



## **Ile a la Crosse Integrated Services Centre**

### **The Story of a Dream**

**William J. Duffee, Ph.D**



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## CHAPTER I



### A. INTRODUCTION

This book is about innovation. It is about a vision held by the people of Ile a la Crosse, a vision initiated by health and education providers; a vision that sees into a future of what can be. It is about the courage of the people of Ile a la Crosse to take a risk to incorporate two large capital projects into an integrated project that would become in one of the most innovative centres in Canada – a health centre and a high school designed to provide, through economies of design and scale, additional space for a daycare, an early learning and childcare wing, a shared library with the public library system, CanSask Employment offices, adult education classrooms, shared public recreation space, shared conference space, community services offices, a cafeteria, and an Elder’s centre and spiritual room. It is about providing positive role models for Northern youth. It is about an integrated facility focusing on inclusion, access, support, sharing, cooperation, integration and participation.

This book is especially about two public sector service delivery agencies, health and education, working together on a daily basis to provide integrated services to a community and a region. Two very unique public sector agencies overcame geographic, economic, mandate, communication and other obstacles to design, construct and operate a unique integrated health/education facility in Ile a la Crosse. Keewatin Yatthe Regional Health Authority (KYRHA), responsible for delivering health services on a large regional basis and Ile a la Crosse School Division (ICSD), responsible for delivering education through two schools on a community basis, each has its own mandate and client base.

On the one hand, Keewatin Yatthe Regional Health Authority serves clients from over twenty communities and First Nations reserves in Northwest Saskatchewan in a region extending from the Alberta border on the west, Green Lake on the south, Patuanak on the east and the Athabasca basin on the north. The region serves a population of some 11,700 people through various types of health services facilities located in Buffalo Narrows, Ile a la Crosse, Beauval, Cole Bay, Green Lake, Jans Bay, Michel Village, Patuanak, Turnor Lake, and La Loche. Hospitals exist in the communities of La Loche and Ile a la Crosse. The Health Region is fundamentally responsible for the “planning, organization, delivery and evaluation of health services it is to provide within its health region ...” (<http://health.gov.sk.ca/keewatin-yatthe-health-region>).

Ile a la Crosse School Division, on the other hand, provides educational services to students from the community of Ile a la Crosse and a small area surrounding Ile a la Crosse. Educational services are provided to 430 students in Pre-Kindergarten through grade 12 in two schools in Ile a la Crosse and, through partnerships with other agencies,

to 15 adult students in an Adult 12 program. The school division has established its mandate as: "... the mandate of the Board is to provide the students within the school division the required curriculum, ensure that the students are successfully learning that curriculum, and ensure that the necessary resources are provided to support teaching and learning" (ICSD Planning Documents, 2007).

The capacity of these two organizations to come together to design, construct and operate a fully integrated joint use facility represents a remarkable accomplishment that provides a model for any organizations wishing to work together to meet the needs of the communities they serve.



Ile a la Crosse – 2005

Photo Courtesy of AODBT

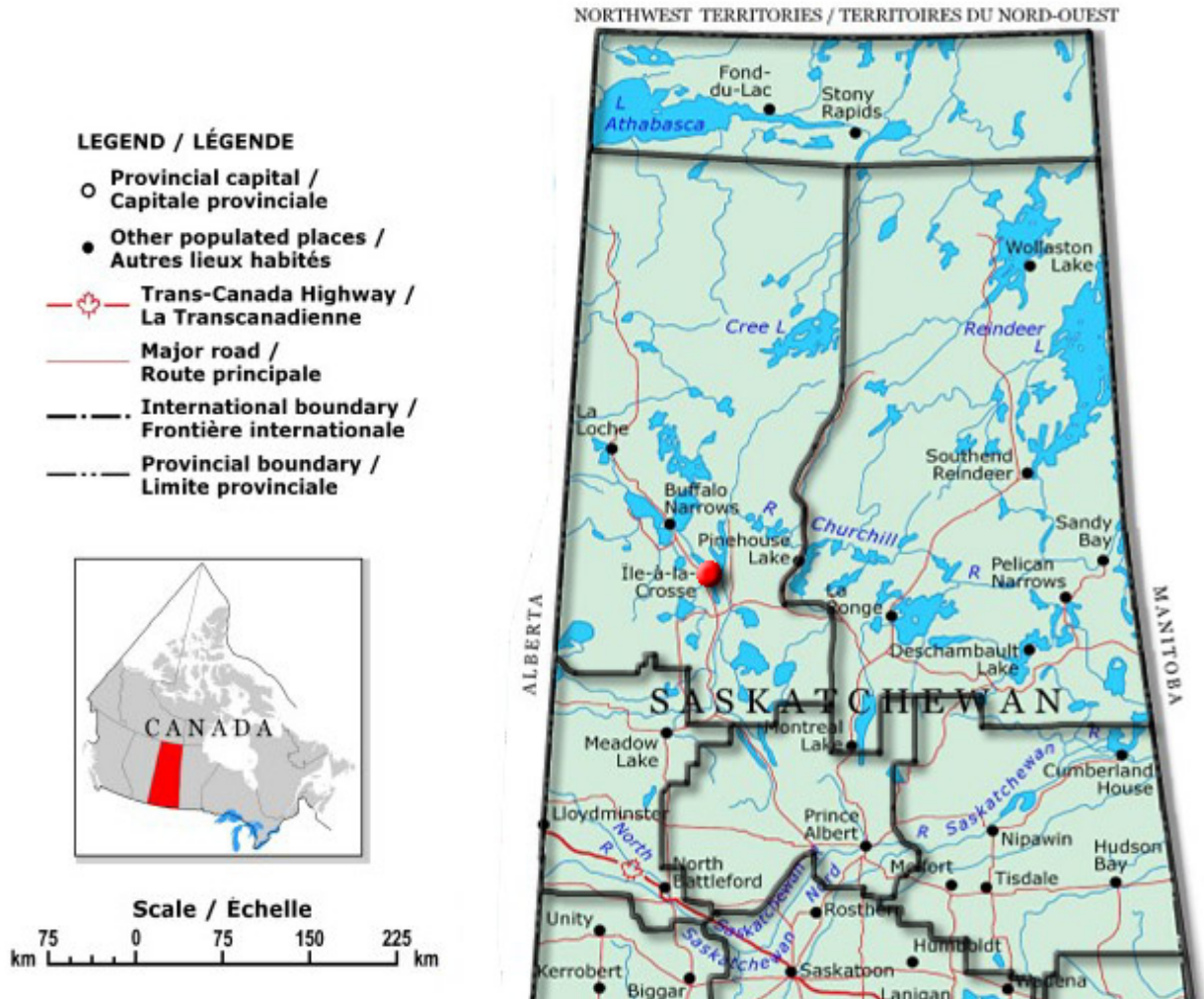
## **B. COMMUNITY OF ILE A LA CROSSE**

When one reads the history of Ile a la Crosse, one cannot help but be impressed with the courage, independence and innovative spirit of the people inhabiting this small northern community. Ile a la Crosse, the second oldest community in Saskatchewan, is a small community of some 1500 people located in Saskatchewan's northwest. It is approximately 220 kilometers north of Meadow Lake, 375 kilometers north of North Battleford, 510 kilometers northwest of Saskatoon, and 350 kilometers west of La Ronge. It is a Metis community situated on Lac Ile a la Crosse, a part of the Churchill River System. The Churchill River System drains most of northern Saskatchewan into Manitoba and on into Hudson Bay via the Nelson River. The Churchill Basin is estimated to be twenty percent covered by water. The Churchill River is generally made up of a series of lakes interconnected by the Churchill River flowing through a series of rapids (Encyclopedia of Saskatchewan, Churchill River, 2007, Martin Grajczyk). This is a vast area of serenity and rugged beauty.

The Churchill River provided an ideal transportation route for aboriginal peoples and European fur traders. Because of its location, Ile a la Crosse was an ideal spot for the establishment of fur trade posts. The recorded history of Ile a la Crosse dates back to 1776 when Alexander Henry and Joseph Frobisher came upon the entrance to Ile-a-la-Crosse Lake and began a trade for furs with the aboriginal peoples in the area. This relationship would eventually result in the development of the contemporary Metis community of Ile a la Crosse, a community with its own school division, hospital and several businesses and services (for greater detail see the book *Ile-a-la-Crosse 1776-1976, Sakitawak Bi-Centennial* by Robert Longpré, published by the Ile-a-la-Crosse Bi-Centennial Committee, January, 1977).



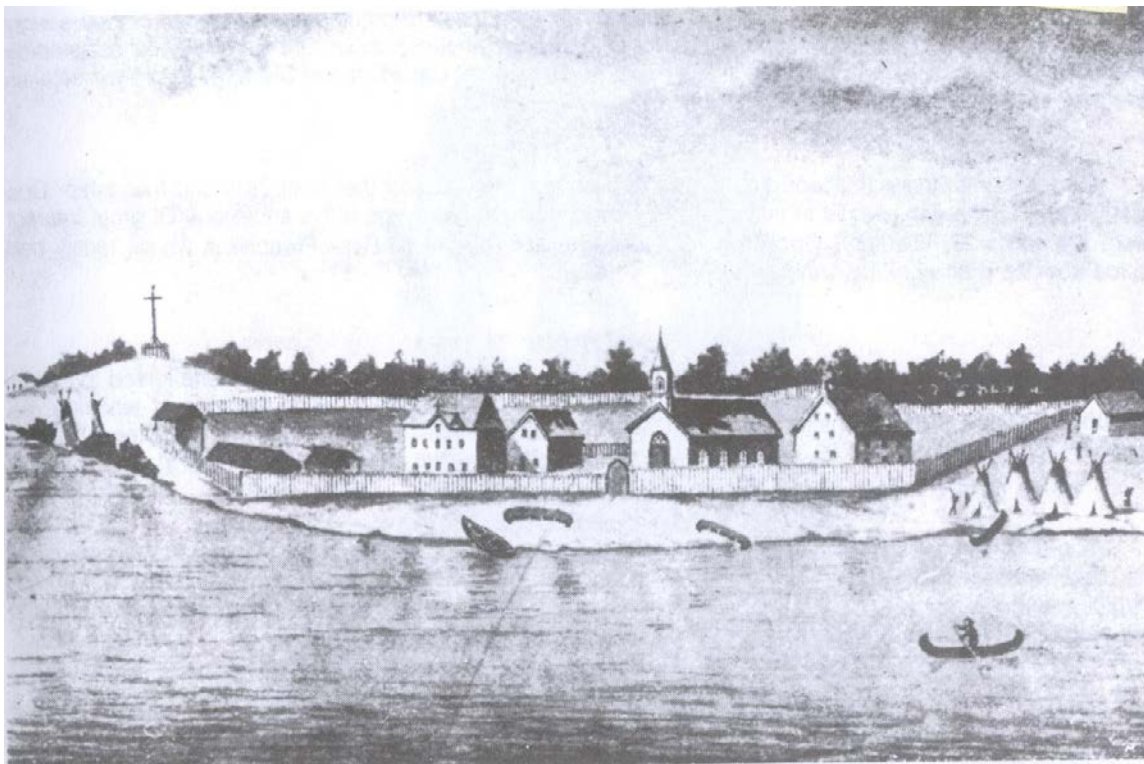
Northern two-thirds of Saskatchewan: Ile a la Crose is located on the Churchill River system in the northwest part of this land of lakes, rivers and forests some five hours northwest of Saskatoon.



Map Courtesy of AODBT

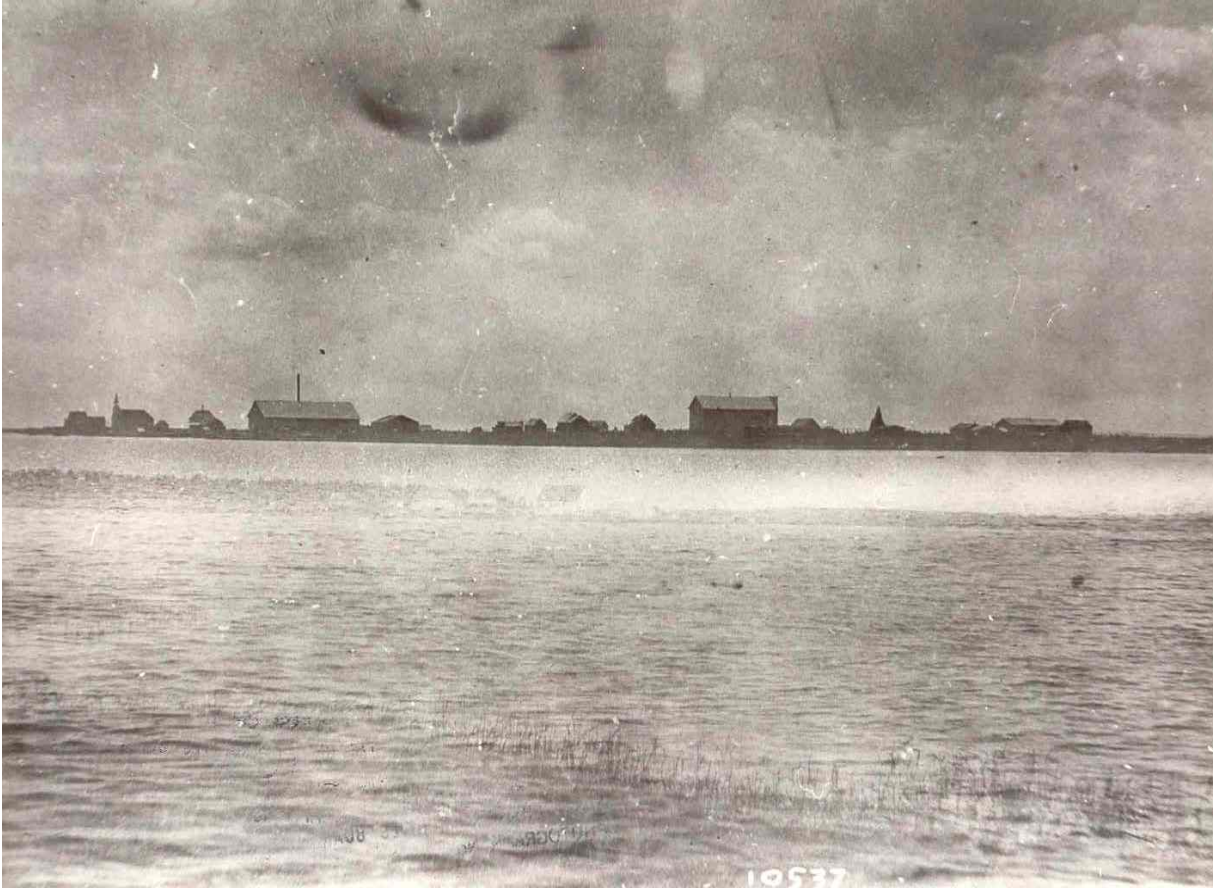
The settlement of Ile a la Crosse was founded in 1776 by fur traders. In September 1785 the first Metis child was born in Ile a la Crosse. Early on, trading companies including the XY Company and NW Company were in rivalry with the Hudson Bay Company for the resources of the area. A group of disenchanted NorthWest Company traders formed the XY Company in 1797 but rejoined the NorthWest Company in 1804. The voyageurs of this time became the grandfathers of Ile a la Crosse and their wives the grandmothers of Sakitawak – “Voyageurs – our parents and grandparents” (Ile a la Crosse, 1776-1976, p. 15). By the early 1900’s the federal government recognized that a Treaty with the aboriginal people of Northern Saskatchewan was necessary. In 1906 the signing of Treaty 10, the tenth in the series of western and northern Canadian treaties with aboriginal peoples, took place in Ile a la Crosse following a complex negotiation process involving both Native demands and Metis rights issues ([www.ainc-inac.gc.ca](http://www.ainc-inac.gc.ca) Treaty Research report – Treaty No. 10 (1906) K.S. Coates, 1986). Because Metis people do not have Canadian Constitutional protection and, thus, no provisions to meet their interests under Treaty 10 as did First Nations peoples, it meant that negotiations with the Metis peoples in the area to meet their needs were critical.

The Roman Catholic Church also played a major role in the development and life of Ile a la Crosse. The first Roman Catholic mission was established by the French Oblates of Mary Immaculate. In 1846 Alexandre-Antonin Taché and abbé Louis-François Laflèche established St. Jean-Baptiste Mission at Ile a la Crosse. This mission served as a strategic central base for the expansion of the missionary frontier (Encyclopedia of Saskatchewan, Raymond Huel, 2007)) as well as a centre for worship, health and education services for people living in and around Ile a la Crosse. In 1873 Sister Sara



Courtesy, Ile-a-la-Crosse Mission

*“Chateau Saint-Jean”, Ile-a-la-Crosse, 1860*



Hudson Bay Post 1916

Riel, whose father was born in Ile a la Crosse, became a member of the Ile a la Crosse Mission. She was the first Metis to enter the order. In 1911 Father Marius Rossignol came to be pastor for the mission of Saint Jean Baptiste. In 1917 the Grey Nuns occupied the posts of medical workers and teachers.” (Ile a la Crosse 1776-1976, p. 28).

And so grew the current community which today has a variety of retail services including a Northern Store, a plumbing and heating company, gas stations/convenient stores, and a motel/restaurant. There is also a wide range of human services in the community. These human services and recreation programs and facilities include a skating rink, curling rink, community recreation centre, two schools (one of which houses adult education), a hospital, and several government services including justice, Social Services, Advanced Education and Learning - CanSask, Pre-Natal Program, Kids First North, ECIP, and SERM. The community also has a Metis Local and a training centre, a Friendship Centre, a Headstart Program, and various other programs that are delivered throughout the region/community.

The people of Ile a la Crosse have always been characterized as having an adventurous, creative, self determining, forward looking spirit. From the early days of the fur trade to the present, Ile a la Crosse has produced strong leaders and visionary people. From pursuing its own school division to electing government leaders, Ile a la Crosse people have been in the forefront. They embody the spirit of Louis and Sarah Riel, seeking independence, self reliance, and self determination for the Metis people. This

independent spirit is especially reflected in the development of education and health services in the community.

### C. Brief History of Education in Ile a la Crosse



Practical and Applied Arts – old school

Photo Courtesy of AODBT



Practical and Applied Arts – new school

Photo Courtesy of AODBT

Prior to the coming of the fur trade and missionaries, early education in the region of what is now Ile a la Crosse was that of the First Nation traditional culture. Children

were educated within the social group as a whole which was, in effect, the school. The tribal education process involved imitation of the adults – hunting, fishing, gathering, food and clothing preparation, tool making, housing preparation, sewing, music, dance, story telling and life skills. Celebration and spiritualism played key roles in children’s education.

In 1776 Montreal based fur traders established Ile a la Crosse, the second oldest inhabited community in what is now Saskatchewan. With the merger of the Hudson Bay Company and the Northwest Company in 1821, Ile a la Crosse became the headquarters for the Hudson Bay Company. It was not long after Ile a la Crosse became the headquarters for the Hudson Bay Company that the Oblate Fathers came north to establish missions. In 1846 Fathers Louis-Francois Laflèche and Alexandre-Antonin Taché established St. Jean-Baptiste Mission in Ile a la Crosse. Almost immediately, the first school was established as part of that mission. Little is known about the curricula taught but it appears logical to assume from later curricula that academics, practical everyday skills, socialization and religious training were the foundations of the schooling.

The following brief overview of the history of education in Ile a la Crosse is taken primarily from *Religious History of St. John Baptiste Parish Ile-a-la-Crosse 150 Years ... Arrival of the Grey Nuns ...*, [www.jkcc.com/rcnunc.html](http://www.jkcc.com/rcnunc.html); *Religious History of St. John Baptiste Parish Ile-a-la-Crosse 150 Years ... Hospital Buildings and Health Care*, [www.jkcc.com/rchospital.html](http://www.jkcc.com/rchospital.html); and, *Ile a la Crosse 1776-1976*. (Also see the above sites for additional historical detail regarding Ile a la Crosse).

In 1847 the parish priests began teaching the children in the area. The first formal school was established in 1860, when the Grey Nuns of Montreal arrived in Ile a la Crosse (p. 25, *Ile a la Crosse 1776-1976*). It is likely that the curricula continued as noted above. “... By the 26<sup>th</sup> of November (1860), these Sisters of Charity opened their school for twenty-five boarding students. The girls used the classroom for their sleeping quarters, and the boys stayed in the rectory with the priests” (*Ile a la Crosse 1776- 1976*, p. 25).

On March 1st, 1867, the mission house burned. The mission house included Bishop Grandin's residence, the orphanage, hospital and utility buildings. Following the fire, the Oblate Brothers with the help of the local people built another house that included larger classrooms and more space for hospital beds.

In 1871, a special newcomer arrived in Ile a la Crosse, Sister Sara Riel. Sister Riel, Louis Riel’s sister, was a very dedicated Grey Nun. She became intensely involved in both the school and the hospital in Ile a la Crosse. The early schools built by the Oblates in their missions, and those later established by the Federal Government and placed under the jurisdiction of the Oblates, became extensions of the Oblates’ frontier parishes. The focus was practical education targeted at enhancing the Church’s apostolic and missionary efforts. A residence was eventually established in Ile a la Crosse to serve the needs of the families who lived across the lake rather than in the community of Ile a la Crosse where the mission was. Children from across the lake resided in the residence and went to school in Ile a la Crosse.

Over the years, many disasters struck the mission. In July, 1901 heavy rainfall flooded the mission buildings and gardens. As a result, the Sisters' convent and the school had to be replaced. On April 1, 1920 during Holy Thursday celebration, a fire destroyed the convent and student residence. Worst of all, a young girl perished in the fire. There

were 25 boarders left to be sheltered and cared for. On February 26, 1926, the convent and student residence were again destroyed by fire. Yet another convent-school was rebuilt.



Ile a la Crosse – no year



Girls boarding school – no year



Girls at boarding school (possibly late 1940's or early 1950's)

By 1947, there were 124 boarders and 44 day students in Ile a la Crosse. The school consisted of 5 classrooms at this time. The girls resided in the old convent which had been renovated. The boys resided in a separate building. In 1952 two more classrooms were added. A teachers' residence was built in 1954. A new school with eight classrooms was built in 1959 and blessed on June 14, 1961. Improvements included a hot air heating system.

The 1960's saw several events affecting education in Ile a la Crosse. A larger school was constructed to replace the mission school. It had oil furnaces and running water – both vast improvements over previous schools. Later, an auditorium was added. The Northern School Board with headquarters in Prince Albert was created. That school board had jurisdiction over education in Ile a la Crosse and other northern communities excluding Creighton and Uranium City. On March 19, 1964 another fire on the Mission grounds destroyed the boy's boarding house and hall that was built in 1946. Sixty boarders had to be housed elsewhere. By September, the parish hall and a residence for 70 boarders were rebuilt. On November 23, 1967 three boys, boarders at the school (George, Ronnie and Jerry), drowned along with their parents, Gordon Ellis and Adeline McCallum on Rosser Bay as they were travelling home. These boys lived in a residence that had been established in the community of Ile a la Crosse for students whose families lived across the lake.

On October 28-29, 1972 12 classrooms on the west side of the school building were destroyed by fire. It wasn't until December 5th, that classes resumed with a staggered schedule. Trailer classrooms were set up by December 1, 1973. As a result of



Nap Bouvier and Gordon Walzs about early 1960's

the fire, a new school was approved by the government of Saskatchewan. Construction of the school, designed by Douglas Cardinal, commenced in 1974. At the same time, people in Ile a la Crosse petitioned the government to establish an independent school division for Ile a la Crosse.

The fire of 1972 was the beginning of very significant changes in education governance for Ile a la Crosse. At the time of the fire, Ile a la Crosse education was being governed by the Northern School Board located in Prince Albert. In 1963 a Superintendent of Schools for the North had been appointed. This was followed by the appointment of three Metis residents of the North, three civil servants and two observer as members to the Northern School Board. As a consequence of the fire, a group of local residents petitioned the government for local control of education in Ile a la Crosse. As a result of the petitioning, an order in council was passed and by 1976, two autonomous elected boards, the Ile a la Crosse School Division Board and Northern School Board were established. The old Northern School Board was subsequently dissolved and became the Northern Lights School Division. The new school divisions were governed by elected school boards with ICSD having a governing Board consisting of seven members all from the community of Ile a la Crosse (*Province of Saskatchewan Northern Education Task Force Report to the Minister of Education, 1989, pp. 10-11*). This period



of time in the history of education in Ile a la Crosse was somewhat turbulent as not everyone in the community supported the idea of a local school division.



New elementary school construction – 1974-76 – design by Douglas Cardinal

Vital Morin, school board chairman in 1976 (as interviewed in “Ile a la Crosse 1776-1976 Sakitawak Bi-Centennial, p. 72) made the following observations concerning education in Ile a la Crosse.

“We have a local board elected and looking after the total operation of the school here. There were a lot of meetings from the take-over. There was quite a conflict within the community. A lot of people thought that the local people would never be able to run their own school. But, the majority of the parents thought that the local board would run a better school.

“The school itself is going to be one of the best. With the new school and equipment, I hope it will impress the students ... attending this school and make it more interesting to them, so that they attend more regularly than they have been doing. We have a lot more to offer in the school now, than we’ve ever had before.

“By having the knowledge of what the kids at Ile-a-la-Crosse need as far as education is concerned, the types of programs, we would point these out to the type of teachers that would be able to teach these types of programs.

“Some of the things that the people thought should be taught here is our own culture, our own history. People were starting to lose interest in their own culture. These are the things we thought we could bring back and sort of keep the people aware of what they are and not lose it in the white society. We know for sure all our kids won’t become doctors, lawyers, and office people. There will always be a number of people who are thinking of going back trapping and fishing, and try to do their own type of living that they have done before. These are some of the things we consider could be taught in the

school. By having our own local board, a lot of these things can be implemented in the school.

“The students have to be prepared to take this kind of schooling or take the white man’s ways. In order to make kids interested in attending school, we have to make an interest inside that school.”

