job Description – Youth Coordinator

Operations Manual

Position: Youth Program Coordinator

Immediate Supervisor: Health Department Manager

SUMMARY OF DUTIES:

Under the general supervision of the Health Department Manager, the Youth Program Coordinator;

- Administer and manage youth programs, write proposals and reports, supervise and evaluate staff working in youth programs.
- Develop on going and consistent programs in areas of Education, Culture, Life Skills, Self Development, and Leadership Skills for the Youth to participate and benefit in.
- Provide a safe, respectful and stimulating environment for the youth where they can socialize, network and build capacity with one another.
- Mentor and build leadership amongst the youth.
- Encourage and challenge the youth to become more actively involved with their families and community

JOB RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

Administer and Manage Youth Programs

- Work with the Health Department Manager in writing proposals for youth programs and submit monthly reports to the Health Department Manager and Health Committee;
- b. Provide programs and services according to funding guidelines;
- Work closely and cooperatively with the Recreation Coordinator in establishing an annual work plan for both the recreation and youth programs;
- d. Supervise and evaluate staff working in youth programs;
- e. Advocate on behalf of the youth;

Programs

- f. Work closely with the youth, Elders and departments (education, health, justice, social development, and band management) in identifying, developing and implementing programs for youth in the area of life skills, education, health and wellness, addictions, personal growth and development, leadership;
- g. Provide stimulating and respectful evening and weekend activities for youth such as homework clubs, book clubs, movie and pizza nights, board game nights;
- Plan and provide stimulating and enriching activities for the youth during the school breaks: Xmas, Spring and Summer such as cultural camps, overnight camping trips, hiking, fishing, berry picking, village clean up;
- Guide and assist youth in fundraising activities so that they can offer programs and services that funding does not cover;

Job Description – Youth Coordinator

Operations Manual

Position: Youth Program Coordinator

Immediate Supervisor: Health Department Manager

SUMMARY OF DUTIES:

Under the general supervision of the Health Department Manager, the Youth Program Coordinator;

- Administer and manage youth programs, write proposals and reports, supervise and evaluate staff working in youth programs.
- Develop on going and consistent programs in areas of Education, Culture, Life Skills, Self Development, and Leadership Skills for the Youth to participate and benefit in.
- Provide a safe, respectful and stimulating environment for the youth where they can socialize, network and build capacity with one another.
- Mentor and build leadership amongst the youth.
- Encourage and challenge the youth to become more actively involved with their families and community

JOB RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

Administer and Manage Youth Programs

- Work with the Health Department Manager in writing proposals for youth programs and submit monthly reports to the Health Department Manager and Health Committee;
- b. Provide programs and services according to funding guidelines;
- Work closely and cooperatively with the Recreation Coordinator in establishing an annual work plan for both the recreation and youth programs;
- d. Supervise and evaluate staff working in youth programs;
- e. Advocate on behalf of the youth;

Programs

- f. Work closely with the youth, Elders and departments (education, health, justice, social development, and band management) in identifying, developing and implementing programs for youth in the area of life skills, education, health and wellness, addictions, personal growth and development, leadership;
- g. Provide stimulating and respectful evening and weekend activities for youth such as homework clubs, book clubs, movie and pizza nights, board game nights;
- Plan and provide stimulating and enriching activities for the youth during the school breaks: Xmas, Spring and Summer such as cultural camps, overnight camping trips, hiking, fishing, berry picking, village clean up;
- Guide and assist youth in fundraising activities so that they can offer programs and services that funding does not cover;

Job Description – Youth Coordinator

Operations Manual

Safe, Respectful and Stimulating Environment for Youth

- j. Ensure that the youth centre is a safe and clean place for all youth to come and hang out.
- k. Ensure that the youth centre has guidelines that are respectful for everyone and are adhered to.
- Ensure that the activities are stimulating and enriching and are offered on a regular and consistent basis.
- m. Role model healthy relationships and encourage youth to network and build capacity with one another.

Mentor and Build Leadership Amonast the Youth

- n. Offer workshops for youth that will build leadership skills;
- Role model and exhibit leadership skills;
- p. Help youth establish a Youth Council and assist in keeping it active;
- q. Help youth to fundraise to attend workshops and conferences outside of the community;
- r. Work with youth in establishing an annual work plan on activities that they would like to participate in throughout the year;
- s. Mentor youth so that they will learn how to advocate for themselves;

Building Relationships with Youth, their Families and Community

- Encourage youth to develop positive relationships with their parents and family by holding Family Fun Nights, holding special events and camping trips.
- u. Encourage youth to become responsible citizens of their community by engaging them in activities such as village clean ups, learning the importance of recycling, protecting the natural resources and environment.
- v. Bring in Elders and other cultural teachers to teach youth cultural values and traditions.
- w. Hold cultural camps throughout the year that involve youth, Elders and families if applicable with funding and approval via health board and parents.
- Carries out the instructions of the Health Department Manager as may be directed from time to time, provided the same is otherwise consistent with the within job description;
- y. Comply with the terms of the Operations Manual;
- z. Adhere to the Code of Conduct as contained in the Operations Manual;
- aa. Encourage and foster a team spirit with the operations in general.

