



Health & Safety Programming Manual

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» HOPE THROUGH RELATIONSHIPS

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Welcome to Inner Hope Youth Ministries

Inner Hope is a Christian social service agency in East Vancouver that provides long-term, wrap-around services for youth and young adults ages 13-24 coming out of homes impacted by generational cycles of addiction, abuse and the foster care system. Inner Hope also provides some limited services for families (parents and children) within our circle. Programs fall into four service areas: Support, Discipleship, Life Skills and Housing.

The majority of those we serve have personally experienced abuse and/or trauma, parental abandonment and/or a period of time in foster care. The majority of Inner Hope's young people are Indigenous and suffer the impacts of colonialism and residential school involvement on their families and communities. Inner Hope is committed to building long-term relationships with a core group of young people recognizing that it will require *a decade or more of consistent support* and the transforming love of Jesus *to see generational cycles broken*.

Currently Inner Hope is based out of two houses:

The House is a hub for things like community events and celebrations, Boundless workshops, Post-Secondary coaching, and mentor/mentee activities such as cooking. It is available to staff and volunteers for events or one-on-one ministry. Open hours begin at 3pm on weekdays to allow staff to complete administrative duties in a quiet setting, and to encourage our participants' school/work attendance.

The Home is a supportive family-style residence in the Kensington neighborhood. A house parent couple resides in The Home with up to 4 youth, typically ages 16-21. Youth are encouraged to stay long-term in order build sustainable skills and overcome destructive behavioural patterns. Our house parents, or the Housing Support Worker during House Parents' time off, are on call 24/7.

Inner Hope's programs and services are led by a dynamic team of staff, contract workers and volunteers. Inner Hope's Director of Programs oversees our Volunteer Coordinator and all frontline staff who work with youth and families.

Policy Reading Instructions

This manual contains practical policies and guidelines for staff and volunteers. The manual is intended to supplement our knowledge and does not supersede any agency policy or Government Standard regarding the care of vulnerable children.

In the event of a discrepancy, real or perceived, between information in this manual and community/government standards, please alert the Volunteer Coordinator.

Any suggestions for improvement are welcomed and encouraged.

Definitions – How We Talk About Our People

Contractors – Those who provide paid services to Inner Hope but are not employees

Formal program participant – Someone who is active in one of Inner Hope’s formalized programs (e.g. resident in The Home; fully registered participant in Boundless or Post-Secondary; family matched with a driver for church)

Frontline Personnel – Staff, volunteers, and contractors who provide direct services to Inner Hope participants (i.e. an offsite meal-prep volunteer is not considered “frontline”)

Guests – Persons who are not staff, volunteers, or part of the community Inner Hope serves (e.g. family and friends of personnel, stakeholders visiting to learn about IH, outside professionals who serve participants)

Participant(s) – Any youth, young adult, child, or parent whom Inner Hope serves

Personnel – Inner Hope staff, contractors, and volunteers

Screened Adult – Staff, contractor or volunteer who has successfully completed Inner Hope’s screening process (criminal record check, references, orientation)

Supervising staff or volunteer – Person overseeing a program event or activity (e.g. Boundless Coordinator leading a workshop)

Unscreened Adult - An adult who has not completed Inner Hope’s screening process (criminal record check, references, orientation) and therefore may not supervise or be alone with participants

Other Helpful Definitions

Emergency medications – Medications such as inhalers and epi-pens that are used to treat medical conditions such as asthma or diabetes that can have a sudden onset and be potentially life-threatening

First Aid Kit Sign-off Form – Gathers important information from individuals who use First Aid Kit supplies, to record the supplies used and the person/circumstances

Over-the-counter medication (also known as PRN's – “per required needs”) – Examples include Tylenol, Advil, Antihistamine, Melatonin, etc.

Participant Medical Form – A form that formal program participants must fill out (care card number, allergies and other pertinent medical information)

Reportable Incident – One in which the health, safety, or condition of personnel, participants, or property is compromised; an incident report must be written and submitted to a staff supervisor

Site-Specific Orientation – Orientation of Personnel that is specific to a particular site (The House or The Home); this would include key details such as the location of fire extinguisher(s), First Aid Kit, and fire safety plan/exits

The Good Samaritan's Act – No liability for giving emergency aid unless gross negligence: a person who renders emergency medical services or aid at the immediate scene of an accident/emergency causing illness, injury or unconsciousness, is not liable for injury/death caused by act or omission, unless the assisting person is grossly negligent

Standard Precautions – A set of infection control practices used to prevent transmission of disease that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes; these measures apply when providing care to all individuals, whether or not they appear infectious

» 1. HEALTH & SAFETY OVERVIEW

1.1 Health and Safety Training: for a safe, secure environment

Personnel, Participants and Guests are required to have an appropriate, site-specific level of health and safety orientation and possible training. This includes specific training for working with at-risk populations, appropriate to the role.

The Volunteer Coordinator will:

- review the Health & Safety Manual and Child Abuse Policy and answer questions
- retain your signed Reading Confirmation and Commitment form, ensuring each volunteer renews this signed commitment annually
- facilitate a formal, annual review with all volunteers during an official training day

» 2. HEALTH

2.1 Emergency Kits, Emergency Health Information

2.1.1 First Aid Supplies

All sites (including Inner Hope vehicle/s) have a WCB-approved First Aid Kit and disposable medical gloves. At The House, it's in the kitchen. A Travel Kit is carried on group outings (e.g. camping, hikes). Become familiar with the kit's location and contents. A sign-off form is kept in each kit. Please fill this out with each use!

2.1.2 Survival Kit

Blue Rubbermaid bin stored in the front hall of The House.

2.1.3 Health Information

Health information is collected from all staff and formal program participants and must be easily accessible to Personnel.

- Participant medical form includes their BC care card number, emergency contacts, and any significant allergies or medical conditions.
- Personnel medical form is completed by all staff, and volunteers who spend significant time on-site at Inner Hope facilities and/or participate in day/overnight trips. Personnel are required to provide accurate health information that may be required in an emergency.

- Where to find it:
 - Each site has a file folder/binder summarizing information about key Personnel and Participants.
 - On official group outings, a folder with health information for attendees will be carried along.

2.2 Precautions for Infection Control

We use Standard Precautions and Universal Precautions to prevent the spread of illnesses by limiting contact with bodily fluids, responding appropriately when there has been contact, and to limit the spread of infectious diseases.

