



NASKAPI

LOCAL COMMUNITY SERVICE CENTRE

CLSC NASKAPI ANNUAL REPORT 2024-2025



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MESSAGE FROM THE AUTHORITIES OF THE CLSC NASKAPI

MESSAGE FROM THE CHAIR OF THE BOARD OF DIRECTORS OF CLSC NASKAPI, THE EXECUTIVE DIRECTOR OF CLSC NASKAPI AND THE COMPLAINTS COMMISSIONER

a) Message from the Chairman of the Board of Directors

The year 2024-2025 was a period of transition and consolidation for our institution. Despite major changes in the health network, including the creation of Santé Québec, the CLSC Naskapi has been able to preserve its autonomy and maintain an approach adapted to the cultural reality and specific needs of our community. This continuity is essential to guarantee quality services that respect our values.



I would like to highlight the remarkable work of our teams and their commitment to providing community care and services in a complex context. The Board of Directors remains committed to supporting management in its efforts to improve access to care, strengthen interdisciplinary collaboration and develop strategic partnerships. These initiatives are crucial to address challenges related to labour, logistics, and the growth of physical and psychosocial health needs.

We have also continued our actions to enhance the well-being of employees and promote staff retention, because the quality of services depends on the stability and competence of our teams. The Board of Directors will continue to work closely with government authorities to ensure adequate and sustainable funding for our priority programs and projects.

We share a common ambition: to create a safe, welcoming and prosperous environment for the entire Naskapi community. I would like to express my deep gratitude to all those who contribute to this mission and I encourage everyone to continue in this spirit of cooperation and collective commitment

We look forward to continuing our exchanges and meetings with you, employees and users of the CLSC Naskapi, throughout the year 2024-2025.

Chairman of the Board of Directors of the Naskapi CLSC

b) Message from the Executive Director

Dear members of the community of Kawawachikamach,

The year 2024-2025 marked significant adjustments, adaptability and transformations. In December 2024, all of Quebec's health institutions integrated into Santé Québec, except for the three northern institutions, including the CLSC Naskapi. The CLSC Naskapi now reports to the Directorate of Relations and Partnerships with First Nations and Inuit, under the responsibility of the Deputy Minister of the MSSS, Mr. Daniel Paré. This new structure ensures an approach adapted to the cultural reality and specific needs of the Naskapi community, while maintaining a direct link with the decision-making bodies of the health network.



Organizational stability was strengthened through the full presence of the management team for most of the fiscal year, which helped to strengthen our teams and improve service continuity.

The well-being of patients and the quality of care remain at the heart of our priorities. With this in mind, we have continued our efforts to optimize interdisciplinary collaboration by setting up clinical tables bringing together the medical team, social workers, nursing and other professionals such as physiotherapists, occupational therapists, and psychologists.

We have also intensified our cooperation with our strategic partners. Close collaboration with the CISSS de la Côte-Nord and the CHU de Québec is an essential lever for providing the Naskapi population with accessible, high-quality community health services.

In 2024-2025, we entered into a service loan agreement with Santé Québec to help implement it. In this context, Mr. Patrice Trudel, Chief Financial Resources, was transferred to Santé Québec for one year. We welcome Mr. Anis Mazari as a replacement and are confident that he will be able to meet the challenges of this strategic function. These initiatives illustrate our commitment to fostering inter-institutional collaboration while ensuring the continuity and quality of our services.

Our collective wealth is based on our unity and our common desire to build a better future. Our community has always stood out for its solidarity and resilience. More than ever, it is essential to strengthen these relationships and work with our partners — the Naskapi Police, the Naskapi Nation Council, the Wellness Service, the Women's and Men's Shelters, the School, the Daycare and the Naskapi Development Corporation. Together, we can create a safe, healthy and inclusive environment where everyone feels supported and valued. Let us make health, peace, and prosperity our common heritage.

Executive Director of the CLSC Naskapi

The main files and projects we have been working on this year:

➤ Negotiation with the MSSS

In order to ensure the effective organization of health and social services, we have undertaken negotiations with the Deputy Minister of the Ministry of Health and Social Services, Mr. Daniel Paré, as well as with the Direction of First Nations and Inuit Relations and Partnerships. The goal is to secure adequate funding for our programs. This process, although complex and long-term, will result in a multi-year agreement that will take into account the real needs of the community in terms of health and social services.

➤ Medical team

During this year, we continued to develop the medical team by recruiting a new doctor. We have been working on the revision of the Regional Medical Services Organization Plan for the region, which includes Kawawachikamach, Matimekosh and Schefferville. We continue to work to improve our service corridors with the CISSS de la Côte-Nord and the CHU de Québec for emergency and specialized services.

➤ On the physical and community health side

The CLSC collaborated with community partners, including the Council of the Naskapi Nation and the Quebec Labrador Health Commission for the implementation of a day centre and the construction of an Elder's home. This is a priority project for the community and the CLSC's Board of Directors. A letter of intent was sent to Minister Sonia Bélanger in May 2024. In the fall, a committee, composed of representatives of the community and the Council of the Naskapi Nation, was set up. Following our community consultations, the project for the day centre for seniors was submitted in December to the Seniors and Informal Caregivers Direction at the MSSS. We were still waiting for a response from the MSSS.

Formal request placed with the Direction *générale des secteurs interdisciplinaires* of the MSSS, to obtain 2 positions Nurse practitioner specialized in primary care (IPS-PL) in order to better monitor chronic diseases, reduce delays in obtaining a medical appointment and facilitate the implementation of integrated care plans adapted to the local reality.

➤ Human Resources

In the interest of fairness compared to other northern regions, several representations were made to the MSSS to recognize that the Kwawachikamach region is part of Letter of Agreement No. 37, CSN national agreement and that CLSC employees are entitled to the retention bonus. Since July 2024, employees have started to benefit from this bonus.

➤ Information Technology

The CLSC continues its technological and digital shift by developing a platform for electronic document management. This project will allow the CLSC to centralize information, reduce paper use, preserve corporate memory, and automate a majority of internal processes.

We reaffirm our commitment to strengthening collaboration and maintaining a well-being approach for our employees. Thanks to our collective mobilization and perseverance, we can meet the challenges and seize the opportunities that arise. This shared vision guides us towards a sustainable and prosperous future, both for our community and for those who actively contribute to its development.

Executive Director of the CLSC Naskapi

c) Message from the CLSC Naskapi Complaints Commissioner



The following is the annual report on the application of the complaints and service quality improvement regime for the 2024-2025 fiscal year. This report describes the activities conducted over the past year at the CLSC Naskapi by my team and myself, as well as the designated medical examiner.

I cannot fail to mention the cooperation of the staff, managers, and members of the institution's management for their contribution to the examination of the files.

During the 2024-2025 year, 4 files were opened, representing 4 administrative complaint files and 1 medical complaint file. I would like to point out that every year, citizens of the Naskapi community contact the police station for situations that occurred at the CISSS de la Côte-Nord; these files are therefore recorded in the CISSS of the North Coast registry and do not appear in this report.

Service Quality and Complaints Commissioner,

A handwritten signature in blue ink, appearing to read "Manon Bourgeois".