QUALIFICATIONS:

The qualifications of a Youth Program Coordinator are as determined in the absolute discretion of Band Council and such qualifications depend on the needs of the Kitasoo/XairXais First Nation at the time. The following attributes are regarded as assets:

Job Description - Youth Coordinator

Operations Manual

- Grade 12 or equivalent;
- A good role model for youth and their families;
- Passion and commitment to work with youth;
- Living and practicing a healthy lifestyle;
- · Very good communication (oral and written), problem solving and decision making skills;
- Some understanding of the issues that Klemtu youth are facing;
- Computer Experience: hardware and software;
- Overall management and administration experience;
- Experience supervising and evaluating staff;
- · Ability to work with youth in developing programs that are of benefit to them;
- Ability to take the initiative and direction;
- A willingness to take training regarding youth programs and services;
- Criminal Record Check;
- Preferably a Band Member;

Operations Manual

Position: Health Clinic Receptionist/Clerk

Immediate Supervisor: Health Department Manager

SUMMARY OF DUTIES:

Under the general supervision of the Health Department Manager, the Health Clinic Receptionist/Clerk; provides the services of a clerk, typist, secretary and receptionist for the Klemtu Health Clinic, depending upon the circumstances and needs at the time and as directed by the Health Department Manager from time to time;

JOB RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

- a. Provides clerical, secretarial and reception services for the Health Clinic and without restricting the generality of the foregoing, including mail, reception duties (telephone and greeting), delivery and receipt of merchandise, typing, filing, operation of office and computer equipment together with computer software programs relating to word processing, file management, internal email;
- b. Provides general information on programs and services of First Nations & Inuit Health;
- Provides word processing services to the Nursing Managers such as typing general correspondence and maintaining data bases and contact lists;
- d. Maintain storeroom, inventory and orders of supplies;
- e. Liaise with landlord/building manager to report deficiencies and obtain assistance;
- Maintain internal communication tools such as logs, white boards to facilitate communication;
- g. Keep up to date list of media contacts, address lists, mailing labels, etc;
- h. Complies with the provisions of the Operations Manual;
- Carries out the instructions of the Health Department Manager as provided from time to time;
- Encourages and fosters a team spirit within the Health Clinic and operations generally;

QUALIFICATIONS:

The qualifications of the Health Clinic Receptionist/Clerk are determined in the absolute discretion of the Band General Manager and Government depending upon the needs of the First Nation at the time. The following attributes are assets;

- Grade 12 or equivalent;
- Certificate in Office Management or office experience would be an asset;
- Demonstrate proficiency in typing (30 words per minute) and basic knowledge of the use of computers and other office machines such as: photocopier, fax machines, phone systems, etc.;
- Good communication (oral and written), interpersonal, problem solving and decision making skills;
- Dependability Job requires being reliable, responsible, dependable and fulfilling obligations;

Job Description – Health Clinic Receptionist/Clerk

Operations Manual

- Cooperation Job requires being pleasant with others on the job, displaying a good nature and cooperative attitude;
- · Caring, empathetic, compassionate and respectful;
- Ability to take initiative and direction;
- Professional and ethical in all aspects;
- Willingness to take training in office and health programs;
- Ability to maintain confidentiality;
- Criminal record check;
- Preferably a Band member.

Operations Manual

Position: Health Clinic Janitor/Custodian

Immediate Supervisor: Health Department Manager

A. SUMMARY OF DUTIES:

The duties of the Health Clinic Janitor/Custodian consist of keeping the Health Clinic in a clean and orderly condition and perform cleaning duties such as dusting, cleaning floors, restrooms, walls and windows and removing garbage. It also consists of performing routine light maintenance activities and notifying the Health Department Manager of any need for repairs.

B. JOB RESPONSIBILITIES INCLUDE BUT NOT LIMITED TO:

- Maintain a regular cleaning schedule for the Health Clinic such that the building is kept in a clean healthy and safe condition;
- Keep an inventory of all cleaning supplies and equipment and report to the Health Department Manager any need for re-supply or replacement;
- 3. Refill dispensers for paper towels, toilet tissue and hand soap;
- Undertake light maintenance, but report to the Health Department Manager any requirements for major maintenance;
- Report to the Health Department Manager the need for repairs to the premises, equipment, furniture and fixtures;
- 6. Protect and maintain Health Clinic;
- Report to the Health Department Manager all incidents of wilful or accidental damage to the building or equipment;
- Report to the Health Department Manager any matter that can be reasonably regarded as a
 posing a danger to the health and safety of the employees and guest patients;
- 9. Ensure that the Health Clinic is kept secure against any unlawful entry;
- 10. Cooperate to the fullest extent with all employee's undertakings and activities.
- Performs other related duties as may be instructed by the Health Department Manager from time to time;
- 12. Adhere to the Code of Conduct as contained in the Operations Manual;
- Follow the provisions of the Operations Manual and any related Health Program internal policies and procedures;
- 14. Encourage and foster a team spirit within the Health Clinic and operations generally.
- C. QUALIFICATIONS: The qualifications of the Health Clinic Janitor/Custodian are determined in the absolute discretion of the Band General Manager and Band Council depending upon the needs of the First Nation at the time. The following attributes are assets;
 - Resident of Klemtu;
 - Dependability Job requires being reliable, responsible, dependable and fulfilling obligations;
 - Cooperation Job requires being pleasant with others on the job, displaying a good nature and cooperative attitude;
 - Attention to Details Job requires being careful about details and thorough in completing tasks;
 - Good health necessary to do manual labour.

Job Description – Child Care Centre Supervisor

Operations Manual

Position: Child Care Centre Supervisor

Immediate Supervisor: Band General Manager

SUMMARY OF DUTIES:

The Child Care Centre Supervisor is in charge of the day to day operation of the Kitasoo/Xai Xais Child Care Centre, manages and administers the budget allocated to the Child Care Centre, supervises and provides guidance to all personnel working at the Child Care Centre and is responsible for all aspects of the implementation of the Aboriginal Head Start Program.