Roy Simpson, in “Ile a la Crosse 1776-1976 Sakitawak Bi-Centennial (p. 60), observed the following:

“Well do I remember the little school, the little grey building down by the mission. I believe it had four rooms with a box stove in the centre, and a cordwood pile outside. The teacher would have to get up every once in a while to throw another piece of wood into the stove. This was frozen, that was frozen. People had to wear mukluks and what-have-you on their feet. That was part of the deal, that was the educational system. I thought that if nothing else, we will likely get a hardy breed coming out of there.

“Fortunately, we survived that system, and by 1962 it was decided to embark on a good school for Ile-a-la-Crosse. There was quite a difference. They had oil furnaces and they had running water. The children just ate this up. They thought that this was great.

“In two years they added more classrooms. Then they added the “L” wing which still exists today. An auditorium was added on several years ago. And now they have a new building. In terms of education Ile-a-la-Crosse has certainly progressed in no uncertain terms. If our community is ever to succeed, stand on its own feet, that that is what we need – education!”

And so the Ile a la Crosse School Division was born and since then there have been significant successes. The 1980’s saw many successes, particularly in athletics. In 1984, 1985, and 1986 the “A” Boys Volleyball teams won provincial championships.



Boys “A” Volleyball Provincial Champions 1984

Other teams were also successful throughout the 1980's travelling to units and regionals to participate in volleyball, basketball, badminton, track and field and other sports.

Successes continued throughout the 1990's and 2000's in both athletics and academics. For example, in 2004, a high school student attained a provincial championship in track and field.



Track and field provincial champion - 2004

In the 1990's, the Northern Student Academic Awards were introduced. As part of these awards, a Lieutenant Governor's Award was introduced. Ile a la Crosse students



Northern Student Awards

won this award on several occasions throughout the 1990's and 2000's.

As well as the focus on athletics and academics, a significant focus was and continues to be on cultural activities. Students have been involved in dance, art, traditional activities, and drama from the early days of the school division. Groups such as the Ile a la Crosse Square Dancers and the members of the Upisasik demonstrate the school's and community's commitment to cultural activities.



Upisasik Theatre 1981 – Upisasik Theatre ran from 1977 – 1985



Ile a la Crosse Community Square Dancers

Such is the story of education in Ile a la Crosse. From its earliest days, education was important to the people and to the Catholic church. It is a story of hardship, heartbreak, and successes. Education began in the Catholic mission in 1847. From those earliest days education has grown in Ile a la Crosse until, today, pre-kindergarten to adult education is provided. Kindergarten through grade 6 is provided in the Douglas Cardinal designed Rossignol Elementary School. Grade 7 -12 and adult education are provided in the new AODBT Architecture and Interior Design designed integrated facility that this book highlights. The high school part of this facility is named Rossignol High School in respect for Father Marius Rossignol, OMI, who was a great support to education for over 45 years.

#### D. A Brief History of Health Care in Ile a la Crosse



Old St. Joseph's hospital kitchen stove Photo Courtesy of AODBT



New St. Joseph's health centre kitchen stove Photo Courtesy of Wm. Duffee

Health care in Ile a la Crosse followed a very similar path to that of education. October, 1860, saw the arrival of the Grey Nuns and the beginning of the health care services in the convent dispensary of St. Bruno. "On the sixth of October (1860) they opened the doors of the convent called "Saint-Bruno," and before long received their first medical patient, a small boy named Phillippe ..." (Ile-a-la-Crosse 1776-1976 Sakitawak

Bi-Centennial, p. 25). Thus the story of health in Ile a la Crosse began. This health story is also one of hardship and success as reflected in the history provided in *Religious History of St. John Baptiste Parish Ile-a-la-Crosse 150 Years ... Hospital Buildings and Health Care*, [www.jkcc.com/rchospital.html](http://www.jkcc.com/rchospital.html).

On March 1st, 1867 fire claimed the mission house which was also Bishop Grandin's residence, the orphanage, hospital and utility buildings. ... the Oblate Brothers, along with some local people, succeeded in building another house with larger classrooms and more space for hospital beds.

On July 23, 1888, Sister Marguerite Brabant came to take charge of the pharmacy. In May of 1889, one doctor came from Regina, the first one (doctor) to come to Ile a la Crosse to vaccinate 300 children against smallpox.

The lengthy and dedicated service of church personnel to the people of this area was formally recognized by the authorities when the Provincial Government of Saskatchewan and the Department of Indian Affairs erected the first hospital as a separate building in 1927 following severe epidemics of influenza and typhoid fever. It could accommodate 20 patients. The official opening was on April 11, 1928. The local administration was left to the Oblates. Sister St. Adolphe assisted Dr. Amyot on his visits to the school children. March 18, 1928, saw the opening of the Doctor's Office at the hospital. The first visit of a dentist was in March 1933.

In 1936, to alleviate expenditures for the needed maintenance and repairs to the building, both governments relinquished their rights and transferred the ownership of the hospital property to the Apostolic Vicariate of Keewatin, Bishop Martin Lajeunesse officiating..

As with educational services, health services and buildings were affected by a variety of disasters over the years. For example, in April 1941 while the people were gathered for mass, a fire broke out at the hospital. On December 19, 1954 fire and water damaged the doctor's residence

A second larger hospital, known as St. Joseph's Hospital was built in 1958 and was located directly behind the church. It had a capacity of 45 beds. It was also administered locally by the Oblate Fathers and operated by the Grey Nuns. Oblate Brothers, skilled in many of the building trades, together with local labour, did much of the structural work. No serious accidents occurred during the construction – this was credited to the intercession of St. Joseph. The first baby girl, Barbara Desjarlais, was born at St. Joseph's Hospital on August 14, 1958, to Irene and Ovide Desjarlais.

August 20, 1958, was the official dedication of the hospital. On that occasion a substantial donation was received from the Catholic Church Extension Society of Canada and presented by its President, Msgr. McDonagh. In design and structural qualities the new hospital ranked among the best for the north.

Sisters, doctors and lay registered nurses and nurses aids supported and encouraged by their priests have for many years been dedicated to the ministry of caring for the sick, the dying and the needy. Fires, floods, scarlet fever, smallpox, and Spanish flu were only some of the hardships that these dedicated people faced. The renowned doctor and surgeon, Dr. Phillipe Ernest Lavoie, is remembered for his nineteen years of services at the Hospital, 1934 - 1953. He is especially remembered as having been a faithful parishioner, a lover of humanity and a very caring person. He died on February 17, 1954, and was buried February 20th in the cemetery of Ile a la Crosse, next to his father. On

June 4th, 1967, a special papal decoration (Bene Merenti) was awarded to Dr. H. Hoffman in recognition of his services. In 1973, Dr. H. Hoffmann retired from St. Joseph's Hospital after 20 years of medical service.

The above is a brief history of healthcare in Ile a la Crosse; initially it was a story of a one-room hospital in the convent house; then a larger house with three beds; then another two-story building with 10 beds, and another with the same capacity; then St. Joseph's Hospital and today's hospital with 45 beds. There were years of growth and progress at the hospital in spite of controversies, difficulties and problems of all sorts. Its survival is due to a great number of dedicated people who provided leadership and service to the community.

The hospital has grown out of its infancy from the time that the sole ownership and administration was in the hands of the Catholic Mission - 1860 to 1977. From March 17, 1977, St. Joseph's Hospital was an institution owned by the Catholic Health Council of Saskatchewan. Its administration was done locally according to the Council's stipulations. It was associated with the Saskatchewan Health Care Association, a voluntary, non-governmental trustee-based association of health care organizations, which functions as principal advocate for its membership and services, and assists members in carrying out their roles effectively within the Saskatchewan health care delivery system (*Religious History of St. John Baptiste Parish Ile-a-la-Crosse 150 Years ... Hospital Buildings and Health Care*, [www.jkcc.com/rchospital.html](http://www.jkcc.com/rchospital.html)).

In 1998, discussions began concerning the amalgamation of St. Joseph's Hospital and Keewatin Yatthé Health District (today's Keewatin Yatthé Regional Health Authority). Both boards made motions agreeing to amalgamate. Meetings were also held with the boards to discuss the process and the impacts of amalgamating. The amalgamation was completed on April 1, 2005. At that time, all assets and liabilities of St. Joseph's Hospital became part of Keewatin Yatthé Regional Health Authority – this included the building, property and employees. Several challenges had to be overcome in this amalgamation. For example, assuring employees that there would be no job losses; assuring that the Catholic faith (spirituality) of the facility would not be lost; assuring the local community that they were not losing their hospital or control thereof to an external organization. Keewatin Yatthé Regional Health Authority now serves some 11,700 people in over 20 communities and First Nations in northwest Saskatchewan.



## CHAPTER II

### A. BEGINNINGS

In the late 1980's, the Ile a la Crosse School Division Board of Education sent a submission to the Saskatchewan Department of Education Facilities Branch identifying the need for a new high school in Ile a la Crosse. The old high school, built in the 1950's and later partially destroyed by fire, was at the end of its life from several perspectives - economic, structural, and program delivery capacity. It was not until the late 1990's, however, that the Board of Education and its Director were able to work with the facilities branch to ensure that a new school was on the Department of Education's capital priorities list. Finally, in the year 2000 the Board of Education was to realize its dream of a new high school when the Department granted approval of that building project.

At the same time that amalgamation was being worked on by the two health boards, a new hospital was approved by the government to replace the old St. Joseph's Hospital. Consequently, when, in 1999/2000 St. Joseph's hospital was scheduled to be replaced, the chair of the Board of Education and the Director of Education presented an option to the ICSD Board of Education – let's meet with the St. Joseph's Hospital Board and talk about the possibility of one facility. The Board approved and ICSD requested a dialogue with the planning committee from St. Joseph's Hospital. From that meeting in the spring of 2000 arose the concept of a joint-use facility, a facility that would house both a high school and a health centre where education and health professionals would work together to provide the community with a range of services that could be accessed within one building. It was not long, however, before the discussions led to suggestions for expansion of participants and services that could logically be part of such a facility. A vision was born.

Thus began a series of exploratory meetings. The first meetings with KYRHA (at that time known as Keewatin Yatthé Health District) took place at St. Joseph's Hospital in the spring of 2000 to discuss the potential of a joint facility. Following this meeting, several discussions occurred over a period of time with other potentially interested parties in such a facility. Various discussions occurred throughout the late spring of 2000 and throughout the school years of 2000-2001 and 2001-2002. These discussions helped to clarify which other agencies might become partners in the actual building and those that had a significant interest in being partners but lacked any capital monies. In the end, the fundamental partnership in the building narrowed to two parties: ICSD and KYRHA. The Department of Community Resources and Employment and adult education providers were interested in space and ultimately were to have space in the building through leases or other arrangements.

During the same period, KYRHA was officially coming into existence and the process of transferring St. Joseph's hospital from the Diocese management to KYRHA management was taking place. As well, the land selected for building was partially owned by the Northern Store which had employee housing situated on it. These issues had to be worked out prior to proceeding with design.

The first official meeting of the partnership took place in Saskatoon on June 17, 2002. By this time it was clear that support for the project as a joint use facility was in

place and that funding was available to commence planning. Now, monthly meetings began to ensure KYRHA had its functional plan in place, ICSD had its B-1 and other documents in place, and the process to select an architect was formulated.

The first step, as with many things, was the most exciting – what an opportunity to sit down with other departments and partners and explore how the parties could come together to make such a facility a reality. The first questions to arise were “why would we want to do something that appeared to many as a rather foolish thing to do. How could a school and hospital work productively together? What were the advantages of such a working partnership? It was necessary to convince people that there were many advantages to such a facility which, as it turned out after people had an opportunity to think about it, not such a difficult thing to do.

As with any project, there were a set of milestones that took place prior to the “official” start of the project. The following briefly sets out those initial milestones for both health and education:

### **Planning Activities Timeline of Education and Health**

1. Amalgamation of St. Joseph’s Hospital and Keewatin Yatthé Health District (KYHD - later to become Keewatin Yatthé Regional Health Authority - KYRHA) commenced in 1998 and was completed in April, 2005.
2. February, 2000: KYHD Board establishes a formal committee to initiate planning for health facilities and the replacement of St. Joseph’s Hospital. A project manager was engaged to begin the planning process for all communities.
3. ICSD Board approached KYHD Board to consider a joint facility – these meetings continue over the next year.
4. January, 2001: after a year of planning at the community level all committees of KYRHA came together at Amyot Lake Inn reached consensus relative to health care needs in KYRHA.
5. February, 2001: KYRHA project manager worked with all communities to refine needs and develop project briefs.
6. December, 2001: Board received approval from Sask. Health to move to functional programming phase.
7. May, 2002: KYRHA Board identified Ile a la Crosse facility as a priority and approval for funding was requested for proceeding to design phase.
8. June 17, 2002: first formal planning meeting involving ICSD, KYRHA, and Departments of Health and Education was held in Saskatoon.

9. October 2, 2002: second planning meeting that focused on planning, organization, timelines, communication, and prime consultant selection process.
10. November 24, 2002: Amyot Lake; interview questions, interview times, land selection and acquisition, and project management were formulated and agreed to by the Joint Use Facility Planning Committee (later to be the Project Team/Committee).
11. November 26, 2002: KYRHA and ICSD engaged AODBT Architecture and Interior Design (hereafter referred to as AODBT) as prime consultant for design
12. December 12, 2002: first official Project Team Meeting was held in Saskatoon. The organizational meeting set out the Project Team/Committee including AODBT, KYRHA, ICSD, the Department of Health and the Department of Learning (now Department of Education).

Hence, by December 12, 2002 a project planning committee had been established to plan, organize, design, identify and resolve issues.

## **CHAPTER III**

### **The Project**

#### **A. Joint Use/Integrated Facility**

The early discussions between Keewatin Yatthé Regional Health Authority (KYRHA) and Ile a la Crosse School Division (ICSD) concerning a joint use facility focused on two major questions – What is Meant by Joint Use/Integrated Facility? and, Why Joint Use/Integrated Facility – What Benefits Might Be Derived From An Integrated Facility? The first focus had to be what was meant by joint use and/or integrated facility. In the beginning, these terms were used interchangeably with only a generalized meaning. However, once AODBT Architecture and Interior Design (AODBT) came on stream and planning commenced, the notions of joint use/integrated facility had to be much more clearly defined.

On one end of the spectrum, joint use and/or integrated facility might mean sharing a bricks and mortar shell. Basically, that is proportional cost sharing of a shared physical building while maintaining complete organizational independence. On the other end of the spectrum joint use and/or integrated facility might mean sharing that building shell while maintaining an organization's unique operational responsibilities and, at the same time, integrating and/or sharing various aspects of the building operation such as:

- a. mechanical and other plant operational requirements,
- b. various programming and services
- c. various physical space such as Elder space
- d. various operations such as shipping and receiving
- e. sharing equipment such as audio visual equipment, sharing cafeteria space, and sharing conference space.

This latter description comes the closest to defining the joint use integrated facility in Ile a la Crosse. Thus, the term that evolved into usage was “Ile a la Crosse Integrated Facility” with the focus on integration of various aspects of both building and programming.

The second question that had to be addressed was “Why Joint Use”? In the early meetings of KYRHA and ICSD benefits and concerns regarding a joint use facility were discussed. As discussions proceeded, it became clear that the benefits outweighed drawbacks and that many of the perceived drawbacks were really questions that needed to be answered. Such questions as: who would be the partners? who owns the building? can other organizations lease or buy space? how will maintenance/housekeeping be handled? how will traffic be handled? will students create a noise problem for the hospital? how will insurance issues be dealt with? how will communicable diseases be handled? were all issues that had to be dealt with. Many benefits were also identified. Examples of the potential benefits identified included the following:

1. common mechanical, electrical, and other systems thus saving space, dollars and personnel;
2. economies of scale in design, construction;

3. economies of scale in space resulting in saved space being committed to other program areas such as a daycare, cafeteria for students and staffs, conferences space, and an Elder's area;
4. ability to broadcast internally to long term care patients who would now be able to watch their grandchildren, possibly great-grandchildren, participate in school sports and the performing arts and cultural activities;
5. opportunity to provide students with work experience programming in the health field;
6. ability to engage other personnel whose focus is human services; i.e. Community Resources and Employment;
7. access to a shared Spiritual room and Elders area;
8. centralized services access for the community;
9. recreation areas such as gymnasium and weight room accessible by the staff and the community;
10. opportunities for professionals in other areas to work together to provide comprehensive, integrated services to clients;
11. common shipping, receiving, recycling, garbage area;
12. synergies and efficiencies in operations;
13. ability to host educational programs, training programs, and conferences;
14. ability to provide adult education and training;
15. enhanced recruitment and retention abilities; and,
16. enhanced communication among organizations.

Ultimately, the benefits of a joint use facility were to hold sway in the decision making process. As the planning moved forward, however, a joint use facility concept was replaced with an integrated facility concept. In the final analysis, joint use was replaced with integrated facility as it was felt that joint use still implied a distinct separation of the organizations in all aspects of building operation while integrated facility more clearly recognized that certain aspects of the facility such as (but not limited to) maintenance, food services, mechanical/electrical, physiotherapy-exercise activities and staff room utilization were shared by both parties. In order to accomplish such a vision a truly remarkable partnership was forged.

## **B. Fostering a Partnership to Accomplish the Vision**

In order to achieve the vision of an integrated facility, a solid, long-term, inclusive, and trust based partnership had to be created. While partnership formation in the human services world is not uncommon, long term success of those partnerships can be somewhat more difficult to attain and sustain.

### **1. Partnership Defined**

Webster's Dictionary (1989 edition) defines partnership as "the state or condition of being a partner; participation; association; joint interest" (p. 1052). The *Saskatoon Community Service Village: A Co-Location Case Study (2002, p. 45)* states that "partnership" refers to an arrangement in which organizations agree to cooperate in order

to achieve the common goal of creating the Community Service Village. The terms joint venture, alliance or collaborative endeavor also could be used'. The meaning of partnership applying to this project would be *an alliance working through collaborative efforts to achieve a joint venture*. The meaning of collaboration used here is that of the Saskatoon Community Service Village definition (p. 45): "Collaboration is the act (or process) of 'shared creation' or discovery. Collaborative people are those who identify a possibility and recognize that their own view, perspective, or talent is not enough to make it a reality. They need others' views, perspectives, and talents. Collaborative people see others not as creatures who force them to compromise, but as colleagues who can help them to amplify their talents and skills".

## **2. Characteristics of Successful Partnerships**

There are many factors that influence the success of a partnership. Some of these factors include:

- a. Compatible missions and shared core values. For example, principles for health and education include such values as:
  - integrated services
  - accessibility
  - sustainability
  - health and education promotion
  - leadership for effective health and education public policy
  - accountability
  - healthy work places
  - healthy life styles
  - equity and inclusion
- b. Compatible operating philosophies
- c. Individual legitimacy – value your partners
- d. Shared spirit of risk taking
- e. Stability of the partner organizations
- f. Fiscal viability of the partner organizations
- g. Compatible programming
- h. Ability to visualize and realize operating synergies
- i. Effective communication: open, honest, consistent, timely
- j. Meaningful interaction
- k. Capacity and capability to confront and challenge: ignoring problems is not an option
- l. Foundation of trust and mutual respect
- m. Ability to ensure the vision, goals, and interests of each partner can be realized within the broad project vision, goals and interests
- n. Effective decision-making. Decisions are consensual reflecting the culture of collaboration.
- o. Willingness to compromise and be flexible
- p. Empathy and empathetic listening skills

- q. Ability to operate under an alternative framework of principles than conflict resolution procedures wherever possible: such principles include:
- Understand the unique visions of one another
  - Link the history of the partners to the spirit of the vision
  - Understand the value of the strength in the diversity of skill and knowledge within the partner agencies
  - Observe that the partners' skills and knowledge are complementary
  - Honor the value of collective vision and responsibility
  - Trust the partners' skill and knowledge
  - View problems and issues as challenges
  - Agree to risk bringing issues to the table
  - Practice excellent communication with respect, listening and reflection
  - Accept the partners' responsibility for being self-directed – an attitude of shared ownership and shared responsibility
  - Create an environment that supports healthy individual growth and development (p. 58 Saskatoon Community Service Village)
- r. Clarity of roles
- s. Understanding of fundamental levels of integration
- Strategic
  - Tactical
  - Operational
  - Interpersonal
  - Cultural
- t. Enjoyment of the relationships
- u. Strong, consistent leadership

### **3. Challenges to the Success of the Partnership**

Partnerships face many challenges ranging from effective communication to fulfillment of partner goals. The partnership between KYRHA and ICSD is no different. It faced many such challenges and will continue to do so as the partners move forward.

The first set of challenges dealt with decision making and communication involving multiple organizations and organizational levels within those organizations, multiple government departments and multiple organizational processes. The primary partners and owners of the Integrated Facility are ICSD and KYRHA. Each partner's project approval regime and funding flows through its respective government department. As well, each partner is governed by distinct legislation and regulations. Hence, each partner's process for timing, planning, funding, approvals, participation of officials, forming and sustaining relationships with architects and contractors, decision making,

and reporting are distinctly different. As a result, the communication and decision making challenges of coordination, consistency and continuity were daunting. The re-structuring of the Department of Health in the spring of 2003 added to these complexities. The resultant changing of health personnel during the summer of 2003 disrupted the continuity of health personnel responsible for the health portion of the project. This was first identified at the August 27, 2003 meeting of the Planning Committee by one meeting representative: “communication with health ... needs to be worked out”. In December, 2003, the following observation was made by a partner representative at the Planning Committee meeting: “... we have exhausted all avenues of discussion ... emotions do run high but we would not be at this table if we did not truly believe in what we are doing”. In addition to these challenges was the fact that a provincial election was called on October 8, 2003 to be held November 5, 2003. This had significant implications relative to funding commitments, design, timetables, meetings, and a variety of other processes.

A second set of challenges dealt with the organizational responsibilities of the partners. ICSD is a school division having two schools in the community of Ile a la Crosse. KYRHA, on the other hand, is a health region representing several communities and health facilities in northwest Saskatchewan. Hence, this partnership between ICSD and KYRHA had significant contributions to the design and construction processes from the health partner’s members living in other communities as well as St. Joseph’s hospital and the school staffs in Ile a la Crosse. Because the corporate offices for KYRHA are in Buffalo Narrows, the St. Joseph’s Hospital administrator and ICSD director of education worked closely together often without a health corporate office person presence. While this was not an issue generally, there were times when decisions were required from KYRHA corporate office that could not be made by the hospital administrator in Ile a la Crosse. In addition, this structure sometimes led to communication timelines issues and decision making delays. However, the partners believed thoroughly in what they were doing and worked together in a supportive, trusting relationship that overcame obstacles that in other situations may have completely derailed the project.

A third set of challenges rested in staff changes, both with the partners and with engineering firms personnel. Personnel changes mean changes in processes and in group dynamics. In the case of the engineering firms, engineers are key players who needed to buy into the vision and be able to contribute creative ideas to the vision, solutions to problems and provide continuity to the project. Changes that occurred in engineering firms meant some loss of continuity and creativity. In addition to those changes in government personnel, there were changes in KYRHA corporate office personnel. This meant that in various situations the only person with continuous corporate memory was the ICSD director of education. This added significant burdens to him and the ICSD secretary-treasurer as well as the ICSD Board who incurred additional expenses to ensure ongoing leadership, continuity and corporate history to the project. Fortunately, it did not impact negatively on the partnership because of the foundation of trust that had been cultivated throughout the project and the ongoing commitment of KYRHA personnel.

A fourth set of challenges was to successfully reach operational understandings the various workers’ unions. KYRHA has as many as three different unions representing a wide range of workers. ICSD has one. However, the union representing ICSD workers is not one that represents any of the KYRHA workers. Hence, without any means of dividing certain aspects of the physical plant, i.e. the mechanical system, into distinct



zones owned specifically by one of the partners, much team building had to be accomplished in order to ensure all parties were comfortable with the working relationships within the building and that the working relationships complied to collective agreements. Adding to the complexities was the fact that some of the unions were being represented at meetings by outside union leaders who, understandably, did not necessarily feel ownership of the community's and partners' vision. However, again because of the trust that had been developed and the committed administrative leadership, a unique arrangement was achieved among union members which allowed the work to be accomplished. This was particularly interesting in the maintenance area where a maintenance team of workers belonging to different unions was developed to work together to be collectively responsible for building maintenance.

A fifth set of challenges was scheduling meetings. This was an ongoing theme throughout the project. The number of people involved from the various levels of local partners and government organizations tested the patience of all. The following e-mail represents the difficulties inherent in the project:

“I understand you (Dan) are on holidays now, but maybe Richard can access your schedule. I spoke with Bill yesterday about the upcoming Ile-X project meetings. The September meeting which was tentatively set for Sept. 17 (Friday) does not work for Bill. The only time that could work in early September after Carol is back, seems to be the afternoon of Thursday, Sept. 16 ... Richard, Do you think this can work for Dan? Carol, Can this work for you if I re-schedule the Construction panel meeting (either the 15 or 17?) Also, since we are basically waiting for the Health response to the Schematic Design, is there any reason to meet on August 13? ... .”

However, as with changes in personnel, the basis of trust and willingness to be flexible played significant roles in resolving the scheduling issues. As well, pre-scheduling the meetings of the different committees and utilizing teleconferencing and e-mail played major parts in resolving issues.

## **C. Approvals, Design, Construction and Finances**

### **1. Approvals**

The first step was to get approval from the provincial government to begin planning. Approvals for funding and to begin the planning process were different for each partner as these approvals came from two separate government departments. Funding for KYRHA commenced with funding to establish the functional program. Approval for ICSD was receipt of an E-2 which was the first of several approval documents. The following identifies the sequence of activities within the planning cycle for each partner:

- a. July, 1998 - School Division's original B-1 request for a new high school was submitted to the Provincial Department of Education.

- b. January, 2001 – KYRHA received approval to begin project briefs from the Provincial Department of Health
- c. December, 2001 – KYRHA received approval to proceed with functional program planning
- d. June, 2002 – Education Ministry approved E-2 for planning and design for the new high school
- e. October, 2002 – Education Ministry approved E-4 for new high school
- f. January, 2003 – Education Ministry issued revised E-4 to include costs of land acquisition for new high school
- g. September, 2003 – Health Ministry suspended design on the health portion as a partial consequence of re-structuring of the Department of Health and changes in personnel working with this project.
- h. December 18, 2003 – the partners met with community and government officials airing very serious concerns concerning the delay with health. A decision was made to request an opportunity to make a presentation to the Premier and Ministers.