Manon Bourgeois

STATEMENT REGARDING THE RELIABILITY OF DATA AND RELATED CONTROL MEASURES

I am responsible for the information contained in this annual management and activity report. Throughout the year, reliable information and control systems were maintained to ensure the achievement of the objectives defined by the Board of Directors of the CLSC Naskapi. The management team conducted a review of the plausibility and consistency of the information presented in this report. The results and data of the CLSC Naskapi's annual management and activity report for the 2024-2025 fiscal year accurately describe the institution's mission, mandates, responsibilities, activities, and strategic directions, in addition to describing the objectives and indicators, and providing accurate and reliable data.

General Manager of the CLSC Naskapi

PRESENTATION OF THE ESTABLISHMENT

d) Presentation of the CLSC Naskapi

The CLSC Naskapi is distinguished by its unique character, resulting from the signing of the Northeastern Quebec Agreement (NEQA) by the Naskapi Nation of Kawawachikamach on January 31, 1978.

As a public institution, the CLSC Naskapi's mission is to improve and maintain the health and well-being of Naskapi beneficiaries. It offers a full range of general services, including round-the-clock emergency assistance, social and community services, diagnosis, and treatment, as well as promotion and prevention services. The CLSC Naskapi also offers home assessments and care.

The social and community services of the CLSC Naskapi are one of the main gateways to meet the social, psychological or community needs of the beneficiaries. These services include referral to appropriate services based on identified needs.

When it comes to physical health, the CLSC Naskapi is often the first point of contact with the provincial health care system, whether it is primary, second- or third-line care. The CLSC Naskapi also organizes visits by specialists, such as physiotherapists, to offer specialized care directly in Kawawachikamach.

If a health or social service is not available in the region, the CLSC Naskapi covers the costs of travel, accommodation and other expenses, in order to allow Naskapi beneficiaries to access these services outside the region.

The CLSC's Board of Directors is composed of seven members:

- Georges Guanish, President (population over 50 years old)
- Glenda Sandy (Female population)
- Noah Swappie, (Male population)
- Nigel Einish (Appointed by the Council of the Naskapi Nation of Kawawachikamach)
- Agnes Uniam Einish (Appointed by the Naskapi Education Committee)
- Marion Einish (Elected by the employees)
- Stephan Roy (General Manager)



The Board of Directors of the CLSC Naskapi held 9 meetings during the year 2024-2025.

The board of directors did not hold a public information meeting.

e) Notes on Committees and Boards

Due to its size, the CLSC Naskapi is not obliged or able to create the following committees: user committee, council of physicians, dentists and pharmacists, council of nurses, multidisciplinary council, risk management committee, vigilance committee, or quality committee.

f) Code of Ethics and Good Conduct

The Code of Ethics and Good Conduct of our institution, which describes the duties and obligations of the members of the Board and the Director General, was approved by the Board of Directors of the CLSC Naskapi in 2002 and revised in 2008. In accordance with the circular from the Quebec Ministry of Health and Social Services (MSSS), the council did not deal with any cases in 2024-2025 and did not find any shortcomings among its members.

Specialized Services Offered

1. Physiotherapy
2. Occupational therapy
3. Physiotherapy
4. Podiatry
5. Telehealth Service

Service	User	Interventions
Physiotherapy	136	487
Occupational therapy	20	62
Physiotherapy	45	184
Podiatry	99	249

Service	User	Interventions
Clinical Nutrition	35	155

The CLSC Naskapi remains committed to improving its specialized services. The 2024–2025 fiscal year represents a period of strategic adjustment in the delivery of specialized care to the community.

Telehealth services are currently under review, and efforts are underway to review the existing service structure. Ongoing discussions and new partnerships with external stakeholders should lead, over the next year, to a significant expansion of the telehealth offer, thus improving access to care for all members of the community.

RELATED ACTIVITIES, RISK MANAGEMENT AND QUALITY REPORT

Quality of care and safety of services

Due to a limited number of staff, the CLSC Naskapi does not currently operate any formal committee dedicated to risk management, vigilance, or quality assurance. However, efforts to ensure safe, high-quality care remain a priority. During the 2024–2025 fiscal year, three incidents were recorded and reported. None required direct follow-up with users by the program manager or medical team.

Ongoing monitoring of nursing practices and adherence to best practices is actively maintained. Each incident is carefully reviewed and analyzed to reinforce exemplary standards among nurses. These established protocols contribute to a safe and supportive environment for both healthcare professionals and clients.

Every effort is made to maintain an elevated level of quality of care and ensure the safety and well-being of the community.

Main types of incidents (7)	Number	Percentage of all incidents
A	0	0 %
B	3	100 %
C	0	0 %

A = Fall or physical trauma

B = Medicaments

C = Error in diagnostic tests

HEALTH PROGRAMS AND SERVICES



Residents of the Naskapi community of Kawawachikamach have access to a variety of health programs that are primarily focused on front-line services. These programs are designed to respond quickly to emergencies and physical health needs, ensuring timely and effective care for individuals and families.

a. Current Health Care Services

These services are available to people who are experiencing illness, symptoms or recovering from trauma and require immediate medical attention from a nurse or physician. They also support clients who require regular follow-ups or ongoing care due to chronic or progressive health conditions.

The program includes a wide range of nursing and medical services, available with or without an appointment. These include emergency response, health counselling and counselling provided by nurses and licensed practical nurses, medication distribution, as well as diagnostic support such as blood tests, specimen collection, and basic diagnostic tests (e.g., x-rays).

	Users	Interventions
Interventions	731	4284
Current Health Clinic	344	1406
Blood Sampling	293	706

b. Home care services (loss of autonomy of seniors)

This program offers a variety of services adapted to the needs of seniors, including visits from nurses and doctors, assistance from health and social services auxiliaries, foot care, physiotherapy, kinesiology and occupational therapy. While primarily designed for seniors, these services are also available to anyone who can benefit from temporary support — for example, those recovering from hospitalization or surgery.

All eligible clients are reviewed to ensure that services are provided appropriately, efficiently and by the right professionals. This program complements Health Canada's Home and Community Care Program under the Contribution Agreement, strengthening a continuum of care that supports both long-term and short-term health needs within the community.

	Users	Interventions
Visits to nursing homes	20	345
Home Support	14	260

c. Public Health Program

Public health programs in the Naskapi community are strategically integrated into the daily clinical and preventive practices of the CLSC's technical and professional staff. These initiatives target both the general population and vulnerable groups of the Naskapi Nation, with the support of key community partners such as schools, early childhood centres, recreational facilities, and Band Council organizations.

The public health reach covers a range of programs—such as preventive dental care, school health services, and nutrition education—as well as broader efforts to promote healthy lifestyles and manage chronic disease.

Prevention activities encourage healthy behaviours at all ages, addressing key topics such as nutrition, physical activity and tobacco use. These efforts aim to reduce the long-term impacts of chronic diseases such as cardiovascular disease, diabetes, chronic obstructive pulmonary disease (COPD), asthma, cancer, obesity and osteoporosis.

These programs complement and strengthen other key initiatives under the contribution agreement, including the Aboriginal Diabetes Initiative, the Maternal and Child Health Program, and the Fetal Alcohol Spectrum Disorder (FASD) Program.

d. Curative and preventive dental services (public health)

The Dental Health Prevention Program is designed for young school-aged children and provides regular monitoring of their oral health. When needed, it acts as a complementary program that refers clients to curative dental services.