JOB RESPONSIBILITIES INCLUDE:

Notwithstanding the above general duties, the Child Care Centre Supervisor has the following job responsibilities:

As the Early Childhood Educator and Child Care Providers Supervisor

- Manage the Child Care Centre so that it is designed, operated and evaluated according to funder's guidelines, principles and all applicable regulations;
- b. Take the lead in developing a program that encompasses all programs: Group Child Care, Aboriginal Head Start (AHS), Outreach, Early Childhood Development Outreach (ECD) and Aboriginal Supported Child Development (ASCD);
- c. Ensure reporting procedures are followed in the case of child abuse as defined in Government Legislation and that internal Child Care Centre policies and procedures are adhered to by all Child Care Centre Personnel;
- d. Observe and record daily activities and interactions of children and adults and is prepared to offer corrective measures when needed.
- Instruct Child Care Providers to also monitor activities and interactions of children and adults and to maintain a daily log book for record keeping purposes; do the same and to provide ideas and suggestions when required;
- f. Ensure that Infant Toddler Lesson Plans are implemented when needed;
- g. Plan and oversee all aspects of implementation of the Aboriginal Head Start Program;
- Carry out and assess developmentally appropriate activities and experiences in balance with the AHS Program philosophy;
- i. Ensure that space, equipment and materials are organized before activities begin;
- Plan and supervise indoor and outdoor group activities;
- k. Ensure that the Centre is kept clean and safe;
- Ensure the children receive proper guidance in adopting a behaviour that encourages self-concept and are consistent with AHS philosophy and ECE guidelines;
- Assist children in expressing themselves by listening and responding with questions that extends conversation;
- Demonstrate experiences that fosters and understanding of value systems;

Job Description - Child Care Centre Supervisor

Operations Manual

- o. Encourage and demonstrate problem solving techniques;
- Use a variety of teaching techniques including modeling, observing, questioning, demonstrating and reinforcing;
- Promote non-racist attitudes;
- Maintain personal professional development through workshops, conferences, etc. relevant to the ECE field;

As the Child Care Centre Supervisor & Management of Personnel

- s. Follow all licensing requirements;
- t. Hold regular meetings with the Child Care Centre staff;
- Ensure that confidentiality is maintained with respect to all information pertaining to the children, staff and parents;
- v. Deal effectively with all staff, children and parents;
- Ensure that positive and effective communication is maintained with parents and caregivers at all times;
- x. Actively participate in PAC meetings, projects and AHS functions/events as may be required;
- y. Assume the duties of Child Care Provider when necessary;
- z. Is the immediate supervisor for all Child Care Centre employees;
- aa. Makes recommendation to the Band General Manager on hiring of Child Care Centre Personnel;
- bb. Makes recommendation to the Band General Manager on the dismissal of Child Care Centre Personnel;
- cc. Work with the Human Resource Officer, advertises vacant Child Care Centre job positions as required, attends job interviews and participate in Job Selection Boards;
- dd. Assigns duties and supervise the Child Care Centre Personnel so that the Child Care program is efficiently and effectively carried out;
- ee. Perform assessments, reviews, evaluations, discipline and handle complaints concerning the Child Care Centre Personnel;
- ff. Provide role model leadership for the Child Care Centre Personnel consistent with professional standards and code of ethics as contained in the Operations Manual;
- gg. Insures compliance by the Child Care Centre Personnel with the provisions of the internal Child Care Centre Policies and Procedures as approved by the Kitasoo Band Council, and with the provisions of the Operations Manual;
- hh. Encourages and fosters a team spirit within the Kitasoo/Xai/Xais Child Care Centre and Kitasoo Band operations in general;
- ii. Adheres to the Code of Conduct as contained in the Operations Manual.
- jj. Exercises sound financial management and control of Child Care Centre funds;

Job Description – Child Care Centre Supervisor

Operations Manual

- kk. Consults and plans with the Band General Manager, the Health Department Manager and the Health Services Committee on the financial needs for the Child Care Centre;
- II. Participates in the preparation of the annual budget for the Child Care Centre;
- mm. Maintain all record-keeping, receipt and disbursement of funds for the Child Care Centre and establish of all records, reports and procedures deemed necessary for the efficient and effective operation and administration of the Child Care Centre;
- nn. Maintain contact with the community-at-large on all Child Care Centre related matters;

As to Reporting

- oo. Carries out the instructions of the Finance Officer concerning financial information;
- pp. Prepares and provides the Band General Manager with monthly, quarterly and annual Service Delivery Status Reports for the Child Care Centre as contained in the Operations Manual;
- qq. Prepares or cause the preparation of monthly, quarterly and annual financial reports to be provided to the Finance Officer as per the information flow contained in the Operations Manual;

QUALIFICATIONS:

The qualifications of the Child Care Centre Supervisor are determined in the absolute discretion of the Band General Manager and Government depending upon the needs of the First Nation at the time. The following attributes are assets;

- Valid Early Childhood Education Certificate with Infant/Toddler Specialization in accordance with Community Care Facility Act licensing requirements;
- Valid safety orientated first aid certificate;
- Tuberculosis test and proof of immunization;
- Updated immunization booster;
- Clear Criminal Record Check;
- Food Safe Training;
- Experience working with First Nation children and communities;
- Doctors note stating ability to work with children;
- Two recent references;
- Ability to organize, motivate, delegate, supervise and coordinate personnel;
- Ability to formulate and administer programs with budgets;
- Caring, nurturing and dependable;
- Good problem solving and decision making skills;
- Knowledge of child care, day care and head start funding and reporting;

Job Description – Child Care Provider

Operations Manual

Position: Child Care Provider

Immediate Supervisor: Child Care Centre Supervisor

SUMMARY OF DUTIES:

The Child Care Provider assists the Early Childhood Educator Supervisor in the day to day operation of the Kitasoo/Xai'Xais Child Care Centre, the supervision of children and all aspects of the delivery of the Aboriginal Head Start Program.

