

Welcome

Welcome to the German-Canadian Care Home. We trust that your employment with the German-Canadian Care Home will be a mutually rewarding experience.

The German-Canadian Care Home is a 134-bed complex care home operated by the German-Canadian Benevolent Society of B.C. The Care Home opened its doors in March of 1969. The Home has been accredited continuously since 1979 by Accreditation Canada and achieved the highest possible rating “Accredited with Exemplary Standing” in 2012, 2016 and 2022.

Our staff, consisting of approximately 180 employees is our most valuable resource. We foster open communication, progressive leadership and team cohesiveness throughout the organization. We celebrate our staff’s commitment during an annual staff appreciation event and various recognition events throughout the year.

When you begin working at the German-Canadian Care Home, you will be given a fairly extensive orientation to the care home and your department. In addition, we hope that this handbook will provide you with more detailed information on our personnel policies, directives and procedures. We believe in an open-door policy so please feel free to speak to your department head if you have any questions or concerns.

Jutta Purchase, Chief Executive Officer

Safety

Resident and staff safety is of utmost importance. Our *Occupational Health & Safety (OH&S) Committee* includes staff and management representatives. The team meets nine (9) times a year and minutes are posted on the OH&S bulletin board near the punch clock. Safety is everyone’s responsibility and each employee is expected to report an unsafe situation, practice, or equipment to their supervisor or the Nurse in Charge.

Fire Drills

We hold regular fire drills and each staff member is expected to respond.

Emergency Codes

We use a set number of codes to communicate an emergency to staff.

The codes are as follows:

Code Red = Fire

Code Green = Evacuation

Code Yellow = Missing Resident

Code White = Violent Visitor or Resident

Code Black = Bomb Threat

Code Brown = Hazardous Spill Inside

Code Grey = Hazardous Spill Outside

Code Blue = Cardiac arrest

You will find these definitions on the back of your ID Card. Please make sure you familiarize yourself with the response procedures. Emergency manuals can be found on the computer Drive I, Manuals and Forms.

Table of Contents

ABUSE/ NEGLECT OF RESIDENTS	4
AGGRESSIVE BEHAVIOUR MANAGEMENT	8
ALCOHOL AND DRUGS	9
ATTENDANCE	9
BULLETIN BOARDS	9
BULLYING AND HARASSMENT	10
CANVASSING AND SOLICITATION	11
COMMUNITY RELATIONS	12
CONFIDENTIALITY	12
DRESS CODE	13
EDUCATION	14
EMPLOYEE ASSISTANCE PROGRAM	15
EMPLOYEE IDENTIFICATION	15
EMPLOYEE RECOGNITION	15
ENVIRONMENTAL HEALTH AND SAFETY	16
EXPRESSION OF SYMPATHY	16
GARNISHMENT OF WAGES	16
GIFTS FROM SUPPLIERS	16
GRATUITIES	16
KEYS	17
LANGUAGE	17
LAW ENFORCEMENT	18
LEGISLATION	18
LOST/ STOLEN ARTICLES	18
MEDICAL CERTIFICATE	18
PERFORMANCE APPRAISAL SYSTEM	18
PERSONAL EXPENSES	19
PROGRESSIVE DISCIPLINE	20

RELATED EMPLOYEES	20
RETIREMENT.....	20
SMOKING.....	21
T.B. TESTING AND IMMUNIZATIONS	21
TELEPHONE CALLS.....	22
THEFT.....	22
VACATIONS	22
WORKPLACE VIOLENCE PREVENTION PROGRAM.....	24
WITNESSING DOCUMENTS	27
CALLING IN ADDITIONAL STAFF.....	28
CREDENTIALLING.....	28
CASUAL EMPLOYEE AVAILABILITY	28
EMPLOYEE POSITION/ DEPARTMENT CHANGE.....	30
ORIENTATION FOR EMPLOYEES WHEN MOVING TO A NEW DEPARTMENT	31
MINIMUM ORIENTATION STANDARDS FOR NEW EMPLOYEES.....	31
RETURN TO WORK PROGRAM.....	31
DOCUMENTATION FOR NEW HIRES.....	33

ABUSE/ NEGLECT OF RESIDENTS

Residents have the right to expect an environment which is safe and free from any abuse or neglect.

The definition of abuse is the same as the definition set out in the Resident Care Regulation part 5, division 2, section 52 (1)(a) of the *Community Care and Assisted Living Act* that states:

“A licensee must ensure that a person in care is not, while under the care or supervision of the licensee, subject to:

- a. Financial abuse, emotional abuse, physical abuse, sexual abuse, or neglect as those terms are defined in section 1 of schedule D, or
- b. Deprivation of food or fluids as a form of punishment.”

Any staff member or volunteer who has knowledge of an incident of suspected abuse or neglect has the responsibility to report such an incident immediately to their supervisor. The supervisor must report all reports of alleged resident abuse or neglect.

The CEO/designate will investigate all reports of alleged resident abuse or neglect.

CATEGORIES OF ABUSE

Physical

Physical abuse means any physical force that is excessive for, or is inappropriate to, a situation involving a person in care and perpetuated by a person not in care. Such examples include the infliction of bodily injury by striking, shoving, slapping, pinching, choking, kicking, and the use of restraints that are not in keeping with the Least Restraint Policy and Procedures.

Financial

Financial abuse means:

- a. The misuse of the funds and assets of a person in care by a person not in care, or
- b. The obtaining of the property and funds of a person in care by a person not in care without the knowledge and full consent of the person in care or his or her representative.

Emotional Abuse

Emotional abuse means any act, or lack of action, which may diminish the sense of dignity of a person in care, perpetuated by a person not in care, such as verbal harassment, yelling, or confinement.

Sexual Abuse

Sexual abuse means any sexual behavior directed towards a person in care and includes any sexual exploitation, whether consensual or not, by an employee of the licensee, or any other person in a position of trust, power, or authority.

Sexual abuse does NOT include consenting sexual behavior between adult persons in care and sexual behavior between adult persons in care. Non-consenting, sexual behavior between adult persons in care may be treated as resident to resident aggression.

Medication Abuse

Non-compliance with the Policies and Procedures relating to safe medication administration and chemical restraint practices.

Neglect

Neglect means the failure of a care provider to meet the needs of a person in care, including food, shelter, care, or supervision.

