



Risk Assessment is done by the Executive Director on an annual basis using information from Financial Records, Insurance Documents, minutes and reports from Committee meetings, Safety Inspections, Policies and Procedures, Incident Reports, Accessibility Surveys, Complaint/Feedback Forms and Satisfaction Questionnaires.

A. Items from 2005 Risk Management Plan

1) Develop and Maintain Risk Management Program for the Therapeutic Riding Program (TRP)

This has been achieved. A Risk Management Program is in place through policies and procedures using the Canadian Therapeutic Riding Association (CanTRA) guidelines. CDSCL is a provisional member of CanTRA. Note that a site/program inspection was done by a CanTRA surveyor for the new location in May 2006. Recommendations have been addressed.

2) Identify the Financial Risk of the Therapeutic Riding Program and Develop an Exit Strategy

The Therapeutic Riding Program began in March 2005. The Board of Directors committed \$7500 to the TR Program from the operating budget for 2005/06. The TRP ended the 2005/06 year with a \$16,500 deficit, despite laying off the Program Director for two months in the winter. The deficit was reduced to \$500 by transferring an additional \$16,000 from General Revenues. (Note this had been set up in 04/05 as an Accounts Payable to the Ministry of Children and Families but was reversed March 2006 as the Ministry reported that there were no monies outstanding.) Due to the overwhelming support of the participants of the program, their family, the community and the Board of Directors, and a \$5000 donation to ensure a Spring Session for May-June 2006, it was decided to continue with the program. The 2006/07 budget includes a transfer of \$500 per month (\$6000 for the year) from General revenues. As of September 30, 2006 the program was realizing a slight surplus of \$400. The bulk of the revenues came from the transfer from General Revenues, personal donations and monies from the implementation of a Public Riding Program in July 2006 in which CDSCL provided riding lessons for the general public at competitive rates. In addition, we have received a great deal of donations of materials and labour to build our new riding ring at 849 Erickson Road. We have just submitted an application for \$60,000 per year to the BC Gaming Committee to access Lottery funds and are hopeful that we will receive a good portion of this request.

The main cost of the program is the wages and benefits for the Program Director. The program will be monitored and discontinued if we are not able to secure ongoing funding of at least \$3000 per month by March 2007 the program will have to be discontinued. The CDSCL Board of Directors is committed to maintaining and improving its current programs and will not allow this new program to impact negatively on those existing programs. Financial statements for all programs are prepared monthly by the Executive Director and reviewed by the Program Director and Board of Directors.



A. Report on Risk Management Plan from 2005 (Continued)

3) Update inventory systems for individuals and CDSCL items.

Program Coordinators ensure that new purchases for individuals and homes/programs are recorded as they are purchased. Inventory sheets are sent to the Administrative Office for updating and entry into the Inventory Data Base using Excel spreadsheets. The Technology Plan dictates the development of an integrated data base for persons served that will include inventory. Recording of capital acquisitions for the organization is done annually as part of the audit. The Executive Director meets annually with the Insurance Broker to ensure that new inventory items are registered with the insurance company. An inventory of the Woodshop materials and products is done annually.

4) Complete the Health and Safety Manual and Ensure an Effective Program is in Place

The manual is still under development, but the program is in place. Procedures are being followed for reporting, assessing, investigating and tracking accidents and incidents. The Executive Director reviews incident reports as they come in to the office and makes immediate recommendations to the Coordinator of the Program. Incident Reports are reviewed by the JOSH Committee at their meetings and any further recommendations are made to the Management Team. (Note that the JOSH Committee was not able to meet as regularly as it would like in 2006). In addition, incidents that occur at Licensed Homes and are reportable to Licensing as per Licensing Guidelines are followed up by the Licensing Officer.

Annual inspections of each home and program area are done twice per year by the JOSH Committee. The first inspection was done in June 2006, with a second inspection underway for November 2006. Areas of concern were identified and an action plan developed for remedying each issue. Consideration is given to safety issues involving violence in the workplace as well as other health and safety factors, although a comprehensive Violence Risk Assessment has not yet been developed. An additional inspection is carried out by an outside agency for each home. An extensive inspection was done for each home owned by CDSCL in 2005 with plans being developed to deal with issues that were identified. A Fire inspection was done in the Day Program in 2005 and in the Community Homes in 2006. In August 2006, BC Housing performed an inspection on Purcell Place and 25th Avenue. We are seeking funds through BC Housing to address the issues that were identified. Fire inspections will be done by December 2006 at Orchard House, 16th Avenue, the Day Programs and the Community Homes.

