

Section 5.1

HARM REDUCTION POLICY

Date Issued: Amended March 2006

Distribution: All Employees and Board Members

POLICY

The Lethbridge HIV Connection acknowledges that as human beings with the capacity to choose, we are exposed to risk on an ongoing basis.

Harm reduction is a set of non-judgmental approaches and strategies aimed at providing and enhancing the knowledge, skills, resources, and supports for individuals to be safer and healthier. The goal of harm reduction is to minimize negative outcomes resulting from risky behaviours.

The Agency acknowledges that risky behaviours occur along a continuum ranging from minimal to extreme and any change reducing the risk associated with the behaviour, no matter how small, is positive.

The Agency recognizes that harm reduction is integral to addressing the complex needs of the persons we serve, and that we have an organizational responsibility to promote the adoption of harm reduction practices in the general community. This responsibility includes an organizational obligation to act as a catalyst for the creation of services in the community when there is no existing service to adopt or offer the harm reduction practices needed by the persons we serve.

PROCEDURES

Non-Prescription Needle Use

HIV and other infections are transmitted via risky non-prescription needle use. Non-prescription needle use includes any behaviour where needles are used for purposes other than the delivery of prescribed medication. This includes needles used for tattooing and piercing, as well as needles used for injecting non-prescription substances.

The purpose of this policy is to support the development and adoption of harm reduction with attention to non-prescription use for individuals, organizations, and society at large.

The Lethbridge HIV Connection will provide these supports to individuals by:

- Coordinating the needle exchange program in the Chinook Health Region;
- Promoting safer needle use practices;
- Ensuring that all staff are knowledgeable and skilled with harm reduction strategies related to non-prescription needle use;

- Working with provincial counterparts (Non-Prescription Needle Use Consortium) to increase their skills and abilities to include harm reduction strategies with their non-prescription needle use; and
- Maintaining a relevant and current, publicly accessible resource centre.

The Agency recognizes that abstaining from non-prescription needle use is only one of many harm reduction strategies, and not appropriate for everyone.

The Agency will provide these supports to organizations by:

- Working in partnership with other community agencies and organizations to develop and implement appropriate harm reduction policies, strategies, and programs with attention to non-prescription needle use;
- Promoting the creation of agencies and organizations to develop and implement appropriate harm reduction policies, strategies, and programs when there are no existing agencies with which to partner; and
- Maintaining a relevant and current, publicly accessible resource centre.

The Agency will provide these supports to society at large by:

- Offering, supporting, promoting and advocating services, policies, and legislation which respect the dignity and rights of non-prescription needle users;
- Minimizing the social barriers that non-prescription needle users encounter in staying safe and healthy by promoting and supporting the creation of services, policies, and legislation espousing the general philosophy of harm reduction;
- Advocating for legislative and social policy changes, which eliminate drug violence and drug related crime; and
- Recognizing that criminalizing non-prescription needle use promotes reliance on costly socially destructive and counterproductive criminal justice measures of drug control.

Sexual Practices

HIV and other infections are transmitted via sexual practices. Risky sexual practices include any behaviours of sexual expression associated with a risk of infection. This includes behaviours posing a theoretical risk of HIV infection such as wet kissing and behaviours posing a low risk of HIV infection such as unprotected oral sex, as well as behaviours posing a high risk of HIV infections such as unprotected sexual intercourse.

The purpose of this policy is to create support to help individuals, organizations, and society to develop harm reduction practices with attention to risky sexual behaviours.

The Agency will provide these supports to individuals by:

- Maintaining baskets of free condoms and lube in a public location at the Agency office that service users can readily access;
- Ensuring all staff are knowledgeable and skilled in harm reduction strategies related to safer sexual practices;
- Explaining safer sexual practices to individuals accessing our information lines;

- Maintaining a relevant and current, publicly accessible resource centre;
- Encouraging people to practice non-penetrative sexual behaviours that are of lower risk;
- Encouraging people to limit the number of sexual partners and to know their sexual partner (i.e. limit or avoid opportunistic sexual behaviours);
- Recognizing abstinence and celibacy as viable alternatives and harm reduction approaches.