- a. *Active Neglect* – intentional withholding of basic necessities and care;
- b. *Passive Neglect* – unintentional withholding of basic necessities; and
- c. *Self- Neglect* – Not providing oneself with basic necessities of care.

Violation of Rights

Denial of rights that are assured under the Charter of Rights and Freedoms that such rights do not infringe on the rights and safety of others.

Directive

No form of resident abuse/neglect will be tolerated.

The use of this policy does not negate the right of a staff member to move away from a resident who is acting in a way, which might harm the staff member provided that the resident's life is in a safe situation. The expectation in those instances is that the staff member will immediately report such experiences to the supervisor or Nurse in Charge.

Every staff member and volunteer has an obligation to immediately report all occurrences of abuse or neglect to his/her supervisor or Nurse in Charge.

Failure on the part of a staff member to report an incident or suspicion of abuse will be subject to disciplinary action.

When a complaint of resident abuse or neglect is received it will be thoroughly, promptly, fairly, sensitively, and confidentially investigated. The care home will make reasonable efforts to protect the rights of the victim, the complainant (the person making the report) and the respondent (the person accused of the abuse).

Rights of the Victim

The victim has the right to:

- a. Be informed that a complaint has been filed (if he/she is not the complainant)
- b. Have the complaint and the investigation process handled in a confidential manner
- c. Receive immediate treatment for any type of abuse

- d. Be protected from further abuse
- e. Have an advocate present during all interviews

Rights of the Complainant (person making the report)

The complainant has the right to:

- a. File a complaint and to obtain a review of his/her complaint without fear of embarrassment or reprisal
- b. Be represented and accompanied during interviews related to his/her complaint
- c. Be ensured that his/her written complaint or written documents related to the fact that he/she had lodged a complaint, be excluded from his/her personnel files (if the person is an employee)
- d. Be kept informed throughout the process, as appropriate
- e. Receive fair treatment in an environment free from harassment and discrimination
- f. Have the complaint and the investigation process handled in a confidential manner

Rights of the Respondent (the person accused of the abuse)

The respondent has the right to:

- a. Be informed immediately that a complaint has been filed
- b. Be afforded the opportunity to respond to the allegations
- c. Be represented and accompanied during the interviews related to the complaint
- d. Receive fair treatment in an environment free from harassment and discrimination
- e. Be kept informed throughout the process, as appropriate
- f. Have the complaint and the investigation process handled in a confidential manner.

Procedures

1. Reporting the incident

All Staff:

- a. Upon hearing, seeing, or becoming aware of any incident or suspected abuse or neglect, intervene immediately, as appropriate
- b. Anyone witnessing any abuse will ensure the immediate safety and wellbeing of the resident by requesting the offending party leave the area or by seeking assistance from other staff and managers
- c. Immediately report incident to the supervisor or Nurse in Charge
- d. Document, by completing a care home incident report and take picture of any evidence of mistreatment/abuse
- e. Report incident to CEO/designate if the supervisor or Nurse in Charge does not take action in accordance with this procedure

2. Follow up Action

- a. Nurse will assess resident and notify physician, if appropriate
- b. Supervisor or Nurse in Charge will notify CEO/designate as soon as possible

Chief Executive Officer/Director of Care or Designate will:

1. Report the incident to the Vancouver Coastal Residential Care Licensing Officer immediately. If after hours, a voice mail may be left and a fax of the incident report may be sent.
2. Inform the police if there are suspected grounds for criminal charges.
3. Take appropriate action to discipline a suspected offending party (visitor, employee, volunteer, family member, etc.) and to protect the resident. This may include suspension with or without pay of an employee until such time as an investigation can be conducted and appropriate action taken. Visitors, volunteers, family members or other residents may be restricted in their access to the care home, and the resident, until an investigation is completed and appropriate action taken to protect the resident from alleged mistreatment/abuse. These actions will be done with Licensing's knowledge and cooperation.
4. Seek assistance from Vancouver Coastal and all other appropriate resources, in moving resident(s) who cannot be managed safely in the care home.
5. A Health and Safety Plan will be developed as soon as possible by the Director of Care/Designate ensuring full disclosure.

Guidelines

1. All suggestions and reports of abuse will be investigated immediately. When there is a suggestion or report of abuse or neglect the following may apply if the suspected abuse is:
 - a. An employee – that employee may be removed from the workplace and suspended with pay pending the outcome of the investigation;
 - b. A volunteer – that volunteer will be required to stay away from the care home pending the outcome of the investigation;
 - c. A visitor – that visitor may be banned from visiting pending the outcome of the investigation;
 - d. A resident – the care home will ensure that resident will not be in contact with the alleged victim; or
 - e. A community agency service provider (i.e. home-maker agency nurses, etc.) – the community agency will be notified and all services will be suspended pending the outcome of the investigation.
2. If there are no findings of abuse or neglect, the German-Canadian Care Home will inform the accused party and take appropriate action to make the accused person whole. The following will happen if the suspected abuser is:
 - a. An employee – that employee will be reinstated;
 - b. A volunteer – that volunteer may resume previous position;
 - c. A visitor – that visitor will be allowed to visit freely;
 - d. A resident – that resident will be allowed to visit freely; or
 - e. A community agency service provider – a letter will be sent to the community agency stating that there was no evidence to support the allegation of abuse.

3. If there are findings of abuse or neglect, the following will happen if the abuser is:
 - a. An employee – further action, including disciplinary measures will be taken as deemed appropriate by the employer and as per the collective agreement. If the investigation confirms the allegation, the staff member will be subject to disciplinary action up to and including termination. Staff will be reported to their respective college, any applicable professional organization or BC Care Aide Registry. Police charges may be laid.
 - b. A volunteer – that volunteer will be refused further entry to the care home. Police charges may be laid.
 - c. A visitor – that visitor will be refused further entry to the care home. Police charges may be laid.
 - d. A resident – a case conference will be held and Vancouver Coastal Residential Services Licensing will be notified.
 - e. A community agency service provider – that person will be prohibited from working with residents of the care home.

AGGRESSIVE BEHAVIOUR MANAGEMENT

Policy

Introduction

The German-Canadian Care Home (GCCH) strives to provide a healthy, harmonious and safe environment for all residents, staff, and visitors. GCCH is committed to the prevention of aggression and to the promotion of an aggression-free environment.

Definition

Aggressive behavior is the verbal or physical expression of anger, fear, or hostile feelings. Aggressive behaviors may be directed at self, others, or objects, and may include verbal abuse, threats, destruction of environment, or physical abuse of self or others.