Ile la Crosse Board and administration planning

- i. Winter, 2004 – Spring, 2004 - some re-design took place during winter months with pressure mounting in the spring of 2004 to complete re-design by June, 2004: "... is there a chance that you/and/or Lloyd would be available on April 14 to meet with the clinic, hospital and community services staff. This would be the crucial meeting where we unveil the new 4300 m2 plan to the staff and explain that this is the budget reality (e-mail, Mar. 25, 2004).
- j. Fall, 2004 – Ministry of Health approved continuation of design
- k. June, 2005 – at long last – tendering, contractor engagement, sod turning

## **2. Contracting the Architect**

Contracting the architect was a major exercise for the partners. The primary consideration was the ability of the architect to think "outside the box". A significant level of creativity was required to design a building that would be fully integrated while at the same time meeting the required day to day activities of health, education and a variety of potential leasee agencies. Further, security for such a building was significant as the health partner would work 24/7 while the school side would operate significantly fewer hours and days. As well, an architectural firm was required that was prepared to work in the north, had an understanding of Metis communities, and was able to commit sufficient time to ensure that required work would get done.

At its November 24, 2002 meeting, the planning committee, which later evolved into the Joint Use Facility Committee, established the interview process and questions for selection of the prime consultant. The committee held interviews with various architectural firms in early December of 2002. AODBT Architecture and Interior Design was selected as the design firm.

## **3. Development of Committees**

Initially, the partner representatives, Saskatchewan Education officials, and Saskatchewan Health officials formed the Joint Use Facility Planning Committee. Once AODBT had been selected as the prime consultant (architect), decisions concerning communication, design meetings, record keeping, and many other issues had to be made. The Joint Use Facility Planning Committee now transitioned into the Project Team/Committee in order to accomplish those tasks.

Ultimately, two basic committees/teams evolved. One was the Project Committee/Team and the other the Construction Committee/Team. The Project Team consisted of KYRHA representatives, ICSD representatives, the Department of Health representative, the Department of Education representative, the AODBT design team and a project manager employed by KYRHA. The Project Team was responsible to ensure that the project moved along in a well organized continuous manner. A wide range of issues were dealt with ranging from design issues to technology selection. Eventually, the director of education and KYRHA became the de facto project managers as the original project manager left the project.

The Construction Team consisted of the Project Team plus the construction manager and the construction site manager. The Construction Team dealt with construction issues. These ranged from change order issues to community concerns. Enough commonality existed on the two teams to ensure that communication was effective. The key to the teams/committees was flexibility. With the changes that occurred, the committees had to be fluid as they responded to a variety of different circumstances. It should be noted that meetings of the teams often included engineers, subcontractors and other guests. For example, the Northern Apprenticeship Committee attended several meetings to work with the teams in order to establish an apprenticeship program for local people hired to work on the project.

#### 4. Design

The design process began in 2003. The next year was a time of extensive



Gaming process – students – February, 2003

Photo Courtesy of AODBT



Gaming process – students – February, 2003

Photo Courtesy of AODBT



Gaming- community – February, 2003

Photo Courtesy of AODBT



Gaming – health staff – February, 2003

Photo Courtesy of AODBT



School staff input

community consultation as well as consultation with hospital and education staff and with students. Following the many community meetings designed to gather input from the community in January, 2003, AODBT commenced design. At these meetings, AODBT personnel made presentations to the community and conducted gaming processes with staffs and students. Gaming refers to the process of having staff and students fit design pieces together much like a jigsaw puzzle to come up with a design of the building to meet the desires and needs of those involved in working in the building. However, in September, 2003 design was put on hold due to changes within the Department of Health. Design changes were now required. The winter of 2004 saw some re-design but re-design and the numerous meetings to get approval for the health side resulted in a delay until the spring of 2005. Once re-design and approvals were complete, the tendering process could begin.

## **5. Contracting the Contractor**

A concern arose during the winter of 2005 that contractors may not bid on this job as the Saskatchewan economy was such that most firms had sufficient work and may not have an interest in bidding on a job in northern Saskatchewan. It was also felt that many of the sub-trades might not be interested in northern work for the same reason. The project team decided that a tour of Ile a la Crosse and an evening of presentations and discussions would help to encourage contractor and sub-trade interest. An Ile a la Crosse meeting for potential contractors and sub-contractors – “Why Ile a la Crosse Is A Good Place To Do Business” – took place in May, 2005. A number of contractors and trades people attended.

Following the tour and meeting in Ile a la Crosse the tendering process began. In May, 2005 advertisements went out for tendering the project. Tenders were to be opened June 29, 2005. It was with a great deal of shock when tenders were opened and prices were reviewed. Suddenly, the project cost increased in the range of 60%. What would this mean to the partners and the funding from government departments? All parties began their budget reviews immediately and by July, 2005 the substantially increased costs were accepted by the two government departments and the partners and approvals to proceed were finalized. Following the completion of tendering the project, the Sod Turning Ceremony took place in June 2005. The ceremony included many provincial political leaders as well as community leaders, residents and staff.



Sod turning ceremony – June, 2005

Photo Courtesy of AODBT



Sod Turning Ceremony – Canoe Quest – June, 2005

Photo Courtesy of Wm. Duffee



## **6. Construction and Operation Issues**

### **a. Setting the Stage**

Once tendering and contractor selection was complete, processes were established to ensure that what was to be accomplished was efficient, accountable, and communicated to everyone involved. Two committees existed at this time – Project Committee/Team (Joint Use Committee) and Construction Committee/Team. Where the Project Committee had done the preliminary work, the Construction Committee now commenced its work with a pre-construction meeting July 21, 2005. Responsibility for communication of these meetings and ensuring that everyone was informed about what was happening now became the responsibility of AODBT. Regular monthly construction meetings were held in Ile a la Crosse. As part of these meetings, the contractor was to provide an up to date report regarding the progress of construction. Provision was also made to have any community issues that arose presented and resolved at each meeting.

### **b. Finance**

One of the fundamental questions that had to be dealt with was finance. In addition to many other financial issues, the major concern was the delay in design and tendering and the resultant spike in costs. Such concern about cost is reflected in the following e-mails:

“ ... A few bad news tidbits:

1) Steel has increased in price 40% since Jan. 31,04

2) OSB and plywood are up 60%

...” (e-mail, March 25, 2004).

“ ... Now, the bad news. In the words of one of the subs,

“ We are bidding very carefully. We’re not going there for free.

There is lots of work in the city and we have to pay more to our people when they go North, as well as budget for travel and accommodation.” ... ” (e-mail, June 24, 2005).

When the tenders came in for the project, they were approximately sixty percent higher than projected. Hence, several somewhat frantic meetings occurred to address the implications of this spike. Ultimately, through many meetings, re-design and the approval of additional funds, the Departments of Health and Education and the partners agreed to the tender price.

Once construction began, a second significant item was billing and payment processes. With two organizations involved how would invoices and payments be dealt with. The partners involved in the project designed a process agreed to by AODBT that involved designing a formula reflecting building ownership proportions and then dividing each invoice based upon that proportion and forwarding such to the partners for payment. As the project proceeded, a similar process was utilized to handle change orders.



Planning cheque presented by Health Minister to Rose Daigneault, chairperson, KYRHA Photo Courtesy of Wm. Duffee



First cheque and unveiling of plans Photo Courtesy of Wm. Duffee

### **c. Communication**

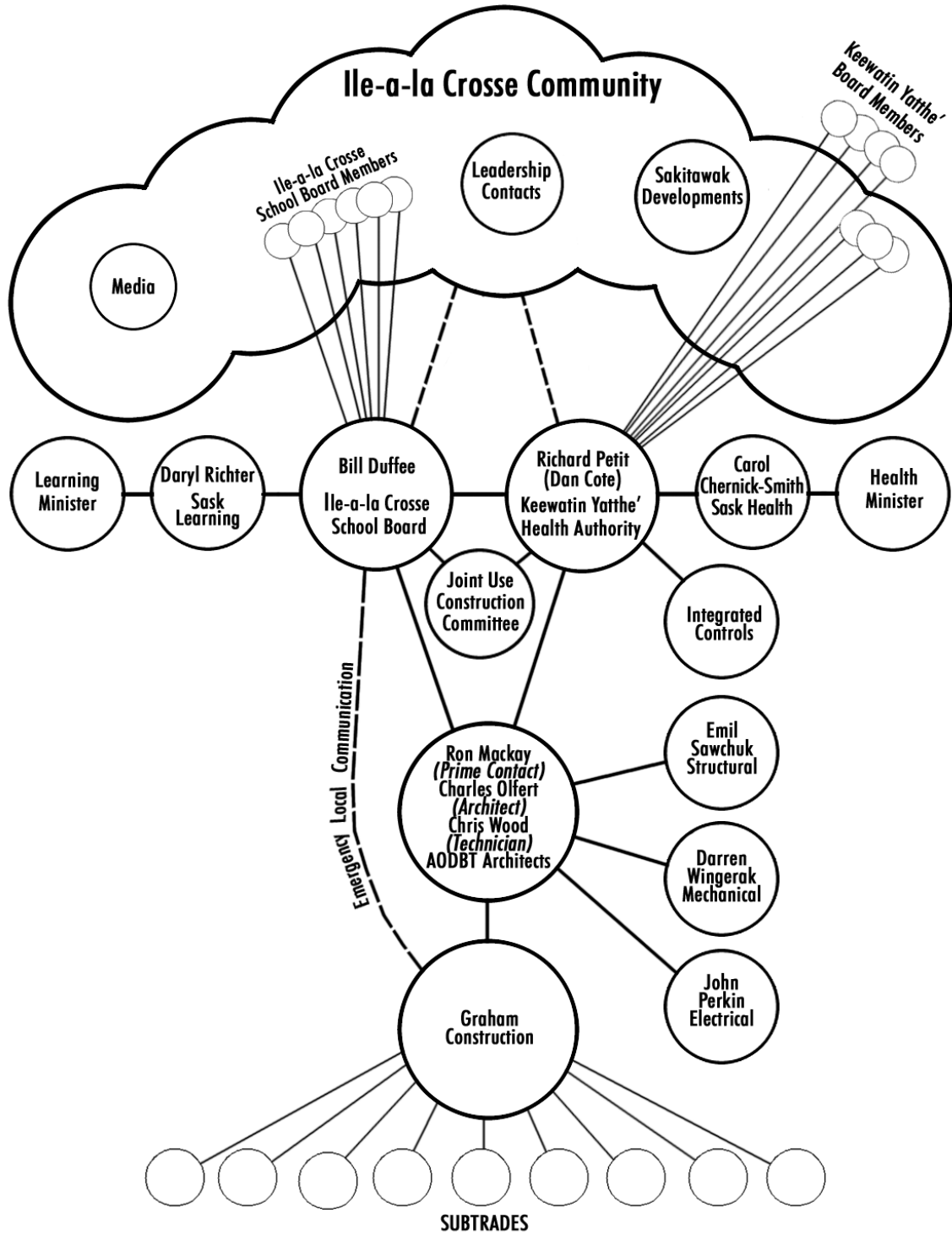
Given the complexities of having two provincial departments, a health region and its board of directors, a local school division and its board of trustees, contractors, and a prime consultant firm (not to mention potential leasees) sitting at the various tables, communication was a primary concern. Who's doing what and when was a constant concern. The issue of authority of those sitting at the tables relative to decision making was critical – could decisions be made at the table or were there delays as people went back to their respective organization – if so, was communication consistent, clear, and concise. The more people involved, the greater the number of communication strands, the greater the complexities, the greater potential for misunderstandings, and the greater the complexities in scheduling, maintaining, distributing minutes and so on.

In order to address such issues, AODBT created a communication flow chart (see p. 43) designed to facilitate communication flow. As well, a regularly scheduled conference call including the partners and AODBT was instituted. Extensive use of e-mail was also utilized to ensure everyone was kept informed. As well, AODBT maintained a website which players could access to keep updated. Consistency of members of the teams was continually emphasized in order to ensure continuity of understanding and communication flow.

### **D. Ownership, Management. Legal and Governance Issues**

Determining the ownership, management, and governance structures of the Integrated Facility was necessary from a legal and due diligence perspective as well as from capital and operational perspectives. Ownership determines a wide range of issues including but not limited to the uses of the facility, risk, liability issues, insurance, security, management and control of the facility, public access and use, vacancy issues, capital and operational costs. As such, decisions on capital construction, financial aspects, and operational aspects were on the partners' agendas early in the process. Some, but certainly not all, of the questions which had to be answered included those identified below. Answers to these questions were forthcoming over a period of time as a consequence of many meetings.

1. Finance: one of the very fundamental issues was finance. Questions had to be answered very early in the process to ensure that all parties were comfortable with beginning the construction phase. Such questions as:
  - what are the sources of funds?
  - what will the facility cost?
  - what proportion of construction will each partner pay?
  - what is the difference in construction cost/sq./m for each partner?



how will costs for such things as construction, change orders, etc be proportioned out and invoiced by the prime consultant?

- how will operational costs be reconciled?
  - are partners financially secure? leasees?
  - are fees charged by the prime consultant the same for each partner
    - if not, how will this be apportioned and tracked?
2. How will ownership be determined – especially the shared space components such as the mechanical system and the joint use space components such as the cafeteria?
  3. How will such operating costs such as utilities, maintenance, shared area furniture and other items, and snow clearing be determined?
  4. How will insurance issues be handled?
  5. How will potential tenancy issues be dealt with?
  6. How will decisions be made around facility usage by outside groups?
  7. How will space usage such as conference rooms, spiritual room, and others be determined and coordinated?
  8. Will equipment be shared and, if so, how will it be booked, repaired, delivered, returned and maintained?
  9. How will internal conflicts between staffs be resolved?
  10. How will communicable diseases be dealt with?
  11. How will communication between entities be coordinated?
  12. How will crisis response be formulated and responded to?
  13. How will foot traffic be dealt with between the two facilities?
  14. How will security issues be dealt with?

As noted, there were many complex issues to be dealt with. While there was basic agreement regarding the building, it was largely a verbal agreement early in the process. who would own the land, what would ownership of the building look like, what liability issues were associated with the various ownership models, what would the common/shared areas be, and how would a single mechanical system be managed are examples of items that had to be formalized as the design process progressed.

Agreements were formulated as the project progressed from vision to reality to address the above questions. These agreements included a capital construction agreement, an ownership agreement, an operational agreement, two Letters of Understanding, an internal policy document, and a “How Do I ...” booklet (see Appendices). These documents are designed to ensure that the internal operation of the facility is managed by those in the facility while at the same time ensuring that management of the health region and the school division has overall management oversight.

Such management is accomplished through the Building Operations Committee which meets monthly and the Management Committee that is involved in policy approval and issue resolution as required. The Building Operations Committee consists of the Manager of Integrated Health Services, the Director of Nursing, the Coordinator of Support Services, the High School Principal, one high-school Vice-Principal, one representative from each Lessee, the Director of Daycare, senior maintenance of ICSD,

and a senior maintenance person from KYRHA. Functions of the Building Operations Committee include, but are not limited to:

1. ensuring smooth and efficient operation of the integrated portions of the Centre and the related programs and procedures;
2. resolving day to day operational issues relative to integrated programs joint use spaces;
3. overseeing the day to day operation of the joint use portions of the Centre;
4. making recommendations to the Management Committee for changes to operational policy; and,
5. drafting operational policy and submitting such policy to the Management Committee.

The Management Committee consists of the CEO's or designates of each Partner and one other member appointed by the Board and/or senior management of each Partner. Duties of the Management Committee include, but are not limited to: Functions of the Management Committee shall include but not be limited to:

1. reviewing operating policies recommended by the Building Operations Committee;
2. evaluating and creating written updates when deemed appropriate to the operating policies as recommended by the Building Operations Committee;
3. creating new operating policies as may be required;
4. resolving any disputes arising out of the operation of the Centre or the application of this Agreement and/or the operating policies; and,
5. any other duties assigned under the Operating Agreement or otherwise agreed to in writing by the Partners.

For additional detail see the appropriate document contained in the appendix.

#### **E. Working Together - Lessons**

In any project there are a significant set of lessons that can be learned. This project was no exception. Lessons learned may sometimes be painful, at other times humorous. One certain thing is that many lessons revolve around unforeseen circumstances and point to the need to “cascade” think and use “chess strategy” (consequential) decision making. Some of the more pertinent lessons learned throughout this project include the following:

1. Fun – build in some light-hearted moments!



Project Team Meeting AODBT

Photo Courtesy of AODBT

2. Importance of solid foundation partnerships. Partners must understand one another's mandate and vision and be able to ensure mutual support to accomplish those mandates and visions. Trust, communication, inclusion, and mutual support are critical.
3. Importance of communication: the number of people, agencies, and levels of government involved made coordination and communication challenging. Who's doing what and when was a constant concern. The more people involved, the greater the number of communication strands, the greater the complexities, the greater potential for misunderstandings, and the greater the complexities in scheduling, maintaining, distributing minutes and so on.
4. Importance of not committing "assumicide" particularly in the area of communication and task completion. Do not assume that others have completed tasks or have the same understandings as you do – double check everything in order to avoid stressful misunderstandings.
5. Importance of understanding and maintaining the broad picture. It is not sufficient to simply focus on your own piece of the project. One must have a broad understanding of the entire project and be prepared to be involved with the other partner's piece of the project when it is necessary and appropriate.
6. Importance of Board unwavering support sustainability. Boards are the key to partnerships. The Boards' commitments to the project, their ongoing involvement, and their broad understanding are critical to ongoing support.

7. Importance of understanding the structures, mandates, and processes of all players. This is a specific fundamental of sustaining a strong partnership and sustaining support. A broad understanding of how all players operate will help to avoid crippling misunderstandings.
8. Importance of building vertical integration and understanding. This refers specifically to avoid being locked into communicating and/or relating with only one's counterpart in the other players' organizations. For example, CEO to CEO or financial manager to financial manager is not sufficient to solve problems, sustain effective communications, or to sustain effective awareness of the project on everyone's part.
9. Trust – the level of trust developed within the departments and the owners was required – for example, the acceptance of the ownership proportions of the building required a high level of trust within this group of owners and funding departments.
10. Vision and values articulation which includes defining and continually emphasizing what you want to achieve. Defining multi-use integration processes and services while, at the same time, ensuring that the building physically integrates with its surroundings to reflect integration principles and community ideals is important. For example, it was important that this building be layered into the surrounding environment through colors that reflect the sand, water, trees, sun and sky. It is also important that health and education staff are provided with the opportunities to work together.
11. Risk taking – if the organization's management and/or Board are reluctant to take risks, a project such as this cannot happen. There are too many roadblocks that will prevent sustaining either the project or the partnership if risk taking is not an integral part of the decision making.
12. Ongoing and consistent involvement of those who are able to make the decisions. Given the number of meetings that must take place in order to move the project along and solve the number of issues that arise, participants must have the authority to make decisions. The consequences of not having decision makers at the table are delays, increased costs, communication problems, and disharmony.
13. Importance of timeliness – timelines are critical to move the project. There are too many opportunities to delay and this, in turn, increases costs, completion times, and disharmony among other negatives.
14. Importance of honesty both in terms of putting issues on the table and reporting. Frank discussion is critical to resolving issues that arise. Errors and omissions do occur, deadlines are missed, communications go awry – dealing with such issues in an honest open fashion ensures sustainability of trust and the integrity of critical decision making.
15. Importance of consistency of representatives. Players must remain as consistent as possible. The difficulties that arise when the representatives change create unnecessary and time wasting obstacles.
16. Importance of empathy, empathetic listening skills, compromise and flexibility. These communication skills are critical for everyone for obvious



reasons the key ones being the avoidance of conflict and cooperative problem solving.

17. Importance of consistent dedicated leadership. As with the critical continuance of Board support, consistent dedicated leadership helps to ensure the continued buy-in and enthusiasm of all participants.
18. Importance of understanding the difference between joint use and integration – as stated by Charles Olfert from AODBT: “integration as opposed to joint use is unique in this facility from AODBT’s perspective. It is truly unique relative to integration of programming” (meeting with Charles Olfert, August 14, 2009). Some examples reflecting this include the provision of food services, the common mechanical systems and the recreation/weight room/gym area programming. Further, if you have integrated mechanical systems, you must have an integrated operations approach.
19. Importance of giving people opportunities to “know each other”. A personal level of understanding and knowledge of each other is critical to the creation of a team which understands and stays focused on the vision. When people change, it is important to the new members that they can put a stamp of ownership on the project. Creating opportunities for them to do so and for them to get to know others is important.
20. Personalities “do but cannot come into play”. Clarity of roles, responsibilities, communication processes, authorities, and consistency of people who have those authorities at the table must be extremely clear in order to mitigate the impacts of personalities.
21. Importance of a “peer review” process. This is a process whereby other professionals are invited to sit at a table and identify potential issues with the project. These external eyes can provide insight into potential issues that those close to the project do not have and may well lead to early solutions, thus avoiding later much more costly solutions. Peer review was not part of this project but may well have been very useful in some of the significant problem areas such as a water drainage problem and a gravel problem.
22. Importance of involving employees and community in such areas as design, operational policy development, and issues resolution.

## **F. Conclusion**

So what has been accomplished some 30 million dollars and several years later? This writer would suggest that a building with many integrated spaces, services and activities with the potential of many more has been created. A health centre with a wide range of services including medical records, acute care, long term care, emergency medical services, lab and x-ray, physiotherapy, medical clinic, conference space, telehealth, and a range of community services including mental health, addictions counseling, dental services, and many others; an education centre/high school serving students in grades 7 – 12 with programming potential ranging from television production to carpentry and sports, drama, and cultural activities as well as a centre accommodating various community activities. It is a building with a 32 space daycare serving health staff, education staff, students and community. It is a building with adult education

programming provided through a partnership between ICSD and adult education providers and with employment services and counseling through CanSask. Employment Services. It is a building housing a library that is both a community and school library provided through a partnership between the school and community library services. It is a building that provides a range of spaces for conferences, training programs, meetings and workshops. It is a building that provides a weight room and walking track that is utilized by physiotherapy, physical education, staff and community. It is a building that provides the capacity to film sports activities and broadcast those activities to long term care patients. It is a building that accommodates staff, community and students in a cafeteria that arose from shared spaces and services with the health centre as the high school did not warrant a cafeteria on its own. It is a building that shares a mechanical and electrical system maintained through a unique arrangement between the health centre and ICSD. It is a building that offers the community a “one stop” centre for educational services, child care, health services and recreation. Finally, it is a building that recognizes the importance of Elders and the importance of traditional spaces for the Elders as well as space devoted to spirituality, an especially important aspect of long term care

In any project, there comes a time when players look at the project with a sense of completion. This was marked by the grand opening. The grand opening took place on September 14, 2007. Hundreds of community people and guests from hundreds of miles around came to celebrate the opening of this unique facility. Tours, speeches, and food were the order of the day.



Grand opening, September 14, 2007

While the sense of completion and the grand opening were exciting and very satisfying, the sense of completion holds a potential danger. That danger is the loss of direction and motivation. The sense that “we are finished” when, in fact, a whole new set of tasks awaits planning and undertaking. That set of tasks is achieving the potential for which the project was undertaken. In this case, utilizing a state of the art, integrated services facility that holds a potential for provision of services beyond that which can be provided in any set of individual institutions. To some extent this utilization has begun: the first grade twelve graduation was held in June, 2008; the first ever Northern Drama Festival was held in the new high school on April 24 – 25, 2009. Four schools from Northern Saskatchewan – Ile a la Crosse, Cumberland House, Beauval, and Montreal Lake – took part in that festival. Another significant event was the hosting of the annual Career Festival held for the first time in the school in the spring of 2009. Various unit playoffs have been held. A number of inter-agency meetings involving health, education, justice, corrections and public safety, social services and the friendship centre have taken place in the centre. Education staff professional development activities have also been held. Major future events planned are the Provincial 3A Boys Volleyball to be held on November 27 – 28, 2009 and the Troupe du Jour performance of Bonneau et la Bellhumeur to be hosted in November, 2009.

The health centre has also utilized various facility spaces for many activities including training and education for staff, special staff gatherings, KYRHA Board meetings, department meetings, evening meetings, telehealth sessions, and conference sessions. Thus, a future vision that defines “what is possible now” and “how can we achieve it” has been born. That vision now requires ongoing nurturing - demanding, tiring, frustrating – Yes! Exciting – even more so.