Ongoing training of staff in First Aid, Non-Violent Crisis Intervention, Foodsafe, and WHMIS is occurring as needed. Office staff are tracking employees in regard to the completion of these health and safety requirements. Staff and individuals participating in the Woodshop Program are required to wear steel-toed boots and receive training/orientation on the equipment.



A. Report on Risk Management Plan from 2005 (Continued)

5) Update and Monitor the Emergency Response Plan and Manual

The Emergency Response Manual was reviewed and revised by the Emergency Preparedness Committee (EPC). The Committee ensures that emergency equipment is in place and procedures are being followed. Emergency Generators are checked on a quarterly basis.

6) Ensure that the Emergency Phone System is Operating

The main unit was replaced in May 2006. The system is checked on a monthly basis as part of the fire drills. This includes checking the main unit as well as the smoke alarms and telephone units in each location.

7) Ensure that Regular Emergency Response Drills are Done

Fire drills are done monthly in all homes and programs on variable shifts. Other drills are done one per month on a rotating basis in all areas. Drill reports are filled out by staff and are reviewed by the EPC every three months. Any recommendations made by staff are discussed by the Committee and corrective measures forwarded to the Management Team for implementation where needed. Some of these recommendations were used when revising the Emergency Response Manual. Orientation and training on Fire Drills and the Emergency Phone System is done by Supervisors as part of the Orientation process and at monthly Team Meetings as required.

8) Ensure that adequate insurance is in place.

Insurance for all homes and programs is handled through a local Insurance Broker and is reviewed annually by the Executive Director and an insurance agent to ensure adequate coverage. The extensive insurance policy includes \$3 million coverage for General Liability and Errors and Omissions and includes Director's Liability. This is in addition to the \$2 million coverage that is included in the Contracts with Community Living BC (CLBC). Insurance for the Therapeutic Riding Program has been obtained through the Canadian Therapeutic Riding Association (CanTRA), which provides adequate coverage for the Program.

9) Develop a Risk Management Plan for the Pioneer Villa Project

In 2005 the Board committed \$5000 for a feasibility study, which was completed in August of 2005. This expenditure has not directly affected existing operating funds of the organization as we concluded the 2005/06 year with a slight overall operating surplus. This project has since been abandoned as Pioneer Villa is still being used for providing Intermediate Health Care by the Interior Health Authority (IHA), which has a ten-year lease on the property.

10) Determine if Policies and Procedures have the potential to put the organization at risk.

This criterion is being included as part of the ongoing Policy and Procedures Manual review for 2006.



B. Risk Management Plan Action Plan for 2006 (Continued)

- 12) Hold Training Sessions for Casual Employees on Emergency Preparedness**
Responsibility: Executive Director *January 2007*
- 13) Monitor Emergency Preparedness Equipment and Supplies**
Responsibility: EP Committee, 8th Ave Day Program Staff *Ongoing*
- 14) Assess all CDSCL Property to Ensure Adequate Insurance is in Place**
Responsibility: Executive Director, Management Team *August 2007*
- 15) Complete the Revision of Policies and Procedures Including Determining if they have the Potential to Put the Organization at Risk**
Responsibility: Policy Committee *December 2006*
- 16) Develop a Business Interruption Plan for the Organization**
Evacuation plans are established for homes and programs, but CDSCL does not have a Business Interruption Plan for the Administrative office. This should include plans for data recovery, alternate location, replacement of staff in case of illness or accident, etc.
Responsibility: Executive Director, Office Staff *March 2007*
- 17) Eliminate the Financial Risk Associated with the Unfunded Liability (Frozen Sick Time)**
Currently this liability is 68% funded at the 40% payout level. If all staff resigned or retired at the same time we would not have adequate funds set aside in the Reserve to cover the expense.
Responsibility: Executive Director, Finance Committee *March 2010*
- 18) Review and Revise Policies and Procedures for Handling Individuals' Personal Cash**
It has been determined we do not have generally accepted consistent practices in place.
Responsibility: Management Team (Started Nov 29, 2006) *December 2006*
- 19) Review and Revise Policy on Staff Working Alone to Include Procedures for Check-in Points**
Responsibility: Management Team/Policy Committee/Labour-Management Committee/Safety & Health Committee *January 2007*
- 20) Investigate the Possibility of Repairs to Truck – Replace if Necessary**
The truck may be a safety risk as it does not perform well on icy or snowy roads. As this vehicle is used regularly by staff and individuals for the Recycling and Yard Work Programs, it is essential that it is considered safe in all seasons.
Responsibility: Activity Program Coordinator/Management Team *January 2007*