JOB RESPONSIBILITIES INCLUDE:

Notwithstanding the above general duties, the Child Care Provider has the following job responsibilities:

- Report to the Child Care Centre Supervisor any concerns that might arise in the performance of his/her duties while interacting with the children;
- b. Follow policies and procedures in the case of child abuse as defined in Government Legislation;
- Observe and record daily activities and interactions of children and adults and is prepared to offer ideas and suggestions if required;
- d. Maintain a daily log book for record keeping purposes when directed to do so;
- e. Provide ECE Supervisor with Infant Toddler Lesson Plans as directed;
- Assist in all aspects of the planning and implementation of the Aboriginal Head Start Program;
- g. Carry out and assess developmentally appropriate activities and experiences in balance with the AHS Program philosophy;
- h. Assist with organizing space, equipment and materials before activities begin;
- i. Assist with the planning and supervision of indoor and outdoor group activities;
- Assist with clean up and the preparation of snacks for the children as may be required;
- Ensure the children receive proper guidance in adopting a behaviour that encourages self-concept and are consistent with AHS philosophy and ECE guidelines;
- Assist children in expressing themselves by listening and responding with questions that extends conversation;
- m. Encourage self-help skills with children;
- n. Demonstrate experiences that fosters and understanding of value systems;
- Encourage and demonstrate problem solving techniques;
- Use a variety of teaching techniques including modeling, observing, questioning, demonstrating and reinforcing;
- q. Promote non-racist attitudes;
- r. Follow all licensing requirements;
- Attend regular staff meetings;

Job Description - Child Care Provider

- Maintain confidentiality with respect to all information pertaining to the children, staff and parents;
- u. Deal effectively with all staff, children and parents;
- v. Work independently, as well as a team member;
- Open to new learning experiences and maintain personal professional development through workshops, conferences, etc relevant to the ECE field;
- Ensure that positive, respectful and effective communication is maintained with parents and caregivers at all times;
- y. Actively participate in PAC meetings, projects and AHS functions/events as may be required;
- z. Contact parents regarding concerns about their children that may arise during program activities;
- aa. Cover by assuming the duties of other ECE staff or ECE Supervisor as necessary;
- bb. Abide by all policies and procedures set out by the Child Care Centre and the provisions of the Operations Manual;
- cc. Act in a manner consistent with professional standards and code of ethics as contained in the Operations Manual;
- dd. Encourages and fosters a team spirit within the Kitasoo/Xai'Xais Child Care Centre and Kitasoo Band operations in general;

QUALIFICATIONS:

The qualifications of the Child Care Provider are determined in the absolute discretion of the Band General Manager and Government depending upon the needs of the First Nation at the time. The following attributes are assets;

- Valid Early Childhood Education Certificate or working towards certification in accordance with Community Care Facility Act licensing requirements;
- Valid safety orientated first aid certificate;
- Clear tuberculosis skin test;
- Clear Criminal Record Check;
- Updated immunization booster;
- Doctors note stating ability to work with children;
- Two recent references;

Job Description – Child Care Centre Cook

Operations Manual

Position: Child Care Centre Cook

Immediate Supervisor: Child Care Centre Supervisor

SUMMARY OF DUTIES:

The Child Care Centre Cook plans and prepares all meals to be served to children at the Child Care Centre and ensures the monthly meal plan corresponds with the Aboriginal Food Guide.

JOB RESPONSIBILITIES INCLUDE:

Notwithstanding the above general duties, the Child Care Centre Cook has the following job responsibilities:

- a. Provide monthly meal plan that corresponds with the Aboriginal Food Guide;
- b. Prepare food and maintain a record of food served;
- Provide the Child Care Centre Supervisor with a grocery list every two weeks of the needed food and kitchen supplies needed at the Centre;
- d. Report any concerns that may arise to the Child Care Centre Supervisor;
- e. Follow reporting procedures as directed by Child Care Centre Supervisor;
- f. Record all incidents in the incident log book;
- g. Follow and adhere to all licensing requirements;
- h. Attend regular staff meetings;
- Maintain confidentiality in all information related to the children, staff and parents;
- j. Deal effectively with staff, children and parents;
- k. Work well independently as well as a team member;
- Open to new learning experiences and maintain personal professional development through workshops, training, etc.;
- Main Abide by all policies and procedures set out by the Child Care Centre and the provisions of the Operations Manual;
- Act in a manner consistent with professional standards and code of ethics as contained in the Operations Manual;
- Encourages and fosters a team spirit within the Kitasoo/Xai'Xais Child Care Centre and Kitasoo Band operations in general;

QUALIFICATIONS:

The qualifications of the Child Care Centre Supervisor are determined in the absolute discretion of the Band General Manager and Government depending upon the needs of the First Nation at the time. The following attributes are assets;

- Valid Safety oriented first aid certification;
- Valid food safe;
- Clear Criminal Record check.

Job Description – Early Childhood Educator (ECE)

Operations Manual

Position: Early Childhood Educator (ECE)

Immediate Supervisor: Child Care Centre Supervisor

SUMMARY OF DUTIES:

Under the supervision of the Child Care Centre Supervisor, the Early Childhood Educator plans, organizes, and implements programs for children between the ages of infancy and six years. The Early Childhood Educator provides care for infants and preschool to school-age children and lead children in activities to stimulate and develop their social, intellectual, physical, and emotional growth and ensure their security and well-being.