Graduation - June, 2008

Photo Courtesy of B. Suetta

## CHAPTER IV

### Photo Gallery

#### Ile a la Crosse Integrated Services Centre



**Facility – Main Sign**

Photo Courtesy of Wm. Duffee



**View from the Lake**

Photo Courtesy of AODBT

### **School Views**



**School entrance**

Photo Courtesy of Wm. Duffee



Adult 12 classroom

Photo Courtesy of Wm. Duffee



Cafeteria-gymnasium

Photo Courtesy of Wm. Duffee



Cafeteria-stage

Photo Courtesy of Wm. Duffee



Weight room

Photo Courtesy of Wm. Duffee



Classroom

Photo Courtesy of Wm. Duffee



Computer lab

Photo Courtesy of Wm. Duffee





Studio control centre

Photo Courtesy of Wm. Duffee



Science lab

Photo Courtesy of Wm. Duffee



Practical and applied arts

Photo Courtesy of Wm. Duffee



Visual arts – pottery kiln and molds

Photo Courtesy of Wm. Duffee



Library

Photo Courtesy of Wm. Duffee



Gymnasium

Photo Courtesy of Wm. Duffee



Hallway display area

Photo Courtesy of Wm. Duffee



Hallway – legacy wall

Photo Courtesy of Wm. Duffee



View from landing on second floor

Photo Courtesy of Wm. Duffee

## Health Centre



Health centre entrance sign

Photo Courtesy of Wm. Duffee



Hospital entrance

Photo Courtesy of Wm. Duffee



Hospital entrance

Photo Courtesy of Wm. Duffee



Ambulance bay

Photo Courtesy of Wm. Duffee



Emergency Room

Photo Courtesy of Wm. Duffee



Clinic waiting area

Photo Courtesy of Wm. Duffee





Community Services Reception

Photo Courtesy of Wm. Duffee



Nurses' Station

Photo Courtesy of Wm. Duffee



Lab and X-ray

Photo Courtesy of Wm. Duffee



Long Term Care

Photo Courtesy of Wm. Duffee



View from Clinic Waiting Room

Photo Courtesy of Wm. Duffee



Health Centre Kitchen

Photo Courtesy of Wm. Duffee

## **Integrated Shared Use Areas**



Health Centre Conference Room

Photo Courtesy of Wm. Duffee



Weight Room – Physiotherapy Shared Use

Photo Courtesy of Wm. Duffee



Walking Track – Physiotherapy Shared Use Photo Courtesy of Wm. Duffee



School and Public Library

Photo Courtesy of Wm. Duffee



Health Centre and School Cafeteria

Photo Courtesy of Wm. Duffee



School and Health Centre Shared Staff Room Photo Courtesy of Wm. Duffee



Daycare

Photo Courtesy of Wm. Duffee



CanSask Employment

Photo Courtesy of Wm. Duffee

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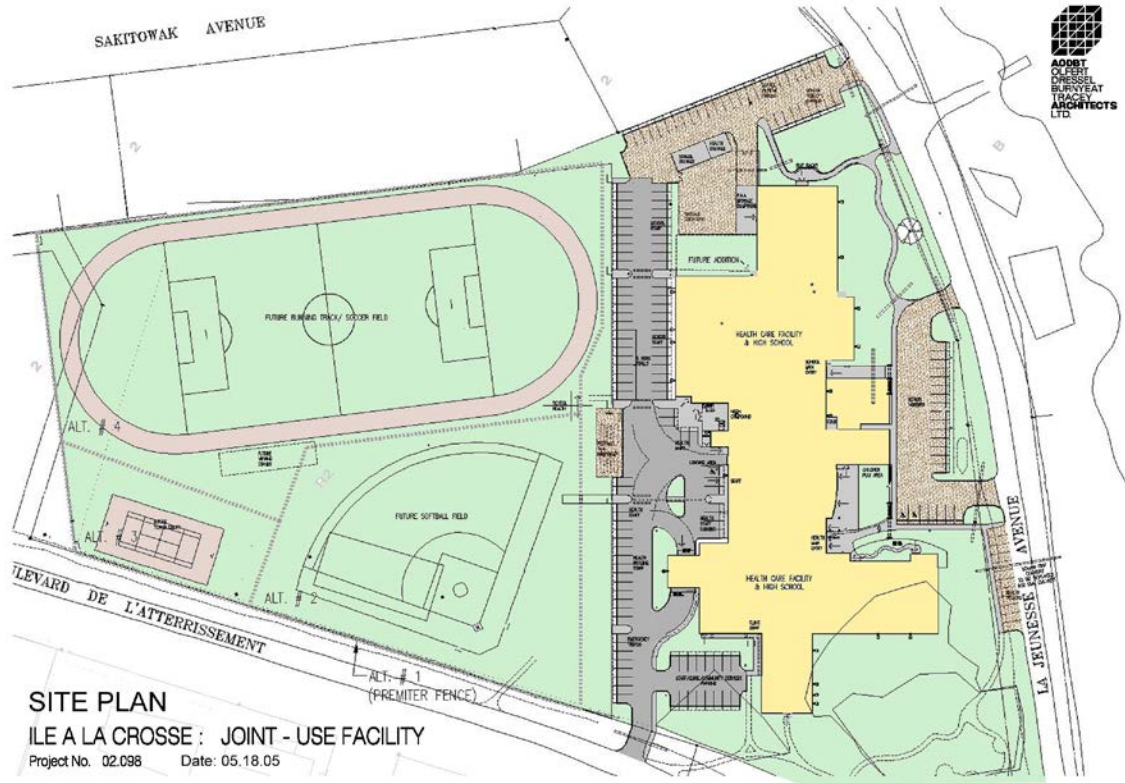


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## **Appendix A**

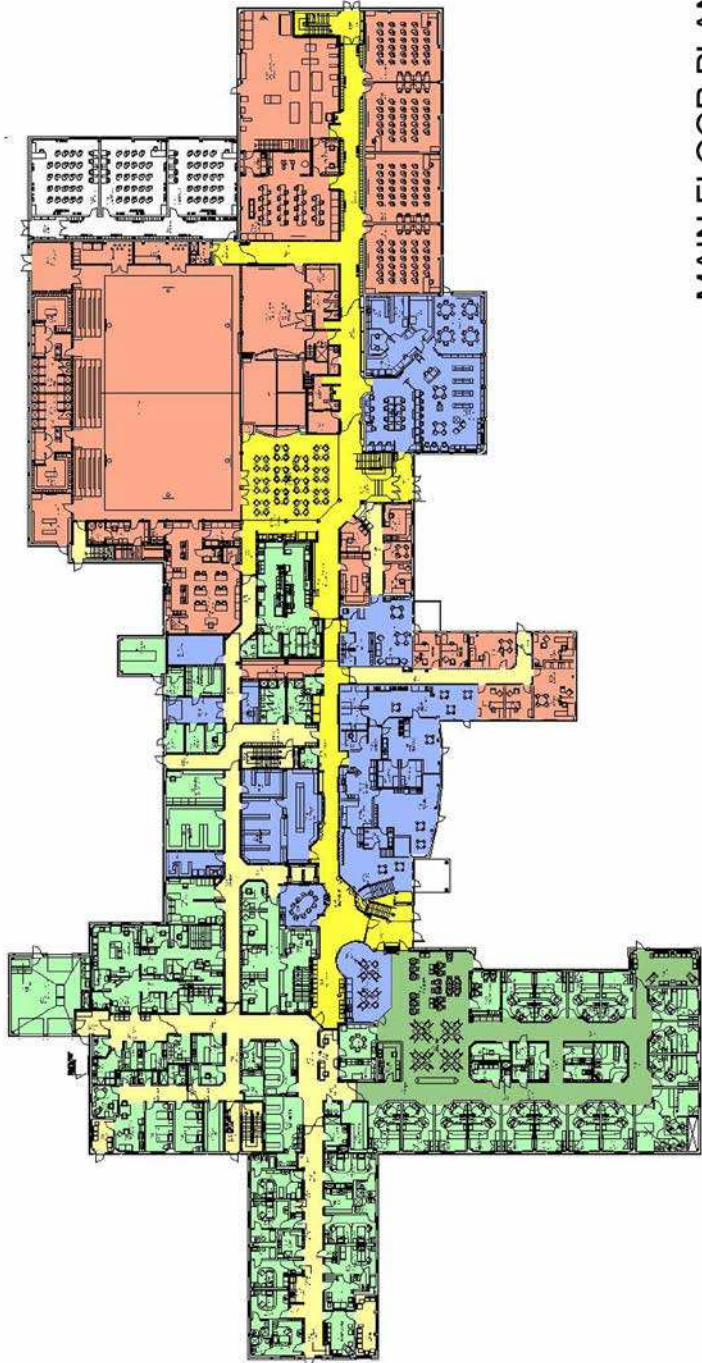
### **Site Plan**

# Site Plan



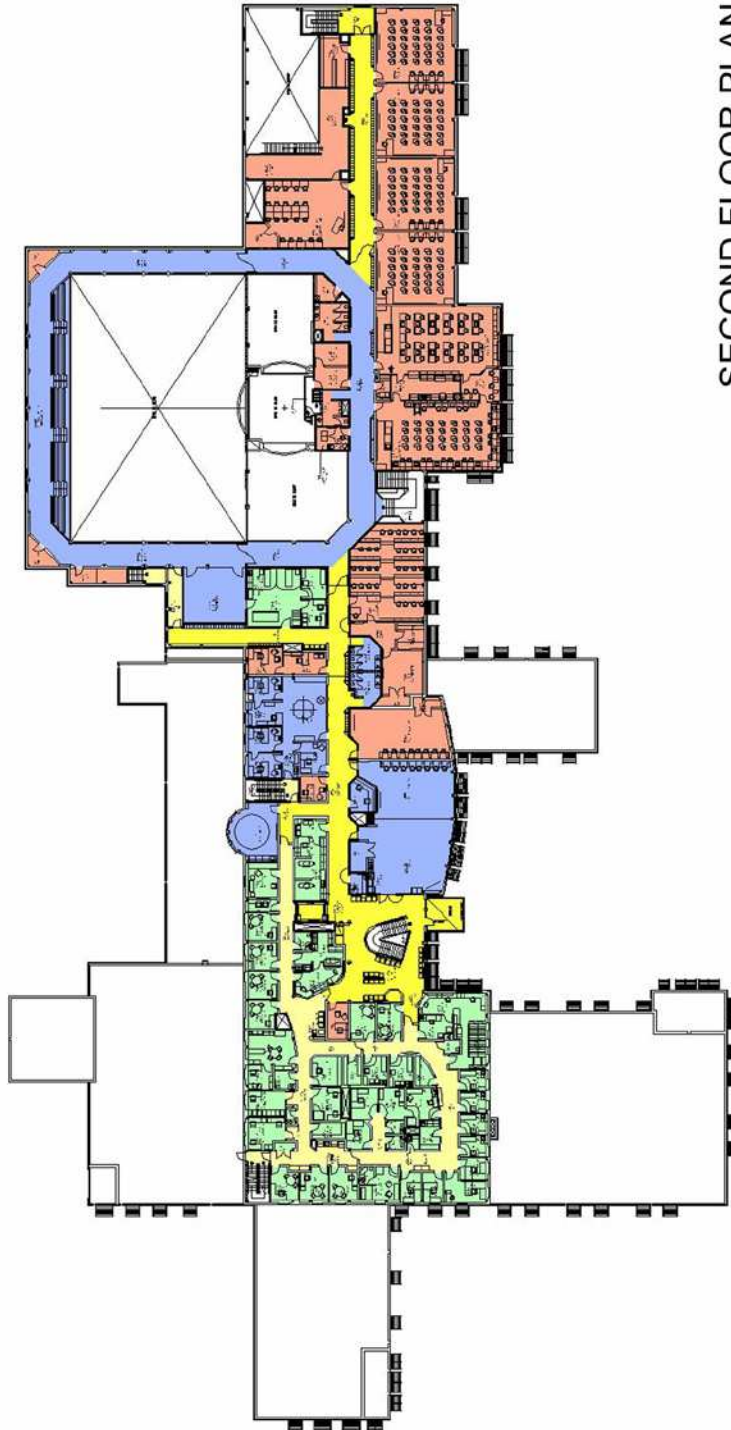
**Appendix B**  
**DESIGN**

# Main Floor



MAIN FLOOR PLAN  
Ile-a-la-Crosse Joint Use Facility

# Second Floor



SECOND FLOOR PLAN  
Ile-a-la Crosse Joint Use Facility

## **Appendix C**

### **MOU for the Development of an Operational Agreement**

## Appendix A

### MEMORANDUM OF UNDERSTANDING FOR THE DEVELOPMENT OF AN OPERATIONAL AGREEMENT

#### ILE A LA CROSSE SCHOOL DIVISION AND KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY

The Keewatin Yatthe Regional Health District is planning a joint use facility with the Ile a la Crosse School Division in Ile a la Crosse. The philosophy that is driving the design and function of this facility is that embodied in the philosophies of integrated services and community schools and, most recently, School Plus. People providing the best possible services through communicating, planning, and working together is the foundation of these philosophies.

The purpose of community services is that of helping community members help themselves through the provision of necessary supports provided through agencies within the community. Accessing such supports need not, and indeed, should not require those with needs to pursue those necessary supports in a variety of institutions located in various parts of a community. Further, those providing these necessary supports should not be doing so in a climate of isolation and non-communication.

Thus, our vision is to create a facility where community members access services and supports within one building; where providers of such supports can meet together, plan together, and work together to design integrated, holistic support mechanisms to those who require them.

Prior to occupancy of the building an operational agreement will be developed and approved that will define the processes of "living together" within this facility.

#### Section 01 Operational Agreement

**The two parties hereby agree to work together collaboratively to design, construct and operate a joint use facility for learning and health in Ile a la Crosse and hereby further agree to make their best efforts:**

- 01.01 to jointly plan the facility utilizing their own financial resources and staffing;
- 01.02 to develop joint land, operational, and capital agreements to ensure ease of construction and operation;
- 01.03 to jointly work together to acquire and develop land for the purposes of construction of the joint health and education facility;



- 01.04 to establish a joint use facility committee and sub-committees where necessary to ensure that planning and construction moves accordingly;
- 01.05 to ensure the appropriate payment mechanisms are in place;
- 01.06 to employ their own project managers at no cost to the other except as may be a consequence of the joint use portions of the facility;
- 01.07 to apply for building certification according to CBIP;
- 01.08 to identify, construct and operate joint use areas as identified in Section 02 below within the joint use facility according to the capital and operational agreements;
- 01.09 to work collectively and collaboratively for the common good while maintaining the diverse character and operation of our individual organizations;
- 01.10 to communicate openly, frequently, formally and informally to ensure all information and concerns are shared;
- 01.11 to reach decisions consensually through a culture of collaboration, shared problem solving, goal clarification, flexibility, compromise and information sharing;
- 01.12 to disclose clearly and early each organization's individual self-interest;
- 01.13 to discuss any disagreements and issues openly;
- 01.14 to develop a "living together" plan;
- 01.15 to develop and implement a comprehensive communication strategy.

**Section 02: Shared Areas – Physical and Usage**

**02.01 Physical Areas**

- : staff dining/lounge
- : gymnasium/walking track, therapy/fitness area, weight room
- : resource centre
- : health conference areas/dental areas
- : classrooms, including adult education
- : computer room
- : technical resource areas: SCN/tele-health/video conferencing
- : technology storage: 2<sup>nd</sup> floor
- : cafeteria/kitchen/home economics
- : spiritual room
- : daycare
- : main circulation corridors/parking areas/roadways
- : maintenance/mechanical/storage/loading dock

**Section 03: Shared Personnel Capacity**

- 03.01 Systems Maintenance: electrical, mechanical**  
: health – 1.4 f.t.e.
- 03.02 Outdoor Maintenance: building, driveways, parking lots, yard**  
: education – 1.0 f.t.e.
- 03.03 Housekeeping/Custodian**  
: each our own
- 03.04 Health Centre/School Maintenance** (Inside: equipment, minor repairs,  
minor renovations.  
: health – 1.4 f.t.e.
- 03.05 Information Technology System and Workstation Maintenance**  
: education (teacher) – 1.0 f.t.e  
: health – 0.5 f.t.e.
- 03.06 Receiving/Shipping**  
: health – 1.0 f.t.e.
- 03.07 Technology Resource Management**  
: education - learning Resource Centre – main floor – librarian -1.0 f.t.e.  
: health – technology suite – 2<sup>nd</sup> floor – health – 0.5 f.t.e.

**Section 04: Cost Sharing Protocols**

- 04.01 Electrical:** based upon a proportional share determined by square meterage, operational hours and electrical appliances
  - 04.02 Heating/Cooling:** same basis as electrical
  - 04.03 Emergency Power:** education capital cost to be hooked into the system  
: operational costs based on incident occurrence
  - 04.04 Water:** meter from the flows
  - 04.05 Systems Maintenance:** as per personnel noted above  
: cost of equipment repair/replacement shared  
equally as determined on a quarterly basis
  - 04.06 Grounds Maintenance:** as per personnel noted above  
: proportionate costs of equipment for snow  
removal and yard work; billings for grounds  
maintenance to be determined on a  
proportionate basis identified quarterly.
  - 04.07 IT Maintenance:** as per personnel noted above; to be operationalized  
through policy; higher level technical requirements will be handled  
through work orders processed through IT personnel.
  - 04.08 Security:** through a capability of isolating space, staff pass cards, program  
supervision
  - 04.09 Equipment:** outdoor equipment – warm storage: share costs  
: cold storage – share costs – primarily furniture
  - 04.10 Communications:** communications systems will be designed in
-

conjunction with the electrical engineer; proportionate costs to be determined; systems to be identified.

**04.11 Building Maintenance:** personnel as noted above; cost of materials by each organization; work to be identified through work order process; billings to individual organizations to be determined by log book maintenance and work orders on a quarterly basis.

**Signatures**

  
Ile a la Crosse School Division #112

  
Keewatin Yatthe Regional Health Authority

Signed this 20 day of <sup>November</sup> ~~May~~, 2003

**Appendix D**  
**MOU Lands**

MEMORANDUM OF UNDERSTANDING


In the matter of costs associated with acquiring the land for the new joint-use health/learning facility approved for the communities in the Ile a la Crosse service area, the following Memorandum of Understanding (MOU) sets out the understandings and obligations on land acquisition for the Ile a la Crosse School Division No. 112, the Keewatin Yatthe Regional Health Authority, and the Northern Village of Ile a la Crosse:

- 1.0 The Ile a la Crosse School Division No. 112 and the Keewatin Yatthe Regional Health Authority agree to each pay one hundred thousand dollars (\$100,000.00) to the Northern Village of Ile a la Crosse, for a total of two hundred thousand dollars (\$200,000.00), to acquire the land for the proposed joint-use health and high school facility to be constructed in Ile a la Crosse; and,
- 2.0 The Northern Village of Ile a la Crosse will provide the documentation required to transfer titles of the properties as attached and ready these properties for transfer of title jointly and equally to the Ile a la Crosse School Division No. 112 and the Keewatin Yatthe Regional Health Authority by December 15, 2004; and,
- 3.0 The Parties to this MOU agree that each will be individually responsible for their own legal costs associated with the land acquisition; and,
- 4.0 The Ile a la Crosse School Division No. 112 and the Keewatin Yatthe Regional Health Authority agree to equally share the cost associated with the transfer of title for the said consolidated surface parcels from the Northern Village of Ile a la Crosse to their joint ownership, as tenants in common.


Signed this 7<sup>th</sup> day of December, 2004 at

Ile a la Crosse, Saskatchewan.


On behalf of the Ile a la Crosse School Division No. 112:

[Signature]  


On behalf of the Keewatin Yatthe Regional Health Authority:

[Signature]  



On behalf of the Northern Village of Ile a la Crosse:

[Signature]  


**Appendix E**  
**Ownership Agreement**

THIS AGREEMENT made as of the 7th day of December, 2004.

BETWEEN:

 **THE BOARD OF EDUCATION OF THE ILE A LA CROSSE SCHOOL DIVISION NO.112 OF SASKATCHEWAN**, a body constituted pursuant to *The Education Act, 1995*, R.S.S., c. E-0.2 (the "School Board")

- and

**KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY** a body constituted pursuant to *The Regional Health Services Act, 2002*, R.S.S., c. R-8.2 (the "Health Authority")

**JOINT-USE BUILDING PROJECT**  
**OWNERSHIP AGREEMENT**

**WHEREAS** the School Board and the Health Authority desire to participate in the development of an educational/health complex (the "Facility") in the Northern Village of Ile a la Crosse, on the lands described in Schedule A (the "Lands") and in accordance with the plans attached as Schedule B hereto (the "Plans");

**AND WHEREAS** the parties have agreed to purchase and own the lands as tenants in common;

**AND WHEREAS** it is the intent of the parties to set forth the principles that have been agreed upon with respect to construction and occupancy and use of the Facility in separate agreements between the parties;

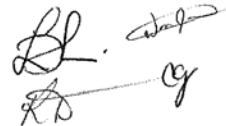
**NOW, THEREFORE, THIS AGREEMENT WITNESSES THAT**, in consideration of the mutual covenants hereinafter contained, the parties agree as follows:

**ARTICLE 1: PURCHASE OF THE LANDS**

1.1 The parties shall purchase the lands described in Schedule A (the "Lands") as tenants in common.

1.2 Each party shall pay 50% of all costs relating to the purchase of the Lands including, but not limited to the purchase price, survey costs, and land titles fees, and all such costs paid by the parties shall be considered as part of the capital contributions.

1.3 Each party shall be responsible for any legal fees associated with this Agreement incurred by that party.



**ARTICLE 2: FACILITY CONSTRUCTION AND OPERATION**

2.1 The parties agree to participate in the development of the Lands and in the construction of the Facility as set out in the Plans, subject to changes from time to time as agreed to in writing by the parties, in accordance with the terms and conditions of a Capital Construction Agreement to be agreed upon by the parties.

2.2 The parties agree to cooperate in the use and upkeep of the Lands and Facility in accordance with the terms and conditions of an Operational Agreement to be agreed upon by the parties.

**ARTICLE 3: CAPITAL CONTRIBUTIONS**

3.1 For the purposes of this agreement a capital contribution is any amount of money paid by either party and utilized for the purchase of the Lands and/or the development of the Lands and/or Facility pursuant to written agreements between the parties.

3.2 The parties shall each make capital contributions to the purchase and development of the Lands and to the construction of the Facility in accordance with the terms and conditions of this Ownership Agreement and in accordance with the terms and conditions of the Construction Agreement to be agreed upon by the parties.

**ARTICLE 4: DISPOSITION OF PROPERTY**

4.1 In the event that the parties agree at any time to dispose of the Lands and Facility the proceeds of the sale of disposition of the property shall be shared between the parties in equal proportion to their total capital contributions to the purchase and development of the Lands and Facility.

4.2 If one party wishes to dispose of its interest in the Lands and Facility the other party shall be entitled to first refusal of any bona fide offer made to the other party as follows:

a) The party wishing to sell or otherwise transfer its interest to a third party shall notify the other party in writing of the intention to sell and the other party shall have 60 days within which to declare its intention in writing to purchase the interest for the same price offered to the third party.

b) If one of the parties decides to exercise the right of first refusal the parties shall forthwith prepare the documentation necessary to effect the sale or transfer.

c) If the other party declines to exercise the right of first refusal the party that wishes to sell or transfer to a third party may proceed with the sale or transfer.





## ARTICLE 5: DISPUTE RESOLUTION

5.1 Each party recognizes the interests of the other parties in the Facility to be constructed, the Lands and in this Agreement and accordingly will consult with each other through the parties Chief Executive Officers (CEOs) or designates and otherwise on all matters material to the Facility, Lands and any decision made pursuant to this Agreement, in order to attempt to seek agreement thereon.

5.2 a) In the event of any dispute between the parties or claim by any party of whatsoever nature in connection with the subject matter of or the terms and conditions of this Agreement (a "Dispute"), any party may on at least 10 days written notice convene a special meeting of the CEOs to consider such Dispute.

b) If the Dispute is not resolved to the satisfaction of all parties by the CEO's at such meeting, then any party may on at least 10 days' written notice request a meeting (a "Settlement Meeting") of the "Dispute Resolution Committee" comprised of the Chair of the Board of each party plus one additional Board member from each Board to consider such Dispute.

5.3 a) If for any reason the Settlement Meeting is not held within 30 days of the date of the notice calling for the same or if the Dispute remains unresolved for in excess of 20 days thereafter, any party may elect to arbitrate the Dispute by giving notice of this decision and proposing an arbitrator.

b) The arbitration shall be conducted by a sole arbitrator and the provisions of *The Arbitration Act*, 1992 shall apply to the arbitration.

c) If the parties cannot agree on an arbitrator within 30 days of such notice any party may make an application to the Court of Queen's Bench to have an arbitrator appointed.

d) The parties agree to proceed expeditiously with the arbitration such that the arbitrators decision is available to the parties within 60 days of the appointment of the arbitrator, and the parties agree that any delays in proceeding may be considered by the arbitrator in determining responsibility for the costs of the arbitration.

e) Any awards for costs associated with the arbitration shall be in the discretion of the arbitrator.

5.4 Nothing in this agreement shall preclude any party from recourse to the courts of the Province of Saskatchewan as provided in *The Arbitration Act*, 1992 or where there is an error of law relating to or in the arbitration process.

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**ARTICLE 6: PREPARATION OF OTHER AGREEMENTS**

6.1 The parties agree to exercise due diligence and to make their best efforts to conclude a Capital Construction Agreement to cover the development of the Lands and the construction of the Facility and to conclude an Operational Agreement to cover the operation and use of the Facility and Lands after completion of construction.

**ARTICLE 7: MISCELLANEOUS**

7.1 Any notice, request or other communication hereunder shall be in writing and shall be furnished to the parties at the addresses given below and such notices and other communications shall be deemed to have been given if delivered personally, by fax or prepaid mail to:

a. the School Board:

Ile a la Crosse School Division No. 112  
Box 89  
Ila a la Crosse, SK  
SOM 1C0  
Attention: Director of Education

b. the Health Authority:

Keewatin Yatthe Regional Health Authority  
Box 40  
Buffalo Narrows, SK  
SOM 0J0  
Attention: Director, Corporate Services

7.2 This Agreement and the Schedules referred to herein constitute the entire agreement between the parties with respect ownership of the Facility and the Lands and supersedes all prior agreements, representations, warranties, statements, promises, information, arrangements and understandings, whether oral or written, express or implied.

7.3 No modification or amendment to this Agreement may be made unless agreed to by the parties in writing.

7.4 Each of the parties shall be entitled to waive compliance with any of the terms or conditions of this Agreement which are for its exclusive benefit, in whole or in part, without prejudice to any right it may have in the event of non-performance or non-fulfilment of any other term or condition, provided that such waiver is in writing.

7.5 This Agreement shall ensure to the benefit of and be binding upon the parties hereto and their respective successors and permitted assigns.



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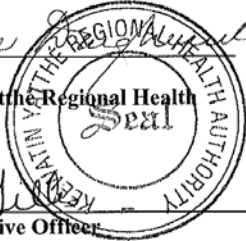
7.6 This Agreement may be executed in several counterparts, each of which so executed shall be deemed to be an original, and such counterparts together shall constitute but one and the same instrument.