Policy

The safety and welfare of residents, staff, volunteers, and visitors will be protected by establishing a program for the prevention and management of aggressive behavior. In an emergency situation in which individuals are at immediate risk, the resident exhibiting aggressive behaviour will be transferred to hospital, if necessary under police escort.

Program Goals

1. To eliminate the number of aggressive incidents in the workplace
2. To establish, maintain, and evaluate a system for the reporting, investigating, and follow-up of aggressive incidents
3. To ensure that individuals are advised of the assistance available to them if they have been the victims of an aggressive incident

4. To educate individuals on the strategies for preventing and managing aggressive behaviour.

See also:

Quality Manual, Tab 4, HR-0380 Workplace Violence Prevention Program

Resident Care Manual 02-01-09, Aggression Management Program

Resident Care Manual 02-01-14, Harm – No Harm – Near Miss

ALCOHOL AND DRUGS

Policy

Employees shall not work while their ability is impaired by the effects of alcohol or drugs. Employees found to be working under the effects of alcohol or drugs will not be permitted to remain at work, and will be sent home. The supervisor/designate will ensure that the employee who is suspected to be under the effects of alcohol or drugs will not drive and will arrange for safe transportation. The employee will be subject to mandatory referral to counseling.

ATTENDANCE

Policy

It is the responsibility of every employee to attend work as scheduled on a regular and consistent basis. Employees are expected to be punctual and ready to commence work at the start of their scheduled shifts, at the end of their scheduled breaks, and to remain on duty until the stipulated quitting time.

Every employee is responsible for providing regular attendance in his or her respective job. A facility Attendance Management Program is in place to assist the employer in management of excessive absenteeism.

See also: HR-0460-2

BULLETIN BOARDS

Policy

Notices, posters and other materials may only be posted on designated bulletin boards. Posting, altering or removing any material from employee bulletin boards, or other bulletin boards within the facility must be dated and authorized by:

Chief Executive Officer	– for facility specific bulletin boards
Department Heads	– for department specific bulletin boards
O.H.&S. Committee	– for Safety and First Aid bulletin boards
Local Union Executive(s)	– for Union bulletin boards

BULLYING AND HARASSMENT

Policy

The German-Canadian Care Home is committed to ensuring the health and safety of its workers and will take all reasonable steps to prevent where possible, or otherwise minimize, workplace bullying and harassment. Bullying and harassment is not acceptable or tolerated in this workplace. All workers will be treated in a fair and respectful manner.

Directive

Definition

Bullying and harassment

- (a) Includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated, but
- (b) Excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment.

Examples of conduct or comments that might constitute bullying and harassment include verbal aggression or insults, calling someone derogatory names, harmful hazing or initiation practices, vandalizing personal belongings, and spreading malicious rumours.

Roles and Responsibilities

All workers must

- not engage in the bullying and harassment of other workers
- report if bullying and harassment is observed or experienced
- apply and comply with the GCCH's policies and procedures on bullying and harassment

Supervisors

All supervisors must ensure the health and safety of all workers under their direct supervision by

- Not engaging in bullying and harassment of workers, other supervisors, the employer or persons acting on behalf of the employer, and
- Investigate all reported incidents of bullying and harassment as per facility policy and procedure.

The employer must

- Provide to all employees the information, instruction, training and supervision necessary to ensure their health and safety.
- Develop a policy with respect to workplace bullying and harassment not being acceptable or tolerated;

- Take steps to prevent where possible, or otherwise minimize, workplace bullying and harassment
- Develop and implement procedures for workers to report incidents or complaints of workplace bullying and harassment including how, when and to whom a worker should report incidents or complaints. Included must be procedures for a worker to report if the employer, supervisor or person acting on behalf of the employer, is the alleged bully and harasser
- Develop and implement procedures for how the employer will deal with incidents or complaints of workplace bullying and harassment including:
 - How and when investigations will be conducted;
 - What will be included in the investigation
 - Roles and responsibilities of employer, supervisors, workers and others;
 - Follow up to the investigation (description of corrective actions, timeframe, dealing with adverse symptoms, and others), and
 - Record keeping requirements.
- Inform workers of the policy statement
- Train supervisors and workers on recognizing the potential for bullying and harassment, responding to bullying and harassment and on procedures for reporting, and how the employer will deal with incidents or complaints of bullying and harassment.
- Not engage in bullying and harassment of workers and supervisors, and
- Annually review this policy.

CANVASSING AND SOLICITATION

Policy

Canvassing, soliciting, borrowing, selling, and distributing of propaganda literature and merchandise to/from resident is prohibited at any time. Employees shall not solicit money or other gifts from our care home, or in the name of the German-Canadian Care Home, without first obtaining written permission from the Chief Executive Officer.

All canvassing and solicitations of items for the purpose of the auction and raffle at the annual Christmas Fest will be done in writing. All requests and letters will be signed or authorized by the Chief Executive Officer.

COMMUNITY RELATIONS

Policy

Employees are a vital link to our relationship within the community. Employees are expected to act professionally and to treat residents, families, volunteers, and visitors with dignity and respect. Guests visiting in the care home are expected to be treated as one would treat a special guest in our own homes.

CONFIDENTIALITY

Policy

All employees, volunteers and students shall protect the confidentiality of the personal information of clients and employees and the confidentiality of organizational information. A breach in confidentiality of client, employee or organizational information may result in termination of association with the German-Canadian Benevolent Society of BC ('Society'). There could also be legal consequences.

Reference is made to ENV-0120-1,-2,-3, *Protection of Personal Information*, Tab 5, Quality Manual

Procedures

Accountability

Each employee, volunteer, and student must comply with the Society's *Protection of Personal Information* policy, directives and procedures, ENV-0120, Tab 5, Quality Manual.

Identifying Purposes

Employees will use only care home approved form or care home approved software to collect information. Prior to collecting information employees will explain to the client the purpose for collecting the information. Employees shall make all reasonable efforts to ensure that clients fully understand why their personal information is being collected, how it will be used, and under which circumstances it can be disclosed.

Employees shall limit the collection of personal information from clients to what is needed to complete the required documentation.

Disclosure

Employees shall refer all requests for disclosure of information to their supervisors. When discussing resident personal information as part of the provision of care, staff must ensure privacy of resident information.