JOB RESPONSIBILITIES INCLUDE:

Notwithstanding the above general duties, the Early Childhood Educator (ECE) has the following job responsibilities:

- Report to the Child Care Centre Supervisor any concerns that might arise in the performance of his/her duties while interacting with the children;
- b. Follow policies and procedures in the case of child abuse as defined in Government Legislation;
- Observe and record daily activities and interactions of children and adults and is prepared to offer ideas and suggestions if required;
- d. Maintain a daily log book for record keeping purposes when directed to do so;
- Observe and record daily activities and interactions of children and adults and is prepared to offer corrective measures when needed;
- f. Instruct Child Care Providers to also monitor activities and interactions of children and adults and to maintain a daily log book for record keeping purposes; do the same and to provide ideas and suggestions when required;
- g. Assist in all aspects of the planning and implementation of the Aboriginal Head Start Program;
- Carry out and assess developmentally appropriate activities and experiences in balance with the AHS Program philosophy;
- i. Assist with organizing space, equipment and materials before activities begin;
- j. Assist with the planning and supervision of indoor and outdoor group activities;
- Plan and supervise indoor and outdoor group activities;
- Ensure the children receive proper guidance in adopting a behaviour that encourages self-concept and are consistent with AHS philosophy and ECE guidelines;
- Assist children in expressing themselves by listening and responding with questions that extends conversation;
- Ensure the children receive proper guidance in adopting a behaviour that encourages self-concept and are consistent with AHS philosophy and ECE guidelines;
- Assist children in expressing themselves by listening and responding with questions that extends conversation;
- p. Encourage self-help skills with children;

Job Description – Early Childhood Educator (ECE)

Operations Manual

- q. Demonstrate experiences that fosters an understanding of value systems;
- r. Encourage and demonstrate problem solving techniques;
- Use a variety of teaching techniques including modeling, observing, questioning, demonstrating and reinforcing;
- t. Promote non-racist attitudes;
- u. Follow all licensing requirements;
- v. Attend regular staff meetings;
- Maintain confidentiality with respect to all information pertaining to the children, staff and parents;
- x. Deal effectively with all staff, children and parents;
- Work independently, as well as a team member;
- Open to new learning experiences and maintain personal professional development through workshops, conferences, etc relevant to the ECE field;
- aa. Ensure that positive, respectful and effective communication is maintained with parents and caregivers at all times;
- bb. Actively participate in PAC meetings, projects and AHS functions/events including Outreach and family as may be required;
- cc. Cover by assuming the duties of other ECE staff as necessary;
- dd. Abide by all policies and procedures set out by the Kitasoo XaiXais Child Care Centre and the provisions of the Operations Manual;
- ee. Act in a manner consistent with professional standards and code of ethics as contained in the Operations Manual;
- ff. Encourages and fosters a team spirit within the Kitasoo/Xai/Xais Child Care Centre and Kitasoo Band operations in general;

QUALIFICATIONS:

The qualifications of the Early Childhood Educator (ECE) are determined in the absolute discretion of the Band General Manager and Government depending upon the needs of the First Nation at the time. The following attributes are assets;

- Valid Early Childhood Education Certificate with Infant/Toddler Specialization in accordance with Community Care Facility Act licensing requirements;
- Valid safety orientated first aid certificate;
- Tuberculosis test and proof of immunization;
- Updated immunization booster;
- Clear Criminal Record Check;
- Experience working with First Nation children and communities;
- Doctors note stating ability to work with children;
- Two recent references;
- Caring, nurturing and dependable;
- Good problem solving and decision making skills;

Job Description – Child Care Centre Janitor/Custodian

Position: Child Care Centre Janitor/Custodian

Immediate Supervisor: Child Care Centre Supervisor

SUMMARY OF DUTIES:

Under the supervision of the Child Care Centre Supervisor, the Child Care Centre Janitor/Custodian assist in the maintenance of a clean, safe and healthy physical environment for the children and families attending the Kitasoo Xai Xais Child Care Centre Facility through daily cleaning and disinfecting.

JOB RESPONSIBILITIES INCLUDE:

- Maintain a regular cleaning schedule for the Child Care Centre such that the building is kept in a clean healthy and safe condition;
- b. Thoroughly spray, clean, disinfect using bleach mixture provided for all three bathrooms (all surfaces) including light switches and fixtures. Start with staff bathroom;
- c. Regular checks and refills when necessary of toiletries, soap dispensers, paper towels and Kleenex:
- Dust/wipe/disinfect window sills, large toys, high chairs, door handles, walls at children's level, furniture and equipment as required;
- e. Sweep all floors and vacuum all rugs;
- Empty vacuum daily;
- g. Fill mop bucket and use floor cleaner in hot water then thoroughly mop all floors starting from the toys area and finish in the kitchen. Empty mop bucket water, rinse mop and ring out excess water;
- h. Fold, sort and put away all towels;
- Put any dirty towels/laundry in appropriate basket (bathroom towels separate from kitchen towels);
- Load and start the washer using laundry soap provided and set on hot water cycle;
- k. Disinfect all tables, chairs and surface areas using Benefect cleaning solution;
- Take all garbage out, ensuring garbage/waste containers are bleached and clean before replacing the bags and that the garbage is disposed of in the specified location;
- m. Put recycling material in specified area;
- n. Turn off coffee pot, empty filter and rinse;
- o. Sign in and out daily, checking all items after you complete them;
- p. Advise the Child Care Centre Supervisor when cleaning solutions are getting low and/or cleaning tools/equipment is in need of repair or replacement;
- q. Be prepared to attend staff meetings/training sessions as requested;
- r. Perform other related duties as required;
- s. Adhere to the Code of Conduct as contained in the Operations Manual;

Job Description - Child Care Centre Janitor/Custodian

Operations Manual

- Follow the provisions of the Operations Manual and any internal policies and procedures related to the Child Care Centre;
- u. Encourage and foster a team spirit within the Child Care Centre and Band operations in general.