This program includes a set of activities typically offered in dental clinics, such as diagnostic services, preventive care, endodontics, dental restoration, and surgical procedures.

e. Non-Insured Health Benefits Program

The Non-Insured Health Benefits (NIHB) Program of the CLSC Naskapi allows beneficiaries registered under the Northeastern Quebec Agreement to have access to products and services that are not offered directly at the CLSC. These services include, but are not limited to, transportation and accommodation costs, as well as any other necessary costs related to medical travel.

These services are provided based on the decision of a health care professional—either a physician or a dentist—in accordance with the policies and procedures in effect at the CLSC Naskapi.

f. Health Canada's community-based programs under an agreement with the Naskapi Nation of Kawawachikamach (NNK)

The CLSC Naskapi collaborates with the Naskapi Band Council to offer the following services to the population:

- Initiatives on Diabetes among Indigenous Peoples;
- Program to Combat All Disorders Caused by Fetal Alcohol Exposure;
- Canada Prenatal Program;
- Maternal and Child Health Care Program;
- Home and Community Care Program.

The goal is to offer the clinical expertise of the CLSC Naskapi to the Naskapi Band Council team, which provides services from federal programs.

Under the agreement, the CLSC produces an annual report, in the format prescribed by Health Canada, on federal services provided to the Naskapi Nation. This report shows the cost of services offered, which is \$412,417 for 2024-2025, or \$70,681 less than in 2023-2024.

Aboriginal Diabetes Initiative (ADI)

The Aboriginal Diabetes Initiative (ADI) is a community-based program that takes a comprehensive, collaborative and integrated approach to reducing the risk of diabetes and related complications among the Naskapi population.

At CLSC Naskapi, the IDA program aims to increase awareness of diabetes and educate community members on prevention strategies. It encourages healthy eating, an active lifestyle, and provides information on risk factors, possible complications, and effective preventive measures. In addition to providing care and treatment to people living with diabetes, the program supports lifestyle changes and offers services to improve overall well-being.

The period 2024–2025 marks a phase of transition and renewal for the programme. During this year, the CLSC undertook a review and update of its approach to diabetes care, with an expanded focus on chronic disease management. This process is expected to lead to significant changes in the way prevention and treatment are delivered, ensuring more responsive and effective care for the community.

Fetal Alcohol Spectrum Disorder Program

Fetal alcohol syndrome (FAS) refers to a set of birth defects resulting from alcohol use during pregnancy and breastfeeding. Exposure to alcohol during these critical periods can cause serious and lasting damage to the baby's brain. FAS is of particular concern because of its potential to lead to lifelong disabilities that often require ongoing care and support.

Although alcohol use during pregnancy is the direct cause, the origins of FAS are complex and deeply linked to broader health and social factors. Children affected by FAS can present with a wide range of difficulties, including intellectual disabilities, learning disabilities, hyperactivity, attention and memory problems, difficulty managing emotions, and poor problem-solving skills.

Given the profound and long-lasting impacts of FAS, it is essential to prioritize early intervention and targeted support in order to effectively address this issue.

Prenatal Nutrition Program

The Naskapi Community Prenatal Nutrition Program is a holistic initiative designed to support pregnant women who may pose health risks that may affect both their well-being and their baby's development. Her mission is to help expectant mothers give their children the best possible start in life.

With a focus on health promotion and preventive care, the program provides accessible and relevant support tailored to the unique needs of pregnant women. At the heart of her approach is empowering women — recognizing their strengths and building their capacity to improve their health and well-being as well as that of their unborn child.

Maternal and Child Health Care Program

The Maternal and Child Health Program is designed to support pregnant women and families with infants or young children in the Naskapi community, helping them reach their full potential for development and well-being. This support is based on access to local, integrated and effective services tailored to the specific needs of individuals, families and the community at large.

The period from conception to six years of age is crucial for brain development and plays a major role in a child's health and behavior throughout their lives. Maternal health during pregnancy, as well as the experiences of the child in its early years, have lasting impacts.

The main objective of the programme is to foster a supportive community environment, committed to promoting health and providing assistance to families, ensuring that every child grows up in the best possible conditions and that every mother receives care that meets her needs.

Home care and Community Program

The Home and Community Care Program is designed to help community members maintain their health, well-being, and independence in their home environment for as long as possible. It offers a variety of services directly to individuals and families experiencing a partial or total loss of autonomy.

Offered with a holistic and person-centred approach, the program meets the unique needs of each client. Its main objective is to promote well-being, prevent or delay institutionalization, and enable individuals to take an active role in managing their own health.

A major enhancement to the program is planned for 2024–2025, with the addition of a full-time nurse dedicated to home and community care. This will significantly improve service delivery, particularly for seniors enrolled in the program. The nurse will also participate in various community activities aimed at supporting the well-being and engagement of seniors served by the CLSC.

COMMUNITY SERVICES

**Consolidation and development of services**

The year 2024-2025 was marked by the consolidation of the services and programs implemented in 2023-2024. Efforts continued to standardize clinical and administrative practices, including the implementation of new procedures and a focus on client service, confidentiality and rigorous record keeping.

Collaboration with community partners

Collaboration with local organizations and institutions remains at the heart of community service activities. All stakeholders contributed during the year to joint prevention, health promotion and education initiatives in partnership with:

- The Kathleen Tooma's Beautiful Dawn Center
- The Naskapi Men's Shelter
- The Wellness Center
- School Jimmy Sandy Memorial
- The Naskapi Police Force

These collaborations have strengthened the community fabric and supported the population through various activities adapted to the needs of the community.

Highlights of the year 2024-2025

- **Suicide prevention and life promotion:** In response to a suicide that had a profound impact on the community, several initiatives and partnerships were rolled out in April 2024 and continued throughout the year.
- **Implementation of Myle – Community Services:** official start in May 2024, promoting improved case management and follow-ups.
- **Anti-Abuse Policy:** Draft, adoption and official tabling of the policy in May 2024.
- **Participation in the Elders Gathering:** active presence of the speakers in the organization and psychosocial support during the event (August 2024).
- **Hiring of a perinatal nurse:** implementation of the 0-6-year-old program in the field, including universal screening - ABCdaire (June 2024).
- **Beginning of psychological services:** hiring of a psychologist on contract, present one week per month in the community and also available by telehealth. First visit in November 2024, follow-ups started in February 2025.
- **Major Addiction Funding:** Received \$801,546 over four years (2024-2028) under the Quebec component of the Substance Use and Addictions Program (SUAP). This pilot project aims to set up a continuum of 1st line addiction services, culturally adapted to the Naskapi community (January 2025).
- **MFI tripartite agreement:** signing of an agreement for the development and implementation of the Early Years program (February 2025).

a) General psychosocial services

CLSC Naskapi's general psychosocial services support individuals, families and the community in the face of psychosocial difficulties, such as mental health, addictions or situations of violence. They promote well-being, independence and quality of life while collaborating with community partners.

➤ **Psychosocial reception (AAOR) for all clientele**

The psychosocial intake service is the gateway to community services, where a counsellor assesses the situation and refers the client to the appropriate support, regardless of the problem encountered.

	APPOINTMENT	Patients uniques
New Applications, Adult	78	66
New demands, youth	16	16
New Applications, TOTAL	94	82

	APPOINTMENT	Patients uniques
No show	38	27

➤ **Psychosocial emergency services, available 24/7**

The social emergency intervention service aims to defuse crises, protect people and prevent the aggravation of situations such as suicidal crises, violence, or abuse.

	APPOINTMENT	Patients uniques
Crisis intervention (psychosocial custody)	86	51

➤ **Psychosocial consultation service, all clients**

The psychosocial counselling service supports individuals and families facing personal, social or family problems, such as crises, emotional distress or relationship disorders, in order to prevent their situation from worsening.

	APPOINTMENT	Patients uniques
Psychosocial consultation, all clients	620	174

	APPOINTMENT	Patients uniques
Reach out, all clients	497	126

	APPOINTMENT	Patients uniques
No show	123	69

➤ Psychological services, all clients

This service aims to treat psychological problems, often one-off or related to particular situations, for adult clients, in order to prevent a deterioration of the situation. Youth assessments are now taken care of by the school community.

	RDV	Patients uniques
Services psychologiques, adulte – à distance	47	15
Services psychologiques, adulte – en présentiel	14	

➤ **Dependency, all clients**

The addiction service supports people of all ages facing alcohol or drug problems, offering assessment, accompaniment, referral to specialized centers, post-treatment follow-up, support for loved ones and community prevention activities.

	APPOINTMENT	Patients uniques
Dépendances	156	187

➤ **Child, Youth and Family services**

The Childhood, Young and Family service supports children, adolescents and their families facing personal, academic or family difficulties by offering assessment, intervention, family therapy as needed, as well as prevention and promotion activities in the community and at school.

	APPOINTMENT	Patients uniques
Enfance-Jeunesse-Famille 7-17 ans	247	44

➤ Early Stimulation Program 0-6 years old

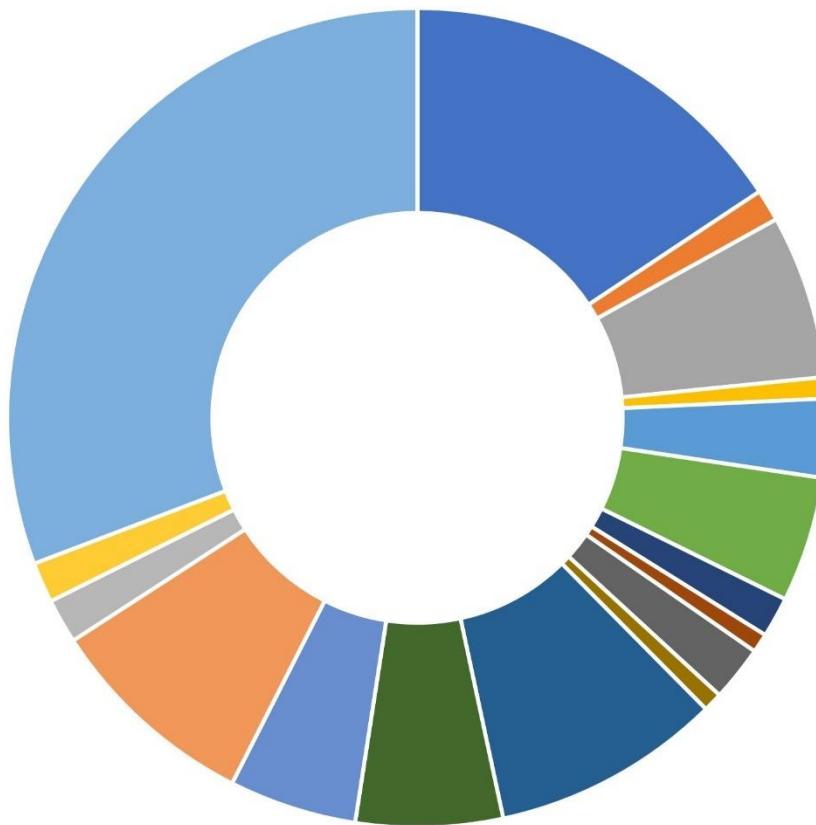
The early stimulation program 0-6 years old promotes children's development through promotion and prevention, including screening, parenting workshops and targeted interventions, with referrals to specialized services as needed.

	APPOINTMENT	Patients uniques
0-6 years, psychosocial	71	44

	APPOINTMENT	Patients uniques
0-6 years, perinatal nurse	120	61

	APPOINTMENT	Patients uniques
No-show, perinatal nurse	41	29

Distribution of Interventions According to Consultation Reasons



- Addiction-related problems
- Problems related to couple and relationship
- Problems related to family matters
- Socioeconomic problems
- Work-related problems
- Other social problems
- Placement requests
- Problems related to victimization
- Problems related to neglect and abuse
- Problems related to sexual assault
- Behavioral problems
- Suicidal problems
- Social adaptation, development and personal growth problems
- Problems related to mental health
- Problems related to domestic violence
- Problems related to family violence
- Other reasons

b) Community and school health

The community and school nurse offers prevention and health promotion services in schools and communities, including vaccination, front-line interventions, sexuality education, awareness activities (mental health, diabetes, breast cancer, smoking).

	APPOINTMENT	Patients uniques
School Health	76	76
Community Health	28	7
TOTAL	104	83

	APPOINTMENT	Patients uniques
No-show, all clients	5	2

c) Kinesiology

Kinesiology services include individual consultations for clinical follow-up (assessment, personalized exercise programs, chronic disease management) as well as community-based prevention and promotion activities promoting physical activity, healthy lifestyles and well-being.

	APPOINTMENT	Patients uniques
Kinesiology	184	45

	APPOINTMENT	Patients uniques
Reach out	103	42

	APPOINTMENT	Patients uniques
No-show	61	32

d) Community Nutrition

Community nutrition aims to promote a balanced diet and the prevention of nutrition-related diseases at school and in the community, through awareness-raising activities offered to the entire population by the nutritionist five times a year.

- 17 workshops at school + 2 activities as part of Diabetes Prevention Month
- 5 workshops at the daycare
- 14 community activities (9 radio columns; 1 video (World Diabetes Day); 1 Facebook live (Dry February); 1 group meeting on body weight management; 1 tasting session at Manikin - introduction to new nutritious foods + presentation of nutritious snacks; 1 "Back to School" workshop on snack preparation for parents and children)
- 2 activities in community groups (Wellness; Women Shelter)
- 2 meetings related to the community greenhouse project
- Ad hoc support to the community services team

e) Preventive Dental Hygiene

The preventive dental hygiene program aims to prevent cavities and promote oral health in children and adolescents, through preventive care (sealants, fluoride, screening) and educational activities that promote healthy lifestyles. Dental hygienists visited the territory twice this year, in October and January.

- School Brushing Program: Classroom brushing materials given to all elementary school levels at each visit
- Dental Health Prevention Presentations (All Grades)
- Preschool screening: 15 children
- Topical fluoride application: 141 children
- Sealant application: 60 children
- Referrals to dentists: 27

f) Promotion and prevention activities in the community

Prevention and promotion activities are aimed at collective well-being and are carried out by the entire community team, often in connection with specific themes or needs of the community. Many activities were carried out in collaboration with various community partners in 2024-2025, such as:

- Creation of a community calendar available online and accessible by all community partners
- Consultation with Indigenous and non-Indigenous stakeholders to collectively identify barriers faced by community members and target priorities for action.
- Participation in the MAMU marathon in Sept-Îles
- Addiction Prevention Week
- Diabetes Prevention Week
- Mental Health Awareness Week
- Welcome to Kindergarten (Little wolves' activity)
- STBBI in Schools Workshop
- World Day Against Elder Abuse
- Steps taken to create an emergency shelter for people who are intoxicated

Two major events were organized this year:

- 28 Days Without Alcohol Challenge (Dry February): a month of activities to raise awareness about addiction at a rate of 2 to 3 activities per week + increased presence on Facebook.
- Family Violence Prevention Month: Workshop on Positive Communication in the Family; Closing activity: Pow-wow including preparation (traditional dance classes for young people & regalia making)

g) Evaluation of the quality of psychosocial services

A psychosocial services consultant was hired and went to Kawawachikamach in June 2024 to initiate a consultation process and reflect on the quality of the social services offered. This initiative aimed to develop, in collaboration with the community, an inclusive and culturally appropriate vision of services. It included the analysis of psychosocial needs, the co-construction of procedures and clinical tools inspired by Naskapi values and practices, as well as the implementation of mechanisms to ensure the sustainability of the project. The mandate also included the writing of reports, the creation of guides and the implementation of training to support knowledge transfer and the development of local skills. To date, an intervention guide for psychosocial childcare has been produced, and an onboarding guide for new employees is being finalized.

HUMAN RESOURCES



In order to remain competitive among employers in the health and social services network working in remote areas, the Human Resources Department has continued its work to standardize practices. In particular, we have rolled out a new policy aimed at clarifying and improving the application of certain measures provided for in the regional disparity sections of the various national collective agreements.



This document simplifies the management of many situations specific to working in remote areas, thus strengthening the sense of fairness among our staff. For example, part-time employees can now benefit from a few kilos of transport of personal effects, in proportion to the duration of their assignment, inspired by the conditions offered to full-time employees. This alleviates the inconvenience of travelling to the home port and thus promotes the retention of our workforce.

In addition, in the summer of 2024, we welcomed four students as part of a partnership with the Naskapi Nation of Kawawachikamach. Membership in this program aims to promote the CLSC Naskapi as an employer of choice for community members and to promote the provision of services in the Naskapi language. By positioning ourselves early in the career paths of community members, we instill trust in our work environment and in return, we get feedback from the community on our management directions. This promotes our integration and acceptance of our organization and brings us closer to the goal of community ownership of the CLSC Naskapi.

During the 2024-2025 fiscal year, we focused on greater flexibility in work schedules, allowing employees to offer availability adapted to their needs. This flexibility has helped to increase our attractiveness to nurses. In the same vein, we are currently working on the implementation of time-sharing agreements. We are convinced that these new measures will have a positive and lasting impact on the attraction and retention of our professional workforce.

As of March 31, 2025, the CLSC had 50 employees, 34 of whom were full-time. Of these 50 employees, half were from the Naskapi community, 15 of whom were full-time.

We would like to sincerely thank all of our teams for their constant involvement and dedication to providing quality services to Naskapi beneficiaries.

	Hires	Departures
2024-2025	15	14

Below is the main information on the workforce and hours worked compared to last year.

Monitoring data for the *Act respecting workforce management and control of ministries, public sector agencies and networks and Crown corporations* 2024-2025

CLSC Naskapi	363-day comparison		
	2024-03-24 à 2025-03-22		
Job Subclass	Working hours	Overtime	Total Hours Paid
1 – Management	9835	0	9835
2 – Professionals	19216	107	19323
3 – Nursing	9321	693	10014
4 – Office staff and technicians	21144	178	21322
5 – Maintenance and upkeep	7604	30	7634
Total 2024-2025	67120	1008	68128
Total 2023-2024	69076	2100	71176

Distribution of staff in 2024-2025 by category of staff

Category of personnel	Number of employees as of March 31, 2025
1 – Nursing and cardiorespiratory care staff	8
2 – Paratechnics, ancillary services and trades	18
3 – Clerical staff, technicians and administrative professionals	11
4 – Health and social services technicians and professionals	8
5 – Personnel not covered by the <i>Act respecting bargaining units in the social affairs sector</i> *	0
6 – Management staff	5
* Either pharmacists, clinical biochemists, medical physicists, midwives or students	

Filled and Vacant Positions by Department, 2024–2025

Département	Number of Positions Filled as of March 31, 2025	Number of Vacant Positions as of March 31, 2025
Clinical Services	10	6
Psychosocial and Community Services	6	5
Administrative Services	7	2
Maintenance	3	0
Human Resources	2	0
Management	5	0
TOTAL	33	13

FINANCIAL RESOURCES

In preparing its annual financial report, the CLSC Naskapi mainly used the Financial Management Manual prepared by the MSSS, as prescribed by section 477 of the *Act respecting health services and social services*. These guidelines are consistent with Canadian public sector accounting standards. In order to fulfill his responsibilities and perform his duties, the Chief Financial and Administrative Officer maintains such system of internal control as he or she deems necessary. To safeguard assets, controls provide reasonable assurance that transactions are properly recorded and approved in a timely manner, and that reliable financial statements are provided.

The Board of Directors regularly monitors periodic financial reports and approves audited financial statements in accordance with the MSSS's generally accepted auditing standards. The CLSC's report describes the nature and scope of the audit and the expression of its opinion.

Publication of Result

The CLSC Naskapi ended its 2024-2025 fiscal year with a combined deficit of \$1,721,223, which is not in line with the objective of a deficit-free settlement established by the MSSS. This deficit is due to underfunding of the self-employed workforce, housing, and unfunded jobs.

Nom de l'établissement	Code	Page / Ldn.
CLSC Naskapi	1104-3866	200-00 /

Tous les fonds

exercice terminé le 31 mars 2025 - AUDITÉE

ÉTAT DES RÉSULTATS

	Budget	Fonds Exploitation Ex. courant (Rep. de P.358 C.4)	Fonds Immobilisations Exercice courant	Total Ex. courant C.2 + C.3	Total Ex. prév.
	1	2	3	4	5
REVENUS					
Subventions MSSS (FI : P.408)	1	19 057 751	16 195 830	1 536 358	17 732 188
Subventions Gouvernement du Canada (FI : P.294)	2				
Contributions des usagers (FE : P.301)	3		XXXXX		
Ventes de services et recouvrements	4	512 500	703 927	XXXXX	703 927
Donations (FI : P.294)	5				
Revenus de placement (FI : P.302)	6				
Revenus de type commercial	7				
Gain sur disposition (FI : P.302)	8				
	9	XXXXX	XXXXX	XXXXX	XXXXX
	10	XXXXX	XXXXX	XXXXX	XXXXX
Autres revenus (FI : P.302)	11	395 528	503 076		503 076
TOTAL (L.01 à L.11)	12	19 955 779	17 402 833	1 536 358	18 939 191
CHARGES					
Salaires, avantages sociaux et charges sociales	13	7 545 761	7 726 747	XXXXX	7 726 747
Médicaments	14	2 000 000	1 901 993	XXXXX	1 901 993
Produits sanguins	15		XXXXX		
Fournitures médicales et chirurgicales	16	229 000	219 940	XXXXX	219 940
Dépenses alimentaires	17		XXXXX		
Rétributions versées aux ressources non institutionnelles	18		XXXXX		
Frais financiers (FI : P.325)	19	323 000	273 556	539 643	813 199
Entretien et réparations, y compris les coûts non capitalisables relatifs aux immobilisations	20		191 257		191 257
Créances douteuses	21		3 746	XXXXX	3 746
Loyers	22	910 400	912 209	XXXXX	912 209
Amortissement des immobilisations (FI : P.422)	23		XXXXX	1 027 746	1 027 746
Perte sur disposition d'immobilisations	24		XXXXX		
Dépenses de transfert	25		XXXXX		
	26	XXXXX	XXXXX	XXXXX	XXXXX
Autres charges (FI : P.325)	27	8 957 618	7 863 577		7 863 577
TOTAL (L.13 à L.27)	28	19 955 779	19 093 025	1 567 389	20 680 414
EXCÉDENT (DÉFICIT) DE L'EXERCICE (L.12 - L.28)	29	0	(1 690 192)	(31 031)	(1 721 223)
					(1 049 377)

Nom de l'établissement

Code

Page / Idrn.

CLSC Naskapi

1104-3866

204-00

Tous les fonds

exercice terminé le 31 mars 2025 - AUDITÉE

ÉTAT DE LA SITUATION FINANCIÈRE

	FONDS	Exploitation	Immobilisations	Total Ex. courant (C.1 + C.2)	Total Ex. préc.
	1	2	3	4	
ACTIFS FINANCIERS					
Trésorerie et équivalents de trésorerie	1	438 784		438 784	303 781
	2	XXXX	XXXX	XXXX	XXXX
Débiteur - MSSS (FE : P.362, FI : P.408)	3	316 424	147 789	464 213	1 348 063
Autres débiteurs (FE : P.360, FI : P.400)	4	649 229		649 229	1 406 413
Avances de fonds aux établissements publics	5	XXXX			
Créances interfonds (Dettes interfonds)	6	365 989	(365 989)	0	
Subvention à recevoir - MSSS (FE : P.362, FI : P.408)	7		16 646 155	16 646 155	17 836 172
Placements de portefeuille	8				
	9	XXXX	XXXX	XXXX	XXXX
Actifs destinés à la vente	10	XXXX			
Autres éléments (FE : P.360, FI : P.400)	11				
TOTAL DES ACTIFS FINANCIERS (L.01 à L.11)	12	1 770 426	16 427 955	18 198 381	20 894 409
PASSIFS					
Emprunts temporaires (FE : P.365, FI : P.403)	13	6 211 180	335 576	6 546 756	7 396 183
Créditeur - MSSS (FE : P.362, FI : P.408)	14				
Autres crébiteurs et autres charges à payer (FE : P.361, FI : P.401)	15	2 194 185	17 000	2 211 185	1 570 383
Avances de fonds - enveloppes décentralisées	16	XXXX			
Intérêts courus à payer (FE : P.361, FI : P.401)	17	18 035	147 834	165 869	198 453
Revenus reportés (FE : P.290 et 291, FI : P.294)	18		17 791 748	17 791 748	18 253 297
	19	XXXX	XXXX	XXXX	XXXX
Dettes à long terme (FI : P.403)	20	XXXX	16 232 106	16 232 106	17 063 648
Passif au titre des sites contaminés (FI : P.401)	21	XXXX			
Passif au titre des avantages sociaux futurs (FE : P.363)	22	484 032	XXXX	484 032	478 838
Obligations liées à la mise hors service d'immobilisations (FI : P.401)	23	XXXX	106 969	106 969	
Autres éléments (FE : P.361, FI : P.401)	24				
TOTAL DES PASSIFS (L.13 à L.24)	25	8 907 432	34 631 233	43 538 665	44 960 802
ACTIFS FINANCIERS NETS (DETTE NETTE) (L.12 - L.25)	26	(7 137 006)	(18 203 278)	(25 340 284)	(24 066 393)
ACTIFS NON FINANCIERS					
Immobilisations (FI : P.423)	27	XXXX	18 374 878	18 374 878	18 888 303
Eléments incorporels achetés	28	XXXX			
Stocks de fournitures (FE : P.360)	29	117 879	XXXX	117 879	117 879
Frais payés d'avance (FE : P.360, FI : P.400)	30	229 098		229 098	163 005
TOTAL DES ACTIFS NON FINANCIERS (L.27 à L.30)	31	346 977	18 374 878	18 721 855	19 169 187
CAPITAL-ACTIONS ET SURPLUS D'APPORT	32		XXXX		
EXCEDENTS (DEFICITS) CUMULES (L.26 + L.31 - L.32 - L.34)	33	(6 790 029)	171 600	(6 618 429)	(4 897 206)
GAINS (PERTES) DE RÉEVALUATION CUMULES	34				

INFORMATION TECHNOLOGY SERVICES (IT)

For the year 2024-2025, the CLSC's IT department focused its efforts on stabilizing existing infrastructure and preparing strategic projects. The arrival of a specialized analyst and a specialized technician has made it possible to improve technological governance and anticipate future needs. A recruitment is planned to support the major project: RGT (Government Telecommunication Network), which will replace RITM (Integrated Multimedia Telecommunication Network).

This year's funding totals \$452,600 for the implementation of modern tools in line with the MSSS's orientations.

The priority projects are:

- Deployment of document management (DMS);
- Establishment of a system for registering emergency telephone lines and reception;
- Complete replacement of the RITM network with the GTA;
- Implementation of a new dental imaging system and addition of patient software;
- Modernization of the computer equipment (replacement of workstations, updating of systems and software);
- Deployment of mobility devices for staff to increase flexibility.

At the same time, a first phase of document management (DMM) was completed, and the stability of the computer equipment and software was ensured.

Appendix 1 – Code of ethics and good conduct for administrators

CODE OF ETHICS AND GOOD CONDUCT FOR ADMINISTRATORS



CODE OF ETHICS AND GOOD CONDUCT FOR ADMINISTRATORS

Adopted by the Board of Directors

April 15, 2002

Revised on March 29, 2008

PLAN

Preamble

1. Overall objective and scope of application
2. Definitions
3. Administrators' duties and obligations
4. Mechanisms for applying the Code
5. Commitments

Appendices

- I. Declaration of personal interests
- II. Administrators' oath or affirmation
- III. Oaths or affirmation by the individual tasked with applying the Code

PREAMBLE

The administration of a public establishment requires administrators to respect obligations that do not apply to private administration. This kind of social contract requires a high level of trust on the part of citizens in the establishment.

As a result, conduct that respects our code of ethics remains an ongoing concern within the establishment since we require compliance in order to guarantee and build public trust in our integrated management process with regard to public funding.

In line with our fundamental values, we decided to outline the ethical and conduct guidelines that administrators in our establishment must respect in this Code of Ethics and Good Conduct.

1. OVERALL OBJECTIVE AND SCOPE OF APPLICATION

The purpose of this Code is not to substitute laws and regulations that are in effect or to outline an exhaustive list of behaviour that we expect from administrators. Rather, the purpose of the Code is to present the overall duties and obligations of our administrators.

In particular, it:

- outlines preventive measures, especially those related to regulations governing the declaration of personal interests;
- outlines the identification of situations involving conflicts of interest;
- outlines the duties and obligations of administrators after their terms come to an end;
- provides mechanisms for applying the Code.

All administrators of our establishment are obliged to respect the principles of ethics and good conduct that are provided by law and presented in this Code. In the event of a discrepancy, the most stringent principles and regulations apply.

If the administrator is in doubt, they must act in a way that respects these principles and regulations.

Administrators are bound by the same obligations when, following a request on the part of the establishment, they perform administrative duties within another organization or business or are a member of another organization or business.

2. DEFINITIONS

Unless the context suggests another meaning, in this Code:

"Administrator" refers to a member of the establishment's Board of Directors, regardless of whether they were elected or appointed.

"Conflict of interest" refers in particular to, without limiting the legal scope of this expression, any situation where either a direct or indirect conflict of interest on the part of an administrator is such that it risks compromising the objective execution of their task because their judgment may be influenced and their independence affected by the existence of this interest.

"Business" refers to any form that an organization may take. Such businesses may provide goods and services or any other form of commercial, industrial or financial services. It also refers to any group that strives to promote certain values, interests or opinions or strives to influence the establishment's authorities.

"Family member" refers to an administrator's spouse or common-law partner, child, father, mother, brother or sister. This term also includes the spouses and children of the individuals mentioned above and those of the administrator's associates.

3. ADMINISTRATORS' DUTIES AND OBLIGATIONS

WHILE PERFORMING THEIR DUTIES:

- Act in the best interests of the establishment and the population that it serves.

To this end, the administrator:

Is sensitive to the needs of the population and always take into account the fundamental rights of citizens.

Ensures that the services provided are pertinent, high-quality and efficient.

Ensures that the establishment's human, material and financial resources are used in an economical and efficient manner.

Ensures that the establishment's human resources can participate, are motivated and appreciated, and can develop their skills.

- Exercises care, caution, diligence and competence.

To this end, the administrator:

Availability and active participation

Makes themselves available to carry out their duties and takes an active part in decision-making within the Board of Directors.

Care and competence

Ensures that they are knowledgeable when it comes to the evolution of the establishment and informs themselves, where necessary, and avoids making rash decisions.

Neutrality

Puts forward proposals by exercising their right to vote in the most objective way possible. To this end, they cannot make a commitment to a third party or provide any guarantee regarding their vote or any other decision.

Discretion

Uses discretion with regard to their knowledge base while carrying out their duties. Furthermore, they must exercise caution and restraint with regard to confidential information where the communication or use of this information would affect the interests of the establishment, undermine the privacy of individuals or grant either an individual or a business an unfair advantage.

Confidentiality

Keeps facts and information that they are privy to confidential as required by law or the decision of the Board of Directors with regard to confidentiality.

- Exercises care, caution and competence.

To this end, the administrator:

Public relations

Will always be polite and courteous when interacting with the public and avoid all forms of discrimination and harassment that are prohibited by law.

Strive to always provide citizens with the information that they request and that they have the right to obtain in as short a timeline as possible. Where the administrator is unable to access this information, they will direct the citizen to the appropriate department within the establishment.

Show restraint with regard to expressing their opinions in a public manner.

- Exercise honesty and loyalty.

To this end, the administrator:

Will act in good faith and in the best interests of the establishment and the population that it serves without taking into account the interests of any other individuals, groups or entities.

Combat all forms of abuse of power such as conflicts of interest, failure to comply with regulations, inefficient management, wasting resources, divulging confidential information, granting favours, hiding mistakes and misleading the population.

Duties and conflict of interest

Avoid situations where duties overlap with personal interests.

Conflict of interest - administrators excluding the Executive Director

Administrators, with the exception of the Executive Director, under penalty of being removed from their position, shall renounce in writing their interest in the Board of Directors where either a direct or indirect interest in a business results in a clash between their personal interests and the interests of the Board of Directors or one of the establishments that it administers.

Furthermore, administrators must abstain from participating in deliberations where the decision involves debating a business in which the administrator has a personal interest.

However, where an administrator is a minority shareholder of the corporation or business in question, it does not constitute a conflict of interest when the shares of the corporation are traded publicly on a known stock market and where the administrator in question is not an insider of this corporation as defined in section 89 of the Securities Act (RSQ, chapter V-1.1).

Conflict of interest - Executive Director

The Executive Director may not, under penalty of being removed from their position, have either a direct or indirect interest in a business that conflicts with their personal interests and those of the establishment.

However, the Executive Director shall not be removed from their position if a personal interest is no longer in question following a succession or donation and as long as they renounce it or, after informing the Board of Directors, dispose of the assets within the timeline determined by the Board.

The Executive Director must, within sixty (60) days of their nomination, submit to the Board of Directors a written declaration that mentions pecuniary interests that they have in corporations, companies or businesses that are likely to enter into contracts with the establishment. This declaration must be updated within sixty (60) days of the acquisition of such personal interests by the Executive Director and every year within sixty (60) days of the anniversary of their nomination.

The Executive Director must, within thirty (30) days of entering into any professional services contract, submit to the Board of Directors a written declaration that mentions the existence of the contract in question that bind the establishment and a corporation, business or company in which the Executive Director holds pecuniary interests.

The exclusive nature of the Executive Director's duties

The Executive Director should, under penalty of being removed from their position or being suspended without pay, subject to certain exceptions provided for in legislation, carry out work and duties for the establishment on an exclusive basis. However, where they hold another position, responsibility or function, they must, with sixty (60) days following such a designation and each year within sixty (60) days of the anniversary of their nomination, submit a written declaration that mentions this fact.

The establishment's assets

Administrators must use the establishment's assets, resources and services according to the usage terms and conditions that are recognized and applicable to all users. They may not combine the establishment's assets with their own assets.

Undue advantages or benefits

Administrators must behave in a manner that does not result in their administrative duties creating undue advantages for themselves, their personnel or other individuals.

Administrators may not either directly or indirectly accept or solicit any form of advantage or benefit from an individual or company that does business with the establishment or acts on behalf of the establishment if the advantage or benefit is for the purpose of or is likely to influence the administrator in the performance of their duties or managing their expectations.

In particular, administrators must not accept gifts, sums of money, loans at preferential rates, debt forgiveness, employment offers, special favours or anything else that has an appreciable monetary value that could compromise or appear to compromise the administrator's ability to make fair and objective decisions.

They must not receive any pecuniary treatment or advantages with the exception of the reimbursement of their expenses incurred during the fiscal year in accordance with the conditions and scope determined by the government.

The Executive Director must, under penalty of being removed from their position, refrain from accepting any sums or direct or indirect benefits from either a foundation or a corporation that operates in the health and social services sector and solicits the public to donate sums of money or goods.

Transparency

Administrators must reveal all information and facts to the other members of the Board of Directors when they are aware that the communication of this information or fact could significantly impact an upcoming decision.

Abuse of power

Administrators must refrain from intervening in the staff hiring process, unless requested to do so by the Executive Director or a senior manager.

They must abstain from any approaches that favour friends or family members.

They must not act as an intermediary, even where they are not paid for their services, between an organization (for-profit or non-profit) and the establishment.

ONCE THEIR MANDATE HAS COME TO AN END, ADMINISTRATORS MUST:

- Exercise caution, discretion, honesty and loyalty.

To this end, the administrator:

Must behave in a manner that does not result in their administrative duties creating undue advantages for themselves, their personnel or other individuals.

During the year following the end of their mandate, they must avoid acting on their behalf or on behalf of another individual with regard to a procedure, negotiation or any other operation in which the establishment that they previously represented is involved, and on which they have information that is not public knowledge.

They must not, at any time, use confidential information that they obtained while performing their administrative duties.

They must refrain from making immoderate comments that could damage the reputation of the establishment and its personnel.

4. MECHANISMS FOR APPLYING THE CODE

Introduction of a request for review

Any allegations of misconduct on the part of an administrator or failure to comply with legislation or this Code must be communicated to the President of the Ethics and Good Conduct Committee, or, if the allegations involve the committee President, to another committee member. The individual who is made aware of such an allegation must advise the committee, which must meet within thirty (30) days.

The committee may also take the initiative to examine any instance of irregular conduct on the part of an Administrator.

Summary review

When the committee President is made aware of an allegation as outlined above, they may reject, following a summary review, any allegations that they find to be frivolous, vexatious or made in bad faith. However, they must inform the other committee members of their decision during the next meeting. The committee may then decide to proceed with an examination of the allegation in question.

The inquiry process

The committee shall decide which means are required in order to conduct an inquiry following an allegation. However, the inquiry must be conducted in a confidential manner and must, where possible, maintain the anonymity of the individual who is the subject of the allegation.

The role of the administrator in question

When the Committee decides that the time is right, it must inform the administrator in question of the allegations that were communicated to the committee and outline the relevant legal provisions or Code provisions. Following a request on the part of the administrator within a reasonable timeline, they must be given the opportunity to have individuals of their choosing testify and to submit pertinent supporting documentation.

Transmission of the report to the Board of Directors

Where the Committee concludes that the administrator failed to respect legislation or this Code or that they demonstrated similar misconduct, the Committee shall submit to the Board of Directors a report containing a summary of the inquiry and recommendations for sanctions. This report shall be confidential.

Decision

The Board of Directors shall meet in a closed-door session to decide which sanctions to impose on the administrator in question. The administrator may not participate in the deliberations or the decision-making process, but they may be heard before a decision is made if they so wish.

Sanctions

Based on the nature and the gravity of the failure to comply or the behaviour, sanctions that may be taken against the individual in question may include a call to order, a reprimand, suspension from their position, or removal from their position. The Administrator in question shall be informed in writing of the sanctions that have been imposed.

5. COMMITMENTS

Within sixty (60) days of the adoption of this Code by the Board of Directors, each administrator must submit a signed copy of the commitment shown in Appendix II of this Code.

Each new administrator must do likewise within sixty (60) days of their first day in their position.

Furthermore, the individual who is tasked with applying the Code must submit a signed copy of the commitment shown in Appendix III of this Code within sixty (60) days of their first day in their position.

2002-04-15

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Appendix 2 - DECLARATION OF PERSONAL INTERESTS

DECLARATION OF PERSONAL INTERESTS

of an administrator (not applicable to the Executive Director)

I,
administrator of the following establishment(s):

Page 10 of 10

declare the following personal interests:

1. I have pecuniary interests in corporations, companies or commercial businesses identified below that do business with the establishment(s) mentioned above or are likely to do business with the establishment(s) mentioned above.

Names of the corporations, companies or businesses in question

2. I act as an administrator of a corporation, company or commercial business (for-profit or non-profit) identified below that has entered into a contract with the establishment(s) mentioned above or is likely to do business with the establishment(s) mentioned above.

Names of the corporations, companies, businesses or bodies in question

3. I hold the following positions:

POSITION

EMPLOYER

Provide the job title and employer name

IN WITNESS WHEREOF, I SIGNED IN
ON

ADMINISTRATOR'S SIGNATURE

DECLARATION OF PERSONAL INTERESTS

of the Executive Director

I,
Executive Director of the following establishment(s):

declare the following personal interests:

1. I have pecuniary interests in a corporation, company or business that has signed a professional services contract with another establishment that is governed under the Act respecting health and social services.

Names of the corporations, companies or businesses and establishments in question

2. I have pecuniary interests in a corporation, company or business that is likely to enter into a professional services contract with another establishment that is governed under the Act respecting health and social services.

Names of the corporations, companies or businesses in question

3. I act as an administrator of a corporation, company or business (for-profit or non-profit).

Names of the corporations, companies, businesses or bodies in question

4. I hold another position at a corporation, company or business (for-profit or non-profit).
POSITION **EMPLOYER**

Provide the job title and employer name

IN WITNESS WHEREOF, I SIGNED IN
ON

EXECUTIVE DIRECTOR'S SIGNATURE

Appendix 3 - ADMINISTRATOR'S OATH OR AFFIRMATION

<p>CLSC NASKAPI</p> <p>OATH OR AFFIRMATION OF THE ADMINISTRATOR - ROLE AND DISCRETION</p> <p>I, the undersigned, _____ a member of the Board of Directors of one or more of the establishments mentioned above, declare that I have read the Code of Ethics and Good Conduct that applies to administrators and was adopted by the Board of Directors on (date), and that I understand the content and scope. I declare that I am bound by each of the Code's provisions as if it were a contractual agreement that binds me to the establishment(s) in question. I am bound by the same obligations when carrying out administrative duties within another organization or company at the request of the establishment or where I am a member of another organization or company.</p> <p>To this end, I, _____ swear (or solemnly declare) that I shall faithfully, impartially, honestly and independently carry out, to the best of my capacity and knowledge, all of the duties of my position and exercise all of my powers in the same manner.</p> <p>Furthermore, I swear (or solemnly declare) that I shall accept no sums of money or consideration of any kind for anything that I accomplish or will accomplish while carrying out my duties other than the reimbursement of expenses incurred as allocated under legislation, and that I will not reveal or disclose, without being duly authorized, confidential information or documentation that I have knowledge of while carrying out my duties.</p> <p>Signed in Kawawachikamach, on _____</p> <p>_____ Administrator's signature</p>

APPENDIX 4 - OATH OR AFFIRMATION OF THE INDIVIDUAL TASKED WITH APPLYING THE CODE



SC NASKAPI

**OATH OR AFFIRMATION
OF THE INDIVIDUAL TASKED WITH APPLYING THE CODE -
ROLE AND DISCRETION**

I, the undersigned, _____, the individual tasked with applying the Code of Ethics and Good Conduct, declare that I have read this Code that applies to administrators and was adopted by the Board of Directors on (date), and that I understand the content and scope. I declare that I am bound by each of the Code's provisions as if it were a contractual agreement that binds me to the establishment(s) in question.

To this end, I, _____, swear (or solemnly declare) that I shall faithfully, impartially, honestly and independently carry out, to the best of my capacity and knowledge, all of the duties of my position and exercise all of my powers in the same manner.

Furthermore, I swear (or solemnly declare) that I shall accept no sums of money or consideration of any kind for anything that I accomplish or will accomplish while carrying out my duties other than the reimbursement of expenses incurred as allocated under legislation, and that I will not reveal or disclose, without being duly authorized, confidential information or documentation that I have knowledge of while carrying out my duties.

Signed in Kawawachikamach on

SIGNATURE OF THE INDIVIDUAL TASKED WITH APPLYING THIS CODE

Appendix 5 - Organizational chart