All requests for media interviews are referred to the Chief Executive Officer or to the President of the Board.

Safeguards

All employees must comply with the safeguards as outlined in the *Protection of Personal Information* procedures, ENV-0120-3, Tab 5, Quality Manual.

All staff, volunteers and students must sign an “*Acknowledgement of Confidentiality of Information Policy*” form at the time of orientation.

Staff Resources

Staff shall consult with their supervisors if they are uncertain about managing client or organizational information.

Supervisors may consult with Vancouver Coastal Health. If supervisors have questions about releasing clinical records, please contact VCH, Health Records at 604-708-5264. Questions about Freedom of Information requests shall be directed to VCH Legal Department at 604-875-5600 ext. 61843.

DRESS CODE

Policy

The German-Canadian Care Home personal appearance policy and directive will be followed by all employees. All employees are required to wear clothing that comply with WorkSafeBC regulations and is suitable for the work performed.

Directive

All employees are encouraged to wear appropriate clothes that fit and are suitable for the work performed. Clothing should not be shorter than 1 inch above the knee.

The Care Home will provide waterproof aprons for staff to wear when bathing residents and cloth aprons to be worn when serving food in the dining rooms.

Employees will wear footwear that complies with the Worker’s Compensation Board regulations. Direct care staff (nurses, care aides, maintenance and recreation staff) must wear non-slip footwear that provides protection to toes, heels, and feet. Office staff may wear open toe, open heel shoes.

Personal appearance, including clothing, jewellery and grooming shall reflect standards of cleanliness, appropriateness, utility, health and safety. For safety and infection control purposes, jewellery worn by direct care staff must be kept to a minimum. Plain rings, a watch, small facial jewellery/earrings (max ½ inch) and a medic alert bracelet are acceptable. Direct care staff must not wear chains or necklaces.

Each employee will wear an identification badge while on duty. Identification badges are to be visible and worn at chest level.

Nails must be short and well groomed.

In order to comply with public health requirements, direct care staff must refrain from wearing nail polish, artificial nails, stickers and nail tattoos.

Staff entering the kitchen must wear a hair net.

Blue jeans and gym clothes are not acceptable attire.

Exceptions to the dress code will be made during special events or celebrations such as Halloween or theme days.

EDUCATION

Policy

The German-Canadian Care Home recognizes the value of employee education and, where possible, financial assistance will be provided for courses or training which will enhance or upgrade the knowledge and skills of employees and hence the value of their service.

Directive

Employees attending relevant education courses, conferences, workshops, and seminars, may upon the recommendation/approval of their supervisor and the Chief Executive Officer, have the fee for the educational session paid or partially paid. The employee may be granted paid leave where the session takes place during regular working hours. Where travel is required, the employee may also be granted travel time with pay.

The maximum support for diploma programs will be 50% of the cost. The total paid toward a diploma program will not exceed \$1500.00 per employee. The employee must obtain approval from his/her supervisor prior to registration for the program if reimbursement is desired. Applications for education assistance are considered on an individual basis. Approval is granted based on benefit to the organization, relevance to the employee's position, and available budget.

Where comparable programs are not available in the local area, the care home may pay in full or in part for travel at economy fare, accommodations, and meals incurred while an employee attends these programs.

Procedure

1. Employee or supervisor may initiate the request for education using the "Request for Education" form.
2. Employee completes section 1 of the Request for Education form and forwards it to his or her supervisor.

3. The supervisor reviews the request and makes a recommendation to approve or deny. If denied, supervisor returns form to employee, if supervisor recommends approval of request, the supervisor forwards the form to the CEO for final approval.
4. CEO makes final decision on request, returns original to supervisor and forwards a copy to the Director of Finance.

EMPLOYEE ASSISTANCE PROGRAM

Policy

The German-Canadian Care Home provides an Employee Assistance Program which employees and their immediate family may access on a voluntary self-referral basis. Any interaction between the employee and the Employee Assistance Program is strictly confidential. Employees experiencing alcohol and drug abuse problems will be referred to the Employee Assistance Program for counseling.

EMPLOYEE IDENTIFICATION

Policy

Each employee will wear a care home approved identification badge during work hours. The identification badge must be worn at chest level. The identification badge will also be used to gain access to the care home in the event of a disaster.

For security reasons, identification badges must be returned at the end of the employment relationship.

Directive

1. Identification badges must be clearly visible and worn at chest level.
2. If an employee's name changes, a free adjusted identification badge will be supplied.
3. All identification badges are valid for five (5) years and will be replaced free of charge at the end of this time period.
4. Identification badges must be surrendered to the supervisor upon termination of employment with the German-Canadian Care Home.

EMPLOYEE RECOGNITION

Policy

The German-Canadian Care Home values its employees and recognizes their commitment and dedication throughout the year. To acknowledge employee contributions, the Care Home will plan regular employee appreciation events.

ENVIRONMENTAL HEALTH AND SAFETY

Policy

The German-Canadian Care Home is committed to providing a safe and healthy environment free from hazards. To this end:

- There will be a comprehensive, occupational health and safety program in place.
- Emergency and disaster procedures will be accessible to all staff.
- Emergency and disaster preparedness exercises will be conducted regularly.
- Emergency equipment throughout the facility will be tested regularly.
- There will be a facility-wide Infection Control program in place; each department will participate in the program.

EXPRESSION OF SYMPATHY

Policy

As an expression of sympathy, the German-Canadian Care Home will send a floral arrangement and, whenever possible, representation to the funeral of a deceased employee, or to the funeral of a member of an employee's immediate family.

GARNISHMENT OF WAGES

Policy

Should the German-Canadian Care Home be presented with a properly executed order of garnishment against an employee's wages, the care home must, by law, deduct the legal amount from the employee's wages.

GIFTS FROM SUPPLIERS

Policy

Acceptance of gifts from suppliers shall be at the discretion of the Chief Executive Officer. All staff will refer offers of supplier gifts to the Chief Executive Officer for consideration and distribution.

GRATUITIES

Policy

Employees are prohibited from taking any personal gratuity, such as money, jewelry, or other expensive gifts from residents and families. Small tokens of appreciation such as candy, cake, or cookies may be accepted.

KEYS

Directive

All regular employees will be provided with care home keys necessary to carry out their departmental duties. All keys must be returned upon termination of employment.