QUALIFICATION:

The qualifications of the Child Care Centre Janitor/Custodian are determined in the absolute discretion of the Band General Manager and Band Council depending upon the needs of the First Nation at the time. The following attributes are assets;

- Resident of Klemtu;
- Dependability Job requires being reliable, responsible, dependable and fulfilling obligations;
- Cooperation Job requires being pleasant with others on the job, displaying a good nature and cooperative attitude;
- Attention to Details Job requires being careful about details and thorough in completing tasks; Good health necessary to do manual labour.

APPENDIX K: MOU WITH MEDICAL HEALTH OFFICER (DR PAUL MARTIQUET)



Medical Health Officer Service Agreement To the Kitasoo Xai'xais Band: Health Department

March 2016

Medical Health Services Agreement

Between:

Kitasoo Xai'xais Band: Health Department

and

Medical Health Officer - Province of BC

FOR THE DELIVERY OF MEDICAL HEALTH OFFICER SERVICES TO THE KITASOO XAI'XAIS BAND FIRST NATION

1. Duties and Responsibilities of Kitasoo Xai'xais Band: Health Department

To ensure that the Kitasoo Xai'xais Band: Health Department has community-managed mechanisms for establishing and maintaining community, regional, and international standards in the following areas:

- Immunization
- Communicable disease control
- Drinking water safety
- Sewage treatment safety
- Public facilities sanitation
- Environmental health, including control of hazardous and toxic substances
- Occupational health and safety
- Housing sanitation and safety

To ensure protocols have been developed with Vancouver Coastal Health Authority to ensure that regulatory inspection, reporting and control requirements are provided for within our communitymanaged system.

2. Principles

VCHA and the Kitasoo Xai'xais Band: Health Department service providers will provide services regardless of on or off reserve status, as requested by the client, as possible and within specific organization constraints. It is recognized that some families may want to access different services/programs from different providers.

Every effort will be made to communicate important information between VCHA and the Kitasoo Xai'xais Band: Health Department service providers to ensure that the coordinated services are provided and

March 2016

MOU - VCHA/Kitasoo Band Health Department

families who have special needs receive necessary services. Verbal, written, fax and email communication may be utilized with all personal information being transmitted confidentially.

3. Duties and Responsibilities of Medical Health Officer

The Medical Health Officer will provide statutory, community health consultant and advocacy duties to the Kitasoo Xai'xais Band: Health Department consistent with existing professional standards of practice for medical health officers (attached as Appendix II).

Promote a high standard of health and healthcare in the community.

Annual meetings, or as needed, are required to ensure appropriate reporting procedures. In addition, copies of all reports will be submitted to the Kitasoo Xai'xais Band: Health Department as a matter of record.

Statutory

Responsible for carrying out the legislated requirements of the Health Act, the Community Care and Assisted Living Act, the School Act, the Drinking Water Protection Act and the Venereal Disease Act.

Management

Works with and provides direction to a team consisting of Kitasoo Xai'xais Band: Health Department team leaders, health director and other Kitasoo Xai'xais Band: Health Department health professionals who provide a wide range of health services to the community. Kitasoo Xai'xais Band nurse(s) and FNHA EHO will determine who is to follow the case, and do the contact follow-up and treatment, if needed. The Ministry of Health (MOH) will be consulted, as needed. The Medical Health Officer (MHO) may contact the Kitasoo Xai'xais Band nurse(s) and/or FNHA EHO and/or CD Public Health Nurse regarding aspects of the case.

Community Medicine Consultant

The MHO Provides evidence-based opinions to the Kitasoo Xai'xais Band: Health Department and the community on a wide variety of health issues including communicable diseases, environmental health issues and complex health related social and behavioral problems of individuals or groups.

Population Health

Responsible for monitoring and assessing the health status of the community, making recommendations for strategies to address health issues to the Kitasoo Xai'xais Band: Health Department and implementing immediate actions when necessary to protect the health of the public.

Responsible for the collection of data and statistics over a broad range of health and health related issues, analyzing trends and problems, interpreting these concerns, and preparing reports, briefs and profiles on the significant health and health-related issues affecting the community.

Responsible for preparing an annual report for the Kitasoo Xai'xais Band: Health Department on the health of the population served.

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Communicable Control and Prevention

Responsible for the common goal of providing communicable disease control and prevention services to community members of the Kitasoo/Xai'xais First Nation community (see attached Appendix I – Common Purpose and Understanding).

Community Health Planning, Evaluation and Program Development

Responsible for assisting the Kitasoo Xai'xais Band: Health Department in the evaluation of the effectiveness of health programs and the planning and evaluation of programs designed to address emerging health issues.

Perinatal Information

Relevant prenatal information will be exchanged to provide continual necessary services during the prenatal period. Information about prenatal education will be distributed in a Kitasoo Xai'xais Band: Health Department annual report. The clerical staff in the Health Centre will receive the physicians' Notice of Birth and other prenatal information. This information will be transmitted to the appropriate care provider by fax after notifying the receiver.

Immunizations

All Kitasoo Xai'xais Band: Health Department nurses will send immunizations data to the First Nations Health Authority (FNHA). This information will include the personal health number, name, birth date, type of immunization, lot number and date of the immunization.