2.2.1 Standard Precautions

When working with high-risk individuals there is a higher risk of exposure to TB, Hepatitis C, HIV and other infections that have lasting impacts.

Practices

Frontline Personnel should provide the following information to Participants when possible and role model these procedures at all times.

- Personal items should not be shared, e.g. toothbrushes, Q-tips, towels, drinks, etc.
- Cough or sneeze into your elbow, not your hand.
- Wash hands thoroughly on both sides for 15-20 seconds.
- Wear gloves when necessary to reduce contact with bodily fluids.
- Seek medical aid for any injuries where there is suspected contamination from bodily fluids (e.g. needle stick injuries, any injury where your body fluids and another's can mix).

2.2.2 Universal Precautions

Use these anytime you suspect you will come into contact with bodily fluids (e.g. cleaning, caring for a sick participant, giving First Aid, etc.).

- Always wash hands:
 - Before preparing food or eating
 - Before and after giving First Aid
 - After wearing gloves, and in case of contact with bodily fluids (ASAP afterward)
- Wear gloves while preparing food if hands have a cut or open sore
- Remember that EVERYONE is potentially infectious.
- Keep in mind that every environment poses the same risks. Wherever your job takes you, always follow the same precautions.

Managing Special Risks

- Clean up spills with a highly absorbent material, then use a disinfectant like bleach, spraying and wiping the area.
- Learn how to take gloves off properly and dispose of them inside a plastic bag.
- Be careful with sharp objects, which may be contaminated. If possible, place them inside a puncture-proof container. Avoid direct contact.
- Wash contaminated laundry in hot soapy water (with bleach if possible).
- If in doubt, wash your hands.
- Medical grade gloves are in all First Aid Kits.
- Carry gloves where risk is evident.

General Tips to Prevent Exposure

- Wash hands often.
- Always cover open sores with Band-Aids.
- If used needles or condoms are found:
 - **NEVER** touch with your bare hands
 - If needed, use gloves or tongs to remove them
 - Place them in hard container (with lid if possible)
 - If found in a public area, notify the City Work's yard.

Accidental Exposure to Blood/Bodily Fluids

1. IMMEDIATELY apply First Aid.

Skin exposure / needle prick:

- Allow your cut to bleed
- Wash thoroughly with soap and water for three to five minutes

Eye, ear or mouth exposure:

- Rinse well with water

2. If there is concern that the individual may be a carrier of HIV, Hepatitis or other serious infection, go to the ER within two hours of exposure.
3. Contact your family doctor to monitor the situation and make sure that the risk of infection is gone.

Infection Control

All Frontline Personnel are responsible for familiarising themselves with the latest information on the control of infection (per this manual). This information includes, but is not limited to, HIV, Staph, Heps, Rubella, TB, Cytomegalovirus (CMV), Superbugs, STD's and blood-borne pathogens. Also, a Hepatitis B vaccination is highly recommended.

Preventing the spread of viral infections:

Precautions must be taken to reduce the spread of flu and other viral infections (including those that have reached pandemic status according to the World Health Organization).

Symptoms of viral infections (used by care clinics):

- Temperature 100 degrees or greater AND cough or sore throat

The following may also be present:

- Runny or stuffy nose
- Headache
- Muscle aches
- Nausea, vomiting or diarrhoea

Response for Personnel who develop symptoms

- Visit health provider for assessment.
- If confirmed to have H1N1, notify supervisor via text immediately.

- Do not return to work until your temperature has been normal for at least 24 hours without taking any medication to reduce the fever. Take your temperature at least 5 times during the 24-hour period to verify that it is normal.
- Personnel who experience shortness of breath, chest pain, sudden dizziness, confusion, or severe vomiting should seek immediate emergency care.

Volunteers with chronic health conditions are encouraged to protect themselves from exposure to infection by suspending duties if an outbreak occurs at Inner Hope.

Response for Participants who develop symptoms

- Participant should visit health provider for assessment
- If s/he lives nearby, is too young or too sick to visit a health care provider alone, and/or does not have a parent available to accompany them, Personnel can offer assistance if they have time
- Participant may not attend group events with Inner Hope

2.3 Food Handling and Sanitation

Anyone handling food at an Inner Hope site or event must follow the procedures below.

2.3.1 Food Safety Plan

Receiving

Inner Hope will only accept/purchase food from trusted sources. To be trusted, the food's origin must be known.

Storage

Food that requires refrigeration will be stored in a refrigerator from 0-4 degrees Celsius. Food that requires freezing will be kept in a freezer at -18 degrees Celsius. Food will be covered and labeled with the preparation date.

Preparing

Meat, poultry and fish will be cooked to appropriate heat specifications as outlined by current BC FOODSAFE recommendations. Signage outlining basic food handling is posted in the site kitchens. All those involved in food preparation are required to wash their hands.

Serving

All servers are required to wash their hands before and during serving as necessary.

2.3.2 Food Handler Health and Hygiene

Hand-Washing

- Personnel, Participants, and Guests are required to wash hands for at least 20-30 seconds prior to preparing food.

Personal Hygiene

- Personnel, Participants and Guests are required to maintain personal hygiene while cooking.
 1. Wash hands thoroughly after contact with any possible contaminant.
 2. Alcohol-based hand gels are NOT a suitable alternative to hand-washing.
 3. Avoid touching your mouth or nose when working with food.
 4. Avoid smoking or other activities that put your hands in contact with your mouth.

5. When tasting food, use a new, clean utensil each time.

Thawing Food

- Thaw frozen food in the following three ways:
 1. Refrigerator: At or below 4 degrees Celsius. Large items like a roast will take at least 24 hours for every 2.5 kilos. Even small amounts of frozen food require a full day to thaw in the refrigerator.
 2. Microwave: Useful for small quantities, but remember that microwaves do not thaw food evenly.
 3. In cold water: The frozen food must be in leak proof, waterproof packaging. Submerge the food package in cold tap water, changing the water every 30 minutes as the food thaws.
- Preventing Cross-Contamination
 1. Always clean and sanitize cutting boards and other food contact surfaces between uses.
 2. Use separate cutting boards for potentially hazardous raw foods.
 3. Keep raw foods away from cooked foods. Keep soiled dishes away from clean dishes.
- Cooling
 1. Improper cooling is one of the leading causes of foodborne illness. To reduce the amount of time that food remains in the DANGER ZONE, hot food must be cooled to room temperature before putting into the fridge.