The Agency will provide these supports to organizations by:

- Working with organizations to make safer sexual supplies more readily available for their service users;
- Working in partnership with other community organizations and agencies to develop and implement appropriate harm reduction policies, strategies, and programs with attention to sexual safety;
- Maintaining a relevant and current, publicly accessible resource centre; and
- Providing professional in-service and community workshops, teaching, and promoting sexual safety.

Needle Exchange Program Procedures

Harm Reduction is the attempt to keep people as safe and healthy as possible in their given practices and lifestyles realities. By providing and enhancing knowledge, skills, resources and support, we hope to reduce the harm done to those engaging in high risk behaviours involving drug use as well as the overall community.

Harm Reduction is a community approach. We value partnerships with:

- The Community Harm Reduction Network. The purpose of the Community Harm Reduction Network is to provide coordinated, collaborative population health approaches to the delivery of Harm Reduction services within the Chinook Health Region.
- The Community Substance Abuse Response Team. The CSART is an overreaching collaborative community group focused on developing a community voice, community awareness and engagement. The purpose of CSART is to coordinate initiatives and resources to reduce the harm caused by substance abuse and addictions in Lethbridge and South West Alberta.
- The Chinook Health Region.
- The City of Lethbridge.
- The pharmacies participating in the needle exchange program.
- Other community agencies.

The Agency is involved in the following harm reduction / prevention initiatives:

- Increasing community awareness through workshops on harm reduction with professionals, students and community groups;
- Increasing knowledge and skills of groups at risk for HIV/Hepatitis C at the Lethbridge Correctional Centre, at Kainai Correctional Services, at the Southern Alcare Manor, and by participating in health fairs, youth events, etc.
- Distribution of condoms to individuals and community organizations requesting them (MUST, GALA/LA, TRAC Youth Outreach, Women's Centre at U of L, etc.)

- Managing the Needle Exchange Program, run currently through two pharmacies (Draffins Pharmasave and Norbridge) and at the Lethbridge Shelter and Resource Centre once a week. The Chinook Health Region provides the needles, alcohol swabs, filters & ties, and sharps containers, and disposes of the sharps containers collected through the program. The Lethbridge HIV Connection provides condoms, paper bags, information, and monitors the program.
- Installation of 6 needle drop boxes.

In addition to continuing with existing services, the Agency is planning to start an in-house needle exchange service and direct staff contact with people who inject drugs and other related target populations in April/May 2006, in our new office building. This will improve the provision of care and support to populations at risk for HIV, Hepatitis C, and other health problems related to drug use. This will also allow for a greater involvement of people who inject drugs and related target populations in the harm reduction program development, delivery and evaluation.

The in-house Needle Exchange Program will run during office hours, between 8:30 am and 4:30 pm from Monday to Thursday. There will be a designated area for needle exchange in the Agency office. Employees running the program will abide by Policy Section 2.3, Health and Safety. Should there be only one staff member, practicum student or volunteer in the building, the office doors shall remain locked and the needle exchange will be temporarily closed.

The in-house needle exchange will continue providing clean needles, alcohol swabs, condoms, lubricants, ties, and filters. Information and support will be provided as needed and appropriate. Information gathered from needle exchange clients will be kept in their personal file, and shall include but will not be limited to their name (alias, if desired), sex, list and number of supplies given out, whether or not supplies were dropped off or returned, and whether or not there was an opportunity for support or referrals. A note shall be made if a referral is made to an agency outside the Lethbridge HIV Connection.

The needle exchange will be monitored and evaluated as per the overall evaluation plan for the Agency.

Section 5.2 SPECIAL NEEDS FUND POLICY

Date Issued: October 1995, Revised June 2001, Revised September 26, 2005, Revised October 22, 2007

Distribution: All employees, volunteers, clients

MANDATE

The Special Needs Fund is maintained to assist persons who are HIV positive and/or Hepatitis C positive in times of financial crisis occurring as a direct result of the illness. This fund facilitates access to medicine and related special needs; services and support in larger urban centers that are unavailable in Lethbridge. The fund is intended for use when other avenues of financial assistance are not available.