VCHA staff will forward infant and child immunization information on the shared client population to the appropriate FNHA nurses.

Outbreaks

Any outbreaks or unusual communicable disease situations will be reported immediately to the MHO, Kitasoo Xai'xais Band: Health Department Health Director and nurse(s), CD Public Health Nurse, Kitasoo Xai'xais Band: Health Department Medical Advisor and FNHA. The VCHA MHO will take the lead role in an outbreak situation; oversee the investigation, involvement of stakeholders, intervention measures, communication management and reporting the outbreak.

Surveillance

The VCHA area CDC Public Health Nurse will receive laboratory reports for reportable communicable diseases. The CD Public Health Nurse will phone the Kitasoo Xai'xais Band nurse and the FNHA EHO, as appropriate, to provide the information and will then send the report by mail to the MHO. The Kitasoo Xai'xais Band nurse or FNHA EHO will report the communicable disease and follow-up to the CD Public Health Nurse (who is acting on behalf of the MHO).

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MOU - VCHA/Kitasoo Band Health Department

Advocacy

The MHO is responsible to the Kitasoo Xai'xais Band: Health Department for advocating on behalf of the community's health and communicates directly with the Kitasoo Xai'xais Band: Health Department on health issues affecting the community. As the regional "watchdog" of health, advises the Kitasoo Xai'xais Band: Health Department about health concerns and contributes to health planning for the region.

4. Point of Contact

To ensure the effectiveness of the Medical Health Officer services, close liaison and cooperation will be maintained. The point of contact for operational and policy matters will be the Medical Health Officer, Vancouver Coastal Health Authority, Province of BC and the Health Director of the Kitasoo Xai'xais Band: Health Department. Annual meetings are to ensure appropriate reporting procedures. In addition, copies of all reports will be submitted to the Kitasoo Xai'xais Band: Health Department as a matter of record.

5. After Hours Communication

Generally neither the VCHA nor Kitasoo Xai'xais Band: Health Department service providers provide 24hour staff availability. However, staff will respond to urgent situations if they can be reached after hours and/or weekends. To that end staff home telephone numbers will be made available on a confidential basis to those who may need to reach public health staff urgently after hours. The BC Centre for Disease Control maintains a 24 hour microbiologist on call for urgent after hours consultation at 604-661-7033 and the Provincial MHO number is 604-527-4893.

6. Review

This agreement will be reviewed annually by representatives of VCHA and the Kitasoo Xai'xais Band: Health Department.

IN WITNESS WHEREOF the p	arties have executed t	this Agreement the	7th day of	March	, 2016.

SIGNED AND DELIVERED ON beha Xai'xais Band: Health Department	of Kitasoo SIGNED AND DELIVERED ON behalf of Medical Health Officer – Province of British Columbia
Kitasoo Xai'xais Band: Health Dep	rtment Medical Health Officer, Province of British Columbia
Authorized Signatory	Authorized Signatory
Printed Name & Title	Paul Martiquet, Medical Health Officer Printed Name & Title

March 2016

MOU - VCHA/Kitasoo Band Health Department



Medical Health Officer Service Agreement To the Kitasoo Xai'xais Band: Health Department

APPENDIX I

Memorandum of Understanding Common Purpose and Understanding

The Parties:

- Vancouver Coastal Health Authority (VCHA) provides health care services to the Kitasoo Xai'xais First Nation community members residing in the Central Coast Regional District in a comprehensive and integrated manner.
- The First Nations Health Authority (FNHA) supports the direct delivery of health services to First Nations people in British Columbia.
- 3. Kitasoo Xai'xais First Nation supports its community members by enhancing the quality of life and wellbeing of their people and families through community development, professional consultation and direct delivery of health services through a MOU with the Kitasoo Xai'xais Band: Health Department.

The Common Purpose:

- The Parties have established this agreement with the common goal of providing Communicable Disease Prevention service to the community members residing in Kitasoo Xai'xais First Nation.
- This Agreement establishes the roles and responsibilities for Communicable Disease required by Provincial and Federal Legislation discharged in First Nation communities.
- The objective of which are to provide the following Communicable Disease Control and Prevention services:
 - a. Medical Health Officer (MHO) leadership and expertise
 - b. Immunization
 - c. Surveillance and disease reporting
 - d. Case management
 - e. Outbreak control

Areas of Understanding:

- 7. The parties understand that:
 - a. The terms of this Agreement conform with the Technical Working Document for Managing Communicable Diseases on First Nations Reserves in BC, developed in collaboration with the First Nations and Inuit Health Branch of Health Canada, the Ministry of Health, The BC Centre for Disease Control (BCCDC), the Ministry for Children and Families, Regional Health Authorities, the Medical Health Officers and the Provincial Health Officer.
 - b. The Federal Minister of Health retains the ultimate responsibility for the health of First Nations people living on reserve (Indian Act Section (88)).
 - c. The Vancouver Coastal Health Authority Medical Health Officer has statutory responsibility for communicable disease control under Provincial and Federal Legislation in the Kitasoo Xai'xais First Nation community (Health Act and applicable regulations).
 - d. Each Party to this Agreement will identify a primary contact, provide the contact information, and notify the other parties of any changes.
 - e. Each Party will provide the necessary information to the other Parties in order that communicable disease control and prevention services can be effectively delivered.
 - f. The Parties will develop a Communication Protocol for Public Health Information Exchange Communications.

