



Standards and Best Practice Guidelines for Meal Delivery Services in Ontario East

2025

accessCSS

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Introduction

Meal Delivery Services provide a friendly face at the door and a regular chat along with a nutritional meal, to hundreds of thousands of people in Ontario East during the course of each year. By doing so, Meal Delivery Services provided by the staff and volunteers of Community Support Services (CSS) offer much more than a meal to those needing this service throughout the region.

Good nutrition is critical in supporting the health of people as they age. Poor diet, weight loss and malnourishment invariably result in a range of health complications leading to more visits to doctors, hospitals, and at times premature admission into residential care. The investment by Ontario Health in CSS meal services across the province saves substantial health costs every year by helping people to remain healthy, active and independent, and enabling them to return home more quickly after a hospital stay.

Social isolation also affects the well-being of people and often reduces their desire and motivation to eat. CSS meal delivery services provide regular contact with those who might otherwise find themselves having very little contact with others, due to a temporary health set-back or being faced with chronic conditions that place limitations on activities outside of the home and/or with others. By providing regular contact, staff and volunteers are sensitive to changing circumstances in the homes they visit, and trained to respond to concerns identified, often enabling help to arrive before a crisis develops. As well,

if the person receiving the meal is absent or not responding to receive the delivery, those involved are once again trained to follow-up with the necessary authorities to ensure the safety and well-being of those visited. It is comforting to both those receiving meal delivery services and their family members, to know someone is looking out for their well-being.

A consistent approach to meal delivery services through the implementation of these guidelines is a way forward to support the nutritional needs of older adults throughout Ontario East. This document, *Standards and Best Practice Guidelines for Meals Delivery Services, Ontario East*, is intended to be used as a tool to assist in developing practices that support a quality experience for persons receiving meal delivery services. Additionally, these guidelines support a standardized approach to meal service provision, to ensure that the same standard of care is delivered across all programs.

Whenever possible, these guidelines are evidenced based and are written to supplement the knowledge, competence, and experience applied by meal service providers. However, as with all guidelines, their application is intended to be in the context of professional judgement, knowledge, competence, and the experience of the program staff. Some flexibility may be required to adapt these guidelines to specific programs, local circumstances, and the clients and their wishes. Meal Delivery Service Administrators/Managers who are leading and facilitating changes will find these standards invaluable to assist in the development of policies, procedures, protocols, and educational programs.



Section 1

Service and Care Coordination



Service and Care Coordination



STANDARD

1.1 PROGRAM DESCRIPTION

Program has a written description of the meal delivery service that includes the current OHRS definition, to support standardization of service in OHE Region.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

PROGRAM DESCRIPTION INCLUDES:

- Program statement of purpose.
- Program goals.
- Program values.
- Description of services provided.
- Description of the target population.
- Eligibility criteria.
- Days and hours of operation.



Service and Care Coordination

STANDARD

1.2 SERVICE ELIGIBILITY

Program eligibility criteria aligns with the common eligibility criteria across the region.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

ELIGIBILITY CRITERIA INCLUDES :

- Program serve older adults and adults with disabilities, including adults recovering from illness or injury.
- Client has difficulty shopping for food and/or preparing meals.



Service and Care Coordination

STANDARD

1.3 INTAKE ASSESSMENT

Intake is conducted using consistent tools to assess client need and ensure a fair and transparent process is in place.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

INTAKE INCLUDES:

- Completion of the Inter-RAI preliminary screener.
- Application of a consistent process to prioritize client need, taking into consideration: nutritional needs, social isolation, affordability of service, barriers to obtaining food, general health status.
- Assessment of client needs specific to meal services including any requirements for special diets, notice of allergies, and food preferences.
- Discussion of service information package with client and care partner, if appropriate.
- Explanation of re-assessment process e.g. clients in receipt of service for an extended period of time (annually).



Service and Care Coordination



QUALITY DIMENSION/SAMPLE INDICATOR

Quality Dimension: Equitable.

Indicator: Consistent process applied to assess eligibility and client needs.

Target: 100% of intake have eligibility determined and needs prioritized consistently.

Possible sources of information: Client file.



Service and Care Coordination

STANDARD

1.4 SERVICE INFORMATION

Each client, or as appropriate, care partner, will be given clear and detailed information about the meal delivery services provided.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

WHEN SERVICE IS ONGOING, CLIENT/CARE PARTNER WILL RECEIVE WRITTEN DOCUMENTATION WHICH INCLUDES:

- Type of meals provided (Hot, Fresh, Frozen).
- Menu choices available.
- Frequency and timing of meal delivery.
- Safety check and emergency response processes.
- Availability of meal pick-up.
- Fees, payment process, and available subsidies.



Service and Care Coordination



- Cancellation policy.
- Alternative resources to support food security; e.g. food banks, congregate dining, community food shares, nutritional education programs.
- Privacy practices.
- Client Bill of Rights.
- Complaints policy.

ADDITIONAL INFORMATION TO CONSIDER:

- General nutritional information like the Canada Food Guide Falls prevention information.
- Referral process to additional services.



Service and Care Coordination



STANDARD

1.5 REFERRALS TO SUPPORTS AND SERVICES

Programs should consider the holistic needs of each person served and proactively refer to other services and follow up to ensure successful coordination of services.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

CLIENTS WILL BE REFERRED TO OTHER SERVICES AS REQUIRED AND APPROPRIATE USING E-REFERRAL WHERE POSSIBLE. SERVICES MAY INCLUDE, BUT NOT BE EXCLUSIVE OF:

- Community Support Services e.g. transportation, homemaking, respite and more.
- Ontario Health at Home services.
- Community recreation programs.
- Health Links.

Service and Care Coordination

STANDARD

1.6 SERVICE PLANNING

Program, in agreement with each client, keeps records that contain details about the client's needs and goals, the service provided by the agency, and service arrangements to ensure the safety of all involved.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

CLIENT RECORDS MUST INDICATE THAT CONSENT HAS BEEN OBTAINED TO RECEIVE, STORE, USE AND SHARE PERSONAL HEALTH INFORMATION.



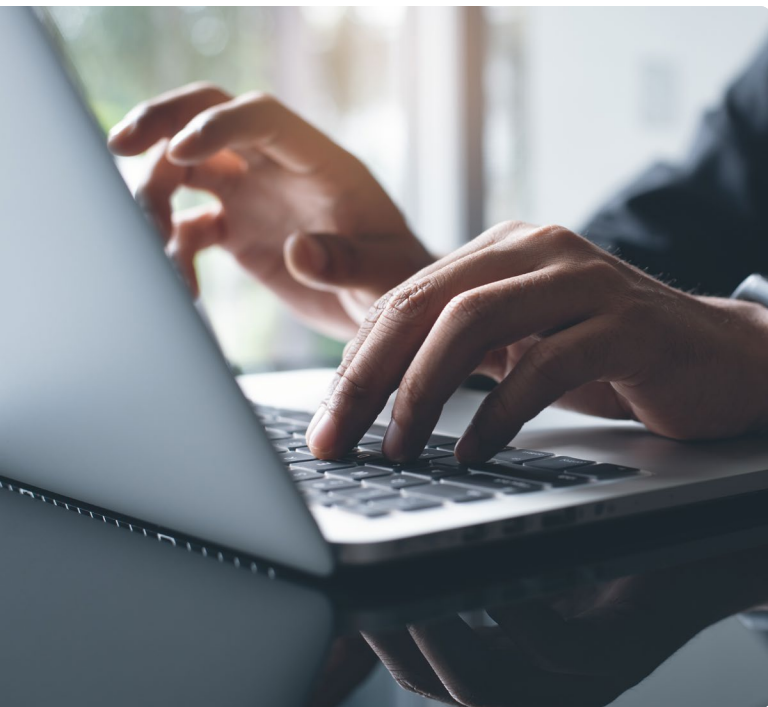
Service and Care Coordination

CLIENT RECORDS MUST CONTAIN THE FOLLOWING CRITICAL IDENTIFIER DATA:

- Valid Ontario Health Card number.
- 6 digit postal code.
- Date of birth.
- Full client address.
- Full client name.

IN ADDITION, CLIENT RECORDS SHOULD ALSO INCLUDE:

- Language of preference.
- Directions to the home and best entry to the home for meal delivery.
- Presence of pets.
- Emergency contact information.
- Special dietary needs.
- General health, including accommodation of special needs e.g. preferred placement and description of meal to assist visually impaired clients.
- Environmental scan of home for safety and risks.
- Additional supports.
- Client goals.
- Service arrangements.
- Billing information.
- Financial assessment, if appropriate.



Service and Care Coordination

STANDARD

1.7 SECURITY CHECK PROCEDURES

Program has a written policy and process for security and safety checks.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

POLICY INCLUDES:

- Documented process to inform clients on follow-up procedures if client does not answer the door for scheduled meal delivery.
- Process on availability of emergency contact numbers provided by clients.
- Written procedure on how clients inform agency of anticipated plans to not receive meals and how client will be informed of this procedure.



Service and Care Coordination



STAFF AND VOLUNTEERS ARE TRAINED IN EMERGENCY PROTOCOLS ACCORDING TO THE AGENCY POLICIES AND GUIDELINES INCLUDING:

WRITTEN PROCESS ON CLIENT ABSENTEEISM THAT INCLUDES:

- ◇ who to contact and notify if the client is absent or does not answer the door at time of delivery.
- ◇ timeframe for notification of absent client.
- ◇ what to do with the undelivered meals.

PRACTICES AND TRAINING IS IN PLACE FOR VOLUNTEERS THAT OUTLINE THE MONITORING OF THE WELL-BEING OF CLIENTS WHICH INCLUDES:

- ◇ professional boundaries.
- ◇ how to observe and document changes with the client and their home environment.
- ◇ how to respond to a client who has fallen.
- ◇ who and how to notify about falls and/or changes in the client situation and the timeframe within which such notification is to occur.

Service and Care Coordination

QUALITY DIMENSION/SAMPLE INDICATOR

Quality Dimensions: Safe, Effective.

Indicator: Monitoring client status.

Target: To have documented reports on one or more of the following for at least 10% of the clients:

- ◇ Referral made to another health or social service agency.
- ◇ Incident report where staff or volunteer finds client in life threatening situation.
- ◇ Phone call made to the client, caregiver, family member, or community support agency to report concern about the client's situation.
- ◇ Report of client absence.

Possible source of information: Client records, incident reports.



Service and Care Coordination



Indicator: Follow-up on Client Status.

Target: To have documented follow-up on 80% of the reports within the agency's policy time limits for:

- ◇ Referral made to another health and/or social service agency.
- ◇ Incident report where paid staff/volunteer finds a client in life threatening situation; e.g., lying on floor with broken hip.
- ◇ Phone call made to client, caregiver and/or family member and/or the community support agency to report concern about a client's condition.
- ◇ Report of client's absence.

Possible source of information: Client records.

Service and Care Coordination

STANDARD

1.8 CLIENT AND CARE PARTNER COMPLAINTS

Program has open and transparent policy and processes in place to respond to complaints from a variety of stakeholders.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

POLICY AND PROCEDURES INCLUDES:

- A process to advise clients and care partners, if appropriate, on agency's complaints practices.
- Clear procedures and steps, including timeframes are articulated, including a final appeal process.
- Process to ensure written responses to complaints.
- Documentation of each complaint and outcome.



Service and Care Coordination



STANDARD

1.9 INCLEMENT WEATHER

There is an inclement weather procedure in place the supports client, volunteer, and staff safety.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

PROCEDURE IDENTIFIES:

- Factors that would indicate a need to cease meal delivery on a given day.
- Recommendations on how clients can be prepared if unable to receive a meal on a given day.
- Process to communicate to clients, staff, volunteers, and other community providers, when meal delivery is not possible.



Service and Care Coordination

STANDARD

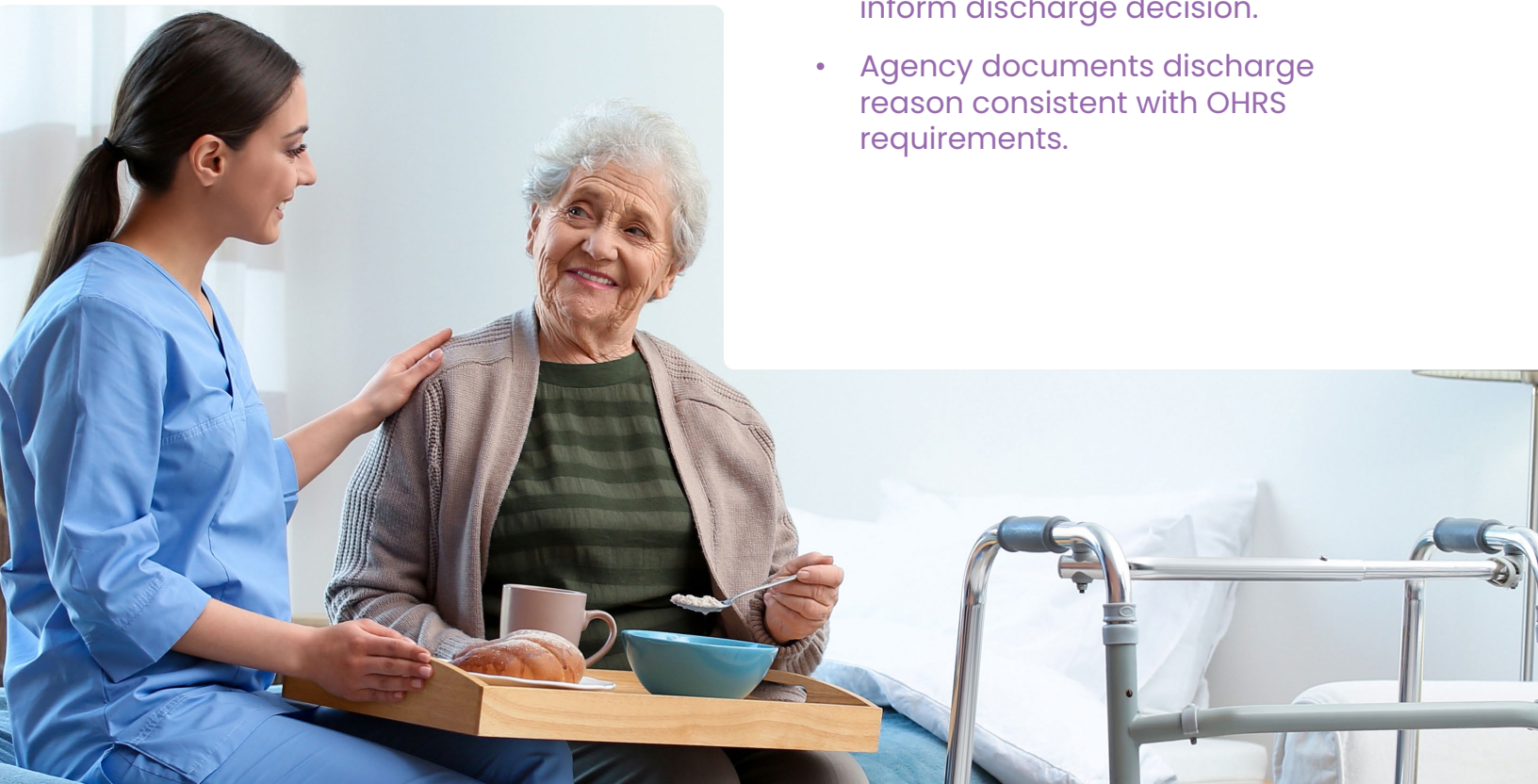
1.10 CLIENT DISCHARGE

Program has a discharge process in place that balances client needs with the needs of the community to access meal services.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

PROCESS INCLUDES:

- Communicating to client, and care partner, where appropriate, of discharge policy upon program admission.
- Clear guidelines on how to inform discharge decision.
- Agency documents discharge reason consistent with OHRS requirements.



Section 2



Meals and Equipment

Meals and Equipment

STANDARD

2.1 AVAILABILITY OF MEALS

Meal delivery services are available to provide meals to cover 7 days per week, in one or any combination of hot, frozen or fresh offerings.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

AVAILABILITY INCLUDES:

- Process in place to design meal service delivery to meet the needs of the client for frequency and time of delivery (based upon resources available to the agency).
- Client is informed of the frequency and type of meals available.
- Meals are delivered during a pre-arranged time frame.
- Contact at meal delivery is made with the client and/or caregiver to determine client's safety and well-being.
- Pick-up options are also considered.



Meals and Equipment

QUALITY DIMENSION/SAMPLE INDICATOR

Quality Dimensions: Effective, Timely.

Indicator: Availability of service.

Target: To have 80 % of requests for meals completed for clients who meet eligibility criteria.

Possible source of information: Track one typical month's requests.



Meals and Equipment

STANDARD

2.2 DIETARY ACCOMMODATIONS

Menu adjustments are made to address health, cultural or religious needs as identified by the client, where possible.



GUIDELINES TO ASSIST WITH IMPLEMENTATION

GUIDELINES INCLUDE:

- Accommodations are offered according to the client's needs and resources available to the agency, including but not limited to: vegetarian, diabetic, renal, low salt, gluten free, lactose free, modified textures (pureed, minced), and kosher foods considerations.

If unable to offer dietary accommodations, a referral is made to options available that can accommodate for client need.



Meals and Equipment

STANDARD

2.3 MEALS & NUTRITION

Meals are planned to provide food as recommended by national recommendations for healthy eating and nutrition, taking into consideration modifications to accommodate individual client needs, and when possible, preferences.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

PLANNING INCLUDES:

- Menus are planned and reviewed by a registered dietician.
- Meals are planned according to the Canada Food Guide to Healthy Eating.
- While meals delivered are not intended to fulfill 100% of a person's healthy daily nutrient intake, the following represents a best practice standard for the provision of hot meals:
 - ◇ 2.5 servings of fruit and vegetables.
 - ◇ 2.5 servings of grain.



Meals and Equipment

1 SERVING OF MEAT OR MEAT SUBSTITUTE ADDITIONALLY, MEALS SHOULD CONTAIN:

- ◇ No MSG or substitutes.
- ◇ No hydrogenated fat.
- ◇ No added salt.
- Guidelines must be included in vendor contracts to guide menu preparation.
- Clients are provided information on how to supplement and fulfill their full daily nutritional needs.
- Clients requiring special diets are reminded to consult with their healthcare provider.

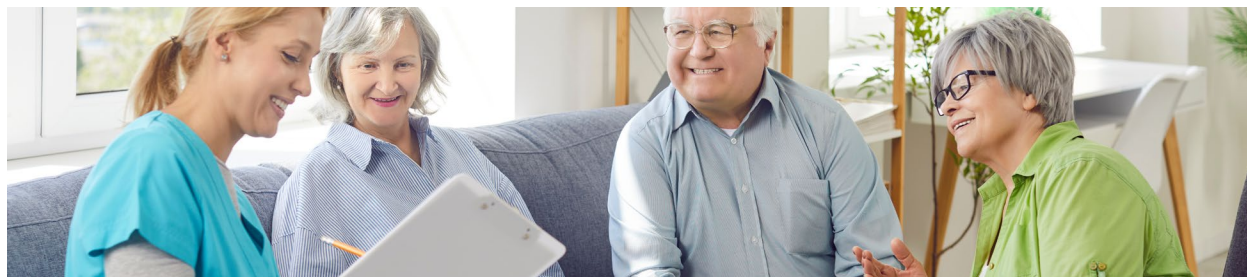
QUALITY DIMENSION/SAMPLE INDICATOR

Quality Dimension: Effective.

Indicator: Completeness of Menu Cycle.

Target: To have 80 % of the meals in the menu cycle contain food from all food groups as recommended by the Canada Food guide for Healthy Eating.

Possible source of information: Documentation by professional dietician or nutrient analysis for one menu cycle.



Meals and Equipment

STANDARD

2.4 MENU VARIATION

The menu is planned to provide variety with consideration to the food choice preferences, needs and abilities of the general client population.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

MEALS OFFER FOODS THAT ARE:

- Attractive in presentation.
- Provide variety as per the Canada Food Guide.
- Tolerated by the client.
- Accepted by the client (with consideration given to ethnic and religious food preferences).
- Familiar to the client.
- Inclusive of items that the client may not easily obtain/prepare for themselves.
- Enjoyed by the client.

CLIENT IS INFORMED OF:

- Menu options available for hot/fresh/frozen meals.
- Frequency of menu reviews.
- Method to offer input into menu reviews.

Meals and Equipment

STANDARD

2.5 EQUIPMENT SAFETY

Equipment for the delivery or the holding of meals retains the nutritional quality and maintains the safe temperature of meals.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

QUALITY EQUIPMENT INCLUDES:

- Conforms to the safety standards of relevant legislative and policy requirements.
- Only containers which are appropriate for foods (made of materials that can be readily cleaned and sanitized or are disposable/recyclable) are used.
- Disposable/recyclable containers are used only once.
- Food is plated in premises that has been inspected and certified by Public Health Inspectors and packaged by approved and trained personnel.
- Meals are dated on the day they are prepared.
- Expiry dates on frozen meals are clearly visible.
- Regular temperature checks are conducted on freezers to ensure safe storage of frozen meals.
- Utensils and equipment which are reused are washed and disinfected according to Public Health standards.



Meals and Equipment

STANDARD

2.6. TEMPERATURE SAFETY

Food is maintained from storage to preparation to point of delivery at a safe temperature, as per public health guidelines.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

Temperature throughout storage, preparation, and delivery conform to the safety standards of relevant legislative and policy requirements.



Meals and Equipment

QUALITY DIMENSION/SAMPLE INDICATOR

Quality Dimension: Safety.

Indicator: Meal temperatures are monitored to ensure safe temperatures up to and including point of delivery.

Target: To have 80 % of hot food packaged at temperatures of 60 C or higher, cold foods at 5 C or lower and frozen foods not exceeding -18 C.

Indicator: Service and delivery times are continuously monitored.

Target: To have 80 % of meals delivered/served within 2 hours of packaging or preparation.

Possible source of information: Testing and documenting meal temperature at point of packaging and point of last meal delivered for all routes 4 times a year.

Record time of packaging at food source and at point of delivery for last meal delivered on all routes during a typical week.

Indicator: Food safety incidents are reported and documented in writing and corrective steps are taken.

Target: Written records on all food safety incidents .

Possible source of information: Incident reports.



Section 3



Quality

Quality

STANDARD

3.1 QUALITY IMPROVEMENT PLAN

The agency has a Quality Improvement Plan.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

The meal delivery program contributes to the agency's continuous quality improvement plan by providing client, and where appropriate caregiver, feedback, complaints, and incident reports.



Quality

STANDARD

3.2 CLIENT SATISFACTION

Program has a process to measure client, and where appropriate, care partner satisfaction..

GUIDELINES TO ASSIST WITH IMPLEMENTATION

PROCESSES INCLUDE:

- After initiation of service, clear and consistent efforts to determine and document the level of client satisfaction.
- Client satisfaction survey is completed annually.
- Caregiver satisfaction survey, where appropriate, is completed annually.
- Reasons for client leaving the program are noted under discharge codes.
- Clear process to gather and use feedback from the client and caregiver surveys and discharge notes to inform the program's quality plan is in place.

Agencies comply with complaint procedure, document how concerns were addressed and outcome.

Quality

QUALITY DIMENSION/SAMPLE INDICATOR

Quality Dimension: Client-centred.

Indicator: Client Satisfaction.

Target: To have 80% of clients satisfied or very satisfied with the meal delivery service.

Possible source of information: Client satisfaction survey done annually.



Quality

STANDARD

3.3 INTERNAL MEAL PREPARATION

The agency prepares its own meals meets the relevant codes for meal preparation and service and is able to provide documentation.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

INTERNAL MEAL PREPARATION GUIDELINES INCLUDE:

- Written policies and procedures related to safe storage, handling, preparation, plating, delivery, and service of food/meals are in place and followed.
- All equipment, containers and utensils are stored, cleaned, disinfected and sanitized according to provincial and national guidelines.
- Inspection and approval by Public Health authorities annually and health inspection reports are available on file.
- All paid staff and volunteers directly involved in any aspect of food preparation or service are trained and receive refresher training in proper food handling, safety, and sanitation procedures.
- Food storage, preparation, cooking, delivery and service monitoring is conducted by designated paid staff and/or volunteers.
- Written policies and procedures regarding the frequency, point of service delivery, and method taking and recording of the meal temperatures to maintain a safe temperature range within a safe delivery service time frame (as indicated by Public Health) and corrective action steps to be taken when problems arise or are identified.

Quality

QUALITY DIMENSION/ SAMPLE INDICATOR

Quality Dimension:
Safe, Effective.

Indicator: Written policies and procedures address food storage, handling, preparation, and service, and are consistent with relevant legislation and regulations.

Target: 100 % compliance.

Possible source of information:
Process audits.

Indicator: All those persons preparing meals is trained in proper food storage, handling, preparation and service
Cible : Conformité à 100 %.

Target: 100% compliance.

Possible source of information:
Policies and procedures related to training.

Indicator: All equipment, containers, and utensils are stored, cleaned, disinfected and sanitized in a manner consistent with the organization's policies and relevant codes.

Target: 100% compliance.

Possible Source of information:
Process audits.

Indicator: Practices are consistent with policies and procedures.

Target: 100 % of the time.

Possible source of information:
Interviews with staff, volunteers, others.



Quality

STANDARD

3.4 EXTERNAL PREPARATION OF MEALS

The agency engages and enters into a written agreement with outside food source that is compliant with the policies and procedures of the agency and meets the relevant codes for handling of equipment, food storage, food handling, food preparation and food service and is able to provide documentation.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

EXTERNAL MEAL PREPARATION GUIDELINES INCLUDE:

- The food source is inspected and approved by Public Health authorities and able to provide copies of the health inspection reports
- The food source's staff and volunteers directly involved in any aspect of food preparation or service, are trained in proper food handling, safety, and sanitation procedures.
- There is a written agreement in place between the agency and outside food source that is reviewed at annually, at a minimum, to allow for any necessary amendments.

Quality

QUALITY DIMENSION/SAMPLE INDICATOR

Quality Dimension: Safe, Effective.

Indicator: Agreements with outside food providers are made in writing and outline requirements for compliance with the organization's policies and procedures and relevant codes for: handling of equipment, food storage, food handling, food preparation, and food service.

Target: 100 % compliance.

Possible source of information: Contracts/agreements.



Quality

STANDARD

3.5 AGENCY AGREEMENT WITH EXTERNAL FOOD SOURCE

The agency has a written agreement outlining the roles and responsibilities of both parties to ensure the safety of all involved in the meal delivery service, when dealing with outside food source(s).

GUIDELINES TO ASSIST WITH IMPLEMENTATION

THE AGREEMENT MAY CONTAIN:

- Cost per meal, including length of time prices will remain in effect.
- Rotation schedule for meals.
- Time of pick-up for meals.
- Number of delivery days per week.
- Minimum and maximum number of meals to be provided.
- Frequency of menu review by meal supplier and service provider.



Quality

- Point at which each is responsible for maintaining the quality and temperature of food.
- Time by which emergency cancellation must be made.
- Amount of advance notice for termination.
- Type and amount of insurance to be held by each.

TITLE AND CONTACT INFORMATION OF PERSON RESPONSIBLE FOR :

- ◇ Planning and reviewing menus.
- ◇ Plating the meals.
- ◇ Packaging the meals.
- ◇ Food containers.
- ◇ Delivery bags.
- ◇ Labelling meals.
- ◇ Date stamping meals.
- ◇ Diet stamping the meals.
- ◇ Daily meal count.
- ◇ Placing the meals in carrying cases.
- ◇ Packaging meals into routes.





Section 4

Human Resources

Human Resources



STANDARD

4.1 STAFF TRAINING

Staff involved in meal delivery services are trained in the necessary policies and procedures to ensure the safety and wellbeing of all involved.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

THERE IS A PROCESS IN A PLACE THAT SUPPORTS CONTINUOUS KNOWLEDGE TRANSFER BETWEEN THE MEAL DELIVERY STAFF AND VOLUNTEER TEAM.

STAFF TRAINING GUIDELINES INCLUDES:

- Agency process to provide training to staff on agency policies and procedures (see 5.1).
- Agency process to provide training specific to the provision of meal services (see 4.2).
- Agency supports necessary renewal of Food Handlers Certificate.



Human Resources

STANDARD

4.2 VOLUNTEER TRAINING

Volunteers involved in meal delivery services are trained in the necessary policies and procedures to ensure the safety and wellbeing of all involved.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

Orientation and training to support those involved in providing meal delivery services includes (but is not exclusive of):

- Volunteer role descriptions.
- Delivery Protocols.
- Triggering a Home Visit.
- Safe Driving.
- Agency orientation/general policies.
- Food handling and safety.
- Client Complaints.

- (Security Check) Emergency Procedures.
- Incident and risk reporting.
- Dementia Awareness Training.
- Interacting and communicating with clients.
- Boundaries.



Section 5

Administrative Practices

Administrative Practices

STANDARD

5.1 AGENCY MANAGEMENT

Agency has written policies and procedures that clearly outline responsibility, authority and protocols for all elements of their service delivery.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

AGENCY PROVIDES TRAINING TO ALL STAFF ON GENERAL POLICIES AND /OR PROCEDURES WHICH APPLY TO MULTIPLE AREAS OF SERVICE INCLUDING, BUT NOT EXCLUSIVE OF:

- Client intake, referral and discharge practices.
- Privacy Practices.
- Defining professional boundaries.
- Agreements with multiple sites, depots, others involved in agency service provision.
- Records management.
- Human resource management.
- Financial planning and management.
- Quality management.



Administrative Practices

- Health and safety management.
- Universal precautions.
- AODA.
- WHIMS.
- Waitlist Management.

ALL STAFF AND VOLUNTEERS HAVE ACCEPTABLE VULNERABLE SECTOR SCREENING UPON HIRE/ACTIVATION.



Administrative Practices

STANDARD

5.2 VOLUNTEER MANAGEMENT

There are policies in place that support and value the role of all volunteers.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

THERE ARE AGENCY PRACTICES IN PLACE TO SUPPORT VOLUNTEERS IN THEIR ROLE. THESE MAY INCLUDE, BUT ARE NOT EXCLUSIVE OF:

- Proper screening practices, including vulnerable sector screening.
- Position descriptions for various volunteer roles.
- Meaningful volunteer recognition.
- Discipline/dismissal process.
- Orientation and ongoing training which includes privacy practices, emergency procedures, and professional boundaries.

Clear guidelines are in place and communicated on compensation and reimbursement for volunteer duties such as cost to deliver meals.

Processed to gather and enable volunteer feedback and input are in place.



Administrative Practices

STANDARD

5.3 PRIVACY PRACTICES

Agency has written policies and procedures that support both confidentiality of client information and appropriate sharing of information with other service providers that complies with applicable privacy legislation.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

THE AGENCY HAS A WRITTEN POLICY ON PRIVACY PRACTICES WHICH INCLUDE:

- Obtaining client consent to receive, store, use and share personal health information in accordance with PHIPPA (Personal Health Information and Privacy Protection Act).
- Appropriate viewing of personal health information of clients.
- Protecting personal health information from unauthorized use/ disclosure, loss and theft.
- Network sharing and data sharing agreements are in place where there is electronic sharing of client information.
- Regular privacy audits.

Administrative Practices

STANDARD

5.4 DIVERSITY AND INCLUSION

Agency has practices or partnerships that ensure the inclusion of diverse populations into their services.

GUIDELINES TO ASSIST WITH IMPLEMENTATION

DIVERSE AND INCLUSIVE PROGRAMMING INCLUDES:

- A process for providing interpretation services to non-English speaking clients.
- A process to address the needs of the local French- Speaking and Indigenous populations including First Nations, Metis and the Inuit Community, as well as the 2SLGBTQIA+community in keeping with the client's cultural and religious values, beliefs, and supports for communication.
- Service reflects the population served by the program, taking into consideration the cultural and religious values, beliefs, and supports for communication.
- Culturally specific meals are made available when possible, or referrals made to support access to these.



SOURCES

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