GUIDELINES

Since the Special Needs Fund is supported by community donations and grants, the Agency is committed to ensuring that these funds go directly to persons affected by HIV and/or Hepatitis C.

Application Guidelines

Clients applying to the fund will make an appointment with the Client Services Coordinator to determine their eligibility.

- First time applicants will be required to validate their HIV and/or Hepatitis C status (i.e. lab results or permission to discuss with physician);
- Clients must demonstrate a genuine need for financial assistance that is directly related to the HIV and/or Hepatitis C infection;
- A copy of the bill or proof of need (receipt) is required.

Any demonstrated evidence of fraudulent use of the fund will disqualify the applicant from further financial assistance for a period of one year.

Access to this fund is a privilege and not a right. Application for assistance in no way guarantees approval. The Agency has the right to verify that money granted was spent as requested

Request for funds must be made in advance. In most cases, it will take 3 business days to process an application.

The following expenses may be covered:

- Travel to Calgary for medical appointments/treatment related to HIV and/or Hepatitis C status if no other source of funding is available (such as transportation fund for First Nations clients), and if such medical services are not available in Lethbridge.
 - When traveling by vehicle:
 - \$75.00 for gas & parking and \$20.00 for local transportation and lunch.
 - When traveling by bus:
 - Return bus ticket;
 - \$20.00 for local transportation and lunch;
 - When an overnight stay is absolutely necessary, hostel rates will be covered.

- Transportation by bus for medical appointments in Lethbridge if no other source of funding is available (maximum of 4 bus tickets/month/client).
- Emergency Dental Care (if no alternative coverage available).
- Complementary/alternative therapies when recommended by a physician.

The following expenses will not be covered:

- Medication used to treat Hepatitis C (interferon, Ribavirin, Peginterferon, and combination therapies).
- Routine dental care.
- Cosmetic procedures.
- Prescription eye glasses (unless a change of prescription is required due to HIV condition).
- Payment of any housing related expenses (damage deposits, rent, utilities, etc.).

For requests other than those listed above:

- Applications will be reviewed by the Client Services Coordinator. He/she will make a recommendation to the Executive Director and/or Client Services Committee about the appropriateness of the request.
- Clients will be able to access the fund for requests other than medical appointments no more than three times a year up to a maximum of \$200 per year.

Management of the Special Needs Fund

The Executive Director is responsible for managing the Special Needs Account. He/she is assisted by the Client Services Committee whose members, including but not limited to, one family member and/or friends of HIV and/or Hepatitis C positive clients, and at least one Board Member of the Agency, are appointed by the Board.

The Executive Director will present a proposed budget for the fund to the Board at the beginning of each fiscal year. The budgeted amount will be ratified by the Board of the Agency.

The Client Services Coordinator will act as advocate when presenting a request for funds to the Executive Director. The Executive Director will review the request and then provide a decision. All requests exceeding \$200.00 must be reviewed by the Client Services Committee.

Decisions by the Executive Director may be appealed to the Executive of the Agency Board. The appeal will involve the individual making the request, the Client Services Coordinator as the advocate, the Executive Director and the Executive of the Board. The appeal process may be done over the phone. All decisions made by the Board are final.

Section 5.3 VOLUNTEER POLICY

Date Issued: September 3, 2003

Distribution: All Volunteers

POLICY

The Lethbridge HIV Connection is committed to offer meaningful volunteer opportunities in our community. Volunteers will be treated with dignity and respect and receive recognition for their work.