March 2016

APPENDIX 1 MOU – VCH/Kitasoo Xai'xais Band: Health Department

- g. Direct lines of communication will be established between the MHO, nursing managers, the local Health Unit in the area and their First Nation counterparts.
- h. The Parties agree to meet annually, or as needed, to review communicable disease issues affecting the community members of the Kitasoo Xai'xais First Nation.
- VCHA and FNHA have a shared goal to conduct joint planning with First Nations communities, and others, to address the areas of Population Health, Health Promotion and Non-Communicable Disease Prevention, Healthy Public Policy, Environmental Health, Community Care Facilities Licensing, and Emergency Response.
- j. Procedures for the provision of the services will be developed and maintained including a written procedure that will address after hours communicable disease control and provide direction for staff when a communicable disease requiring urgent follow-up is reported outside of normal working hours.
- k. This Agreement will be reviewed annually, or as needed, and will be amended accordingly.
- VCHA will provide communicable disease control and prevention services for the Kitasoo Xai'xais First Nation, and more specifically:
 - a. Make MHO leadership and expertise available to the Kitasoo Xai'xais Band: Health Department;
 - b. Provide the following immunization services:
 - Provide communicable disease control and prevention case management advice to the Kitasoo Band Health Department including case finding, follow-up, contact tracing and prophylaxis;
 - Provide the following Outbreak Control services by assuming the lead in outbreak situations. This role will include the following:
 - 1. Determining when an outbreak has occurred;
 - 2. Overseeing appropriate investigation of the outbreak;
 - Involving all key stakeholders;
 - 4. Taking appropriate measures to control outbreaks; and
 - 5. Reporting on the outbreak.
 - Provide current CD information to the Kitasoo Xai'xais Band: Health Department and assist in the Kitasoo Xai'xais Band: Health Department receiving all updates to the Provincial Communicable Disease Control Manual from the BCCDC;
 - iv. Provide Outbreak Control consultation and advice to the Kitasoo Xai'xais Band: Health Department; and others including FNHA Environmental Health Officers and the federal CDC Medical Officer, in cases of a community outbreak or other related serious communicable disease in a First Nations community including:
 - 1. A plan of action to address the outbreak; and
 - Information to be released to the community, general public and through the media.
 - Contact the federal CDC Medical Officer for the Pacific Region, with regard to any unusual circumstances or concerns relevant to communicable diseases.
- 9. FNHA agrees to provide:

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APPENDIX I MOU - VCH/Kitasoo Xai'xais Band: Health Department

- The consultation services of the federal Communicable Disease Control (CDC) Medical Officer and will provide the resources required to adequately address communicable disease control;
- b. CD policy information for Bands that relates to unique federal initiatives.

10. BCCDC agrees to:

a. Distribute the biological to the nurses working in the Kitasoo Xai'xais First Nation via courier.

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APPENDIX I MOU - VCH/Kitasoo Xai'xais Band: Health Department



Medical Health Officer Service Agreement To the Kitasoo Xai'xais Band: Health Department

APPENDIX II



Office of the Provincial Health Officer Ministry of Health 4-2, 1515 Blanshard Street Victoria BC V8W 3C8 Tel: (250) 952-1330 Fax: (250) 952-1362 http://www.health.gov.bc.ca/pho/

Provincial Health Officer Standards of Practice for

Medical Health Officers

Pursuant to the authority vested in me by section 68 of the *Public Health Act* (the "Act") to establish standards of practice for medical health officers in relation to the exercise of their powers and the performance of their duties under this or any other enactment I, Perry Kendall, MD, Provincial Health Officer, hereby establish the following standards of practice for medical health officers.

Outer

January 5, 2012

Date

Dr. Perry Kendall OBC, MBBS, MHSc, FRCPC Provincial Health Officer

January 5, 2012

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APPENDIX L: CERTIFICATE OF INSURANCE

Ref. No. 320007383738

CERTIFICATE OF INSURANCE

Aon Reed Stenhouse Inc. 1803 Douglas Street 6th Floor Victoria BC V8T 5C3 fe/ 250-388-7577 fax 250-388-5164

Re: Evidence of Insurance

To Whom It May Concern

Insurance as described herein has been arranged on behalf of the Insured named herein under the following policy(ies) and as more fully described by the terms, conditions, exclusions and provisions contained in the said policy(ies) and any endorsements attached thereto.

Insured

Kitasoo Band Council General Delivery Klemtu, BC V0T 1L0

Coverage

Property		Insurer	AIG Insurance Company of Canada		
	Policy #	25832254-02			
	Effective	31-May-2015	Expiry	31-May-2016	
	Perils Insured	All locations owned, occupied or used by the Insured All Risks of Direct Physical Loss or Damage (except as excluded)			
Liability		Insurer	Royal & Sun Alliance Insurance Company of Canada		
	Policy #	NPG2011402L			
	Effective	31-May-2015	Expiry	31-May-2016	
	Limits of Liability	Bodily Injury & Property Damage, Each Occurrence \$2,000,000 Personal Injury & Adventising Liability \$2,000,000 Non-Owned Automobile Liability \$2,000,000 Health Care Professional Services Liability \$2,000,000 Subject to aggregate where applicable			

THIS CERTIFICATE CONSTITUTES A STATEMENT OF THE FACTS AS OF THE DATE OF ISSUANCE AND ARE SO REPRESENTED AND WARRANTED ONLY TO THE INSURED. OTHER PERSONS RELYING ON THIS CERTIFICATE DO SO AT THEIR OWN RISK.

Aon Reed Stenhouse Inc.

Dated : 08-March-2016 Issued By : Houde,Brittany Tel : +12504132216

THE POLICY CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE OR, IN THE CASE OF AUTOMOBILE INSURANCE, THE POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE



APPENDIX M: EMERGENCY PREPAREDNESS PLAN & PANDEMIC PLAN

See separate documents appended