Sanitation

- Dish cloths and rags
 1. Take a clean dish cloth out of the drawer before washing dishes. We cannot always be aware of what an old dish cloth has been used for.
 2. If a cloth looks like a rag, don't use it for dishes! Participants often do not grow up with cleaning systems in their home and have been known to use dish cloths to wipe up spills on the floor and then return them to the sink. Signs show where cloths and rags are located.
 3. Have distinct hand-drying towels and dish-drying towels in the kitchen that are different in colour and texture. Orient Participants and other Personnel to which is which.

2.4 Bedbug Policy

Frontline Personnel must take precautions so that bedbugs are not taken from a Participant's home or an Inner Hope site and spread elsewhere. Be aware of methods to minimize the likelihood of being bitten.

Bedbugs are not simply a workplace issue; Personnel may also encounter them while traveling, visiting a friend's house, or spending time in public facilities.

2.4.1 Familiarize yourself with the following facts

- For a useful pamphlet, visit www.vch.ca

- Bedbugs only feed on blood.
- It is harder to eradicate bedbugs if the premises are unsanitary and cluttered.
- Bedbugs can remain dormant for a year.
- Bedbugs do not fly but crawl. They can hitch rides on backpacks, purses, clothing, staff equipment, furniture, bedding and luggage.
- Bedbugs do not chew through anything. This means an item stored in a pest-proof container is safe. A Ziploc bag works!
- Bedbugs can be killed by temperature extremes. Heat to 60°C (140°F) core temperature or freeze below 0°C (32°F) at core for 5-7 days (literature on this is varied). You can rid your clothes of bedbugs by placing them (dry) into a hot dryer for 1 hour.
- Bedbugs do not transmit disease.
- For questions, concerns, or to report infestation, contact VCH Environmental Health: 604-675-3800.

2.4.2 **Bedbug Protocol for Personnel Visiting in the Community** (homes, community centers, schools)

1. When possible, wear light-coloured clothing for easy detection of bedbugs and avoid wearing pants with cuffs. Wear shoes without laces.
2. Minimize the amount of personal items brought into the community/homes of youth and families. Place your items on a white or light-coloured bag or white surface, for easy detection of approaching bedbugs. This bag or drape cloth will be considered contaminated after use and should be stored in a sealed Ziploc afterward.
3. Hang up what you can (jacket, purse, backpack) rather than laying it on furniture.
4. Avoid sitting on upholstered chairs, couches, or beds when possible (better to stand or sit on metal/plastic surfaces).
5. If possible, carry all items into a participant's home in a sealed plastic bag such as a Ziploc; open only to retrieve essential items.
6. Inspect your belongings after leaving. If you are concerned, brush shoes and soles off with a stiff brush to remove any potential eggs being carried home. To be extra cautious, launder clothing and dry in hot dryer after returning home.
7. Once you have returned to an Inner Hope location or your home, either keep contaminated items in a sealed bag or put in the dryer if you suspect you've been infested.
8. Use routine infection control practices.

2.4.3 **Assisting youth and families to deal with Bedbug Infestation**

1. Once infestation has been identified, assist the family to order treatment from a pest control company if they or their landlord are committed to pay for this.
2. After treatment is ordered, all directions provided by the pest control company must be followed. If no instructions are given, ask.

3. Encourage/assist the Participant to de-clutter as much as possible.
4. Pack and enclose all infested items in plastic before disposal. This will stop the bedbugs from falling off on the way to the garbage and spreading the infestation. Mark the bag to deter others from taking home infested items. Place them directly into a garbage bin.
5. If there is a vacuum, vacuum the room thoroughly, especially along carpet edges. The bag must be changed and the vacuum cleaned after use. Dispose of used vacuum bags in a sealed, marked plastic bag, then put in a garbage bin.
6. As much as possible, move furniture away from walls. Dismantle the bed. If a mattress is to be disposed of, wrap in heavy plastic if possible, before taking it out. Remove pictures from walls, and electrical outlet covers.
7. Discard plastic bags used to transport infested clothes and bed linens, or use dissolvable laundry bags. Sort laundry on a clean surface and sanitize it afterward.
8. Wash all bed linen and clothing in hot water with detergent, and place in a hot dryer for 1 hour. Alternatively, if the only purpose is to rid the items of bedbugs, place dry clothes and linens in a hot dryer for 1 hour. Keep cleaned linens and clothing in pest-proof bags until the premises is treated.
9. If transporting bedbug-infested items in a vehicle, wrap all items in sealed plastic or lay a tarp down over the carpet/seat before loading infested items. Tie mattresses and/or box springs to the roof if possible. Hose down the tarp after use.
10. If the individual lives in a building that is infested, ask if the building manager is dealing with the issue. If the landlord appears to be neglecting the situation, obtain the address and call Environmental Health at 604-675-3807. They will deal with the issue.

2.4.4 Precautions for The House

- Be on the lookout and advise staff promptly if you see any evidence of bedbug activity at The House.
- Hang up coats and bags. Limit personal belongings onsite to minimize risk of bringing bedbugs home.

2.4.5 Assisting an individual coming from a bedbug-infested home

- If possible, postpone meeting with the individual until after pest control has dealt with the infestation; or, use your judgment as you maintain a caring and supportive relationship.
- If service is needed from an Inner Hope site, request that the individual only bring necessary belongings. Have them hang up their coat/bags, or leave these outside, to minimize the spread of bedbugs and/or eggs. If possible, the room and furniture should be vacuumed promptly after the individual has left. Follow laundry/vacuum guidelines above.

2.5 Medication Monitoring and Administration

Personnel will neither promote nor discourage the use of medications to assist youth in managing emotional, behavioural or psychological symptoms, and will support the youth in cooperating with their physicians to make informed decisions.

Personnel may offer and supervise a participant's administration of over-the-counter medication. Any person is able to give life-saving first aid & medication as appropriate to the circumstance, in accordance with the Good Samaritan's Act.

If a participant has a medical condition that may require the administration of emergency medication/treatment, the supervising personnel will seek to be trained as soon as possible in order to provide necessary care if required.

On overnight trips, participants are responsible for their own medication, unless the parent/guardian or doctor has requested in writing that Inner Hope staff be responsible.