PROCEDURE

- Volunteer opportunities
 - Volunteer opportunities identified by the Board or staff members will be posted at various locations, such as education institutions, with Volunteer Lethbridge, and through the media.
 - Volunteer opportunities will be tailored to meet the particular skills and expertise of volunteers.
- Application procedure
 - Volunteer applicants will fill out an application form (found in section 6).
 - Applicants interested in joining the Board of Directors will fill out an additional application form (see section 6).
 - Volunteer application forms will be reviewed by the Resource Coordinator and the Executive Director to determine whether the qualifications, skills and expertise of the applicant meet the requirements to fill a volunteer opportunity. Volunteer applicants will be informed within one week as to the status of their application.
 - Applications to join the Board of Director will be reviewed by the Chair and/or Vice-Chair of the Board.
 - Interviews and Reference checks may be conducted as part of the application process.
- Orientation
 - All new volunteers will receive an orientation which includes at least:
 - Basis information about HIV/AIDS, Hepatitis C, and Harm Reduction;
 - Review of the Vision, Mission of the Agency, and services provided;
 - Review of the TB and other communicable diseases policy.
 - All new volunteers will sign an oath of confidentiality.
- Job descriptions
 - Volunteers and their supervisors will agree on a job description.
 - For every volunteer position requiring more than 10 hours of work, or spreading over a period longer than one week, the job description will be in writing and will be signed by both the volunteer and his/her direct supervisor.

- Tracking volunteer hours
 - The Agency is monitoring the number of volunteers involved in the Agency and the number of volunteers hours.
 - Volunteers are encouraged to record their volunteer hours and the tasks accomplished on a daily basis in the binder provided by the Agency.
- Volunteer recognition
 - The work of volunteers will be recognised by the Agency in its newsletter, Annual Report and other relevant ways.
 - The Agency may occasionally organize volunteer appreciation events.

Section 5.4

BUILDING USE GUIDELINES

POLICY

The Lethbridge HIV Connection is committed to providing a safe and comfortable environment for all who are accessing our Agency. Also, it is our obligation to take the appropriate steps necessary to protect the Agency against damage and/or loss.

PROCEDURE

- All requests to use the facilities must be prearranged through the Executive Director. LHC reserves the right to deny requests to use the building.
- One designated member of the HIV Connection Board of Directors, who is also a member of the group using the building, is responsible for opening and closing the building. That same member is required to remain in the building throughout the duration of the event being held in the facilities. In the event that this individual cannot attend a function, they are responsible to find an alternate Board member to replace them or reschedule the event on a day that they can be in attendance.
- Only the designated Board member will have a key and a security code to access the building.
- In the event that difficulties arise, either the Executive Director or the Resource Coordinator is to be contacted.
- Responsibilities of the group using the facilities:
 - Open the door and deactivate the alarm – key and code to be issued by the Resource Coordinator.
 - Prior to leaving, ensure the following:
 - All windows are closed
 - Lights and fans are turned off
 - Kitchen is clean and tidy, counters washed, all food is put away and any garbage is disposed of accordingly
 - Thermostat is reset (in winter) if it has been used
 - Basement door is locked
 - Front and back doors are locked and security alarm is set
 - Rooms allowed for use:
 - Board room
 - Kitchen
 - Bathroom
 - Basement storage area – GALA
- All other rooms are out of bounds with the possible exception being the Copier Room, but this can only be used with permission, and operating instructions, from the Resource Coordinator.

LHC Pandemic Response

Responding to Pandemic Influenza

The Lethbridge HIV Connection Society
Charleen Davidson

Revised 11/09/2009

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Background on H1N1

The H1N1 flu virus, also known as human swine influenza, is a respiratory illness that affects the nose, throat and lungs. It is a new strain of pandemic influenza that was identified in April 2009. It differs from the seasonal flu in that people do not have a natural immunity to protect against it. Another notable difference is that it affects more young and healthy people than the regular seasonal flu, which normally affects seniors and young children. People with underlying medical conditions and pregnant women may be at a greater risk for severe illness.

The H1N1 flu virus is contagious and is spread the same way as regular seasonal influenza: through the transfer of an infected individual's germs. For instance, if an infected person coughs or sneezes and their germs enter the nose, eyes, or throat of another person. Another source for transmission is hard surfaces, such as tables, doorknobs, light switches and computer keyboards.