- Management Staff: Master key, management office key, departmental keys
- Nursing: Master key, closet key
- Recreation: Master key, hobby room/recreation storage key, library cupboard key
- Maintenance: Master key
- Admin Staff: Master key, office key, medical supplies room key

Casual staff will not be issued any care home keys. Casual staff will receive and sign for departmental keys at the start of their shift and return the keys at the end of their shift, as instructed by their supervisor.

Contracted staff may receive care home keys at the discretion of the Chief Executive Officer.

The Payroll and Accounting Lead will maintain a record and complete list of keys issued.

Procedure

1. Departmental keys will be given to the employee on his/her acceptance of a regular full or part time position.
2. A list of keys provided to each employee will be documented and the form filed in the business office.
3. Upon termination of employment, keys must be returned to the supervisor. The supervisor will forward the key to the Payroll and Accounting Lead. The Payroll and Accounting Lead will pull the form issued to the employee on hire and will sign the form indicating that the keys are returned.
4. The signed form will be filed in the employee file.

The Payroll and Accounting Lead will return the keys to the Director of Maintenance.

LANGUAGE

Policy

In performing daily tasks and conducting the business of the German-Canadian Care Home, staff are to use English as the working language. When addressing residents, their family, or visitors directly, staff who have the necessary language skills are encouraged to use the language with which the resident is most comfortable.

LAW ENFORCEMENT

Policy

Law enforcement personnel must have approval from the Chief Executive Officer before visiting with a resident on any law enforcement matter, and may be required to have a nurse and/or family member present during the visit.

LEGISLATION

Policy

The German-Canadian Care Home and its employees will adhere to all requirements of the Vancouver Coastal Health Authority and all applicable legislation.

LOST/ STOLEN ARTICLES

Policy

The German-Canadian Care Home is not responsible for lost or stolen articles/money brought into and kept in the care home. The German-Canadian Care Home will not replace personal articles, monies, uniforms, shoes, or other lost or stolen items.

MEDICAL CERTIFICATE

Policy

All employees of the German-Canadian Care Home are required to submit a medical certificate prior to commencing orientation and at other times as requested. The medical certificate must confirm that the employee is free of any communicable disease and is physically and mentally able to carry out their assigned duties.

See also policy "HR-0490 Documentation for new Hires" in this Manual.

PERFORMANCE APPRAISAL SYSTEM

Policy

The German Canadian Care Home has a performance review system in place whereby a performance review is completed at least once during the first three months in a new position within the facility and annually thereafter. Performance reviews may be conducted more often if necessary.

Directive

It is the responsibility of each department head to ensure that performance reviews are completed as per above policy.

Procedure

Annual Reviews

1. The payroll and accounting lead will distribute an employee list including the following information:
 - a. Name of employee
 - b. Employment status
 - c. Department
 - d. Date of hire
 - e. Hours worked
2. This list will be distributed to each department head at the beginning of the calendar year.
3. The department head will schedule the performance review dates ensuring that each employee receives one formal performance review annually.
4. Each performance review must be signed by the employee and supervisor/appraiser. If employee does not agree with the review, employee is to indicate this under the "Employee Comments" section.
5. The completed performance review will be forwarded to the CEO for signature.
6. The CEO will forward review to Payroll & Accounting Lead for filing.

Probationary Reviews

1. Each supervisor will monitor biweekly seniority list for completion of probationary period as per the respective, collective agreements:
 - a. HEU – the first three (3) calendar months of continuous service with the employer. This applies to full time and part time employees.
 - b. BCNU – the first three (3) months of employment. For regular part time employees, the probationary period shall be 468 hours worked.

PERSONAL EXPENSES

Policy

All personal expenses are to be submitted on an Expense Report form with original receipts attached. Expense reports are to be submitted within 60 days and will be approved by the supervisor before being submitted to the finance department for payment.

PROGRESSIVE DISCIPLINE

Policy

With the exception of serious offenses, the German-Canadian Care Home utilizes a system of progressive disciplinary action to help a staff member develop, overcome problems and change unacceptable behaviour with the desired result of meeting employer expectations.

RELATED EMPLOYEES

Policy

Employees will not be supervised by a relative, spouse or partner. Where possible, relatives of residents providing direct care will not be scheduled for work in the same Haus the resident is residing in.

RETIREMENT

Directive

The German-Canadian Care Home will support employees to make effective decisions regarding their retirement date and employees will provide as much reasonable advance notice as possible of the date on which they intend to retire to support workforce/succession planning objectives.

PROCEDURE

1. An employee considering retirement should discuss the matter with his or her supervisor providing as much reasonable advance notice as possible of the intended date, to ensure sufficient time for workforce planning and preparation of the necessary documentation for pension and benefit entitlement options.
2. To determine an estimated projection of pension income from the Pension Corporation, employees can visit the Pensions BC website at <http://www.pensionsbc.ca>. Via telephone, the Municipal Pension Plan can be reached toll free at 1-800-668-6335 and the Public Service Pension Plan can be reached toll free at 1-800-665-3554.
3. Once an employee has decided to retire, he or she must provide a signed letter to his or her supervisor at least 60 days in advance indicating the date of retirement, with a copy to the Director of Finance.
4. Employees who have decided to work beyond age 65 are to be advised of any changes to their benefit plans that may take effect at age 65 or beyond. The Director of Finance will notify each employee approximately six (6) months before the employee reaches age 65. This notification will advise employees of any pending changes in benefit entitlement. Employees are encouraged to make an appointment with the Director of Finance to discuss these changes to ensure their understanding of those changes and to make an effective decision regarding retirement or continuing employment.

5. Employees may elect early retirement under the Pension Plan, provided they meet all the relevant criteria as outlined in the Pension Plan. Employees are encouraged to contact the Pension Corporation of British Columbia for information and pension estimates at least one year prior to their anticipated early retirement date.

SMOKING Policy

The German-Canadian Care Home will comply with the smoking regulations of the City of Vancouver and the smoking regulations of the Adult Care Regulations.

Part 3, para 23 of the Adult Care Regulations stipulate that

- a) No one other than a person in care smokes while on the premises of a community care home,
- b) Employees do not smoke while supervising persons in care, and
- c) If necessary for the safety of the person in care, a person in care who is smoking is supervised.

Smoking will only be permitted in designated areas which meet the smoking regulations of the City of Vancouver.

The designated smoking areas for residents are located

- outside Building 1, on the north side of the building, and
- in the gazebo located in the outdoor area of Berlin Haus.

Smoking is not permitted on the care home bus.

Smoking is not permitted anywhere inside the building.

T.B. TESTING AND IMMUNIZATIONS Policy

All employees must provide results of T.B. skin test or chest x-ray, hepatitis screening and proof of Covid vaccination at commencement of employment and where required thereafter.

Preventative Hepatitis B Vaccine will be provided free of charge to any staff member who may be directly or indirectly exposed to blood and/or body fluids. Hepatitis B vaccine is administered in a series of three doses with the second dose given one month from the first dose, the third six months from the first dose. Proof of seroconversion is required.

All employees are encouraged to participate in the flu vaccination program which is available in the late fall of each year. The program is available free of charge to employees.

TELEPHONE CALLS

Policy

Telephones are to be used for official business only. Personal calls may only be made while on an authorized meal or coffee break. Personal calls are not to be placed from a resident's telephone. Personal cell phones and Bluetooth earphones are not to be worn or used by employees during work time.

Employees shall not use the care home's telephones to place personal, long distance phone calls.

THEFT

Policy

Theft of any kind will not be tolerated at the German-Canadian Care Home. Theft or attempted theft by an employee or volunteer will result in disciplinary action up to and including termination and may be reported to the Vancouver City Police and Vancouver Coastal Health.

VACATIONS

Policy

Each regular and part time employee must take their full vacation entitlement annually. Vacation is not cumulative from calendar year to calendar year.

Regular new employees will not be entitled to vacation time off until they have completed a minimum of six (6) months continuous service.

If an employee transfers to a new department or a new position after the vacation selection deadline has passed, an attempt will be made to comply with the transferring employee's vacation request.

Directive

1. Employees will have their vacation entitlement calculated in days.
2. The employer will schedule vacations as per each applicable collective agreement.
3. Vacation time shall be allotted **from the months of January through to December**. Subject to operational requirements, scheduling of vacations shall be in accordance with seniority within a department. Where an employee chooses to split their vacation, they shall exercise seniority rights in the choice of the first vacation period. Seniority shall prevail in the choice of the second vacation period, but only after all other first vacation periods have been selected. Seniority shall prevail in the choice of subsequent vacation periods in like manner.

4. Part time employees will be credited with and granted vacation with pay based on a proportionate amount of vacation entitlement. Vacation pay entitlement will be reviewed and adjusted two times per year.
5. At least one (1) block of vacation must be five (5) days in duration.

Procedure

1. Vacation requests for the calendar year must be submitted in writing to the supervisor by 31 October of the previous year. Vacation Request forms are available from the Admin Assistant or near the punch clock.
2. Employees must submit their requests for blocks of vacation, including single days, in the format of first choice, second choice, third choices, and so on. **Alternate vacation dates must be included, alternate vacation dates can be same as a lower ranking choice (example: alternate for 1st choice can be the same as the second choice).**
3. Approval notification of vacation requests will be provided to employees by 30 November of the year previous to the vacation year.
4. Missed submission deadlines: vacations **not requested** by 31 October should be submitted as far in advance as possible but a minimum of seven (7) calendar days of the requested vacation date. The application of seniority in the granting of these vacation requests would not apply.
5. **After September 1st of each year, the employer will have the right to assign unscheduled vacations for the same year.**
6. All vacation days must be taken in accordance with the respective collective agreements.

TIME-OFF REQUESTS

1. All requests for time off must be submitted to the supervisor in writing using the Leave Request/Payroll Form a minimum of seven (7) calendar days prior to requested date. Time off includes vacation time including pre-approved vacation time, banked time, education leave, union leave (employer paid and union paid) unpaid leave of absence, maternity leave, jury duty and lieu days.
2. For vacation requests submitted seven (7) days before the vacation start date, the supervisor will notify the employee **within 3 business** days whether the request was approved or not approved.
3. In case of an emergency the employee must make every effort to notify the supervisor as soon as possible of his or her absence. The employee must make every effort to connect with the supervisor in person or by phone. The employee must submit a written time off request to the supervisor on his or her return to work.

4. It is the responsibility of the employee to keep the supervisor informed at all times of any planned or unplanned absences.

WORKPLACE VIOLENCE PREVENTION PROGRAM

Policy

The German-Canadian Care Home is committed to providing a workplace that is free of violence and aggression. The German-Canadian Care Home will ensure that risks of violence to employees are identified and appropriate prevention programs and/or practices are established that eliminate or minimize those risks, consistent with the requirements of the Occupational Health and Safety Regulations. Employee safety and health shall receive the same priority as resident safety and wellbeing.

Scope

The Workplace Violence Prevention Policy applies to all employees of the German-Canadian Care Home.

Definition

The Occupational Health and Safety Regulation Section 4.27 defines violence as

“the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker.”

Violence also includes any threatening statement or behavior which gives a worker reasonable cause to believe that he or she is at risk of injury.

Risk may arise from residents, the public including families and visitors, or from working alone on a floor.

Categories

- Threats (direct or indirect) delivered in person or through letters, phone calls or electronic mail
- Intimidating or frightening gestures such as shaking fists at another person, pounding a desk or counter, punching a wall, angrily jumping up and down, or screaming.
- Throwing or striking objects
- Stalking
- Wielding a weapon, or carrying a concealed weapon for the purpose of threatening or injuring a person
- Not controlling a dog menacing (for example, growling at) a worker
- Assault such as kicking, hitting, biting, grabbing, pinching, scratching or spitting.
- Injuring a person by using an object such as a chair, cane, or a weapon such as a knife, gun or blunt instrument.
- Verbal hostility and abuse

Directive

The German-Canadian Care Home will conduct regular assessments on the risk of violence in the workplace. The risk assessment includes the consideration of previous work experience, occupational experience in similar workplaces, and the location and circumstances in which work will take place.

The German-Canadian Care Home will have processes in place for reporting and investigating incidents. Each incident will be investigated and follow-up actions will be identified and implemented.

The German-Canadian Care Home will instruct its employees of the risk of violence in the workplace during the initial orientation to the facility and at regular intervals thereafter.