IN WITNESS WHEREOF the parties hereto have executed this Agreement as of the day and year set forth above:


  
\_\_\_\_\_  
Chairperson  
Ile a la Crosse School Division No. 112



  
\_\_\_\_\_  
Chairperson  
Keewatin Yatthe Regional Health Authority



  
\_\_\_\_\_  
Chief Executive Officer  
Ile a la Crosse School Division No. 112

  
\_\_\_\_\_  
Chief Executive Officer  
Keewatin Yatthe Regional Health Authority

Witness Signature  \_\_\_\_\_

Witness Name MAX MORIN

  
RD. [signature]  
CG

**Appendix F**  
**Capital Construction Agreement**



Director of Education: Dr. William J. Duffee  
Secretary Treasurer: Brad Karpan, B.Admin  
P.O. Box 89 Ile a la Crosse, Saskatchewan  
S0M 1C0  
Phone: 306-892-2202  
Fax: 306-892-2194



CEO: Ms. Carol Gillis  
P.O. Box 40 Buffalo Narrows,  
Saskatchewan  
S0M 0J0  
Phone: 306-235-2220  
Fax: 306-235-2229

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## **CAPITAL CONSTRUCTION AGREEMENT**

**Between**

**THE BOARD OF EDUCATION OF THE ILE A LA CROSSE  
SCHOOL DIVISION #112**

**And the**

**KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY**

This Agreement made this 16<sup>th</sup> day of June, 2005

BETWEEN:

**THE BOARD OF EDUCATION OF THE ILE A LA CROSSE SCHOOL DIVISION NO. 112 OF SASKATCHEWAN**, a body constituted pursuant to *The Education Act, 1995, RSS c. E-02* (the School Board)

and

**KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY**, a body constituted pursuant to *The Regional Health Services Act, 2002, RSS c. R-8.2* (the Health Authority)

**CAPITAL CONSTRUCTION AGREEMENT**

WHEREAS the Parties desire to participate in the acquisition and development of the lands and construction of a joint use educational and health complex (the "Facility") in the Northern Village of Ile a la Crosse on the lands described in Schedule A (the "Lands") and in accordance with the plans attached as Schedule B hereto (the "Plans");

AND WHEREAS this Agreement is intended to see the Parties through design, development, construction, and initial occupancy of the Lands and the Facility (when used in combination, the "Project") until a further Operating Agreement to be negotiated between the Parties comes into effect;

AND WHEREAS each of the Parties has received all necessary approvals in order to proceed with the construction of the Facility and development of the Lands in accordance with the terms and conditions of this Agreement;

AND WHEREAS it is the intent of the Parties to proceed with the construction of the Facility such that it is available for occupancy on or before December 31, 2006;

AND WHEREAS the Parties have acquired and own the lands described in Schedules A (the "Lands") as Tenants in Common and as further outlined in the Ownership Agreement dated December 7, 2004.

NOW, THEREFORE, THIS AGREEMENT WITNESSES THAT, in consideration of the mutual covenants hereinafter contained, the Parties agree as follows:

**ARTICLE 1: DEFINITIONS**

1.1 **Facility Costs** shall be defined as those costs required for the construction of the Facility, and shall include:

*[Handwritten signatures and initials]*

- a) the costs of the contract with AODBT Architect and Interior Design (hereinafter referred to as the Prime Consultant) for the design, architectural, engineering, supervision, and other costs and expenses related to the supervision and administration of construction of the Facility and development of the Lands;
  - b) the cost of construction of the Facility as set out in the tender or tenders accepted by the Prime Consultant for the construction of the Facility; and
  - c) any other costs mutually agreed to in writing by the Parties as specifically forming part of the Facility Costs.
- 1.2 **External works** is defined as all work external to the building and above the rough grade line including but not limited to signs, sidewalks, curbs, emergency and fire access, boot-scrappers, bicycle racks, parking lot curbs and power pedestals, landscape elements such as finished grading, topsoil, seed, sod and plant materials, and all other site improvements.
- 1.3 **On-site servicing** is defined as site work and services external to the building but not included in External Works. This work includes but is not limited to electrical power, sanitary sewer, water, and storm sewer, telephone, T.V. cable and access to other communication technology, and rough grading.
- 1.4 **Interim Management Team** is defined as the Chief Executive Officer (CEO) of each Party or the designate of the CEO.
- 1.5 **Operating Agreement** is defined as the agreement between the Parties that will come into effect upon the date of substantial completion of the project as certified by the Prime Consultant and which will set out the terms on which the Parties will operate the Facility and which will supersede the terms of this Agreement.

**ARTICLE 2: CONTRIBUTIONS TO CAPITAL COSTS**

**Facility Costs**

- 2.1 Unless otherwise provided for in this Agreement the Parties shall fund the Facility Costs, as follows:
- a) the School Board shall pay that portion of the Facility Costs equal to the proportion the costs of that part of the Facility allocated to School Division purposes (as set out in Schedule B) bears to the entire project cost.
  - b) the Health Authority shall pay that portion of the Facility Costs equal to the proportion the costs of that part of the Facility allocated to Health Region purposes (as set out in Schedule B) bears to the entire project cost.

- 2.2 The contract(s) with each contractor performing work or providing services in connection with the design and construction of the Facility shall provide for each Party to be separately invoiced for its share of the Facility Costs, as provided for in this Agreement and each Party shall be severally and not jointly liable for payment of such invoices.
- 2.3 In the event that actual construction costs of the Facility are less than the Facility Costs, the Parties' contributions shall be reduced:
- a) For costs attributable to an allocated portion of the Facility, the reduction shall apply to the Party responsible for that portion of the Facility; or
  - b) For costs not attributable to an allocated portion of the Facility, the reduction shall apply in the same proportions as the Parties' contributions to the Facility Costs.
- 2.4 In the event the actual construction costs of the Facility are more than the Facility Costs, the Parties' contributions shall be increased:
- a) For costs attributable to an allocated portion of the Facility, the increase shall apply to the Party responsible for that portion of the Facility; or
  - b) For costs not attributable to an allocated portion of the Facility, the increase shall apply in the same proportions as the Parties' contributions to the Facility Costs.

**Cost of External Works**

- 2.5 The costs of External Works shall be allocated as follows:
- a) For works that are for sole use of a single Party including but not limited to playground, reserved staff parking for health, reserved parking for education, student parking, special designated loading zones, ambulance access and egress zone the costs shall be borne by the Party requiring such works;
  - b) For works that are for joint use of the Parties such as general use of the site including but not limited to sidewalks, public parking, playground landscaping, and general landscaping the costs shall be borne by the Parties in the same proportions as their contributions to the Facility Costs unless otherwise agreed to in writing by the Parties.

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**On-Site Servicing Costs**

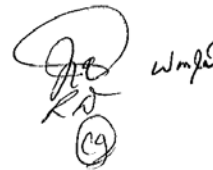
- 2.6 The costs of On-site Servicing shall be allocated as follows:
- a) The costs of bringing services to the site boundary shall be shared equally by the Parties;
  - b) The costs of services within site boundaries shall be shared by the Parties in the same proportions as their contributions to the Facility Costs unless otherwise agreed to in writing by the Parties.

**Administration, Legal, Accounting and Supervisory Costs of Parties**

- 2.7 The Parties agree that each shall seek their own independent legal counsel at their own costs. Other preliminary costs such as attendance at planning, design, construction and other meetings shall be at each Party's own expense.
- 2.8 Administrative, accounting and supervisory costs of each Party shall be borne by each Party independently, provided however that the Parties agree that in exceptional circumstances, costs may be shared as a proportional cost in a manner agreed upon by the Parties.

**ARTICLE 3. CHANGE ORDERS**

- 3.1 If the Parties agree in writing to issue a change order to a contractor in connection with the construction of the Facility, the cost of this change order shall be shared by the Parties in the same proportions as their contributions to the Facility Costs.
- 3.2 If either Party wishes to issue a change order to a contractor in connection with, or otherwise arrange for, any modification or upgrade to the Facility from that contemplated in the tender documents, such modification or upgrade unless otherwise agreed to in writing by the Parties:
- a) must not detract from the common design standards and features applicable to the Facility, as detailed in the Plans and tender documents;
  - b) must not have a negative impact on other portions of the Facility; and
  - c) must be approved by the Interim Management Team in consultation with the Prime Consultant (such approval shall not be unreasonably withheld),
- and the costs associated with such modification or upgrade shall be the sole responsibility of the Party requesting the same.



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**ARTICLE 4: CONSTRUCTION, CONSULTING AND OTHER AGREEMENTS**

- 4.1 The Parties hereby consent to mutually manage and execute the various agreements and construction contracts referred to in this Agreement and necessary for the development of this project.

**ARTICLE 5: FINANCIAL PAYMENTS**

- 5.1 Payments shall be made by each Party individually for any matter subject to this Agreement.
- 5.2 Each Party shall pay its own portion of the billing as determined by the *Prime* Consultant in accordance with the terms set out in this Agreement.
- 5.3 Each Party shall be responsible for any interest accrual as a result of late payment by that Party.

**ARTICLE 6: RECORDS**

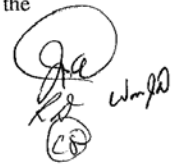
- 6.1 Each Party shall at all times keep and make available for inspection and copying by the other Party true copies of all contracts and agreements entered into in respect of the development of the Lands and the Construction of the Facility, appropriate and proper books of accounts, and records of all expenditures and receipts in relation to the development of the Lands and the construction of the Facility.
- 6.2 At the completion of the Project, the Parties shall submit to each other their annual audited financial statement related to the Project and a final financial report.

**ARTICLE 7: INSURANCE**

- 7.1 The Parties agree that between them, in the most expeditious and efficient manner available, they will obtain and maintain such property, liability and other insurance as is recommended from time to time and as is in keeping with the stage of construction of the Facility and development of the Lands, and adequate insurance coverage shall be maintained pursuant to this Agreement until construction of the Facility and development of the Lands is complete and the Operating Agreement between the Parties is in place.

**ARTICLE 8: TENDER PROCESS**

- 8.1 The objective of the Parties is to advertise the tender on April 30, 2005, close the tenders for construction of the Facility by June 28, 2005 and complete all contract awards with respect to the construction of the Facility and development of the Lands by July 15, 2005.



- a) The Parties shall instruct the Consultant to prepare the tender documents and specifications and to provide them to each Party for review and approval one week in advance of the request for tenders.
- b) Each Party must approve the request for tenders and specifications in writing before the tenders are called.
- 8.2 One or more joint contracts will be awarded for the construction of the Facility and, unless the Parties otherwise agree in writing, each of the Parties shall be a Party to each contract related to the construction of the Facility.
- 8.3 The Parties shall ensure that all bidders for construction of the Facility break out the list of alternative cost items contemplated in the tender documents, to assist the Parties in agreeing, in a fair and equitable manner, upon any changes to the Facility specifications that are necessary.
- 8.4 The Parties agree that they shall instruct the Prime Consultant to include a term in the tender that a tender may not be awarded if it exceeds the funding criteria of the Parties and the Parties shall advise the Prime Consultant of the funding criteria available for the Project before tenders are called.
- 8.5 Unless the Parties otherwise agree in writing, if the proposed construction cost from the selected bidder or bidders exceeds the budget available to either Party:
- a) If only one Party is affected the affected Party shall be required through specification changes to reduce the construction costs for their portion of the Facility, provided that the Facility must maintain a consistent set of design standards and features as are reflected in the Plans and tender documents.
- b) If both Parties are affected:
- i) if both Parties agree, they may reject the tender in accordance with the terms of the tender relating to budget and; or
- ii) if both Parties do not agree to reject the tender then each Party shall through specification changes reduce the construction costs for their portion of the Facility, provided that the Facility must maintain a consistent set of design standards and features as are reflected in the Plans and tender documents.
- c) Either Party may choose to inject additional resources to the Project in order to be able to accept the tender.

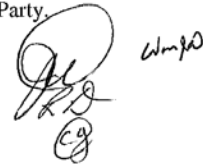
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**ARTICLE 9: INTERIM MANAGEMENT OF FACILITY**

- 9.1 The general management of the joint use portions of the Facility and Lands, and the overall administration, maintenance and operations of the Facility as a whole shall be governed by the Operating Agreement to be agreed upon by the Parties before occupying the Facility.
- 9.2 Until the Operating Agreement comes into effect the Facility shall be managed by the Interim Management Team.
- 9.3
  - a) The Parties recognize that there will be several shared systems within the Facility that include but may not be limited to: security systems, fire alarm systems, telephone systems, technology systems, sprinkler systems, emergency power systems, intercom systems, fire suppression water storage and fire suppression systems.
  - b) The Parties will share the cost of operation of such systems during the construction period and until the Operating Agreement is put in place in the following manner:
    - i) For systems that are for sole use of a single Party the operating costs shall be borne by the Party requiring such system;
    - ii) For systems that are for joint use of the Parties the operating costs shall be borne by the Parties in the same proportions as their contributions to the Facility Costs.

**ARTICLE 10: CONSTRUCTION REMEDIES**

- 10.1 The Parties shall cooperate fully in the pursuance of such remedies as the Parties may have against the Prime Consultant, contractors, design consultants, or others and the Parties shall pay the costs of such remedies in the same proportions as their contributions to the Facility Costs.
- 10.2 Should only one Party pursue a remedy against the contractors, design consultants or others for a fault perceived in that Party's portion of the building, then that Party shall pay the entire cost of seeking said remedy.
- 10.3 If the Parties, acting in good faith, make a decision or undertake an action that results in legal proceedings against themselves as the contracting Parties of record, costs resulting from such action shall be paid by the Parties in the same proportions as their contributions to the Facility Costs.
- 10.4 To the extent that either Party, as owner of the Lands, receives notice of any builder's lien, the Party shall provide prompt notice thereof to the other Party.

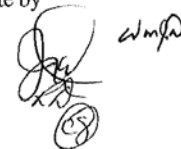
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**ARTICLE 11: LEASING OF SPACE**

- 11.1 Each Party shall have the right to develop and lease spaces in their portion of the Facility to other tenants provided however that:
- a) any space available for leasing shall be let only to tenants whose occupancy will not conflict with the operation and purposes of the other Party;
  - b) before entering into a lease each Party will advise the other of the identity of the proposed tenant and proposed uses of the space by the tenant and the other Party must approve the tenant before a lease is signed, such approval not to be unreasonably withheld;
  - c) each Party shall have the exclusive right to develop said leases for such tenants provided that those leases contain provisions restricting the use of the space by the tenant to those purposes that will not interfere with the operation or purposes of the other Party.
- 11.2 Any and all cost associated with interior construction of space to meet the specific needs of tenants including any leasehold improvements, shall not be included in the Facility Costs.

**ARTICLE 12: DISPUTE RESOLUTION**

- 12.1 Each Party recognizes the interests of the other Parties in the Facility to be constructed, in the Lands and in this Agreement and accordingly will consult with each other through the Parties' CEO's or designates and otherwise on all matters material to the Facility, Lands and any decision made pursuant to this Agreement, in order to attempt to seek agreement thereon.
- 12.2 a) In the event of any dispute between the Parties or claim by either Party of whatsoever nature in connection with the subject matter of or the terms and conditions of this Agreement (a "Dispute"), either Party may on at least 10 days written notice convene a special meeting of the CEO's to consider such Dispute.
- b) If the Dispute is not resolved to the satisfaction of all Parties by the CEO's at such meeting, then either Party may on at least 10 days' written notice request a meeting (a "Settlement Meeting") of the "Dispute Resolution Committee" comprised of the Chair of the Board of each Party plus one additional Board member from each Board to consider such Dispute.
- 12.3 a) If for any reason the Settlement Meeting is not held within 30 days of the date of the notice calling for the same or if the Dispute remains unresolved for in excess of 20 days thereafter, any Party may elect to arbitrate the Dispute by



giving notice of this decision and proposing an arbitrator.

b) The arbitration shall be conducted by a sole arbitrator and the provisions of *The Arbitration Act, 1992* shall apply to the arbitration

c) If the Parties cannot agree on an arbitrator within 30 days of such notice any Party may make an application to the Court of Queen's Bench to have an arbitrator appointed.

d) The Parties agree to proceed expeditiously with the arbitration such that the arbitrator's decision is available to the Parties within 60 days of the appointment of the arbitrator, and the Parties agree that any delays in proceeding may be considered by the arbitrator in determining responsibility for the costs of the arbitration.

e) Any awards for costs associated with the arbitration shall be in the discretion of the arbitrator.

12.4 Nothing in this Agreement shall preclude any Party from recourse to the courts of the Province of Saskatchewan as provided in *The Arbitration Act, 1992* or where there is an error of law relating to or in the arbitration process.

#### **ARTICLE 13: DISPOSITION OF PROPERTY**

13.1 In the event that the Parties agree at any time to dispose of the Lands and Facility and any improvements to the property the proceeds of the sale or disposition of the property shall be shared between the Parties in equal proportion to their total contributions to the purchase and development of the Lands and Facility.

13.2 If one Party wishes to dispose of its interest in the Lands and Facility the other Party shall be entitled to first refusal of any bona fide offer made to the other Party as follows:

a) The Party wishing to sell or otherwise transfer its interest to a third Party shall notify the other Party in writing of its intention to sell and the other Party shall have 60 days within which to declare its intention in writing to purchase the interest for the same price offered to the third Party.

b) If one of the Parties decides to exercise the right of first refusal the Parties shall forthwith prepare the documentation necessary to effect the sale or transfer.

c) If the other Party declines to exercise the right of first refusal the Party that wishes to sell or transfer to a third Party may proceed with the sale or transfer.

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**ARTICLE 14: GOOD FAITH**

14.1 The principle of the utmost good faith shall govern the Parties in all their relations.

**ARTICLE 15: NOTICES**

15.1 Except as otherwise specified in this Agreement, any notice given shall be in writing, and given by delivery in person or by registered mail or fax, properly addressed to each Party to whom given, with postage cheques prepaid. A notice given under any provision hereof is deemed given only when received by the Party to whom such notice is directed.

15.2 Until changed by notice in writing, the address for service of notice for each Party is as follows:

Keewatin Yatthé Regional Health Authority  
Box 40  
Buffalo Narrows, SK S0M 0J0

Ile a la Crosse School Division No. 112  
Box 89  
Ile a la Crosse, SK S0M 1C0

15.3 In determining the number of days for the giving of notice, the prescribed number of days shall be calculated exclusively of the first day and inclusively of the last; and where the time limited for the giving of a notice falls upon a Saturday, Sunday or statutory or civic holiday, the time so limited extends to the business day first following that day which is not a Saturday, Sunday, statutory or civic holiday in Ile a la Crosse, Saskatchewan.

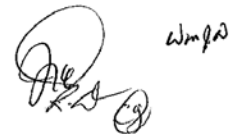
**ARTICLE 16: TERM OF AGREEMENT**

16.1 This Agreement has an indefinite term subject to length of time for design and construction phases.

16.2 This Agreement may be terminated only by an agreement in writing of the Parties.

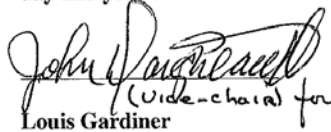
**ARTICLE 17: MISCELLANEOUS**

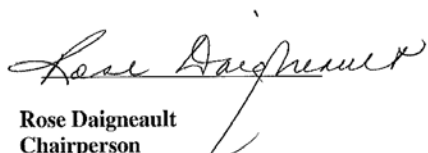
17.1 This Agreement and the Schedules referred to herein constitute the entire Agreement between the Parties with respect to the development of the Lands and construction of the Facility and supersedes all prior agreements, representations, warranties, statements, promises, information, arrangements and understandings, whether oral or written, express or implied.

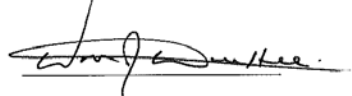
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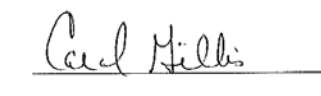
- 17.2 No modification or amendment to this Agreement may be made unless agreed to by the Parties in writing.
- 17.3 Each of the Parties shall be entitled to waive compliance with any of the terms or conditions of this Agreement which are for its exclusive benefit, in whole or in part, without prejudice to any right it may have in the event of non-performance or non-fulfillment of any other term or condition, provided that such waiver is in writing.
- 17.4 This Agreement shall enure to the benefit of and be binding upon the Parties hereto and their respective successors and permitted assigns.
- 17.5 This Agreement may be executed in several counterparts, each of which so executed shall be deemed to be an original, and such counterparts together shall constitute but one and the same instrument.

**IN WITNESS THEREOF** the Parties hereto have executed this Agreement as of the day and year set forth above:

  
 (Vice-chair) for  
**Louis Gardiner**  
 Chairperson  
 Ile a la Crosse Board of Education

  
**Rose Daigneault**  
 Chairperson  
 Keewatin Yatthé Regional Health Authority

  
**William J. Duffee, Ph.D**  
 Chief Executive Officer  
 Ile a la Crosse School Division

  
**Carol Gillis**  
 Chief Executive Officer  
 Keewatin Yatthé Regional Health Authority





SCHEDULE A: LANDS

*Wong*  
*CSJ*

**SCHEDULE B: PLANS**

13

*Je* *Wmfa*  
*Riv*  
*CS*

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**Appendix G**  
**Operational Agreement**

**OPERATIONAL AGREEMENT**

**OPERATIONAL AGREEMENT  
ILE A LA CROSSE SCHOOL DIVISION NO. 112  
AND  
KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY  
FOR  
THE OPERATION OF THE ILE A LA CROSSE INTEGRATED SERVICES  
CENTRE**

## PREFACE

### A. Project History

In 1999-2000, the Ile a la Crosse School Division No. 112 (ICSD) was informed that funding for a new high school was imminent for the community of Ile a la Crosse. St. Joseph's Hospital was also scheduled to be replaced and initial meetings had begun for that facility. Given the closeness of the timing of the funding announcements by the Departments of Health and Learning, ICSD requested a dialogue with the planning committee from St. Joseph's Hospital to discuss the potential of working together to create a unique and innovative facility for the community. From that initial meeting arose the concept of a joint-use facility, a facility that would house both a high school and a health centre where education and health professionals would work together to provide the community with a range of services that could be accessed within one building. It was not long before the discussions led to suggestions for expansion of participants/ partnerships and services that could logically be part of such a facility. So it began.

The first step was to dialogue with potential participants to ensure everyone was comfortable that such a facility was viable and that there were sufficient commonalities between a health centre and a high school to warrant such a plan. The second piece was to work through the issues that would arise in getting two provincial departments to work together and in working through two significantly different planning, funding and design processes. The third step was to select an architect who could envision such a building and lead the partners through a design process. Fourth, came the development of what was termed a capital agreement and, fifth, finally after 4 years, construction.

However, construction is far from the end of the story – the fifth piece - operational agreements, “how we live together” policies and protocols, different unions working together policies and protocols, processes for maintenance, security, technology, leases, and so on are a significant final component the first of which is this agreement.

Notes: legal description of land and ownership  
: reference to ownership agreement, capital agreement,  
philosophy

## **B. Guiding Principles**

1. **Because we believe** that services are most effectively provided through a partnership approach the parties have agreed that integrated building/service delivery through co-ownership is the best model;
2. **Because we believe** that the most efficient and effective organizations are respectful organization the parties agree to co-exist in a respectful fashion
3. **Because we believe** that education and health share many common goals and objectives we believe that an integrated facility meets a broader range of public needs more effectively
4. **Because we believe** mutual support and development is the most effective means of staff growth in such areas as programming, personnel, professional development and so on the parties have designed a shared approach to such staff development.
5. **Because we believe** in an integrated services approach to service delivery to the community the parties agree to work together to design and deliver such services wherever possible.
6. **Because we believe** in economic, operational efficiencies the parties agree to share mechanical, electrical, water and sewer and other systems to realize savings wherever possible.
7. **Because we believe** service provision to community and region is the primary mandate of both partners the parties agree to work together in an integrated services model whenever possible.
8. **Because we believe** in providing the most convenient access of the public to service the parties agree to work together to provide service within and from the integrated services centre.
9. **Because we believe** relationship development enhances service to people the parties agree to work together through cooperative, collaborative processes.
10. **Because we believe** opportunities for training, education, and employment can be developed more effectively through a variety of channels, the parties agree to work together to develop and share such opportunities

## **C. Vision**

A joint-use centre, a centre that houses both a high school and a health centre where education and health professionals work together to provide the community with a range of services that can be accessed within one building.

## **D. Framework of the Partnership**

1. Ownership agreement: sets out how the land was acquired and held; how buildings would be owned, and how property would be disposed of. A copy of the Ownership Agreement is attached as Appendix A.
2. Capital Construction Agreement: sets out the process for building on the property, including funding. A copy is attached as Appendix B.
3. Operating Agreement: Sets out how the partners will operate the centre.

## OPERATING AGREEMENT

### **Part I**

This Operating Agreement dated the \_\_\_\_\_ day of \_\_\_\_\_, 2007

between **Ile a la Crosse School Division No. 112** (hereinafter referred to as the “ICSD”) and **Keewatin Yatthé Regional Health Authority** (hereinafter referred to as “KYRHA”),

collectively hereinafter referred to as the “Partners”.