Procedure for People Taking Medications

The House stocks over-the-counter medications in a locked box in the kitchen cabinet that is marked "First Aid," alongside The House Medication Binder. The key to this box is labelled "FA" and can be found on the shelf in Jenny's office, behind the silver lockbox. The binder includes information about the medications, and a Medication Administration Record Sheet.

Familiarize yourself with our supply, and abide by the procedures below (also found in The House Medication Binder).

Administering medication

- First, read about the medication being used (yellow section of the binder). Sign the form (green section) confirming that you have reviewed this information.
- You must never come in direct contact with medication. A container or package containing an over-the-counter drug may be handed to a participant, who will be responsible to understand the medication they are consuming, and pour their dosage into a cup (if in pill form, to self-administer).
- Participants will measure and consume their medication in the presence of personnel.

Filling out the Medication Administration Record sheet

- Date, dosage, and reason
- Name of person taking it, name of medication
- Your initials

Disposal

- Any error in dispensing medications must be reported immediately to the Director of Programs and be recorded on the Medication Administration Record Sheet.
- Only staff will be involved in the disposal of expired medications.
- If medication is dropped or tampered with in any way during administration, dispose of it in the labelled waste container stored alongside medicines and alert your staff supervisor.

Over-the-counter medication on overnight or day trips – similar protocol to "The House"

- Personnel will travel with over-the-counter medication clearly labelled, plus a Medication Administration Record Sheet.
- Follow the same storage, administration, recording, and disposal protocol as when at "The House."

Prescription or emergency medications

- No one except Inner Hope housing staff may administer prescription or emergency medication unless it is an overnight/day trip and the following applies: it is requested by a parent, guardian or House Parent and the Personnel has taken appropriate medical administration orientation (may include briefing from a pharmacist). Exception: in the case of an emergency (Good Samaritan's Act).

2.6 Accidents, Serious Illness, Medical Emergencies: immediate response, appropriate care

If the incident occurs after-hours, the participant must be taken to the closest Walk-in Clinic or the Emergency Department of the Hospital (depending on the seriousness). If there is a serious adverse reaction or other complication (e.g. overdose), Personnel will immediately phone 911 and request an ambulance.

Whenever a participant, staff member, volunteer or guest shows signs of an injury or illness, it is important to take it seriously and ensure a thoughtful response. An adult trained in first aid, or the staff / volunteer in charge, should determine whether to call 911, drive the individual to a clinic or hospital, or support them to get rest at home.

Call 911 immediately if there is a serious injury or incident. This would include a drug overdose or severe alcohol poisoning. If unsure if the incident is serious, err on the side of caution and call for help.

Drive to a medical clinic or emergency room if you discover an infection, chronic condition or minor injury that needs tending to. Speak with a parent/guardian as soon as possible. A fever likely means an infection. Do not assume that the parent is aware, or able/willing to respond to the medical need. Many of our youth have MRSA (a superbug that makes them resistant to antibiotics). For this reason, it is important for our young people to access treatment for infections as quickly as possible. A delay in accessing treatment has led to hospitalization for a number of our young people.

- If a young person needs to be taken to an emergency room in the city of Vancouver, bring them to BC Children's Hospital (ages 16 & under) or if over 16, google ED wait times for the shortest emergency wait <http://edwaittimes.ca/>.
- For those under 16, it is important to stay with them until:
 - A parent or guardian arrives, or
 - They are assigned a hospital bed and hospital staff give permission to leave them, or
 - Another Inner Hope staff person or designated adult arrives to relieve you

Individuals age 16 and over will benefit from an advocate if they are having mental health challenges and/or are under the influence of substances. Some parents & grandparents also have experienced institutional racism and may require an advocate for this reason.

Please see the Incident Reporting section (4.8) to document these instances.

» 3. EMERGENCY PROCEDURES

3.1 Emergency Procedures Overview: be prepared, be safe!

Inner Hope has an evacuation plan and signage, and conducts emergency drills. Following an incident or emergency situation, the supervising staff or volunteer completes an Incident Report and submits it to the Director of Programs within 48 hours of the incident. Only screened volunteers will be left in charge of a site or event. All Personnel approved to supervise Inner Hope sites or events will be trained on Reportable Incident procedures.

3.1.1 Evacuation route and signage

These are posted on all floors at each site.

3.1.2 Emergency Drills

All emergency plans will be tested, through drills, at least once a year with each program department (e.g. Boundless workshop, Young Adult Night).

3.1.3 Incident Report (submit to Director of Programs after a fire, injury, evacuation of building, etc.)

Submit to Director of Programs after a fire, injury, evacuation, etc. using the form provided by your staff supervisor

3.2 Fire Prevention and Response

Prevention

- Attempt to put out a fire only if it is small, otherwise it should be isolated by closing doors.
- A fire extinguisher is in the kitchens of both houses (and one with the House tenants downstairs).
- Exits must be clear at all times.
- Do not overload electrical outlets.
- Door hardware to be kept in good working order.

Response

- Notify Personnel as to the location of the fire.
- Evacuate everyone on-site.
- Call 911, and report the fire. State your name, the location of the building, and the nearest intersection; provide further information as requested, such as which floor the fire is on, how fast it is spreading, etc.
- Only attempt to fight the fire if it is small; otherwise isolate the fire by closing doors. The fire extinguisher is for dousing small fires.
- The staff or volunteer in charge should do a walk-through to ensure that nobody is left inside (if there is no risk in doing so).
- Meet the fire department at the entrance to the building, and provide further information as requested.
- Do not re-enter the building until permission has been given by the fire department.
- Inform the Director of Programs by phone ASAP.

3.3 Natural Disasters

Evacuation

In the event of an emergency, where the building must be vacated:

- Personnel in charge will:
 - determine if evacuation is needed (e.g. in a fire or other emergency, where Personnel deem that staying in the building may pose a safety risk).