The German-Canadian Care Home has developed the following procedures to eliminate or, if not possible, minimize the risk to workers from violence and aggression from residents, the public and while working alone:

1. Workplace Violence Prevention Program, HR-0380-1,2,3, Quality Manual
2. Aggressive Behavior Management, HR-0020-1, Quality Manual
3. Aggression Management Program, CARE-0070-1, Quality Manual
4. Aggression Management Program, 02-01-10, Resident Care Manual
5. Least Restraints & Maximizing Freedom, CARE-0090-1,-2, Quality Manual
6. Personal Violence Response, Page 71, Part 23, Fire Safety/Disaster Plan
7. Intruder, Page 73, Part 23, Fire Safety/Disaster Plan

Roles & Responsibilities

Employer

The Employer will ensure that

1. A Workplace Violence Prevention Program is implemented and reviewed for its effectiveness at least every year.
2. All workers who may be exposed to the risk of violence are informed of the nature and extent of the risk.
3. All workers are informed of the risk of violence from residents who have a history of violent behavior and who workers are likely to encounter in the course of their work.
4. All workers who may be exposed to the risk of violence are instructed in
 - the means for recognition of the potential for violence,
 - the procedures, policies and work environment arrangements which have been developed to minimize or effectively control the risk to workers from violence
 - the appropriate response to incidents of violence, including how to obtain assistance, and
 - procedures for reporting, investigating and documenting incidents of violence.
5. Door locking procedures are in place to protect workers from intruders.

Quality Improvement Team

The Quality Improvement Team will

1. review all employee incidents on a quarterly basis
2. review recommendations made and follow up action taken,
3. will make recommendations for changes to policy and procedures if necessary.

OH&S Team

The OH&S Team will

1. review all employee incidents on a monthly basis
2. will make recommendations for follow-up action

Supervisors

Each supervisor will

1. ensure each incident report is investigated
2. conduct a risk assessment following each reported incident of resident aggression to staff
3. ensure staff is informed of risk of aggression using established facility processes.

Director of Care

The Director of Care will ensure that

1. each resident is screened for their risk of aggression on admission and annually thereafter
2. any risk identified is recorded in resident chart, care plan #1 which is posted in resident room,
3. risk is communicated to nursing staff during shift change report
4. risk is communicated to contracted food services staff, housekeeping staff and laundry staff by notifying Director of Support Services
5. risk is noted in 24-hour report, and
6. follow up actions are noted in resident chart and on care plan #2.

Workers

Each worker will

1. provide input into risk assessments,
2. attend training session when requested,
3. provide input into development of the local Violence Prevention Policy by participating in staff surveys or providing input via the OH&S team,
4. follow procedures for prevention of violence,
5. report incidents of violence by completing the *Employee Incident Report* (attached), and reporting to the nurse in charge of the floor, and
6. comply with care home policies, directives and procedures.

Procedures

Risk Assessment

Assessments for the risk of violence in the workplace will be done as follows:

1. Each supervisor will conduct a risk assessment following each reported incident of resident aggression to staff and other incident of violence in the workplace.
2. Each investigation shall include recommendations on how the identified risk can be eliminated or minimized.

Facility Policies and Procedures

1. All reported incidents of violence in the workplace shall be reviewed by the OH&S Team on a monthly basis. Discussion shall include recommendations on the prevention of future incidents.
2. All incidents and findings reported by the OH&S Team shall be reviewed by the Quality Improvement Team on a quarterly basis. If indicated the Quality Improvement Team shall review policies in place and make recommendations for amendments if necessary.

Education and Training

1. Each employee shall receive information on identified risks during general orientation and annually thereafter.
2. Each employee shall receive information on established care home processes during the general orientation and annually thereafter.

Review

1. The management team shall conduct an annual review of the Violence Prevention Program by
 - a. Reviewing annual incident rates
 - b. Comparing rates to previous years
 - c. Reviewing recommendations made by OH&S Team and Quality Improvement Team
 - d. Implement changes

WITNESSING DOCUMENTS

Policy

Staff members are not to witness a signature on legal documents for any resident or family member. In the event a witness for a signature is required the Chief Executive Officer must be consulted.

CALLING IN ADDITIONAL STAFF

Policy

If additional staff, **in excess of the scheduled staffing complement**, are immediately necessary due to emergent circumstances either within a particular shift or for the next shift, and no management personnel are on the premises or otherwise immediately accessible to the Registered Nurse-In-Charge (either in person or by telephone), the Registered Nurse-In-Charge shall have the authority to call in additional staff.

Procedure

1. When receiving a request for additional staff, the Registered Nurse-In-Charge of the care home shall assess the circumstances and, in his/her best clinical judgement, determine whether calling in additional staff is the best solution for solving the problem identified.
2. If the assessment demonstrates that additional staff are required and that there are no other reasonable alternatives, the Registered Nurse-In-Charge will immediately try to contact the management person "On Call" for approval.
3. If the management person "On Call" is not **immediately** accessible, the Registered Nurse-In-Charge shall have the authority to call in additional staff.
4. The Nurse-In-Charge will notify the affected Department Supervisor of the decision to add additional staff.

CREDENTIALLING

Policy

All staff employed at the care home shall have the proper credentials for the department(s) they will work in.

See departmental manuals for procedures.

CASUAL EMPLOYEE AVAILABILITY

Directive

The German-Canadian Care Home's expectations for its casual employees are consistent with the expectations for all its employees. Casual employees are expected to be familiar and comply with the organization's policies and procedures. They are expected to work in a manner consistent with their department's practices and procedures. They are expected to be sufficiently available for casual work assignments, and to ensure that their contact information is current.

Purpose

To provide clearly defined expectations for all casual employees. To provide a standard method of determining sufficient availability which meets the operational requirements of the organization and which conforms to the (H.E.U.) Facilities Subsector Collective Agreement, and the (B.C.N.U.) Provincial Collective Agreement.

Procedure

1. Casual employees are expected to provide written statements of their availability (see attached form). Any change to the availability must immediately be communicated in writing to their Department Director or designate.
2. Casual employees are required to be available for work with sufficient frequency to justify the ongoing relationship with the employer. The organization defines sufficient frequency as acceptance of 225 hours for HEU employees and 400 hours for BCNU employees over a 12-month period.
3. Casual employees who aren't sufficiently available for work for a period of one year will receive a letter of expectations regarding availability. If the Casual employee is unable to provide sufficient availability within three calendar weeks of the letter's mailing date, their employment status will be reviewed and possibly terminated.
4. Once a Casual employee has accepted a work assignment, they are expected to complete the assignment. It is not acceptable for a Casual employee to refuse an assignment or part of an assignment once they have accepted it. A refused or de-booked shift will be counted as being not available.
5. Casual employees assigned to a block of work are considered unavailable for additional blocks of work if there is any overlap in the assignments. The responsibilities of Casual employees with respect to working accepted shifts are the same as those of a regular employee.
6. Casual employees are required to provide their Department Director or designate with current information related to their mailing address and contact phone number.
7. Casual employees who seek to absent themselves from work opportunities for a period in excess of three (3) months must provide the Department Director with a letter stating the reason for absence. The Department Director will review the reason for approval purposes.
8. The employer may have proper cause to terminate a Casual Employee who is not reasonably available for work as defined in para 2. Whether a termination is the appropriate disciplinary response will depend on a review of the entire employment record.