### WHEREAS

- A. Pursuant to a Capital Agreement made the \_\_\_ day of \_\_, 200\_ between the Partners, the Partners agreed to construct and develop certain facilities identified as the Joint Use Facility (hereinafter referred to as the “Centre”) on certain lands described in that agreement and outlined in Schedule A;
- B. Pursuant to an Ownership Agreement the Partners are joint owners of land on which the Centre is constructed;
- C. The Centre as described has been constructed in accordance with the Capital Agreement B;
- D. The Partners desire to enter into this Operating Agreement to provide for the ongoing operation and maintenance of the Centre;

THEREFORE the Partners agree as follows:

### **1.0 Term and Use**

This Agreement shall become effective on the date substantial completion is certified by the Prime Consultant. This Agreement as written shall remain in effect unless altered through written agreement of the Partners;

1.1.1 Either Partner can have this Agreement reopened or reviewed with 90 days written notice to the other Partner.

During the term of this Agreement the parties agree that the Centre shall be used for educational service provision, health service provision, cultural, recreational, and community services and those uses normally falling within the general purposes of the Partners;

- 1.3 The Partners agree that, subject to the provisions of this Agreement, or other written agreements between the Partners and subject to the policies adopted by the Management Committee from time to time, each of the Partners, their officers, members, contractors, employees, licensees and invitees shall have the right to free and universal access to the portions of the Centre in which they have an interest either through ownership, partnership, trust, or usage;
- 1.4 The Partners further agree to use the Centre only in accordance with this written Agreement, and specifically subject to the following terms and conditions:
  - 1.4.1 not to allow any legal nuisance to arise, to continue or exist out of or as a result of their respective use of any part of the Centre or restrict or interfere with the use by a partner of its portion of the Centre as long as such use is in compliance with the terms of this agreement;
  - 1.4.2 to permit no act or neglect which may in any manner or indirectly cause damage to the Centre, reasonable wear and tear excepted;
  - 1.4.3 not to permit anything to be done whereby any policy of insurance on the Centre may become void or voidable or whereby the premium thereon may increase;
  - 1.4.4 to procure all licenses from municipal or provincial authorities which may be required to operate or conduct the Centre;
  - 1.4.5 to give the other Partners immediate notice of any fire or accident in the Centre which might alter, endanger, or impair the normal use of the facility by the other Partner.
- 1.5 The Partners agree not to assign or transfer this Agreement;
- 1.6 Each Partner agrees to indemnify and save harmless the other Partner, their officers, servants and agents from all liability of any nature arising out of this Agreement due to the action of the Partner and, specifically, the use and occupation of the facility;

## **2.0 Management of Exclusive Areas**

- 2.1 Each Partner shall have exclusive right to create appropriate management structures for the portions of the Centre and for the programs and staff under that partner's exclusive jurisdiction and control.
- 2.2 The areas of exclusive jurisdictional and control of each Partner are identified in Appendix A of this Agreement;



### **3.0 Management Committee**

- 3.1 The Partners shall appoint a Management Committee which shall consist of the CEO's or designates of each Partner and one other member appointed by the Board and/or senior management of each Partner.
- 3.2 The Management Committee shall meet quarterly or more often upon ten days notice if requested by the Building Operations Committee;
- 3.3 Functions of the Management Committee shall include but not be limited to:
  - 3.3.1 review operating policies recommended by the Building Operations Committee;
  - 3.3.2 evaluate and create written updates when deemed appropriate to the operating policies as recommended by the Building Operations Committee;
  - 3.3.3 create new operating policies as may be required;
  - 3.3.4 resolve any disputes arising out of the operation of the Centre or the application of this Agreement and/or the operating policies; and,
  - 3.3.5 any other duties assigned under this Agreement or otherwise agreed to in writing by the Partners.
- 3.4 The Management Committee shall make decisions by consensus, but such decisions shall not be binding on any partner until confirmed by motion of the Board of each partner and/or by senior management as appropriate; which confirmation shall not unreasonably be withheld.
- 3.5 The Boards and/or senior management, as appropriate, shall have 30 days to confirm a decision of the Management Committee;
- 3.6 If a Partner's Board and/or senior management does not confirm a decision of the Management Committee, the matter shall then be brought back before the Management Committee a second time.
- 3.7 Failing agreement on any issue, either Partner may notify the other in writing that they wish the matter to be dealt with in accordance with the Dispute Resolution section of this Agreement.

### **4.0 Building Operations Committee**

- 4.1 The Partners shall establish a Building Operations Committee which shall consist of the Manager of Integrated Health Services, the Director of Nursing, the Coordinator of Support Services, the High School Principal, one high-school Vice-Principal, one representative from each Lessee, the

Director of Daycare, the Superintendent of Maintenance of ICSD, and a senior maintenance person from KYRHA

- 4.2 Functions of the Building Operations Committee shall include but not be Limited to:
- 4.2.1 ensure smooth and efficient operation of the integrated portions of the Centre and the related programs and procedures;
  - 4.2.2 resolve day to day operation issues relative to integrated programs and joint use spaces;
  - 4.2.3 oversee the day to day operation of the joint use portions of the Centre;
  - 4.2.4 make recommendations to the Management Committee for changes to operational policy; and,
  - 4.2.5 draft operational policy subject to the clauses in this Agreement and submit such policy to the Management Committee.
- 4.3 The Building Operations Committee shall meet at least once per month, keep minutes and forward a written copy of such to the Management Committee.

## **5.0 Capital Improvements and Alterations**

- 5.1 In this section “Capital Improvements” and “Alterations” shall mean additions, extensions, alterations or other improvements/repairs of or to the Centre, including, but not limited to, its floors, walls, ceiling and roof, plumbing, electrical, heating, ventilation/air handling and air-conditioning equipment and systems;
- 5.2 The Management Committee may from time to time make recommendations for capital improvements and/or alterations to a portion or portions of the building or equipment where both Partners have jurisdiction and control;
- 5.2.1 in such cases, upon approval by the Boards, the costs shall be borne by the Partners in shares proportionate to those shares the Partners originally contributed to capitalize the relevant portion or portions as set forth in the Capital Agreement or in such other shares as the Partners may agree upon;
  - 5.2.2 Collection of Costs: each partner who is responsible to share in costs incurred shall be invoiced proportionately and shall pay its share of the invoice within 30 days.

- 5.3 Where proposed capital improvements and/or alterations are to only a portion or portions of the Centre where a Partner has sole jurisdiction or where such changes impact on only one of the Partners,
- 5.3.1 only the affected Board shall be required to approve the capital improvements and/or alterations and
  - 5.3.2 shall inform the other Partner of those plans who shall then review the plans and provide any objection to said plans in writing to the approving Board;
  - 5.3.3 the cost of all such capital improvements and/or alterations including any resultant costs associated with mechanical, electrical or any other building system necessitated as a result of said changes, shall be borne by the Partner requesting such capital improvements and/or alterations;
- 5.4 Unless otherwise agreed to in writing by the Partners, if either Partner wishes to make any alteration or otherwise arrange for any modification or upgrade to the Centre from that contemplated in the final plans as completed, such modification or upgrade:
- 5.4.1 must not detract from the common design standards and features applicable to the Facility, as detailed in the Plans and tender documents;
  - 5.4.2 must not have a negative impact on other portions of the Centre; and,
  - 5.4.3 must be approved by the Board of the other Partner which approval shall not unreasonably be withheld, and
  - 5.4.4 the costs associated with such modification or upgrade shall be the sole responsibility of the Partner requesting the same.

## **6.0 Equipment, Furnishings and Fixtures**

- 6.1 The partners recognize that an advantage of an integrated services centre lies in shared use of certain equipment, furnishings, and fixtures owned by another partner or partners, provided that such use does not inconvenience the partner. Therefore the Partners agree to the formulation of policies as per Section 14 of this Agreement to govern the shared use of identified equipment.

## **7.0 Staff**

- 7.1 From time to time the partners may wish to establish shared positions. The establishment of such positions shall be approved by the respective Partner Boards and/or management as required. The operation of such positions will be governed by written agreement between the parties.

## **8.0 Shared Spaces**

- 8.1 There are shared areas throughout the Centre to which each Partner has access. Operational policies developed as per section 14 govern the operation and use of each shared area.
- 8.2 The operation of each shared area shall be reviewed on a monthly basis by the Building Operations Committee. The Committee shall provide recommendations for policy changes to the Management Committee.

## **9.0 Systems Management**

- 9.1 Overall Centre Systems management shall be monitored by the Superintendent of Maintenance and KYRHA maintenance personnel.
- 9.2 Utility costs and operational costs distribution for the Centre shall be determined by the Management Committee which shall establish policy stating the means by which each utility cost and operational cost shall be distributed. The means of cost distribution shall be reviewed on an annual basis and altered to reflect a more accurate distribution of costs.
- 9.3 All costs shall be reconciled at the end of each year, defined as December 31 of each year, by the Management Committee and if it is determined that one Partner owes the other Partner a balance in any area an invoice shall be created by the Management Committee for payment by that Partner.

## **10.0 Maintenance**

- 10.1 Maintenance is the joint responsibility of the partners; in recognition of such, an MOU and maintenance policy shall be created by which KYRHA and ICSD shall share costs associated with the ICSD Superintendent of Maintenance as defined within that MOU.
- 10.2 The Management Committee shall establish specific policy concerning the preventative maintenance plan which shall be attached to that policy and which shall be reviewed annually.
- 10.3 A preventative maintenance plan shall be established by the Management Committee based upon the recommendations of the Superintendent of Maintenance and KYRHA senior maintenance personnel.
- 10.4 Costs of preventative maintenance shall be shared by the Partners according to the capital share each Partner contributed to the construction of the Centre except for those areas which are the sole jurisdiction of one

of the Partners in which case that Partner shall bear the cost of the preventative maintenance.

- 10.5 Daily system and structural maintenance requirements shall be identified by the ICSD Superintendent of Maintenance and KYRHA maintenance staff in a cooperative fashion and shall be carried out by the maintenance staff.
- 10.6 Each partner shall assume responsibility of ongoing maintenance of the areas that partner has sole jurisdiction over. In shared areas and external areas, maintenance shall be shared by the Partners as determined in policy created by the Management Committee.
- 10.7 Maintenance contracts held with outside agencies shall be administered by the ICSD Superintendent of Maintenance. Costs for such contracts shall be shared in accordance with the capital contribution of each partner unless the contract is for maintenance within the sole jurisdiction of one of the partners. Copies of such contracts shall be attached to this written agreement.

## **11.0 Insurance**

- 11.1 The Partners agree to secure the necessary insurance coverage as defined below:
  - 11.1.1 Ile a la Crosse School Division agrees to secure building loss insurance through the Saskatchewan School Boards Association insurance pool in an amount determined annually necessary to replace the Centre. Keewatin Yatthé Regional Health Authority shall pay its portion of the building loss insurance to the School Division within 30 days of receipt of an invoice from the School Division.
  - 11.1.2 Each partner will provide its own business interruption insurance
  - 11.1.3 Each partner will provide its own liability insurance to a minimum of five million dollars (\$5,000,000.00).
  - 11.1.4 Each partner will provide its own errors and omissions insurance
  - 11.1.5 ICSD will provide boiler and machinery insurance. KYRHA will pay its portion of boiler and machinery insurance within 30 days of receipt of an invoice from ICSD.
  - 11.1.6 Each partner may determine if it requires additional forms of insurance and shall secure such on its own.

## **12.0 Leasing of Space**

- 12.1 Each Partner shall have the right to develop and lease spaces in their portion of the Centre to other tenants provided that:

- 12.1.1 any space available for leasing shall be let only to tenants whose occupancy will not conflict with the operation and purposes of the other Partner;
  - 12.1.2 before entering into a lease each Partner will advise the other of the identity of the proposed tenant and proposed uses of the space by the tenant and the other Partner must approve the tenant before a lease is signed, such approval not to be unreasonably withheld;
  - 12.1.3 each Partner shall have the exclusive right to develop said leases for such tenants provided that those leases contain provisions restricting the use of the space by the tenant to those purposes that will not interfere with the operation or purposes of the other Partner.
- 12.2 Any and all cost associated with interior construction of space to meet the specific needs of tenants including any leasehold improvements, shall not be included in the Centre costs.

### **13.0 Legal**

- 13.1 Partners understand and agree that there are a variety of pieces of legislation that both parties must collectively or individually adhere to. In those areas which have the potential to impact the other partner, the parties agree to operate in a manner that does not put the other partner at risk.

### **14.0 Policy Development**

- 14.1 The Building Operations Committee will be responsible to develop draft operational policies and protocols to govern daily Centre activities and submit such to the Management Committee for review and approval;
- 14.2 The Management Committee will be responsible for developing policies and protocols to govern interactions of the Partners and personnel employed by each when a need is identified by either partner
- 14.3 The Management Committee shall establish a policy review process for all operational policies and shall ensure that the established process is adhered to.

### **15.0 Renewal, Amendments and Termination**

- 15.1 The Partners may at any time amend this Agreement. Such amendment shall be in writing and signed by the Partners.

## **16.0 Dispute Resolution**

- 16.1 Each Partner recognizes the interests of the other Partner in the Centre, in the Lands and in this Agreement and accordingly will consult with each other through the Party's CEO's or designates and otherwise on all matters material to the Centre, Lands and any decision made pursuant to this Agreement, in order to attempt to seek agreement thereon.
- 16.2 a) In the event of any dispute between the Partners or claim by either Partner of whatsoever nature in connection with the subject matter of or the terms and conditions of this Agreement (a "Dispute"), either Partner may on at least 10 days written notice convene a special meeting of the CEO's to consider such Dispute.
- b) If the Dispute is not resolved to the satisfaction of all Partners by the CEO's at such meeting, then either Partner may on at least 10 days' written notice request a meeting (a "Settlement Meeting") of the "Dispute Resolution Committee" comprised of the Chair of the Board of each Partner plus one additional Board member from each Board to consider such Dispute.
- 16.3 a) If for any reason the Settlement Meeting is not held within 30 days of the date of the notice calling for the same or if the Dispute remains unresolved for in excess of 20 days thereafter, any Partner may elect to arbitrate the Dispute by giving notice of this decision and proposing an arbitrator.
- b) The arbitration shall be conducted by a sole arbitrator and the provisions of *The Arbitration Act, 1992* shall apply to the arbitration
- c) If the Partners cannot agree on an arbitrator within 30 days of such notice any Partner may make an application to the Court of Queen's Bench to have an arbitrator appointed.
- d) The Partners agree to proceed expeditiously with the arbitration such that the arbitrators decision is available to the Partners within 60 days of the appointment of the arbitrator, and the Parties agree that any delays in proceeding may be considered by the arbitrator in determining responsibility for the costs of the arbitration.
- e) Any awards for costs associated with the arbitration shall be in the discretion of the arbitrator.
- 16.4 Nothing in this Agreement shall preclude any Partner from recourse to the

courts of the Province of Saskatchewan as provided in *The Arbitration Act*, 1992 or where there is an error of law relating to or in the arbitration process.

**17.0 Miscellaneous**

- 17.1 Any notice, request or other communication hereunder shall be in writing and shall be furnished to the parties at the addresses given below and such notices and other communications shall be deemed to have been given if delivered personally, by fax or prepaid mail to:
  - a. the School Board:
  - b. the Health Authority:
- 17.2 This Agreement and the Schedules referred to herein constitute the entire agreement between the parties with respect to the Operational Agreement and supersedes all prior agreements, representations, warranties, statements, promises, information, arrangements and understandings, whether oral or written, express or implied.
- 17.3 No modification or amendment to this Agreement may be made unless agreed to by the parties in writing.
- 17.4 This Agreement shall enure to the benefit of and be binding upon the parties hereto and their respective successors and permitted assigns.
- 17.5 This Agreement may be executed in several counterparts, each of which so executed shall be deemed to be an original, and such counterparts together shall constitute but one and the same instrument.

**IN WITNESS WHEREOF the parties hereto have executed this Agreement as of the day and year set forth above:**

\_\_\_\_\_  
**Chairperson**  
**Ile a la Crosse School Division No. 112**

\_\_\_\_\_  
**Chairperson**  
**Keewatin Yatthé Regional Health Authority**

\_\_\_\_\_  
**Chief Executive Officer**  
**Ile a la Crosse School Division No. 112**  
**Authority**

\_\_\_\_\_  
**Chief Executive Officer**  
**Keewatin Yatthé Regional Health**

**Witness Signature** \_\_\_\_\_

**Witness Name** \_\_\_\_\_



**Appendix H**  
**Integrated Facility Policy Manual**

**ILE A LA CROSSE INTERGRATED FACILITY**

**POLICY MANUAL**

**SECTION A**  
**META-POLICY**

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>1-A</b>
POLICY: META POLICY	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** The Operational Agreement between Ile A La Crosse School Division No. 112 and Keewatin Yatthé Regional Health Authority for The Operation of the Integrated Services Facility forms the basis for all policy developed within the context of the agreement. The meta-Policy outlines the process for the development and review of policy required within the context of the operational agreement.

**REGULATIONS:**

- All policies shall conform to all terms of the Operational Agreement, any applicable relevant Acts and Regulations, applicable Partner policies and applicable Union contracts.
- Partners understand and agree that there are a variety of pieces of legislation that both parties must collectively or individually adhere to. In those areas which have the potential to impact the other partner, the parties agree to operate in a manner that does not put the other partner at risk. (Operational Agreement 13.1)
- There are shared areas throughout the centre to which each partner has access. The Building Operations Committee has the responsibility of drafting operational policies governing the operation of each shared space. Draft policy shall be submitted to the Management Committee. (Operational Agreement 8.1)
- The partners agree to formulate policies as drafted by the Building Operations Committee and submitted to the Management Committee to govern the shared use of identified equipment. (Operational Agreement 6.1)
- Policies developed under the Authority of the Operational Agreement shall apply to all employees of the signatures. These policies may be extended to other organizations who rent space within the Integrated Services Centre.
- The 10 Guiding Principles that focus the Operational Agreement shall form the basis of all policy relevant to that agreement.
- Each partner shall have exclusive right to develop policy appropriate to management of the portions of the facility that are owned exclusively by that partner. Such policies, unless formally agreed to by the other partner, will apply only to the facility, staff and/or programs of that partner. (Operational Agreement 2.1)
- Prior to the date of substantial completion of the joint use facility, policies will be developed and approved by the management committee.

- Upon the date of substantial completion, as per Section 3 & 4, the development of operational policy will be the responsibility of the Buildings Operation Committee and the Management Committee.
- As per 10.1, The Management Committee shall make policy concerning the preventative maintenance plan developed as per 10.2.
- Policies having expenditure or staffing implications must have approval of the Management Committee and the appropriate Partner Boards and/or senior management. Such policies must be accompanied by business plans.

**PROCEDURES:**

1. The Building Operations Committee and/or the Management Committee will develop operational policy as required using a process of extensive consultation with staff and/or community as appropriate.
2. The Management Committee may direct the Building Operations Committee to develop specific policy should it identify a need.
3. Draft policy developed by the Building Operations Committee shall be submitted to the Management Committee for review, revision and approval. Prior to taking effect, policy having expenditure and/or staffing implications shall be submitted to the board of education and to the relevant health region administration for approval.
4. Once a policy is approved, it is the responsibility of the Building Operations Committee to ensure that the policy is communicated to staff and/or public.
5. All policy will be reviewed annually by the Building Operations Committee. Following the review, the Building Operations Committee shall submit a summary of the review to the Management Committee recommending any revisions to policy.
6. It is the responsibility of the Management Committee to revise the policies as required.

**SECTION B**  
**STAFF SERVICES**

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>1-B</b>
<b>POLICY: CONFLICT RESOLUTION</b>	Date approved	
Approved by:	Approved by:	

**POLICY STATEMENT:** The partners believe in an integrated approach to service delivery and agree to work together to design and deliver such services whenever possible. Further, the parties agree to co-exist in a respectful, cooperative and collaborative fashion that supports the work of all groups and agencies that work within the Integrated Services Center.

**REGULATIONS:**

1. This policy applies to situations where the conflict arises between employees of health, of education and/or of other lessee organizations. It does not apply when the conflict is between employees of the same employer. In that situation, policy that exists within the agency/organization would apply.
2. This policy does not apply to conflicts that might arise involving students. All conflict that involves students is the responsibility of the school administration.
3. The process will adhere to all aspects of fair process.
4. The process must proceed in a respectful fashion that is timely and productive.
5. The process will adhere to all relevant clauses in the existing collective agreements. All union contract provisions will be adhered to.
6. This policy applies to all occupants in the building.
7. The principal or designate from the school, human resources consultants from health and other personnel as appointed by lessee organizations will serve as mediators/facilitators as required.
8. The process must, if required, progress through each stage. The process ends at the stage where resolution is achieved.

## **PROCEDURE:**

1. Stage One: Individuals involved are responsible, on their own, for making every effort to resolve the situation honestly and with integrity.
2. Stage Two: Individuals involved report to their respective supervisors to review the situation. The supervisors arrange for a meeting of the persons in conflict and the supervisors facilitate a process to find a solution.
3. Stage Three: Supervisors report to the Management Committee. The Management Committee meets with the individuals in conflict and their supervisors to facilitate a solution.
4. Stage Four: The Management Committee, supervisors, and the individuals engage representatives from the respective unions/professional associations to facilitate the development of a solution.
5. Conflict involving students will be reported to and resolved by the school administration.



KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>2-B</b>
POLICY: NUTRITION	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** The partners believe that they share a responsibility for the provision of a healthy environment for staff, students and the public. Part of the responsibility includes providing for healthy, nutritious meals and snacks. This policy applies to all food service provided through vending machines and cafeteria meals in the shared facility. Exempt from this policy are foods provided by the school through its gymnasium servery and the home economics practical and applied arts laboratory.

**REGULATIONS:**

Vending Machines:

1. All food accessible through vending machines will meet the standards set by the Canada Food Guide.
2. Health has the responsibility for managing the machines and the food placed for vending. The school division administration and the hospital administration will develop an agreement to share the costs and profits incurred through the operation of the vending machines.
3. The school staff will be responsible for the development of student access policies and procedures. The principal of the school will have the responsibility to deal with any and all student issues that might arise from the use of the machines. Supervision of students at all times is the responsibility of the school principal and his staff.

Cafeteria meals: lunch and supper:

1. The preparation and serving of all meals is the responsibility of hospital staff. All persons, including students, who purchase meals from the cafeteria will adhere to any processes or procedures for the preparation or the serving of meals as set by hospital personnel.
2. All menus will be set by hospital personnel. Menus will be set for each meal and the only choices will involve such items as beverages and whether to have bread/buns and/or dessert as part of the meal service.

3. All staff and students will be allowed to purchase lunch using a process of purchasing meal cards. Only staff will have the opportunity to purchase supper meals using their meal cards.
4. All meals will be purchased through a meal card process. Cafeteria personnel will not be able to accept cash for meals.
5. Meals will be limited to specific hours as set by hospital administration.
6. The supervision of students in the cafeteria is the responsibility of the school administration or school staff as administration assigns. The school principal has the responsibility for any and all issues that might arise from time to time from student use of the cafeteria.
7. Public access to cafeteria services will be administered by hospital personnel.
8. All housekeeping will be as per Integrated Services Centre policy.

Catering Services:

1. Catering services are the responsibility of hospital personnel.
2. All processes to arrange for catering services will be set by hospital personnel.
3. Catering services will be booked through a central registry process.
4. Services will require 2 weeks prior notice.

**PROCEDURES:**

Vending Machines:

1. Student access will be regulated and monitored by the school administration or by school staff as assigned by the principal. All concerns relative to student behavior are to be communicated to the school principal.
2. All food for the machines will be purchased by hospital personnel.
3. Operation of the machines is the responsibility of hospital personnel.

Cafeteria meals: lunch and supper:

1. Students and staff wanting to purchase cafeteria meal(s) will purchase a meal card. School staff and students will purchase the card from the principal or designate and the hospital staff will purchase the card from hospital administration or designate.
2. Cards will be “punched” after each purchase of a meal by the cafeteria staff.
3. In all situations staff and students must have purchased a meal card prior to obtaining cafeteria service. Each person must have his/her own card as cards cannot be shared.
4. Staff will sign up each day prior to 9:00 am for lunch and prior to 4:00 pm for supper. No meal service will be provided to staff that are not on the daily list or who cannot present an ID tag.
5. Students wanting lunch will sign up each day as required during the morning homeroom period. Lists for each homeroom will be submitted to the principal’s office. The administrative assistant will communicate the names of students requiring lunch to the appropriate hospital personnel by 9:15 am each day. No meal service will be provided to students who are not on the daily list or cannot present an ID tag.
6. School personnel will supervise students who use the cafeteria.
7. Students who purchase lunch must eat their lunch in the common area seated at the tables provided.
8. Any student who does not abide by the rules set for meal service will have his/her lunch privileges suspended. In such a situation, the student will be reimbursed for any unused portion of the meal ticket if he/she returns the ticket to the principal.

Catering Services:

1. All processes for service will be as set by hospital policy.
2. All arrangements for catering service will be done through the hospital central registry.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>3-B</b>
<b>POLICY: SHARED SPACE USEAGE</b>	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** The partners believe that the most efficient and effective organizations agree to co-exist in a respectful fashion. Further, education and health, as well as the other agencies/organization in the facility, share many common goals and objectives that more effectively meet a broad range of staff and community needs by working together in an integrated centre.

Integrated/shared space includes, but is not limited to, the following:

Staff

- Staffroom
- Disclosure room
- Receiving/shipping dock

Staff and Public

- Conference rooms
- Chapel
- Elevator
- Gymnasium
- Cafeteria
- Library
- Spiritual room
- Walking track
- Weight room
- Stage

**REGULATIONS:**

1. Procedures for booking and use will be developed by health and education for the following staff and public spaces:
  - a. conference rooms
  - b. cafeteria/commons room
  - c. spiritual room
  - d. disclosure room
  - e. chapel

Any of the above spaces will be booked through a centralized booking registry, Community Services Reception, which is administered to by health.

2. Procedures for booking and use will be developed by education for the following staff and public spaces:
  - a. gymnasium
  - b. library
  - c. walking track
  - d. weight room
  - e. stage
3. There will be a centralized booking system, Community Services Reception administered to by Health
4. The use of the elevator will be as needed.
5. The partners will honour all contract obligations specific to the shared spaces (Operating Agreement Sections 1.4; 8).
6. Subject to agreement and policy, employees and invitees have “the right to free and universal access to the portions of the facility in which they have an interest through ownership, partnership, trust or usage.” (Operational Agreement S. 1.3)

**PROCEDURES:**

1. KYRHA will provide a central booking system that will operate as part of its Community Services Reception.
2. The school will provide a booking system through its secretary treasurer for the use of the gymnasium, walking track and weight room.
  - a. The secretary treasurer will communicate usage schedules to the Community Services Receptionist.
3. The Building Operations Committee will review on a monthly basis the operation of the shared spaces and will draft any policies or recommend revisions to existing policies to enable the effective and efficient use of shared space.
4. The Building Operations Committee will review any problems that arise from the use of shared space.
5. Staff will refer issues that arise from shared space usage to the Building Committee for resolution.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>4-B</b>
<b>POLICY: EQUIPMENT USEAGE</b>	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** The partners believe that in an integrated services approach to service delivery to the community the parties agree to work together to design and deliver these services whenever possible. Through processes of shared usage economic and operational efficiencies will be achieved.