- alert all other personnel, participants, and/or residents that evacuation is in progress.
- Participants will be asked to proceed to the nearest safe exit (determined by Personnel and conducted in an orderly fashion).
- Participants will exit single-file, walking, not running. If possible, one Personnel will lead Participants and the others will follow at end. If only one Personnel is present, he/she will direct Participants and take up position at end of line.
- In the event of a fire, Personnel will check door handles to see if a heat source is present before opening door. If handle is hot, proceed to the next exit. Check to see if the exit is clear of smoke, fire or other obstacles. Close, don't lock, doors after leaving.
- Personnel in charge will:
 - conduct a building sweep to ensure all participants have left (washrooms, offices, bedrooms, etc.).
 - take participant info sheets (if there is time to grab them), to call emergency contacts if needed.
- Once outside, everyone gathers at the designated evacuation site. A head count will be conducted.
- Once head count is complete, Participants will be moved to a shelter area, if needed (see section b below).
- Parents/guardians will be called, as applicable.
- If fire or natural disaster occurs at The House, Participants and Personnel can use The Home or Reality Church as shelter. If the fire or disaster occurs at The Home, use The House as shelter.
- Once at shelter area, call the Director or Programs. If s/he cannot be reached, call the Executive Director.
- Shelter areas are to be used when weather is poor or an evacuation will be over a long time period. Emergency supply bin will be taken to the shelter, as needed.

Evacuation of Injured Persons

In the event an evacuation is required and a Personnel / Participant / Guest is unable to leave safely on their own:

- Determine that moving the person will not result in further injury. If this is the case, move person only if in immediate danger.
- Injured person will be moved after all other persons have been evacuated from building.
- Assistance, if needed, will be provided by another Personnel, or a Participant/Guest, if no other Personnel are available. Only provide assistance if it is safe—personnel should not put themselves at risk.
- Follow standard First Aid procedures around lifting and moving injured person(s).
- Once out of building, injured person will be assisted by Personnel who will stay with them until help arrives.

Earthquakes (and other Natural Disasters)

In the event of a natural disaster (floods, earthquake, tornado, blizzards, severe rainstorm, tsunami, etc.):

- Everyone must remain inside building, unless unsafe to stay.
- Specifically for an Earthquake, everyone onsite will:
DROP, COVER AND HOLD. That is, drop to the floor, cover up near a table, desk or other sturdy item (door frame), and hold on if possible. It is important that Personnel do not search the site looking for Participants at the time of the earthquake; the Participants should be trained to Drop, Cover and Hold as well. Personnel will search the site after the tremors have stopped. If Personnel look for Participants during the earthquake, there is a greater chance of getting hurt.
- Instruct participants to remain at a designated area.
- Access emergency supply bin if needed.
- If anyone is injured, apply First Aid and call 911 if needed.
- Unless required to call for help, phone lines will be left open.
- After hazard has ended, keep participants inside building and wait for instructions from the radio. If the building is unsafe, vacate.
- The personnel in charge will conduct a sweep of building to look for damage or a fire.
- Begin evacuation of building when safe to do so (according to instructions from radio or other authority).
- Take First Aid Kit during evacuation.
- Call Director of Programs for further instructions.

3.4 Utility Failure

In a power/utility failure, escort Participants towards the front foyer. Be aware of any offices/rooms on the way and call out to check if anyone is in there. Meet in the main entrance for a head count and decisions on further action.

Check to see if our location is the only building affected, and if so, check circuit breakers and/or notify B.C. Hydro/FortisBC Gas/City of Vancouver, or the appropriate utility provider (telephone, water, etc.).

Depending on the length of power/utility failure (if more than two hours), do the following:

- End program and send home and/or call parents/guardians
- Call Director of Programs, or the Executive Director if the Director of Programs cannot be reached
- Director will call owner of building to inform of power failure

If power/utility is expected to return in a short time, ensure that all are gathered in an area with emergency lights (candle, flashlights, etc.). Ensure that no one is wandering through the house. After power/utility is returned:

- Check food in fridge/freezer for signs of spoilage (discard, if needed)
- Turn up heat slightly above normal temperature for a few hours (in winter)
- Inform Director of Programs

» 4. PROGRAMS & SERVICES

4.1 Confidentiality:

All staff and volunteers are responsible to protect the confidentiality of participants' personal information.

Personnel will treat as confidential all discussions about participants, and any material containing participant information.

- Personnel will not leave participants or other people unattended with confidential material.
- Frontline staff will inform participants with concerns or questions about why their personal information is recorded, or what is done with it, that they may ask a Director.
- When participant stories are shared with external supporters, identifying details will be omitted, unless the participant's permission is granted.

4.1.1 Access to Participant Files

- Digital or print files containing participant information may only be accessed by appropriate, authorized persons. These may include parents or legal guardians (where appropriate), the Director of Programs, other personnel authorized to see specific information on a "need-to-know" basis, and any individuals outside Inner Hope whose access is permitted by law.

4.1.2 Working Notes and Offsite Documentation

In programs where participant contact is offsite or where working notes must be secured outside of Inner Hope's houses, confidentiality will be respected both verbally and in written form.

- Whenever possible, offsite information must have minimal identifying information (initials).
- No digital files containing participant information may remain in the possession of volunteers.

4.2 Leader Protocols (personnel/youth relationships, dress code, and other behaviour)

Volunteers, Staff, and House Parents have different roles, training and experience, and therefore will have different governing rules.

4.2.1 Appropriate and Inappropriate conduct and relationship boundaries

As a Volunteer for Inner Hope, you have the privilege of being in a position of authority over minors who may have experienced abuse and unhealthy relationships. Due to exposure to sexual, physical, verbal and emotional abuse, the youth and children we work with often lack appropriate boundaries and sometimes elicit inappropriate attention. It is always your responsibility as Personnel to maintain appropriate boundaries in your relationships with our young people. It is critically important to adhere to the following guidelines. If you witness any Personnel not adhering to these guidelines, it is your duty to report your concern to both your supervisor and the Director of Programs as outlined in section 4.4.

- It is important that our youth experience positive physical touch. Examples include a short hug, an arm around the shoulder, or a high five. Often due to past abuse, youth take a longer time to build trust and feel safe with an adult. When initiating positive physical touch for the first time (e.g. a hug) it is important to ask permission and look for non-verbal cues to affirm that it is okay.
- Never initiate a romantic and/or sexual relationship with a youth or child. Staff are not to be romantically involved with a young adult from the Inner Hope participant community and volunteers must communicate

intentions to a senior staff member and be open to feedback before pursuing a relationship with an Inner Hope young adult.

- Refrain from any sexual misconduct towards a young person we serve and never use language or behaviour that could be misunderstood as sexual or having sexual implications. Even seemingly trivial, playful, or joking conduct can be misunderstood and have impact beyond our knowledge.
- If a youth or child is consistently sexually inappropriate towards a particular staff or volunteer, precautions must be taken to ensure that another staff or volunteer is always present when they are in the same vicinity.
- If a youth or child is sexually or physically inappropriate towards another youth or child, it is your responsibility to notify a frontline staff person. Staff must intervene in the situation. Staff may need to contact parents/guardians and depending on the seriousness of the situation may also need to contact police. An Incident Report must be filled out by the primary personnel involved.
- Our words are powerful and we need to use them wisely. We should focus on encouraging youth and building them up. We encourage our staff and volunteers to frequently praise and acknowledge our youth's positive behaviour. Personnel must talk to and about the youth in a respectful manner.
- Never ridicule the youth or humiliate them in any way which could be emotionally abusive as described in the Child Abuse Policy. It is never appropriate to swear at or make sexual remarks towards a participant. Personnel may raise their voice to get the attention of a youth who is in danger or causing harm to themselves, another person, or Inner Hope property. However, we must use self-control and not yell as a regular means of communication or retaliation when a youth is not compliant.

4.2.2 Gender

- Volunteers are not to be alone with participants of the opposite gender. This includes in vehicles. Exception: volunteers screened and approved to supervise The Home.
- In exceptional circumstances where such travel is crucial and unavoidable (e.g. medical emergency) and no one else is available, volunteers must text or email their supervisor or a Director immediately on departure and arrival, noting the circumstances and name of the participant (or initials, if in a text).

4.2.3 Money

- Do not lend money to participants or their family/friends.

4.2.4 Alcohol & Smoking

- No drinking alcohol with or in front of participants, even if they are of legal age.
- No smoking around participants or during Inner Hope events, trips, etc.
- If hosting a participant in your home, ensure alcohol is not accessible.

4.2.5 Driving

- See Vehicle Use Policy (Section 4.7).

4.2.6 Discipline

- The word discipline does not mean punishment. It comes from the root word “disciple,” which means **training that moulds character**, behaviour and values. Rather than seeking to merely maintain control, our goal in interrupting a child or youth's behavior should be to shape their heart and character in such a way that they will grow into mature, responsible, thoughtful adults with a spirit of integrity, wisdom, and confidence.

4.2.6.1 General Guidelines

- The majority of Inner Hope participants are ‘kids from hard places’ – they have experienced trauma, abuse and neglect, and many have learned to distrust and use adults in order to survive. Corrective measures need to be undertaken with the knowledge that past discipline experiences may have either been non-existent or abusive.
- Behavioural expectations are to be clearly laid out, even written down and posted in a visible area when acceptable to do so.
- Participants are given opportunity for choices (and therefore mistakes) for which they are held accountable. We do not take responsibility for the actions of participants, which robs them of valuable life-lessons.
- Our aim is to connect while correcting, using strategies that pull them into the relationship versus strategies that drive them further away.
- Ongoing participant problems resulting in discipline are to be solved with a team approach, communicating with other personnel and parents as appropriate.
- Never use any form of physical punishment including all forms of physical abuse outlined in the Child Abuse Policy.
- Restraints are used as a last resort, and only by those staff or volunteers who have been trained through a recognized Nonviolent Crisis Intervention institution.
- Police should be called to deal with a violent youth who cannot be settled and is a threat to the safety of others and themselves.

4.2.6.2 Preventing the Need for Discipline

- Create a loving, caring atmosphere
- Arrange the physical environment with foresight to eliminate potential issues
- To gain respect you must grant respect
- Establish and communicate realistic expectations and boundaries
- Focus on reinforcing positive actions
- Be aware of children with special needs, including FASD (fetal alcohol spectrum disorder)
- Follow leader-to-participant ratios to ensure adequate supervision (see Section 5)

4.2.6.3 Corrective Discipline

- Aim to deal with issues individually and privately
- Explain to the participant why the behaviour is unacceptable
- Redirect the participant to positive action
- Explain the consequences of unacceptable behavior by defining the correct way to behave as well as the result of misbehaviour
- Offer choices that are acceptable to both you and the participant
- Examples of acceptable correction:
 - Having a participant leave an event or location early
 - Having a participant miss an event
 - Walking a younger child through a “re-do”
 - Withholding privileges such as rides

4.3 Behavioural guidelines for our participants

4.3.1 Modesty

- Participants are expected to dress in good taste and present a general appearance that is commendable while mitigating risks or negative influences for other participants. We allow youth, young adults and children the right to determine individual standards of dress and grooming as they or their parents/guardians deem proper, provided that it is reasonably tasteful and does not interfere with the health and safety of themselves or others.
- Personnel may coach participants on a discretionary basis regarding tasteful dress and standards of modesty that respect and honour others. In some cases, questionable dress with the potential to negatively impact others can be easily rectified by approaching the participant privately to request that they put on a sweater, zip/button clothes, etc.; in other cases, at staff discretion, a different approach may be deemed more beneficial, such as having a conversation at another time. Personnel are expected to balance respect, affirmation, and empowerment for all participants with diverse needs and values, and are trusted to exercise their best judgment.
- Garments and/or jewelry which display or suggest sexual, vulgar, drug/alcohol-related, or potentially violence-provoking words and/or graphics, are not allowed. Gang paraphernalia, jewelry, tattoos or other insignias, including flags that display, suggest, or possibly provoke violence or disruptions, are not allowed.

4.3.2 Smoking

- Youth under 18 must seek permission to smoke at Inner Hope sanctioned events.
- For youth under the legal smoking age, Personnel must consult a parent/guardian before accommodations are made.
- If deemed appropriate, youth will only be permitted to smoke in a designated area, unaccompanied by peers.

4.3.3 Respectful behaviour (bullying, racism, emotional and verbal abuse, physical aggression)

- Participants are expected to display physical, emotional and verbal respect when interacting with all Inner Hope personnel, participants, guests, and other community members. This includes physical aggression, verbal putdowns or harassment, and unwanted actions or touching.
- Any youth, young adult or child who violates any of the above expectations will be given two warnings to stop the abusive behaviour. Firstly, they will be given one warning within the larger group. If the behaviour continues, they will be asked to step aside and speak with a staff or volunteer. If the behaviour continues past these two warnings, they will be asked to leave the event.
- Any youth or child who becomes physically aggressive will be immediately asked to leave the group and speak to a staff or volunteer, who will assess whether the act was of malicious or non-malicious intent. The youth will either be given a warning and sent back to the group, or asked to leave.

4.3.4 Violence

- Absolutely no violence will be tolerated at any time by any participant.
- If an act of violence occurs, follow the protocols outlined in Section 4.8 (Reportable Incidents).

4.4 Facility Lock-up Policy

Personnel and residents are responsible to ensure that Inner Hope's houses, and certain offices within The House, are locked when not in use; and to ensure that the procedures below are explained to any individual who may at some point be alone onsite or the last one to leave an event.

4.4.1 The House

- The last exit used should be the back door (or if needed, the garage) rather than the front door. Before leaving, Personnel will ensure that:
 - all lights/appliances/electronics are off
 - both the Program Staff office and Director of Programs office are locked
 - the front door is locked and dead-bolted
 - both dead-bolts are locked on the two doors downstairs that lead to basement tenant areas
 - the TV is fully covered
 - the window next to the back door is closed and locked
 - the back door is locked with the security code
- No volunteers may access the Director of Programs office without staff supervision.
- The back door and garage side door are programmed with security access codes, which may not be shared with participants. Both doors have a code for volunteer use (changed annually for security).
- At any event with multiple Personnel, they will expressly designate one person responsible for lock-up.

4.5 Community Mentoring (one-on-one or small group)

Even when offsite or in informal environments (such as a volunteer's home), personnel must provide youth with safe and nurturing environments. This provides security for participants, and protection for volunteers in the case of an accusation against them.

4.5.1 Procedure

As a volunteer leader, recognize your limits and don't be afraid to set boundaries or ask for additional support. You have the option to pull yourself out of a situation if you're not comfortable. For instance, occasionally a youth has asked their mentor if a few friends can come along on an activity. You may decide that you can handle having one friend along, but two or three would change the environment negatively. Some good questions to ask yourself:

- How well do I know the youth? (How challenging are their behaviours? Is the activity appropriate for the level of supervision?)
- Are other leaders present? (What are their skills or relationships with the youth who might be present?)

4.5.2 Ratio

Personnel must uphold Inner Hope's ratio requirements at all times (see Section 5).

4.5.3 Spatial Safety

Volunteers are responsible for making sure that they bring participants to safe environments that are free from violence, alcohol, and drugs.

4.5.4 Accountability / Transportation

Volunteers are not to initiate one-on-one activities with a participant of the opposite gender. On the rare occasion that a leader is spending time with one or more minors who are all of the opposite gender (e.g. providing rides home

from an event), the leader is required to contact an Inner Hope staff member in writing (e.g. text message) to confirm once youth/children are dropped off, note the end time, and add any pertinent details such as rides given.

Any volunteer giving rides to participants should make every reasonable effort to avoid being alone in a vehicle with one participant of the opposite gender.

4.5.5 Unscreened volunteers

An unscreened volunteer is not permitted to spend time with participants unaccompanied by a staff member. Exception: partially screened Reality Church members giving rides.

4.5.6 Overnights

Some volunteers have invited a youth to join them on a family holiday or camping trip, or have invited them to stay overnight at their home on occasion. While this is encouraged, volunteers must seek approval from their staff supervisor prior to initiating non-Inner Hope overnights with participants (unless they are relatives).

Personnel are not allowed to sleep in the same bed as a participant. It is highly recommended to not sleep alone in the same house/room as a participant (have a third party present).

4.5.7 Disclosures and Reporting

1. Communicate any concerns to your supervisor pertaining to any youth that you are in contact with through your role at Inner Hope.
2. Report any disclosure to your staff supervisor that pertains to the safety of participant(s) or others (includes sexual, emotional, and physical abuse as well as substance use/abuse).
3. Complete an incident report form for applicable incidents per section 4.8 (within 24 hours). For more serious incidents (e.g. serious injury requiring hospital visit), contact your supervisor immediately.

4.6 Waivers and Photo Releases

- Only share photos of participants who have signed a photo release.
- Boundless: a signed waiver is collected from all participants under 19 prior to them being matched with a mentor.
- Trips: Inner Hope requires signed permission from a parent or guardian for youth under 19 to participate in organized overnight trips. Participants over 18 sign a liability form (which outlines safety and policy expectations), and also complete a medical form if necessary.

4.7 Vehicle Use Policy

4.7.1 Vehicles

4.7.1.1 Inner Hope Owned Vehicles (Van and Car)

- Log Sheet (kept near driver's seat) must be updated with all usage of both vehicles
- Due to the 2019 changes in ICBC regulations, Inner Hope requires that ALL drivers of Inner Hope vehicles must be registered by name with ICBC to ensure coverage should a claim need to be submitted (this includes staff and volunteers).

- Drivers are to be approved by Inner Hope's HR Coordinator or Director of Programs, unless they are a youth or young adult receiving lessons (who will be the responsibility of their instructor).
- Drivers must have their full license unless approved by a Director (e.g. exception may be made for N-licenses).
- Once approved by Inner Hope and registered with ICBC on Inner Hope's insurance, volunteers may borrow the Inner Hope car to go on an outing with a participant or teach a participant to drive.
- Priority for Inner Hope van use is transportation for big events and availability for The House/Home. The van must be booked using the "van calendar" in google calendar before using it. Drivers of the van must have their full license.
- The minivan may not be used for driver training.
- Priority for the car use is driving instruction, longer trips outside the city and staff or volunteers with an N license. The car must be booked using the "YARIS calendar" in google calendar.

4.7.1.2 Volunteer-Owned Vehicles

- Must have minimum \$2 million liability to transport participants
- Photocopy of current insurance papers must be kept on file by Inner Hope
- If you are regularly letting someone else drive your vehicle (i.e. teaching a youth to drive), that additional driver must be registered by name with ICBC on your insurance to avoid penalties.

4.7.2 Drivers

4.7.2.1 Inner Hope must have a current Driver's Abstract on file for anyone who drives participants. "Current" = less than 4 years old.

- Driver's Abstracts are reviewed and approved by the Volunteer Coordinator. Traffic violations related to substances, careless driving, and excessive speeding will automatically be reviewed, as well as three or more traffic violations within two years.

4.7.2.2 Legal licensing rules are to be followed to the letter, including:

- Driver must possess a valid driver's license
- All passengers must wear seatbelts
- Car seats and booster seats must be used when driving children under 9 (these may be borrowed from The House)
- Display L/N on car when applicable, and follow restrictions (# of passengers, etc.)

4.7.2.3 Driving Instruction/Practice

- Driving instructors are to be approved by Inner Hope's Director of Programs.
- In accordance with the law, staff and volunteers must be 25 years or older and have at minimum a valid BC Class 5 Driver's License to teach a participant to drive. Inner Hope requires that they not have more than 1 at fault accident claim in the previous 2 years. Speeding infractions will also be reviewed and taken into consideration.
- Participants may only drive Inner Hope's car when accompanied by an approved Inner Hope driving instructor and once they have been added onto the car's insurance policy.
- Volunteers must review the "Driving Checklist" prior to taking participants out driving and fill in the "Driving Practice Log" for the specific individual they are with. These can be found in the binder in the car.

4.7.3 Compensation

- 4.7.3.1 Personnel use their own discretion when allowing others to drive their personal vehicles. You are under no obligation to lend out your vehicle, as Inner Hope will not assume responsibility for any damage.
- 4.7.3.2 Inner Hope does not compensate volunteers for insurance, or assume responsibility for insurance rate increases, unless the accident is in an Inner Hope vehicle.
- 4.7.3.3 Compensation for mileage is only given on Inner Hope road trips, through purchasing gas.

4.8 Incident Reporting and Communication

After an incident or emergency (e.g. fire, injury, evacuation of building, etc.) a report must be submitted to the Director of Programs.

The report will include the following information:

- Date, time and location of incident
- Type of emergency/incident
- Person(s) involved
- Staff involved
- Action taken, and rationale

4.8.1 What to Report

- Vehicles – accidents during events, damage to an Inner Hope vehicle inside or out, traffic infractions or warnings with a youth in the vehicle
- Injury of any participant or event attendee that requires significant First Aid, and/or transportation to a doctor/hospital
- Missing Person - a youth goes missing during the event, or doesn't return home
- Substance Abuse (e.g. intoxication or bringing illicit substance onsite)
- Fight/Threat
- Extreme bullying or racist/sexist behaviour (includes any mistreatment that visibly upsets another participant, two or more people picking on someone else, or a hazing activity)
- Theft/Vandalism
- Sexual harassment or sexual misconduct
- Asked to leave an event (usually related to behaviour listed above)

4.8.2 Incident Report Procedures

- All staff and volunteers who witness or are involved in an incident related to safety and/or the wellbeing of a participant/personnel must fill out an incident report form. For child abuse disclosures (see separate Child Abuse Policy Manual, a Child Abuse Report Form must be filled out.
- The supervising personnel involved must also notify their supervisor (phone or email) before leaving the event.
- If there is an incident involving violence (fight, threat, vandalism), all key witnesses (staff, volunteers, youth) should each fill out a separate incident report form.

4.8.3 Collaborative Communication Among Staff and Volunteers

In the interest of working together as a team, staff and volunteers are expected to communicate pertinent information about participants, and any concerning incidents/behaviours with the rest of the team. Examples: significant changes within a participant's family or home (family member AWOL/in jail/in treatment, illness within family, eviction, etc.), change of residence, increased substance abuse, school truancy, pregnancy, serious injury, manipulative behaviour, etc. Volunteers are to notify their supervisor, or the Volunteer Coordinator if unsure of who to contact.

4.8.4 Media Release

If the media wants to investigate an incident, only the Executive Director can respond to questions. Under no circumstances may other personnel speak to the media on Inner Hope's behalf.

4.8.5 Confidentiality Related to Incidents

Only those directly impacted should be informed of incident details. Consult with a Director if unsure of what information to share.

» 5. LEVELS OF SUPERVISION

Purpose: optimal support in a safe, controlled work environment

Keeping groups to a manageable size will reduce risks such as escalating conflict, harm to facilities, or unsafe situations. Our gender ratios and principles also protect personnel and participants from vulnerable situations or potential accusations. Ratios are formatted as personnel:participants. If you find yourself in violation of these, alert your supervisor immediately.

5.1 The House and staff-led events off-site (examples: birthday party, cooking with youth, etc.)

- Ratio for participants 13+: minimum 1:7, optimal 1:4
- Ratio for children (if 3 or more are present): minimum 1:4, optimal 1:2

Participants unattended at The House

Minors (under 19) are not to be left at The House alone.

If community members are given permission to use The House for their own event, an Inner Hope personnel must be present during the event to:

- Give access at the beginning of the event
- Ensure all office doors (and any accessible windows) are locked at all times
- Provide on-site supervision during the event
- Lock up The House at the end (see Section 4.4)

Up to 5 community members may be left without personnel at The House to set up, cook, or clean up afterwards; as long as one trusted adult is appointed to supervise the space during that time.

5.2 Volunteer Community Mentoring (one-on-one or small groups, onsite or offsite)

Examples: Bible studies in a volunteer's home, Boundless mentor/mentee outings that include the mentee's family or friends, informal get-togethers between a Reality volunteer and the family s/he typically drives to church, etc.

- Ratio: 1 volunteer: 4 participants (up to age 24)
- Exceptions: If the participant's parent or guardian is present, that participant is not included in the ratio. An exception may also be made for an experienced volunteer transporting a vanload of young people home from church or an event.

5.3 Overnight Trips

In this context, leaders are staff or screened volunteers. Ratios may not apply at all times during the trip - they apply to the number going on the trip. If a leader needs to go offsite (e.g. with an injured participant), the other leader(s) may remain with a lower leader-to-youth ratio for that portion of time – no less than 1:7.

Short Overnight Events (1-2 nights: weekends, retreats, etc.)

- Ratio: 1:4 (minimum 2 leaders; at co-ed events, there must be at least one leader of each gender)
Ex 1 – Weekend girls camping trip with 8 participants needs 2 female leaders
Ex 2 – Weekend trip with 6 participant girls and 2 participant boys needs 3 leaders (2 female, 1 male)

Longer Overnight Trips (3+ nights)

- Ratio: 1:3 (minimum 3 leaders; at co-ed events, there must be at least one leader of each gender)
Ex 1 – 10-day co-ed international trip with 10 participants: 2 male and 2 female leaders
Ex 2 – 5-day backpacking trip with 6 guys: 2 male leaders