Communicating availability

1. Part timers and casuals must provide their availability in writing by using the casual availability form (see attached) or by email to scheduling@gcch.ca.

2. Only employees who have provided their availability will be called for shifts.
3. Employees who have not provided their availability will be considered as not being available for work and will not be called.

Availability to work:

1. Casuals who accept a block of shifts that they cannot work in its entirety may be subject to disciplinary action.
2. When a casual employee has not accepted work for a period in excess of six months, the Department Director will send the employee a “double-registered” letter summarizing the employee’s availability record.
3. The casual employee will be asked to respond to the letter within three calendar weeks of the letter’s mailing date. The employee will be asked to indicate his or her availability for work on an on-going basis.
4. The letter will also notify the casual employee that his or her name will be removed from the Casual Registry if their response is not within the three calendar weeks.
5. If the casual employee responds before the deadline indicating a desire to remain on the casual registry, the employer will request availability and monitor future attendance. If the casual employee continues to be less than reasonably available for work, the employer will repeat steps 1, 2, 3 and 4 and will put the casual employee on notice that termination for lack of reasonable availability is being considered. If the pattern of lack of availability persists for an additional three months, the employer will proceed to termination.

EMPLOYEE POSITION/ DEPARTMENT CHANGE

Directive

When an employee changes department and or status i.e. casual or part time or part time to full time an Employee Position/Department change form must be completed by the Director of the receiving department.

Procedure

Prior to the start date of new status and/or department change the Employee Position/Department change form must be completed by the Director of the receiving department and submitted to the Human Resource Department.

ORIENTATION FOR EMPLOYEES WHEN MOVING TO A NEW DEPARTMENT

Directive

When an employee transfers from one department to another they will receive an orientation. The length of the orientation will be based upon individual needs as determined by the department director.

In general terms transferring employees will receive:

- Recreation one shift
- Maintenance one shift
- Nursing one shift for each shift to be worked

MINIMUM ORIENTATION STANDARDS FOR NEW EMPLOYEES

Directive

All new employees get a half-day general orientation to the facility. In addition, staff receive departmental orientation shifts.

RETURN TO WORK PROGRAM

Directive

The German-Canadian Care Home supports selective/light employment as an important component of a worker's rehabilitation and recognizes the value of maintaining an injured worker's positive connection to the workplace. It has been demonstrated that the earlier a worker is able to safely return to productive employment following an injury, the more likely he or she is of obtaining maximum recovery.

The German-Canadian Care Home has implemented a Return to Work Program to assist employees who were injured while performing their duties to return to work safely and in a timely manner.

The Return to Work program is

- flexible
- geared specifically to each individual
- within a definitive time frame
- the employee is supernumerary
- the employee will be reimbursed to the equivalent of full salary for hours worked.

Procedure

Once WorkSafeBC has accepted a worker's claim and it has been established that the worker will be off work beyond the day of injury:

1. The supervisor will contact the employee and will discuss with the employee the Return to Work program.
2. If there are no obvious reasons which would prevent the employee's participation the supervisor will mail a letter outlining the available light duties and the physical assessment form to the employee with the request to complete the consent portion of the physical assessment form and take the form to their physician for completion. If the employee does not take the physical assessment form to his/her physician, a second letter will be sent with copies to the WorkSafeBC claims manager and employee's physician.
3. Once the employee consents to the program participation and the physician completes and returns the physical assessment form, the supervisor will meet with the employee and agree on an RTW plan (type of duties, time frame).
4. The WorkSafeBC contact person will liaise with the WorkSafeBC claims manager regarding the employee's progress.

Program Outline

Responsibilities

Employer

- to ensure that an RTW program is in place and to ensure the effectiveness of the RTW program is evaluated annually.

Department head

- contact the employee and obtain the employee's consent to obtain a physical assessment from their physician;
- develop a list of light duties for the employee considering the employee's injury;
- meet with the employee and develop a definitive time frame for the RTW program;
- monitor the employee's progress while the employee is on the Return to Work program.

WorkSafeBC contact person

- develop program goals and annual objectives;
- develop, coordinate, implement and maintain the RTW program;
- compile RTW statistical reports;
- monitor RTW statistics;
- keep all records pertaining to an employee's RTW program (incident report, first aid report, physical assessment form, correspondence);
- liaise with WorkSafeBC

Employee

- remain in regular (at least once a week) contact with the employer (supervisor/delegate) while on WorkSafeBC leave
- support the RTW program
- participate in the development of the list of light duties and time frame for his/her RTW program;
- notify the supervisor of any difficulties, problems, desired changes to his/her RTW program;
- obtain a *fit to work* certificate from their physician at the completion of the RTW program.

DOCUMENTATION FOR NEW HIRES

Directive

The Department Director or delegate shall screen all potential employees to determine their qualifications and appropriateness for the position for which they are applying. The Department Director must receive the following documentation, **before the orientation is scheduled or before scheduling the first day of work, whichever comes first:**

- a. A TB skin test showing negative results.
- b. 2 positive reference checks
- c. a criminal record check conducted by the Ministry of Public Safety & Solicitor General, Criminal Records Review Program (CRRP). Note: professional staff who are submitting to this criminal record check as part of their licensing process do not need to provide documentation on a clear criminal record check providing they show proof of a valid license.
- d. A letter from their physician stating that they are fit for work and clear of communicable diseases, and
- e. Copies of all other position relevant certifications, degrees, diplomas, etc.
- f. Proof of registration with the BC Care Aide registry (HCAs only)
- g. MPP status form
- h. Proof of Covid vaccination

Each employee must provide proof of up-to-date licenses annually and must submit to a criminal record check every five years.