**REGULATIONS:**

1. The partners recognize that an advantage of a joint use facility lies in shared use of certain equipment, furnishings, and fixtures owned by another partner or partners, provided that such use does not inconvenience the owner. (Operational Agreement 6.1)
2. All staff has a responsibility to use equipment appropriately and to follow all the procedures that are developed to facilitate sharing of equipment.
3. Outside maintenance equipment
  - a. Partners will develop an agreement that outlines responsibilities relative to equipment and areas of responsibility.
  - b. For equipment that will be shared or in a situation where one partner will maintain an area for which the other partner has some responsibility, agreements will be developed that include a clear description of financial costs for purchase, maintenance, operation and repair and how those costs will be shared.
4. Inside maintenance equipment
  - a. Each partner is individually responsible for equipment required to maintain areas of exclusive ownership.
  - b. Agreements will be developed to share and/or borrow equipment.
5. Audio-visual and electronic equipment
  - a. Partners are responsible for developing and maintaining a system for sharing equipment under their responsibility that includes processes for checking equipment in and out, reporting of damage, mechanical malfunctions.
6. SCN and video conferencing equipment
  - a. Space and equipment will be booked through the Community Services receptionist.

7. Other

- a. From time to time other equipment may be requested for sharing and will be accessed through processes developed by the partner that owns the equipment.

**PROCEDURES:**

1. Each partner will communicate clearly, procedures and processes to all staff that work out of the facility.
2. All staff will be diligent in the borrowing and returning of equipment and will follow all procedures developed by organization that owns the equipment.
3. The Building Operations Committee will review twice each year all policies and procedures relative to equipment usage, to determine their effectiveness and will draft new policy or make recommendations for policy revision as required.
4. Any problems or issues that arise from equipment usage will be reviewed by the Building Operations Committee for resolution.
5. The principal or designate will be responsible for booking and maintaining equipment that is owned by the school.
6. The hospital central registry receptionist will be responsible for booking equipment that is owned by the hospital.
7. Other lessee agencies will develop procedures as it deems appropriate for equipment that belongs to them.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>5-B</b>
<b>POLICY: INFECTION CONTROL</b>	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** The goal of infection control is to prevent and when necessary to control the spread of infections. This policy is to enhance the practices of both partners and its lessees and is required because of the nature of the facility. It is understood that each partner and lessee has discrete responsibilities and regulatory requirements and thus, will also have policy, protocols, processes, etc. to which this policy is an addition.

This policy applies only to situations that are unique to a shared space facility and will mostly, but not necessarily exclusively, impact the use of shared spaces.

**REGULATIONS:**

1. Appropriate interventions can reduce transition of infection.
2. Infection prevention and control programs are designed to reduce the risk of transition to an acceptable level; zero risk is unattainable and the consequences of transition to an acceptable level must be balanced against the consequences of precautions taken.
3. It is recognized that there are levels of responses that begin with prevention and progress to a response to a serious infectious outbreak. This policy refers to three levels of response: daily precautions; when there exists a potential for an extensive outbreak; and when a serious outbreak occurs. At the third level, the response will be directed by the chief medical health officer and health personnel.

**PROCEDURES:**

***Level One Response: Daily precautionary procedures (Standard Precautions)***

1. Personal cleanliness: Disease causing micro-organisms are frequently carried on hands.
  - a. Routine hand washing is required of all staff, students and visitors.
  - b. Staff, students and visitors will regularly use hand sanitizer gel.
  - c. Educational programs will emphasize to students and community members the importance of careful regular and consistent hand washing (REFER to *KYRHA Infection Prevention and Control Policy and Procedure Manual, policy IC-20-02, Hand Washing Technique*).



- d. All staff, students and visitors are required to take precautions as needed when infected with a cold, flu, etc., to prevent transmission of the virus/bacteria to others.
  - e. The Building Operation Committee will review any issues that might arise. Any issues identified by staff must be reported to the principal (school personnel), to the hospital administrator (health), or to the administrator of the lessee agency.
2. Building cleanliness
    - a. The Superintendent of Maintenance and housekeeping supervisors will work together to ensure that the building is cleaned using the necessary equipment and cleaning products.
  3. Traffic control between sections of the facility
    - a. Staff has access to all shared areas of the facility. Some planned access will exist for areas such as the weight room, walking track, Chapel, etc. Daily cleanliness precaution will be the norm.
    - b. Students will stay in the school section at all times as per policy.
    - c. Visitors will be directed to enter and leave the facility according to the purpose of their visit, i.e. visitors to the hospital will be expected to remain in the hospital part of the facility; visitors to the school will remain in the school section, etc.
    - d. The Superintendent of Administration will be responsible to ensure that the discrete parts of the facility are secured each evening and as required.
  4. Communication
    - a. The hospital management is responsible for all communication with the medical health centre and other relevant health agencies.
    - b. The principal and hospital administrator (or designate) are responsible for all relevant communication between partners and lessee agencies.
    - c. The staff will take any issues relative to infectious control to the principal (school personnel); to the hospital administration (health personnel) or to administration of lessee agency. These issues may be referred to the Building Operations Committee for resolution when necessary.

***Level Two Response: Additional Precaution due to potential outbreak***

1. Personal cleanliness: same as previous section
2. Building cleanliness: same as previous
3. Traffic control between sections of the facility
  - a. The Building Operations Committee will be responsible for developing plans to restrict traffic as required by the specific situation.
  - b. It is the responsibility of the Building Operations Committee to keep the Management Committee informed

4. Air control
  - a. Each discrete part of the facility has its own air exchange system and is operated only for specific zones within the facility. The air systems between the hospital and school sections operate totally independently at all times.
  - b. Air control is the responsibility of the Superintendent of Maintenance and the maintenance supervisors.
  
5. Communications
  - a. The principal and hospital administrator (or designate) are responsible for all relevant communication between partners.
  - b. The hospital manager is responsible for all communication with the medical health centre and other relevant health agencies.
  - c. The staff will take any issues relative to infectious control to the principal (school personnel); to the hospital administration (health personnel) or to lessee agency administration. These issues may be referred to the Building Operations Committee for resolution when necessary.

***Level Three Response: Serious Infectious Outbreak***

1. All direction will come from the health sector.
2. The Building Operation Committee will be responsible for the implementation of all of the necessary precautions as directed by the medical health officer.
3. Communications
  - a. Communication with the medical health officer and other health agencies is the responsibility of the hospital administration.
  - b. Health personnel will keep the members of the Building Operations Committee informed.
  - c. The Building Operations Committee will communicate with the Management Committee as required.
  - d. Each partner will keep the staff and community informed as needed.

**SECTION C**  
**HOUSEKEEPING**  
**MAINTENANCE**

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>1-C</b>
<b>POLICY: HOUSEKEEPING OF SHARED SPACES</b>	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** There are several shared areas in the Facility to which both of the partners and lessees have access. Both partners agree that the most efficient and effective organizations are respectful organizations and, therefore, the partners agree to co-exist in a respectful fashion.

Shared space areas include: staff room, hallways, spiritual room, IT server room, elevator, conference rooms, cafeteria, weight room, walking track, loading dock, stairways

**REGULATIONS:**

1. The general cleaning of systems areas, i.e. 3<sup>rd</sup> floor and basement, is the responsibility of the maintenance staff.
2. General cleaning responsibilities will be assigned equitably between the partner organizations.
3. To the extent possible, shared areas will be assigned to ensure efficiency of cleaning, i.e. areas will be blocked using natural divisions such as double doors.
4. Cleaning equipment may be borrowed/shared as is appropriate.
5. Anyone using shared space will leave the space in the condition that it was found.

**PROCEDURES:**

1. Maps will be created by supervisors and shared with staff relative to areas of responsibility.
2. Specific Areas of responsibility are as follows:
  - a. Cafeteria:
    - i) lunch and supper time - housekeeping from health will be responsible
    - ii) end of the day cleaning will be the responsibility of education
    - iii) after hour usage will be the responsibility of the party using the space
  - b. Staffroom, entrance and exits, hallways, stairways
    - i) a cleaning schedule will be developed such that the cleaning is shared equitably between the partners.
    - ii) cleaning schedules will be developed and altered as needed to achieve effectiveness and efficiencies.

- iii) staff members are expected to clean their own dishes and keep the space in the staffroom neat and tidy.
  - c. Spiritual room, loading dock, elevator will be the responsibility of health.
  - d. Walking track, weight room, IT will be the responsibility of education.
  - e. Conference rooms will be the responsibility of each partner determined by ownership
- 3. Any disagreements, questions or comments relative to housekeeping will be directed to the pertinent supervisor. As determined by the supervisor these may be directed to the Buildings Operation Committee.
- 4. The Buildings Operations Committee is responsible for drafting any policy and for making recommendations for policy revisions specific to housekeeping.
- 5. In the event that there is indecision concerning responsibility, housekeeping will be the responsibility of the partner that has exclusive ownership.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>2-C</b>
<b>POLICY: MAINTENANCE JOINT USE INDOOR AREAS</b>	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** There are several shared areas in the Centre to which each of the partners has access. Both partners agree that the most efficient and effective organizations are respectful organizations and, therefore, the partners agree to co-exist in a respectful fashion.

**REGULATIONS:**

1. Issues will be solved cooperatively through a shared approach.
2. Open and honest communication is essential.
3. Work will be accomplished through cooperative efforts and a shared approach.
4. Partners acknowledge that the centre in many areas has no clear dividing line relative to ownership and agree that both partners will assume responsibility for these areas.
5. The Management Committee will establish a preventative maintenance plan based on the recommendations of the maintenance staff ( Operating Agreement S. 10.2)
6. The preventative maintenance plan will be attached to this policy ( Operating Agreement S. 10.1)
7. The overall Facility systems will be monitored by the maintenance staff (Operating Agreement S. 9.1; also, refer to S. 7.1)
8. Daily system and structural maintenance requirements will be identified by the maintenance staff (Operating Agree S. 10.4)
9. Maintenance will be shared by the partners as per policy ( Operating Agreement S. 10.5)
10. Maintenance contracts held by outside agencies will be administered by the (Operating Agreement S. 10.6)
11. All staff responsible for maintenance will participate in the commissioning process.
12. All staff responsible for maintenance will have an understanding of all operational aspects of the Facility.

## **PROCEDURES:**

### **A. Daily Maintenance**

1. Each morning the maintenance staff complete a diagnostic review of all systems.
2. Work arising from the daily diagnostic review will be determined cooperatively by the school and the health maintenance staff.
3. Assignment of responsibilities for work arising out of the daily diagnostic will assigned by the team as necessary.
4. A detailed log will be kept of the findings of each day's diagnostic.

### **B. Regular Maintenance**

1. Regular maintenance will be assigned to staff by supervisors
2. Work assignments will be determined by the maintenance team

### **C. Emergent Requirements**

1. Situation will be assessed by personnel on duty
2. Superintendent of Maintenance or assistant will be "on call"
3. Maintenance staff will work together to find solutions to issues
4. Work assignments will be determined by the team
5. A determination for outside services will be made by the maintenance team and recommended to senior management
6. All contracts for services will be handled by the Superintendent of Maintenance.

### **D. Review Process**

1. The Building Operations Committee will meet monthly to review building issues and to determine solutions.
2. If an emergency issue arises that requires immediate attention, the Building Operations Committee can be convened
3. All situations that may require financial or staff changes must be reviewed and approved by the Management Committee; solutions to any such situations will adhere to collective agreements and personnel policies.
4. Within each specific jurisdiction, the party concerned will make the determination.

### **E. Standing Contracts**

1. Where such exist, such parties will be contacted for emergent and regular maintenance where work cannot be done by the maintenance team.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>2-C</b>
<b>POLICY: MAINTENANCE JOINT USE OUTDOOR AREAS</b>	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** The exterior of the building and the surrounding property is jointly owned by both partners and as such both partners have a responsibility for exterior and grounds maintenance. Both parties agree to share this responsibility equitably to achieve economic and operational efficiencies.

**REGULATIONS:**

1. Maintenance of the exterior of the building, including the grounds, will be a shared responsibility.
2. Specific assignments shall be determined cooperatively by the maintenance team.
3. Equipment required will be shared as determined by the maintenance team.
4. The Management Committee shall determine what equipment is to be shared.
5. Agreements will be developed by the Management Committee to share the responsibility for snow removal, lawn care and grounds up-keep.

**PROCEDURES:**

1. KYRHA supervisors and the superintendent of maintenance will ensure that the exterior of the Facility is inspected on a regular basis.
2. Maintenance and repair jobs will be assigned/determined cooperatively by the superintendent of maintenance and senior health maintenance staff.
3. The Building Operations Committee will review and monitor outdoor maintenance.
4. The Building Operations Committee will draft and submit to the Management Committee any policy or policy revisions needed to achieve effectiveness and efficiencies.
5. All major equipment purchases or major exterior repairs/renovations require approval of the Management Committee.



**SECTION D**

**STUDENTS**

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>1-D</b>
<b>POLICY: STUDENT MOVEMENT</b>	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** In order to ensure orderly movement throughout the building and to ensure that the health professionals, lessee employees and clients are not disrupted, student movement will be restricted to the school side of the building except as noted in Policy

### **REGULATIONS**

1. Student access doors to the school are the main and east entrances
2. Student parking is restricted to the east parking lot
3. During the hours that the school is in operation, students are to remain on the school side of the building at all times unless special permission has been given by the principal or designate for that student to enter the health services or other areas of the building.
4. School staff shall develop internal policy and protocols to ensure student compliance with this policy.

### **PROCEDURES**

1. School staff will develop procedures and protocols to ensure the regulations are carried out.
2. Supervision of students during school hours is the responsibility of the school administration and staff.
3. Hospital and other staff will report all incidents of students in areas other than the school who have not received prior approval of school administration or are not under the supervision of a parent/guardian or medical personnel to the school administration.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>2-D</b>
<b>POLICY: STUDENT ACCESS TO SERVICES</b>	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** The intent of integration is to provide all people with access to the services they require within one centre. To this end, during the school day students will be provided with the opportunity to access health services in an orderly fashion and when appropriate with prior approval from school administration.

**REGULATIONS:**

1. During the time that a student is attending classes, he/she must check out at the school office prior to attending a medical appointment.
2. Students should whenever possible seek approval of the school administration to be absent from class to access hospital services.
3. Students will not be allowed to seek “walk in” appointments unless their medical situation requires immediate attention.
4. It will be the student’s responsibility to ensure that all parties affected by the appointment are notified.
5. During the hours the school is in operation, students are not allowed to be in the hospital space without being authorized by school administration or under the care of a parent/guardian or medical personnel.

**PROCEDURES:**

1. In all situations other than an emergency, students will pre-book appointments with medical personnel.
2. Prior to leaving the school to attend a medical appointment, students will check out at the office.
3. Students will notify teachers of their pending absence from class prior to leaving for a medical appointment.
4. Students are responsible for all class work and any work related responsibilities during their absence.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>3-D</b>
<b>POLICY: AGENCY ACCESS TO STUDENT/CLASSROOM</b>	Date approved:	
Approved by:	Approved by:	

**Policy Statement:** The Board of Education believes that it is important to encourage Agencies/organizations to participate in student lives and bring forward services, programs and presentations that help students improve their education and life skills. The Board also believes that it should support other agencies to carry out their mandate. However, it is also important that administration and/or the Board approve such services, programs and/or presentations and that there is appropriate planning and notice before such are presented to students. To this end, the Board establishes the following protocol to ensure teamwork in the development, review and presentation of services, programs and presentations, to provide access to students and to facilitate the communication of such services, programs and presentations to the Board.

### **Regulations**

1. Professionals/agencies who wish to conduct services or present materials in Division schools must make application in writing to do so two weeks prior to the service;
2. Professionals who require access to a student(s) or staff on school property during school time must make a request to do so through the principal or designate of the school prior to contacting the student(s) or staff and must check in with the principal or designate upon arrival at the school prior to contacting the student(s) or staff;
3. Programs and presentations must meet the following criteria:
  - a. Health services must serve a needed priority health service that can best be provided to students through the school;
  - b. Agencies whose programs, presentations and/or services require clerical/receptionist staff services must provide that service;
  - c. Programs, presentations and/or services must integrate into the provincial curricula and its foundational objectives;
  - d. Programs, presentations and/or services must be deemed appropriate for the grade level identified for that program, presentation and/or service;
  - e. Programs, presentations and/or services must fit into the context of the year plans of the professional staff for an identified grade in order that the presentation, program and/or service will have the maximum

benefit on student learning and to allow teachers to have sufficient opportunity to prepare students.

## **Procedures**

### **1. Health Services**

- a. A letter is to be sent to the Principal and Secretary-Treasurer of the Division requesting permission to conduct the identified services;
- b. Said letter is to identify and briefly explain the service, the students to be involved, facilities required, administrative requirements, proposed dates and any other requirements;
- c. Personnel are to report to the principal prior to commencing any service;
- d. Advanced notice is to be provided if the service is to be cancelled or the date of the service needs to be changed.

### **2. Programs and Presentations**

- a. A letter is to be sent to the Principal and Secretary-Treasurer of the Division at least six weeks in advance of the program and/or presentation requesting permission to conduct the identified program and/or presentation;
- b. Said letter is to identify and briefly explain the program and/or presentation, the students to be involved, facilities required, administrative requirements, proposed dates and any other requirements;
- c. Professional staff shall be informed and shall incorporate said programs/presentations into their planning;
- d. Agency personnel shall contact the principal at least two weeks prior to the proposed date to confirm the visit;
- e. Professional staff shall remain in the classroom during the program and/or presentation;
- f. Copies of all printed materials to be distributed to the students must be presented to the principal for approval prior to distribution.

### **3. Access to Students on School Property During the School Day**

- a. R.C.M.P. and other agency professionals who wish to meet with a student(s) on school property during the school day must meet with the principal and obtain permission to meet the student(s) prior to any contact with the student(s);

- b. The individual wishing to meet with a student(s) must check in with the principal upon arrival at the school prior to contacting the student(s);
- c. A staff member may be assigned to attend the meeting to act as an advocate for the student(s) at the principal's discretion;
- d. If the principal determines that it is appropriate to contact the student(s)' parent/guardian, the principal shall ensure that such contact is made.

**SECTION E**  
**SECURITY**

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>1-E</b>
POLICY: <b>GENERAL SECURITY</b>	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** The safety of all occupants of the joint facility is of the utmost importance to the partner employers. Thus, the facility is equipped with the following safety/security devices/systems: Duress system, security cameras at various locations, swipe card access for staff, security alarm system in the school, wanderguard system in long term care, EMS/nurses’ station security window in emergency, various alarmed exits, wireless nurse call system in the hospital, fire alarms, sprinkler systems, implementation of photo ID for staff, isolated and separate air exchange systems, lockdown doors at strategic locations, interior/exterior lighting, including backup in the event of power failure,

Each partner organization has additional policies and procedures to address various security issues. This policy is in addition to any policy that is or has been developed independently by health or education and is written to address the uniqueness of the joint facility.

**REGULATIONS:**

1. Section 1.4.5 *Operational Agreement* states that the partners agree “ to give the other partners immediate notice of any fire or accident in the facility which might alter, endanger, or impair the normal use of the facility by the other partners.”
2. All aspects of Occupational Health and Safety legislation and all other related legislation are applicable at all times.
3. The co-operation of all employees, students and clients that work in or are served out of the facility is required to maintain a safe working environment.
4. All incidents that potentially may result in harm for employees, students, clients or visitors will be reported to the administration.
5. Employees will report safety/security concerns to the appropriate OH&S committee
6. The Building Operations Committee will review any serious incidents that occur and make recommendations for any changes to procedures and/or policy relative to the unique security issues that might result because of the facility being jointly used.
7. Health, education as well as the other agencies that occupy the facility, are responsible for the development of policies relative to security that would apply uniquely to each organization.



## **PROCEDURES:**

1. All staff will be required to wear picture identification.
2. Visitors at the school will wear “visitor” identification and be required to check in and out at the office.
3. All concerns are to be communicated to the Building Operations Committee
4. Visitors are required to remain in the section of the building in which they have business, i.e. a parent meeting with a teacher must remain in the school section; a visitor to long term care must remain in the hospital section.
5. Students are required to remain in the school section during the hours that school is in operation unless authorized to be in another section of the facility. (see Policy Student Movement.
6. For the following specific situations refer to the other policies in this section:
  - Fire
  - Security (chemical spills, system failure, external emergencies)
  - Security ( Bomb Threats)
  - Security (Intruders, Threats)

KEEWATI YATTHE REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>2-E</b>
POLICY: <b>FIRE</b>	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** The safety of all occupants of the joint facility is of the utmost importance to the partner employers. The facility is equipped with an alarm system that sounds throughout the facility and a sprinkler system that will be activated in the event of fire.

Each partner organization has additional policies and procedures to address security in the event of a fire. This policy is in addition to any policy that is or has been developed independently by each group that occupies the facility and is written to address the uniqueness of the joint facility.

*Note: when the fire alarm is set the alarm will be heard throughout the building. It cannot be isolated to specific sections of the building.*

**REGULATIONS:**

1. There are three levels of fire alarm situations. Each level will have procedures specific to the level.
2. The Operational Agreement requires that partners agree “ to give the other partners immediate notice of any fire or accident in the facility which might alter, endanger, or impair the normal use of the facility by the other partners.”

**PROCEDURES:**

*Level One (Fire Drill)*

- 1) When the fire alarm is set, staff will be notified that this is a drill.
- 2) Staff will follow procedures set for a fire drill.
- 3) De-brief for improvement.

*Level Two (false alarm)*

- 1) When the panel flashes to indicate that the alarm will go off, maintenance, administration and/or custodians must immediately identify the validity of the situation, i.e. Is there a fire in the building?

- 2) Once the situation is assessed to be a false alarm, the alarm will be adjusted so that it does not sound.
- 3) In the event that personnel are not able to respond in time to shut the alarm off, the alarm will sound and staff will proceed as per procedures for a fire unless instructed by administration not to respond.
- 4) Administration will conduct an investigation to determine who set the alarm and the reason for doing so. Offenders will be appropriately dealt with.

*Level Three* (small fire which can be contained)

- 1) Alarm is set by whoever identifies the fire.
- 2) Alarm does go off.
- 3) Administrator or designate calls 911.
- 4) Administrator announces LEVEL THREE FIRE IN HOSPITAL/SCHOOL/etc.
- 5) Administrator/designate provides the contact in other areas of the building with details.
- 6) Contact person initiates the procedures required for his/her agency/organization.
- 7) Staff, if directed by administration, will enact processes to evaluate the building if required, i.e. this might be only the school or only the daycare, etc..

*Level Four* (serious fire):

- 1) Alarm is set by whoever identifies the fire.
- 2) Alarm does go off.
- 3) Administrator or designate calls 911.
- 4) Administrator announces LEVEL FOUR
- 5) Administrator/designate provides the contact in other areas of the building with details.
- 6) Staff enact processes to evaluate the building.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>3-E</b>
<b>POLICY: SECURITY (Bomb Threats)</b>	Date approved	
Approved by:	Approved by:	

**POLICY STATEMENT:** The safety of all occupants of the Integrated Services Centre is of the utmost importance to the partner employers. Thus, the facility is equipped with the following safety/security devices/systems: Duress system, security cameras at various locations, swipe card access for staff, security alarm system in the school, wanderguard system in long term care, EMS/nurses’ station security window in emergency, various alarmed exits, wireless nurse call system in the hospital, fire alarms, sprinkler systems, implementation of photo ID for staff, isolated and separate air exchange systems, lockdown doors at strategic locations, interior/exterior lighting, including backup in the event of power failure.

Each partner organization has additional policies and procedures to address various security issues. This policy is in addition to any policy that is or has been developed independently by health or education and is written to address the uniqueness of the joint facility.

**REGULATIONS:**

8. Section 1.4.5 *Operational Agreement* states that the partners agree “ to give the other partners immediate notice of any fire or accident in the facility which might alter, endanger, or impair the normal use of the facility by the other partners.”
9. All aspects of Occupational Health and Safety legislation and all other related legislation are applicable at all times.
10. The co-operation of all employees, students and clients that work in or are served out of the facility is required to maintain a safe working environment.
11. All incidents that potentially may result in harm for employees, students, clients or visitors will be reported to the administration.
12. Employees will report safety/security concerns to the appropriate OH&S committee
13. The Building Operations Committee will review any serious incidents that occur and make recommendations for any changes to procedures and/or policy relative to the unique security issues that might result because of the facility being jointly used.

14. Health, education as well as the other agencies that occupy the facility, are responsible for the development of policies relative to security situations that would apply uniquely to each organization.

## **PROCEDURES:**

### *General:*

- 1) There are TWO Levels in this category: Level One would be investigated by the RCMP and found to be a hoax and Level Two would be in the event that a bomb is found.

### *Level One:(level of risk is undetermined)*

- 1) Threat is reported to the administration
- 2) Administrator or designate reports the threat to the RCMP.
- 3) Duress system is activated
- 4) Administration secures the building as the situation requires.
- 5) All administrators/contact persons are informed of the situation.
- 6) Each administration informs his/her staff
- 7) Each staff activates processes specific to its group.

### *Level Two:(high potential of the existence of a bomb in the building):*

- 1) Call 911
- 2) Duress system is activated
- 3) All administrators/contact persons are given details of the situation
- 4) Administration secures the building as the situation requires
- 5) Each administration informs his/her staff
- 6) Each staff activates processes specific to its group.
- 7) RCMP and other crisis personnel take the lead and provide additional direction.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>4-E</b>
<b>POLICY: SECURITY (Intruders, Threats)</b>	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** The safety of all occupants of the joint facility is of the utmost importance to the partner employers. Thus, the facility is equipped with the following safety/security devices/systems: Duress system, security cameras at various locations, swipe card access for staff, security alarm system in the school, wanderguard system in long term care, EMS/nurses' station security window in emergency, various alarmed exits, wireless nurse call system in the hospital, fire alarms, sprinkler systems, implementation of photo ID for staff, isolated and separate air exchange systems, lockdown doors at strategic locations, interior/exterior lighting, including backup in the event of power failure,

Each partner organization has additional policies and procedures to address various security issues. This policy is in addition to any policy that is or has been developed independently by health or education and is written to address the uniqueness of the joint facility.

