

| SUBJECT: | CLINIC ACCOMMODATIONS | |
|-----------------|-------------------------------|--|
| APPROVED BY: | VP/COO Acute & Long Term Care | |
| EFFECTIVE DATE: | 2001 06 01 | |
| REVISED DATE: | 2008 10 01 | |

Purpose:

To provide guidance for the occupants of clinic accommodations.

2008 09 18

Policy/Standard:

REVIEW DATE:

A. Staff

- 1. Employees who either have their own home or privately rent accommodation in the community shall be entitled to a taxable allowance of \$1,800 per year.
- 2. In many locations, staff may have to share accommodation with other staff on a permanent or temporary basis.
- 3. Accommodation outside the clinic is arranged on a contractual basis.
- 4. Staff requiring Private accommodation will be responsible for all telephone and cable expenses.
- 5. Clinic accommodations are primarily for the comfort of the resident(s) living in them, and are not part of the clinic work area. Rest periods for employees should be taken in a designated clinic area. If rest periods are taken in the residence, approval must be obtained from those living there. A residence designated break area is only to be used for coffee breaks. Staff are advised to use designated washrooms in the clinic area.
- LGH housing units are inspected before and after occupancy, by the new occupant and RNII or designate for general maintenance and cleanliness. A copy of Condition Report is to be signed and kept on file in HR.
- 7. Any personal damage incurred while in accommodation provided by LGH is the financial responsibility of that staff member.



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B. Relatives and Friends

- 1. Staff wishing to entertain relatives or personal friends may do so if in shared clinic accommodations, the arrangements are compatible to the other residents.
- 2. Staff are responsible for their guests.

C. Transients

- 1. Visiting staff, on business, may stay in Clinic accommodations free of charge and purchase their own food at their own expense.
- 2. Other transients and government employees must be encouraged to seek accommodations at local boarding houses, hotels and motels. If this is not possible, the decision to provide accommodation at the Community Clinic is left to the discretion of the Nurse in Charge. If accommodations are provided, they will be charged the prescribed rate.

D. Pets

Refer to CCS Policy A-15

E. Smoking and Candle Burning

For attached and multi unit accommodations, smoking is prohibited in and on all LGH owned or operated premises and facilities including interior, exterior grounds and parking lots. For stand alone single unit accommodations, smoking is not permitted indoors but tenants are not required to go off the property.

Candle burning is not permitted in the LGH units.

F. Personal Belongings

Occupants are responsible for insuring their own personal belongings.

G. Fat Frying

Fat frying is acceptable only if a Canadian Standards Act approved appliance is used.



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H. Water Pipes

Please ensure during the winter that the heat is <u>NOT</u> turned down and windows are <u>NOT</u> left open, as the pipes may freeze causing extensive damage.

I. Vacating Housing

- All floors, carpets must be cleaned.
- All walls shall be clean and nails/screws removed.
- All windows, and screens cleaned.
- All sinks, toilets and bathtubs shall be clean and hygienic.
- All appliances including range hoods shall be cleaned.
- All garbage placed in outside receptacle.
- Keys returned to the RNII upon vacating unit.

Materials Required:

Condition Report



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CONDITION REPORT

| Comm | unity Clinic: | |
|--------|-------------------------|------|
| Name | of Resident: | |
| Notes: | G - Good | |
| | M - Missing | |
| | D - Damaged | |
| | B - Broken | |
| | S - Scratched or marked | |
| | | |

| | Condition at Commencement of Tenancy | Condition at Termination of Tenancy |
|--------------------|---|--|
| Living Room | | |
| Ceiling | | |
| Walls | | |
| Flooring | | |
| Couch | | |
| Chair(s) | | |
| Table(s) | | |
| Doors and Trim | | |
| Light Fixture | | |
| Kitchen | | |
| Ceiling | | |
| Walls | | |
| Doors and Trim | | |
| Flooring | | |
| Countertop | | |
| Cabinets and Doors | | |
| Refrigerator | | |
| Range | | |
| Sink | | |
| Light Fixture | | |
| Hallway | | |
| Ceiling | | |
| Walls | | |
| Doors and Trim | | |
| Closet(s) | | |
| Light Fixture | | |
| | | |
| Bathroom | | |
| Tub | | |
| Sink | | |



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| Toilet | | |
|---------------|------|----------|
| Cabinet(s) | | |
| Flooring | | |
| Mirror | | |
| Light Fixture | | |
| Towel Racks | | |
| | | |
| Bedroom # 1 | | |
| Bed | | |
| Bureau | | |
| Flooring | | |
| Ceiling | | |
| Walls | | |
| Window | | |
| Closet | | |
| Door and Trim | | |
| Light Fixture | | |
| Bedroom # 2 | | |
| Bed | | |
| Bureau | | |
| Flooring | | |
| Ceiling | | |
| Walls | | |
| Window | | |
| Closet | | |
| Door and Trim | | |
| Light Fixture | | |
| Bedroom # 3 | | |
| Bed | | |
| Bureau | | |
| Flooring | | |
| Ceiling | | |
| Walls | | |
| Windows | | |
| Closet | | |
| Door and Trim | | |
| Light Fixture | | |
| Keys Issued | | |
| | | |
| | | |
| Inspected by: | | |
| | | |
| Landlor | rd I | Date |
| Tenant | | Date |
| 1 20301 | | LIZUE |





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