Research continues regarding how long a person can be contagious with the H1N1 virus, but it is believed that this period is for one day before the onset of symptoms and continues for approximately seven days after symptoms have started. The time it takes between becoming infected and experiencing symptoms is between two and seven days.

Symptoms

Almost always:

Cough and fever

Common:

Fatigue
Muscle aches
Sore throat
Headache
Decreased appetite
Runny nose

Sometimes:

Nausea
Vomiting
Diarrhea

Prevention

The Public Health Agency of Canada recommends the following measures to help prevent the spread of the H1N1 virus:

Wash hands often
Keep common surfaces disinfected
Cough and sneeze into your arm, instead of your hand
Keep hands away from face
Eat a healthy diet and engage in regular physical activity
Stay home if sick until symptoms are gone and you feel well enough to participate in all activities
If you experience flu-like symptoms and have underlying health problems, are pregnant or if your symptoms get worse, contact a health care provider.

Treatment

Individuals who have underlying health problems and pregnant women with flu-like symptoms should contact their healthcare provider if they develop flu-like symptoms. Individuals with flu-like symptoms but are otherwise healthy, should remain at home to recover. If symptoms worsen or they experience difficulty breathing or serious shortness of breath, they should seek medical attention.

The Antiviral drugs Tamiflu and Relenza are being used to treat the H1N1 virus. If taken shortly after an individual becomes sick (within 48 hours), they can reduce influenza symptoms, shorten the length of illness and potentially reduce serious medical complications. Antivirals do not prevent the occurrence of sickness.

Vaccination

Influenza vaccines, or flu shots, help prevent sickness by introducing one's body to a weakened or dead version of the virus to teach the body to build immunity to it.

This year, there will be vaccines for both types of flu – one for the regular seasonal influenza, and one for the H1N1 flu virus. The H1N1 vaccine was approved for use in October 2009.

Source: Health Canada

Key Elements of the LHC Pandemic Influenza Plan

Surveillance and Preparedness

The Lethbridge HIV Connection (LHC) will be vigilant with the Pandemic Influenza. The Pandemic Response Coordinator will stay abreast through ongoing surveillance at the national, provincial and local level. The Coordinator will keep the staff informed of all updates on the influenza.

LHC will implement a pandemic response using 'best-practice' models that have been developed in Alberta. LHC's response is a collection of recommendations and practices that have been developed and tested. The Coordinator will revise this plan as necessary and ensure that tools are in place to execute the plan.

Pandemic Vaccine

All employees of the Lethbridge HIV Connection will be advised to be immunized.

Public Health Measures

LHC is promoting the individual public health measures that the Public Health Agency of Canada has been promoting:

- Frequent hand washing with soap and water or hand sanitizer
- Coughing or sneezing into your elbow or a tissue instead of your hands
- Keep common surfaces disinfected
- Staying home when sick

Communication

LHC will keep its staff members, board of directors, clients, volunteers and primary stakeholders aware of pandemic influenza information and assist in developing strategies to protect the health and well-being of those individuals they serve. We will continue to work closely with the Alberta Health Services, local media, our website and partners in the community as required.

Emergency Preparedness and Coordination

The Lethbridge HIV Connection will maintain a feasible pandemic plan with operational procedures in an effort to be proactive in the face of a pandemic.

Infection Control at LHC

In an attempt to minimize the risk of contracting the H1N1 virus and reduce its spread, the following processes and procedures for infection control are recommended for LHC.

- Respiratory Hygiene/Cough Etiquette should be practiced.
- Wash hands and use hand sanitizer frequently
- No visitors are allowed in the office during pandemic influenza outbreak.
- No client drop-in during pandemic influenza outbreak.
- Employees are encouraged to report any symptoms to the Executive Director and develop a contingency plan to work from home if possible.

LHC has a stock of infection control supplies and all staff members know how to access this material. These supplies are:

- Hand soap
- Hand Sanitizer
- Lysol wipes
- Tissues
- Latex Gloves

Occupational Health at LHC

- Employees that are symptomatic are to report symptoms to the Executive Director. If they develop symptoms while at work, they are to assess their symptoms and report to the Executive Director immediately. If warranted, the employee may be asked to work from home for the remainder of the day.
- Staff members who need to care for family members or who become ill must consult with the Executive Director regarding request for leave.
- Staff may return to work 48 hours after symptoms are no longer present.
- Staff to self-assess and report symptoms of pandemic influenza before reporting to duty.
- All employees are encouraged to receive the H1N1 vaccination.

LHC Pandemic Response

The following is a pandemic response guideline only. Should circumstances be that the following guidelines are not deemed practical, all staff, upon consensus, are encouraged to respond in a manner that is considered to be more suitable to the given situation. Common sense shall be used at all times.

In order for the following Pandemic Response Plan to be in effect, the Executive Director must officially declare its implementation. This will happen only after consultation with the Board President or designate. Upon implementation, the following guidelines will be used as the precedent in which to follow. Agency policies previously in place will then only be used as a secondary resource.

It is the duty of the Pandemic Response Coordinator to:

- Monitor issues and information related to pandemics to keep our plan up to date.
- Recommend any changes to the plan as circumstances warrant.
- Whenever possible, attend external training/seminars about pandemic influenza outbreaks in order to remain current about the pandemic threat in our community.
- Implement this plan should it become necessary.

Preparation

The Coordinator will maintain a list of contacts/websites in the health profession to provide current information and, if necessary, advice regarding this plan and its implementation (Appendix A).

The Coordinator will provide information to all employees and clients regarding those practices that are recommended by public health officials that will reduce the spread of the infection. The Coordinator will also ensure that the office has a sufficient supply of recommended infection control supplies, such as hand soaps, tissues, disinfecting wipes and latex gloves.

The Coordinator will determine, in consultation with employees and Board members, a prioritized list of essential services. Should staffing levels drop due to an outbreak, the Coordinator will name delegates responsible for carrying out each of the essential services.

As per agency policy, full-time employees will be entitled to a maximum of 15 sick days. An employee sick with the H1N1 virus will not be required to provide a medical certificate to verify illness. In the event that an employee requests time off to care for a family member sick with the H1N1 virus, consent will be given for compassionate reasons.

The Coordinator shall keep employees informed of developments as they occur, including those employees who remain at home. This includes an up-to-date list of home and emergency contact telephone numbers for all employees (Appendix B).

Should a Pandemic Occur

Should a pandemic occur, the Coordinator will, after consultation with the Board President, implement the following steps, as deemed necessary:

- Encourage clients and potential clients to avoid drop-in services.
- Instruct employees to stay at home if they exhibit symptoms of the illness. Employees will be encouraged to work from home if practical.
- Contact community partners to determine the impact of the outbreak on their operations and its effects on our ability to perform our daily functions (Appendix C). The Coordinator will see to it that we obtain extra quantities of any necessary supplies that may be threatened due to the outbreak.
- Monitor staffing levels and assist in finding ways to maintain essential services in light of any staffing shortage.
- Should the closing of the agency be a consideration due to inadequate staffing availability, the Executive Director will first contact the Board President to obtain advice and consent prior to any closing.
- Should the office be closed, notices shall be posted prominently at the office and on our website informing clients of the situation and telling them where and how they can receive necessary services, such as needles, condoms and counselling. Telephone and other lines of communication will be routed to a location where they will be answered by employees so that clients can still reach us.
- Ensure that community partners, clients and volunteers are kept informed of any changes that affect our ability to conduct business. This information is to be included on the home page of our website, at the entrance of our building and in other media as appropriate.
- Maintain contact with employees and Board members to ensure that they are kept informed of developments as they occur, including employees who remain at home (Appendix D).

LHC Operational Programs

During a pandemic state the job descriptions of LHC staff may change given the nature of the situation. All staff members are encouraged to be as flexible as possible in order to successfully adapt to the situation. Activities of the agency as triaged will be priority (please see following section for priority list).

To ensure optimal service provision to clients in the event of minimal staffing, LHC will employ the following strategy:

- A detailed list of employees, board members and community partners will be kept by the Pandemic Planning Coordinator.

- Should LHC be in a situation of minimal staffing, an email will be sent to all board members, community partners, volunteers and clients informing them of the minimal staffing level. They will be updated weekly on the staffing situation. Note: In order to maintain confidentiality, client information will not be printed or included in this document but will remain in electronic form. If needed, it is on the computers of both the Program Coordinator and the ED. The Board President will be given the computer passwords if needed.
- During a pandemic outbreak with minimal staffing, client services will be the essential program. Education and outreach will be suspended until a return to adequate staffing levels.
- In the absence of an Executive Director, the Board Chair or designate, with the assistance of the Program Coordinator, will assume the responsibilities of the Executive Director.
- Should we find ourselves in a situation where only one employee is able to work, the agency shall maintain the current “work alone policy.” The staff able to report to the office will answer the phone, return calls and perform all relevant work duties. If possible, outreach programs will continue. If outreach programs are suspended due to a pandemic state, the able employee will remain at the office with the office door locked. Visitors will not be received until the office is staffed with a minimum of two employees. If this should happen, the Executive Director (or designate) will contact (by email) all partners, board members, volunteers and clients regarding the closure.
 - The staff will work with clients via telephone to ensure that their needs are met.
 - The clients will be given the mobile phone number of the Executive Director in the event that the office is closed.
 - Staff members who are sick are to “check-in” with the Executive Director to advise of initial illness, if condition worsens or if any assistance is required. Staff members who feel able to return to work must first contact to Executive Director to advise of plans to resume duties.
 - The Executive Director will update staff and the Board President as required/deemed necessary basis.
- During a pandemic influenza outbreak, the staff will not be permitted to attend meetings and seminars/workshops etc.

Agency Operations Priority List

The following lists the agency programs that will hold priority should a pandemic occur, beginning from highest priority to lowest. As the situation warrants, administrative tasks and programs that rank lowest in priority will start to be suspended from LHC's operations. Those that rank amongst the highest on the priority list will only be suspended if it is determined that LHC cease all operations.

<u>Administration</u>	<u>Programs</u>
1. Accounting/ bookkeeping 2. Client Financial Support	1. Harm reduction supplies, production and supply distribution 2. Client Support Services 3. Outreach Programs 4. Client Gatherings 5. Prevention (Community Presentations)

The following are considerations by program.

Executive Director

- Responsible for maintaining the smooth daily operations of the agency.
- Monitor pandemic in agency outreach locations, such as the Lethbridge Shelter and Resource Centre.

Program Coordinator

- Have a stock-pile of harm reduction supplies should a pandemic occur (needles/supplies, condoms/lube).
- Ensure needle exchange satellites have surplus harm reduction supplies.
- Ensure clients are aware of satellite locations for harm reduction supplies.
- Maintain contact with clients for information sharing. Advise clients of any office closures.
- Secondary responsibility will be coordinating ED duties.

Hepatitis C Officer

- Job description will remain the same.
- Outreach activities may be postponed.
- Secondary responsibility will be to ensure partner agencies have adequate harm reduction supplies.

Administrative Assistant

- Administrative duties would remain same.
- Continue to support and assist other inter-agency programs.
- Responsible for assisting the Executive Director in maintaining the smooth daily operations of the agency.

This plan is approved by the Board of Directors on November 12, 2009

Section 5.6 DRESS CODE POLICY

INTRODUCTION

The Lethbridge HIV Connection's objective, in establishing a Business Casual dress code, is to enable the Agency to project a professional, business-like image for our clients and community presentations, while experiencing the advantage of more casual and relaxed clothing.

POLICY STATEMENT

Because all casual clothing is not suitable for work, the Lethbridge HIV Connection dress code guidelines will help staff determine what is appropriate to wear to work. Dressing appropriately for work shows respect for a person's position. In turn, clients and the public will show similar respect to the staff.

OUR VERSION OF BUSINESS CASUAL

Everything should be clean and unwrinkled.

Men: A combination of collared shirt, full length pants of a non-jeans material and shoes with socks is generally acceptable.

Women: A reasonable length skirt (not more than two inches above the knee), full length pants or Capri's made of dress pant material combined with a top that covers the shoulders is considered acceptable. Fitted/styled women's T-shirts/blouses are acceptable. An informal dress that covers the shoulders and skirt length no more than two inches above the knee is also acceptable. Light, sheer, knit or crocheted tops and skirts need to be worn with a camisole underneath. Clothes must be the correct size so there is no stretching or gaping, particularly in the bust.

WHAT NOT TO WEAR

Keeping in mind the "business" aspect of business casual, the following clothing would not be considered acceptable:

- Shorts
- Torn, dirty, or frayed clothing; all seams must be finished
- Revealing cleavage, stomach or underwear
- Revealing too much back (upper or lower). V-back tops are not acceptable.
- Gym clothes (Athletic pants may be worn *only* for walking outreach initiatives)
- Any spandex or other form-fitting pants
- Mini-skirts, spaghetti-strap dresses, tank tops, midriff tops, halter tops, tops with bare shoulders, and T-shirts (for men)

FOOTWEAR

- Footwear must be appropriate to the task. For example, running or walking shoes are suitable for walking outreach but flip flops are not as the toes and heels are both exposed.

Section 5.7

SHOWER USE POLICY

INTRODUCTION

The Lethbridge HIV Connection is committed to providing a welcoming and comfortable environment for all who access these services. However, it recognizes the responsibility to keep guests, staff members and volunteers safe while protecting the agency against damage.

POLICY

- There must be a minimum of two staff, or one staff and a volunteer, in the basement at all times when a client is present. Staff must have a personal alarm transmitter available at all times.
- All clients who use the shower facilities must sign a waiver that explains the pertaining policies.
- Showers will be limited to a maximum of 15 minutes. A timer will be set for each shower.
- Only one person shall be in the washroom at a time.
- Clients who use the shower facility are required to clean up after themselves and leave the facility in the same or better condition than they found it in. This includes placing their used towels in the laundry hamper.
- In the event of a real or perceived emergency/dangerous situation, such as clients not responding to staff when in the shower facility, agency personnel shall have the right to enter into the washroom facility upon verbal notice to check on the individual and assist them to safety if necessary.
- All clients using the shower and/or drop-in facilities must be respectful towards staff and other clients. Inappropriate language and physical or verbal violence will not be tolerated.
- Use of the washer and dryer is restricted to agency personnel.

Failure to adhere to policy will result in suspension of privileges. The duration of the suspension will be determined by agency Executive Director and agency personnel.

Section 5.8

WALKING OUTREACH POLICY

INTRODUCTION

Through its Walking Outreach Initiative the Lethbridge HIV Connection is able to reach vulnerable populations that would not otherwise access its services. However, it recognizes the responsibility to keep staff members, partners and volunteers safe.

POLICY

- There must be a minimum of two people going out for walking outreach, one of which must be an LHC staff member.
- The walking outreach team must stay together at all times and have the phone number for the Lethbridge Regional Police Service 'downtown beat cops.'
- Team members are to remain in visible public spaces and are not to get into unknown vehicles, go into residences or walk down dark or secluded areas.
- The team must carry one fully charged cell phone at all times.
- All team members are required to wear the designated walking outreach jacket or shirt. Reflective jackets must be worn after dusk.
- The LHC staff member is responsible for reporting the team's arrival back at the agency upon conclusion of the walking outreach. When the team is due back after hours, the staff member is to contact the Executive Director, or delegate, to report their safe return.
- In the event that LHC staff member does not report their return, the Executive Director, or delegate, will first attempt to contact them. If unsuccessful, the Police will be notified.
- In the event of an emergency, the team is to contact 911 if necessary and then inform the Executive Director.