NOTE: bomb threats are not included in this policy. REFER to policy Security (Bomb Threat)

**REGULATIONS:**

15. Section 1.4.5 *Operational Agreement* states that the partners agree “to give the other partners immediate notice of any fire or accident in the facility which might alter, endanger, or impair the normal use of the facility by the other partners.”
16. All aspects of Occupational Health and Safety legislation and all other related legislation are applicable at all times.
17. The co-operation of all employees, students and clients that work in or are served out of the facility is required to maintain a safe working environment.
18. All incidents that potentially may result in harm for employees, students, clients or visitors will be reported to the administration.
19. Employees will report safety/security concerns to the appropriate OH&S committee
20. The Building Operations Committee will review any serious incidents that occur and make recommendations for any changes to procedures and/or policy relative to the unique security issues that might result because of the facility being jointly used.

21. Health, education and lessee agencies are responsible for the development of policies relative to security that would apply uniquely to each sector.

22. Definition of levels

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
INTRUDER	No imminent danger i.e person may be confused very assertive or be angry	implied threat of physical harm, i.e. verbal harassment irrational behavior, high level of anger/aggression	Imminent threat of harm, person is violent, abusive, may have a weapon	Extreme danger, i.e. shooter
THREATS	Relatively no potential for harm, nuisance	slight potential for harm	High potential for harm	Harm is almost certain without exceptional intervention measures

23. All occupants will respond jointly only when the crisis is at a level that may be potentially harmful to everyone in the facility. That would typically be at levels 3 & 4. At crisis levels 1 & 2 each sector will operate independently according to each sector’s policies, protocols, procedures and processes.
24. Situations might arise where even at levels 3 & 4 only staff working in specific areas of the facility will need to respond to the crisis. For example, it might be the situation where only the daycare children and staff need to proceed to lockdown processes or /evacuate as the danger from the threat or intruder can be contained from the rest of the facility.
25. The intention of this policy is to ensure as much as possible that staff, students, clients and visitors are kept safe in a manner that is the least intrusive. Thus, the policy enables each partner/group to activate procedures and processes that best meet their unique and separate functions.

**PROCEDURES:**

*General:*

1. Each situation is classified into four levels based on the level of potential harm to staff, students, clients or visitors that might occur. As noted in the Regulations section, hospital and school employees as well as employees of other agencies who occupy and work out of facility space will work together at levels 3 & 4 as is necessitated by the circumstances.
2. All visitors to the school must register at the school office.
3. For level 3 or 4 situations hospital administration/designate, school administration/designate and administration/designate of other agencies that occupy the facility must communicate immediately with each other.
4. For level 1 or 2 situations the need for communication will be assessed and communication between sectors/agencies will be as required.

#### *Level 1*

1. Activate the Duress system to advise other occupants to be on alert.
2. Administrator/designate will contact all other contract persons to provide details of the crisis.
3. Administration will secure the building as the situation requires.
4. Each administrator will communicate with his/her staff.
5. Staff will enact each groups' specific policy/procedures/processes relative to a Level 1 crisis.

#### *Level 2*

1. Activate the Duress system to advise other occupants to be on alert.
2. Administrator/designate will contact all other contact persons to provide details of the crisis.
3. Administration will secure the building as the situation requires.
4. Each administrator will communicate with his/her staff.
5. Staff will enact each groups' specific policy/procedures/processes.

#### *Level 3*

1. Activate the Duress system to advise other occupants to be on alert.
2. Administrator/designate will contact all other contact persons to provide details of the crisis using whatever means possible.
3. Administration will secure the building as the situation requires.
4. Administrators/designate will activate the required procedures/processes specific to his/her group.
5. Administrator/designate responsible in the crisis area will call 911/RCMP, etc. as the situation warrants.
6. Administrator/designate will ensure that communication is on going with other groups in the facility.

#### *Level 4*

1. Activate the Duress system to advise other partners/groups to be on alert.
2. Administrator/designate will contact all other contact persons to provide details of the crisis using whatever means possible.
3. Administrator/designate will activate the required procedures/processes specific to the requirements of his/her group.
4. Administrator/designate responsible in the crisis are will call 911/RCMP, etc. as the situation warrants.
5. Administrator/designate will activate processes for locking barrier doors or building lockdown as the situation requires.
6. Administrator/designate will ensure that communication is on going with other groups in the facility.



KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY	ILE A LA CROSSE SCHOOL DIVISION	Policy No. <b>5-E</b>
<b>POLICY: SECURITY (chemical spill, system failure, external emergencies)</b>	Date approved:	
Approved by:	Approved by:	

**POLICY STATEMENT:** The safety of all occupants of the joint facility is of the utmost importance to the partner employers. Thus, the facility is equipped with the following safety/security devices/systems: Duress system, security cameras at various locations, swipe card access for staff, security alarm system in the school, wanderguard system in long term care, EMS/nurses' station security window in emergency, various alarmed exits, wireless nurse call system in the hospital, fire alarms, sprinkler systems, implementation of photo ID for staff, isolated and separate air exchange systems, lockdown doors at strategic locations, interior/exterior lighting, including backup in the event of power failure,

Each partner organization has additional policies and procedures to address various security issues. This policy is in addition to any policy that is or has been developed independently by health or education and is written to address the uniqueness of the joint facility.

**REGULATIONS:**

1. Maintenance staff will be responsible to provide direction in the event of chemical spills and system failure.
2. Procedures for external emergencies, i.e. forest fire, etc., will be as developed by the EMO

**PROCEDURES:**

1. The supervisors responsible for maintenance will assess the situation and inform the administration.
2. Responses will be initiated as the situation requires.
3. Staff/students/clients will be directed by the appropriate administration.
4. If the situation warrants, a special meeting of the Buildings Operations Committee can be convened.

## **Appendix I**

### **Integrated Services Facility “How Do I ...? Booklet**

**ILE A LA CROSSE INTEGRATED FACILITY**

**HOW DO I .....? BOOKLET**

## **INDEX:**

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Appendix: Sample Form .....	Pages 23-24

## **CONTACT NUMBERS:**

### **SCHOOL**

High school office  
School division office

### **HOSPITAL**

### **LESSEE ORGANIZATIONS**

CanSask  
Daycare  
Cognitive disabilities  
Kids First North

## INTRODUCTION

In 2000 the Ile a la Crosse School Division No. 112 (ICSD) was informed that funding for a new high school was imminent for the community of Ile a la Crosse. St. Joseph's Hospital was also scheduled to be replaced and initial meetings had begun for that facility. Given the closeness of the timing of the two department funding announcements, ICSD requested a dialogue with the planning committee from St. Joseph's Hospital to discuss the potential of working together to create a unique and innovative facility for the community. From that initial meeting arose the concept of a joint-use facility, a facility that would house both a high school and a health centre where education and health professionals would work together to provide the community with a range of services that could be accessed within one building. It was not long, however, before the discussions led to suggestions for expansion of participants/partnerships and services that could logically be part of such a facility.

The first step was to dialogue with potential participants to ensure everyone was comfortable that such a facility was viable and that there were sufficient commonalities between a health centre and a high school to warrant such a plan. The second thing was to work through the issues that would arise in getting two provincial departments with significantly different planning, funding and design processes to work together through the planning phase. The third thing was to select an architect who could envision such a building and lead the partners through a design process. Fourth, came the development of what we termed a capital agreement and, fifth, finally after 4 years, construction.

However, construction is far from the end of the story – the fifth piece - operational agreements, “how we live together” policies, separate unions working together to formulate policies and processes for maintenance, security, technology, leases, and so on are a significant final component. The Operational Agreement sets the parameters and legal authority for all policies developed relative to the operation of the integrated facility.

The following are the guiding principles that both partners are committed to. These principles provide the basis for all policy and procedures that are formulated to provide guidance to the all staff working within the facility.

## Guiding Principles

11. **Because we believe** that services are most effectively provided through a partnership approach the parties have agreed that integrated building/service delivery through co-ownership is the best model;
12. **Because we believe** that the most efficient and effective organizations are respectful organization the parties agree to co-exist in a respectful fashion;
13. **Because we believe** that education and health share many common goals and objectives we believe that an integrated facility meets a broader range of public needs more effectively;
14. **Because we believe** mutual support and development is the most effective means of staff growth in such areas as programming, personnel, professional development and so on the parties have designed a shared approach to such staff development;
15. **Because we believe** in an integrated services approach to service delivery to the community the parties agree to work together to design and deliver such services wherever possible;
16. **Because we believe** in economic, operational efficiencies the parties agree to share mechanical, electrical, plumbing and other systems to realize savings wherever possible;
17. **Because we believe** service provision to community and region is the primary mandate of both partners the parties agree to work together in an integrated services model whenever possible;
18. **Because we believe** in providing the most convenient access of the public for service the parties agree to work together to provide service within and from the integrated services centre;
19. **Because we believe** relationship development enhances service to people the parties agree to work together through cooperative, collaborative processes;
20. **Because we believe** opportunities for training, education, and employment can be developed more effectively through a variety of channels, the parties agree to work together to develop and share such opportunities.

## ORGANIZATIONAL STRUCTURE

The *Operational Agreement* defines the structure and responsibilities of the Building Operations Committee and the Management Committee as follows:

Structure:

- 4.1 The Buildings Operation Committee shall consist of the Manager of the Integrated Health Services, Director of Nursing, Coordinator of Support Services, High School Principal, the Guidance Counsellor, Lessee reps, Superintendent of Maintenance of ICSD, and senior maintenance person – KYRHA- and shall meet once per month ...
- 3.1 The parties shall appoint a Management Committee which shall consist of
  - a. the CEOs or designate of each partner;
  - b. one member appointed by each partner organization.

Functions and responsibilities:

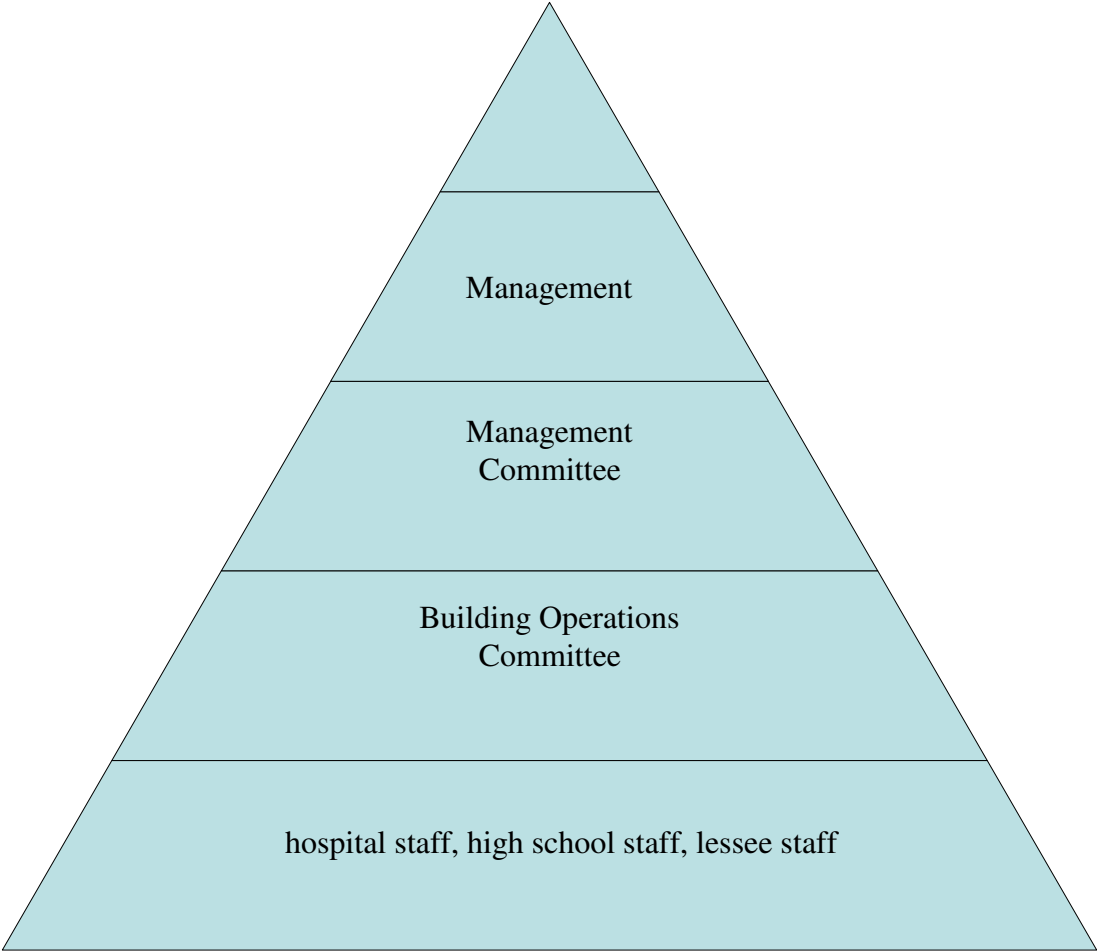
Building Operations Committee:

- 4.2 The Committee shall meet once per month or as necessary to deal with the day to day issues.
- 4.3 Functions of the Building Operations Committee shall include but not be limited to:
  - 4.3.1. ensure smooth and efficient operation of the integrated portions of the facility and the related programs and procedures
  - 4.3.2 resolve day to day operation relative to the integrated programs and joint use spaces
  - 4.3.3 oversee the day to day operation of the joint use portions of the facility
  - 4.3.4 make recommendations to the Management Committee for changes to the operational policy
  - 4.3.5 draft operational policy subject to the clauses in [the Operational Agreement] and submit to the Management Committee.
- 4.4 The Building Operations Committee shall report to the Management Committee.



Management Committee:

- 3.2 The Committee shall meet quarterly or more often upon ten days notice if requested by the Building Operations Committee;
- 3.3 Functions of the Management Committee shall include but not be limited to:
  - 3.3.1 review and approve policies recommended by the Building Operations Committee;
  - 3.3.2 evaluate and create written updates when deemed appropriate to the operating policies as recommended by the Building Operations Committee;
  - 3.3.3 create new policies as may be required;
  - 3.3.4 resolve any disputes arising out of the operation of the facility or the application of this Agreement and/or the operating policies;
- 3.4 The Management Committee shall make decisions by consensus, but such decisions shall not be binding on any partner until confirmed by motion of the Board of each partner and/or by senior management as appropriate;
- 3.5 The Boards and/or senior management shall have 30 days to render a decision;
- 3.6 If consensus is not obtained or a partner's Board and/or senior management does not confirm a motion, the matter shall then be brought back before the Management Committee a second time.
- 3.7 Failing unanimous consent the second time the matter would then be dealt with as per section Dispute Resolution, of this Agreement.



## HOW DO I BOOKLET

The content of this booklet is to answer questions/concerns that might arise from time to time as a result of the unique working relationships in the integrated facility. It is important to remember that each partner/agency that occupies the facility is responsible for its primary function and will continue to work within the guidelines/policy/parameters/regulations that are unique to each organization/agency. The intent of the integrated services facility is to enhance the capabilities of each organization by integrating services for clients/students whenever it is appropriate. This booklet provides guidelines for situations that might arise as a result of the integrated working relationship.

It is important that this booklet be updated each year to address situations that arise or change. It is the responsibility of the Building Operations Committee to provide for the review and updating processes.

As stated in the *Introduction*, all policies, procedures and processes formulated for the operation of the integrated facility are under the authority of the *The Operational Agreement*. Following are clauses from the Agreement that are relevant to the information in the *How Do I* section to follow.

*Section 1.2* ... parties agree that the facility shall be used for educational service provision, health service provision, cultural, recreation, and community services and those uses normally falling within the general purposes of the parties:

*Section 1.3* The partners agree that, subject to [Operational Agreement], or other written agreements between the parties and subject to the policies adopted by the Management Committee from time to time each of the partners, their officers, members, contractors, employees, licensees and invitees shall have the right to free and universal access to portions of the facility in which they have an interest either through ownership, partnership, trust, or usage;

*Section 2.2* Each partner shall have exclusive right to create appropriate management structures for the portions of the facility and for programs and staff under that partner's exclusive jurisdiction and control;

*Section 14.1* The Building Operations Committee will be responsible to develop operational policies and protocols to govern daily facility activities and submit such to the Management Committee for review and approval;

*Section 14.2* The Management Committee will be responsible for developing policies and protocols to govern interactions of Partners and personnel employed by each when a need is identified by either partner;

## **HOW DO I ....?**

### **SECTION A: POLICY**

1. HOW DO I make suggestions to add/delete/revise sections of this booklet?

*Contact a member of the Building Operations Committee or your direct supervisor and submit your suggestions in writing. The Building Operations Committee will review all suggestions and make changes as it deems appropriate in a timely fashion but no less than once a year.*

2. HOW DO I make suggestions/requests relative to Integrated Facility Policy?

*Obtain a "Policy Change Form" from the school office, community services reception or medical records. (see sample attached). Complete the form and give it to your supervisor. The supervisor will submit it to the appropriate member of the Building Operations Committee. The Building Operations Committee will review suggestions at the next regular monthly meeting.*

3. HOW DO I access a copy of the Integrated Service Centre policy manual?

*Each agency that occupies the facility has copies of the policy manual. Check with your supervisor or administrator for access to a copy.*

## **HOW DO I ....?**

### **SECTION B: STUDENTS**

1. HOW DO I deal with unsupervised students in the hospital or other agency area?

*Talk with the student as you would any client. During school hours, if the student does not appear to be present to access a service, call the school office and the principal or designate will respond.*

2. HOW DO I know if a student in the hospital or other agency area is on legitimate business, i.e. accessing services?

*Follow standard health/agency procedures.*

*You will need to talk with the student as you would any client to find out why he/she is there.*

*In some situations the student will have prior approval from school administration to be absent from school and will have a pass issued from the school office. In some situations, the student will be accompanied by a parent/guardian and then will be the responsibility of the parent/guardian.*

*During hours of school operation, if you have any doubts, call the school office and the principal/designate will respond.*

3. HOW DO I respond to a student who is visiting a patient/client in an area outside the school areas during hours in which the school is in operation?

*Follow standard health/agency procedures.*

*Only in extreme situations will students be excused from class to visit a patient or child. If the student has approval of school administration, he/she will have a pass issued through the school office to visit during school hours.*

*If a student is with a parent/guardian, the student is the responsibility of the parent/guardian.*

*During school hours, if you have any doubts call the school office and the principal/designate will respond.*

4. HOW DO I know when school staff is responsible for youth?

*School personnel are responsible for students during the hours that the school is in operation. You can call for assistance at any time during those hours.*

*It is important to remember that some students drop out of school before the age of 17. In such a situation, the youth is not a student and is either in the care of a*

*parent/guardian or has adult status. Such youth would not be the responsibility of school staff but would be dealt with as you would deal with any client/visitor.*

5. HOW DO I deal with students when the school is not in operation (holidays, evening, etc.)?

*Students are the responsibility of parents/guardians when school is not in operation. You would deal with students in the same manner as any visitor/client.*

*If students are a nuisance after or before school hours report this to the supervisor who will contact the principal for assistance. The principal or school staff will provide assistance.*

6. HOW DO I deal with students/youth when I am not sure of the situation?

*Follow standard health/agency procedures.*

*During hours of operation you can call the school office for assistance/information.*

7. HOW DO I get assistance if I think there appears to be no resolution for the problem?

*Talk to your supervisor. The supervisor will follow up with the school principal.*

8. HOW DO I arrange for presentations to students/classes?

*Obtain a form from the school office well in advance of the expected date of the presentation. (see Integrated Services Centre policy )*

*Submit the form to the school office.*

*The school office will notify you of approval, date and teacher contact.*

*All visitors, including presenters, must register and obtain visitor identification tags from the school office whenever they enter the school.*

9. HOW DO I visit my child during school operating hours?

*Contact the school office for approval.*

*Check in at the school office when you first arrive in the school. Obtain a visitor pass.*



**HOW DO I .... ?**

**SECTION C: SHARED SPACES**

1. HOW DO I access the staff room?

*The staffroom is shared space and is open to all staff that work within the facility.*

2. HOW DO I ensure that the staffroom is kept clean and tidy?

*Each person has a responsibility to clean up after him/herself, i.e. dishes, coffee cups, etc.*

3. HOW DO I address an issue that might arise relative to use of the staffroom?

*If possible/appropriate, the first step is to address the person responsible.*

*If necessary, talk with your supervisor. Your supervisor can notify the appropriate agency/organization supervisor to find a resolution for the problem.*

4. HOW DO I access staff parking?

*Each specific group of staff will have a designated block of spaces. Check with you supervisor for your space.*

*Staff is not to use Visitor parking or parking space that is assigned to another agency.*

5. HOW DO I access food services?

*Staff can purchase lunch and/or supper by purchasing a meal card. Cafeteria staff will punch out each purchase. Meals can only be accessed through the card process and cafeteria staff will not have the capacity to accept cash. Prior to each meal, staff must sign up at the cafeteria so that cafeteria staff can prepare the required amount of food. [Lunch by 9:00 am and supper by noon]. Cafeteria staff can ask for identification, i.e. staff name tag, prior to accepting the meal card.*

*See the Integrated Service Centre policy relative to cafeteria service for staff.*

*Vending machines are accessible at two locations in the facility. It is the policy of Health and the school to supply only healthy snacks through the vending service.*

6. HOW DO I report a lost or stolen meal card?

*Advise your administration immediately. Each meal card will have the name of person who purchased the card and a number so that if it is stolen, the cafeteria staff will be notified that the card is no longer valid.*

*If the cafeteria staff finds your card, it will be given to administration and returned to you.*

*There will be no reimbursement for lost or stolen cards.*

7. HOW DO I purchase a meal for another person?

*Sharing a card is not possible as it could potentially be a theft risk. Each meal card that you purchase will have your name printed on it so that only you can use the card. Cafeteria staff may ask for identification prior to providing meal service.*

*If you wish to purchase a meal for someone using your card you must be present at the cafeteria and you must register your guest on the prior notification for that day.*

8. HOW DO I access library services?

*The library is a partnership between the school and the public library. Staff will be required to follow the public library hours and processes to borrow from the public library collection.*

*School library services will be subject to school processes and procedures.*

9. HOW DO I book the conference room(s)?

*Contact the Community Services receptionist to obtain a booking form. Submit the completed form to Community Services. Confirmation will be issued to you.*

10. HOW DO I book catering services?

*Contact the Community Services receptionist to obtain a form. Submit the completed form to Community Services. Confirmation will be issued to you.*

11. HOW DO I use the walking track?

*The track is available for use between the hours of 8:00 am and 10pm each week day. Hours may vary on weekends and holidays. Check with the school office.*

*Staff identification must be worn when using the track.*

12. HOW DO I arrange for use of the gymnasium or stage?

*Submit a letter of request to the Ile a la Crosse school board secretary treasurer for submission to the board at least two weeks prior to the next scheduled meeting.*

*Following the board meeting you will receive in writing the decision of the board.*

13. HOW DO I arrange for the use of electronic equipment?

*When booking conference room space the option for any equipment required will be on the form.*

*To book equipment only, contact the school secretary or the Community Services receptionist.*

14. HOW DO I book SCN and/or school video conferencing capabilities?

*Contact the school receptionist.*

15. HOW DO I book Tele-health capabilities?

*Contact the tele-health coordinator.*

16. HOW DO I arrange for daycare services?

*Contact the director of daycare.*

17. HOW DO I book the common/cafeteria space?

*Contact the Community Service receptionist.*

**HOW DO I ... ?**

**SECTION D: SECURITY**

1. HOW DO I move from one section of the facility to another?

*Staff will be required to wear picture identification at all times.*

*In some areas, i.e. school; daycare, you may be required to register with the secretary or receptionist upon arrival and departure.*

2. HOW DO I access the building from outside?

*All staff may enter through the staff entrance at the back of the building off the parking lot. Entrance is by electronic swipe card.*

*The school portion of the facility will be alarmed each evening and on weekends and holidays. Access will require a code to disarm the system.*

*Barrier doors between sections of the facility will be locked each evening and during school holidays which will restrict staff access during those times.*

3. HOW DO I get an electronic access card?

*Prior to the opening of the facility all staff members will be issued an access card. You will be required to sign an access card agreement prior to being issued a card.*

*All new staff will be issued an access card when they start employment.*

*Access cards are for staff members only.*

*Cards will be de-activated if you no longer work in the building. Cards will be collected on your last day of work.*

4. HOW DO I ensure that my card is kept secure?

*It is your responsibility to keep your card secure. Each staff must use only his/her access card and it must not be shared with others including other staff members, family members or friends.*

*If card use is abused the card will be de-activated.*

*Card usage is electronically recorded.*

5. HOW DO I report a lost, stolen or missing access card?

*Report the loss immediately to your supervisor. This is most important to ensure that all staff, students, visitors and clients are kept safe and the building is secure from theft or vandalism.*

*The card will be de-activated immediately.*

6. HOW DO I get a photo ID?

*Management will make arrangements for producing photo ID for all staff.*

*As new staff is hired, management will arrange for personal photo ID.*

7. HOW DO I contact/visit a staff member from a different agency/organization?

*Make arrangements through each agency/organization reception or main office and follow good business practice and the rules and expectation of your organization.*

8. HOW DO I respond to a break in areas of the facility that are not in operation, i.e. the school during a holiday or in the evening?

*Report to your supervisor immediately. Remain in your area of work. Do not attempt to investigate.*

*The school section of the facility will be alarmed in the evening and early morning. All barrier doors will be locked each evening and during holidays which will prevent access from one section to another.*

*In the event of a break in during the hours that the school or other agencies are not in operation, the superintendent of maintenance and RCMP will respond to the alarm.*

9. HOW DO I report situations of vandalism?

*Obtain a vandalism incident report form from your receptionist or office secretary. Complete the form and give it to your supervisor or to the administration.*

## **APPENDIX A: SAMPLE FORMS**



POLICY CHANGE SUBMISSION:

NAME:

DATE submitted:

EMPLOYER:

POLICY TITLE: (if no policy currently exists check the box below)

No relevant policy currently exists

DETAILS OF SUGGESTED CHANGE: (if additional space is required please use the back of the form. If you prefer to formulate your response on a word processor/computer, please attach the information to this form)

RATIONALE FOR SUGGESTED CHANGE: