

**NSMHPCN Human Resources and Health & Safety Policies**

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| **T****ERMS OF EMPLOYMENT POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-01 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

Welcome and congratulations on becoming an employee of the North Simcoe Muskoka Hospice Palliative Care Network (NSMHPCN).

**Policy:**

All employees will receive an Offer of Employment letter outlining most conditions of their employment. Offer letters are signed by both the employee and the Executive Director or designate.

Full time employment is considered to be 37.5 hours per week. Regular part time employment is a minimum of 15 hours per week, anything less is considered as causal.

Sick time, paid personal leave, and vacation are laid out in the policy. All vacation time must be taken within the fiscal year.

Normal office hours for administrative employees are 9am to 5pm, with a 30-minute un-paid lunch break.

Employees will receive an initial Performance Appraisal prior to the completion of their probationary period and an annual Performance Appraisal thereafter.

All employees will be required to enroll in a 30-hour Palliative Care Training course, provided by the NSMHPCN. All employees are also required to take Accessibility Training in accordance with provincial legislation.

**Benefits:**

Upon hire, employees will receive full information on benefits. Full time employees are required to pay into HOOPP and a portion of their extended health benefit premiums. Part time employees also have the option of paying into HOOPP. HOOPP deductions and extended health benefit premiums will be deducted from employee’s wages.

Part time and casual employees receive an additional 12% pay in lieu of benefits, sick time, vacation, statutory holidays, etc.

**Notice of Collection, Use and Disclosure of Personal Information:**

Collection of personal information is necessary for the processing, assessment and verification of Human Resources information, HOOPP, ONE Mail and the overall administration, planning and coordination of employment.

At the direction of Service Canada, it is your employer’s responsibility to examine your SIN card within three days of the start of work. Your number will be recorded and placed in your confidential personnel file for use with income related information.  Employees will be paid by the name indicated on the card. If the Social Insurance Number begins with “9” the card must have a valid expiry date as required by the Employment Insurance Act. The SIN number is used to administer government benefits under the Income Tax Act, the Canada Pension Plan Act, and the Employment Insurance Act.

**Payment of Wages**:

Payments are issued on a bi-weekly basis by direct deposit for all employees. A void cheque, or bank form, must be provided before the employee will be put on the payroll. Mandatory deductions, including CPP, EI and Income Tax will be deducted from your pay.

**Flex time:**

All hours of work must be compensated within the pay period in accordance with the Employment Standards Act. Therefore, employees must flex their time within the pay period, or the extra hours will not be compensated.

**Participation in organizational fundraising and special events**

Employees that must participate in an event that falls outside of regular hours of work (ex: organizers, facilitators) may flex their time in accordance with the above flex time clause. Other employees are welcome and encouraged to participate in organizational events however participation will be on their own time and thus not compensated. If unsure, please obtain approval from your manager in advance.

**Reimbursement for Meals:**

Reimbursement for work-related meals must be pre-approved by your manager. If the employee is attending a conference that includes meals, reimbursements will not be approved.

Allowable limits are: breakfast $10  lunch $20  dinner $30

Original, itemized receipts must be submitted for reimbursement (credit card slips are insufficient)

Under no circumstances will the cost of alcohol be reimbursed.

**Reimbursement for Expenses:**

Miscellaneous expenses must be pre-approved by your manager before being purchased or be included in an approved event/program budget.

**Work from Home:**

Some employees will be required to have a home office. If this is the case, that condition will be included in the employees’ contract. For other employees working from home must be pre-approved by your manager. Employees who work from home should ensure they have a proper work space and day care has been arranged as it would on an office work day. Normally employees will not be permitted to work from home during their probationary period.

**Criminal Record Check:**

Each new employee is required to submit a clear Criminal Record Check (CRC) and/or Vulnerable Sector Verification (VSV) before they commence their employment with the NSMHPCN. Employees who work directly with vulnerable patients will not be permitted to begin work until a clear CRC/VSV has been submitted, unless that employee is a member of a regulatory body which conducts background checks (for example, the College of Nurses). In order for employees to begin work sooner, the NSMHPCN may request and pay for mybackcheck.com screening services through Canada Post  <http://www.canadapost.ca/cpo/mc/aboutus/news/pr/2011/2011_mar_background_checks.jsf?print=true>

**Probation:**

There is a probation period of six months from the date of hire. On successful completion of this period, the employee will be recommended for appointment to regular employee status.

**Conflict of Interest:**

Conflict of Interest is defined as any situation where an employee or an immediate family member stand to gain financially, has a personal connection with a client, or is otherwise incompatible or in conflict with their employment responsibilities. It is the employee’s responsibility to identify any possible conflict of interest to their manager.

**Confidentiality Agreement**:

All employees will receive a signed copy of their NSMHPCN’s Statement of Compliance to Confidentiality Requirements form. A copy will also be retained in the employee’s personnel file.

**Occupational Health and Safety**:

Every worker must protect his or her own health and safety by following the law and safe work practices and procedures. The Workplace Safety and Insurance Board (WSIB) provides insurance benefits to workers who have a work-related injury or illness. The NSMHPCN pays WSIB premiums on behalf of its employees.  Any injury incurred during working hours must be reported immediately to your immediate supervisor.

**Related Policies/References:**

* All NSMHPCN Human Resources Policies
* Ontario Employment Standards Act <http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_00e41_e.htm>
* Social Insurance Number - <http://www.servicecanada.gc.ca/eng/sc/sin/>

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| **CODE OF CONDUCT POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-02 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

Employees and volunteers, including members of the Board of Directors, are expected to be professional and courteous at all times. This promotes an environment of safety, confidentiality and respect.

**Policy:**

North Simcoe Muskoka Hospice Palliative Care Network’s (NSMHPCN) employees and volunteers are its ambassadors and are expected to reflect a professional image. Each employee must also be conscious of our public duty and their part in the discharge of that duty. They are expected to conduct themselves with the highest degree of ethical behavior and integrity.

Our place of work should reflect the values of the organization. These values include **respect**, **collaboration**, **inclusivity** and **integrity**. Conduct that is deemed to compromise NSMHPCN values in any way is unacceptable and will be dealt with immediately. If discipline is warranted, the Progressive Discipline policy will be followed.

**Procedure:**

Issues of inappropriate attire, use of drugs or alcohol or misappropriation are incongruent with our values. Management will have a discussion with any employee/volunteer identified with any of these issues. Employees will be reminded of the EAP (Employee Assistance Program). If warranted, the Progressive Discipline policy will be followed.

E-mail and web access is provided for professional use. Appropriate use of the internet and e-mail and any other organizational property is expected. All transmissions are the property of NSMHPCN. Any employee/volunteer who views or sends pornographic or inappropriate (racist, hate mail or sexist material) will be subject to disciplinary action up to and including immediate dismissal.

Any questions or concerns regarding conduct should be addressed immediately with your manager.

**Related Policies/References:**

* HS-07: Healthy Work Environment
* HS-05: Workplace Harassment
* HS-06: Workplace Violence
* HR-03: Confidentiality Policy
* HR-11: Progressive Discipline
* HR-05: Complaint Resolution Internal Policy
* HR-23: Complaint Resolution External Policy

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| **CONFIDENTIALITY POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-03 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** July 31, 2019 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

All employees and volunteers are required to maintain confidentiality as it relates to the agency, employees, clients and/or volunteers and community planning partners.

Any breach in confidentiality will result in disciplinary action, up to and including immediate termination.

**Policy:**

1. All employees and volunteers will be required to sign an agreement of confidentiality before beginning service or employment with NSMHPCN.

2. This policy will be carefully reviewed with each new employee or volunteer by their immediate supervisor.

3. Any breach of confidentiality must be investigated by the immediate supervisor.

4. The supervisor will complete an incident report and discuss the breach with the Executive Director or designate.

5. The Executive Director or designate will determine the nature of the disciplinary action to be taken based upon the nature of and motivation for the breach of confidentiality. Disciplinary action may include immediate termination of employment/volunteering.

6. The Executive Director or designate will develop a plan to communicate the situation and the nature of the discipline to the offending employee member or volunteer.

The Executive Director or designate will respond and manage all/any breach in confidentiality including informing the client and reporting any serious breach to the Information and Privacy Commissioner of Ontario. Please contact our office at 705.325.0505 x.140 to report a breach.

**Related Policies/References:**

* HR-16: Privacy Policy
* HR-11: Progressive Discipline
* HR-05: Complaint Resolution Internal Policy
* Appendix #01: Accident/Incident Report Form
* Appendix #02: Confidentiality Form

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| **CRIMINAL RECORD CHECK POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-04 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

A clear Criminal Record Check (CRC) and/or Vulnerable Sector Verification (VSV) are required for all NSMHPCN employees, volunteers and new Board members.

**Policy:**

As a condition of employment or volunteerism with NSMHPCN, employees and volunteers will be required to apply for and produce a new, original document of a clear CRC at their start date.

Any volunteer or employee that has direct contact with residents or clients will also be required to have a VSV. As an annual follow up, all employees and volunteers (including Board members) are required to sign a Criminal Record Check Declaration. Every 5 years a new VSV and CRC will be required.

**Procedure:**

Employees and volunteers will be required to visit the Police Service that services the area of their primary residence in order to obtain a CRC and/or VSV.

Employees and volunteers incurring fees for CRC/VSV checks will be reimbursed by NSMHPCN upon presentation of the clear CRC and/or VSV and an original receipt for the fees that were paid.

While it may not necessarily affect the employment/volunteerism with NSMHPCN, employees and volunteers, should they be charged with a criminal or related offence(s) at any time during the course of their association with NSMHPCN, are obligated to inform NSMHPCN when such charges occur. Proven failure to do so will result in disciplinary action and/ or termination.

All employees and volunteers are required to sign an annual declaration solemnly swearing there has been no change to the CRC and/or VSV previously submitted.

At any time, NSMHPCN reserves the right to request a current CRC and/or VSV. NSMHPCN reserves the right to conduct and pay for three (3) random, formal CRC and/or VSV from the employee/volunteer group to verify accuracy of the annual declarations. A change in position may require a new or additional CRC and/or VSV.

**Related Policies/References:**

* Appendix #03: Criminal Record Annual Declaration
* Appendix #04: Employee Letter Requesting VSV
* HR-11: Progressive Discipline Policy

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| **COMPLAINT RESOLUTION – INTERNAL POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-05 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

The objective of a complaint resolution policy is to ensure that employee complaints or differences pertaining to conditions of employment or discipline are dealt with in a fair, equitable and expeditious manner and without fear of reprisal.

**Policy:**

All employee complaints or differences pertaining to conditions of employment or discipline must be dealt with in a fair, equitable and expeditious manner.

An employee who has a complaint must address the complaint with the other party or seek assistance from their manager to determine the best course of action to resolve the situation.

Employees who expose any kind of information or activity that is deemed illegal, dishonest, or not correct will never be penalized for reporting this information.

**Procedure**

Employees can resolve a complaint using the following sequence:

1. Employees are encouraged to attempt to resolve the complaint or difference with the other party.
2. Employees can bring a complaint or concern to their manager for assistance in resolution.
3. The Executive Director or designate will meet with the employee and provide, in writing, a solution or an explanation to the employee within 10 days of receipt of the complaint.
4. A summary of all complaints will be provided to the Board semi-annually in accordance with the Risk Management policy.
5. Complaints about the Executive Director or designate may be directed to the Chair or Vice-Chair of the Board of Directors, using the Accident/Incident Report Form. Complainants should access the Chair or Vice-Chair of the Board by email, labeled “COMPLAINT – ATTN BOARD CHAIRPERSON” to [boardchair@nsmhpcn.ca](mailto:boardchair@nsmhpcn.ca) or boardvicechair@nsmhpcn.ca.
6. Written complaints will be acknowledged by the Chair/Vice-Chair of the Board within 7 days and a written response will be provided in writing within 60 days.

Note: Any of the time allowances provided may be extended by mutual agreement between the parties.

**Related Policies/References:**

* HR-20: Risk Management Policy
* HR-28: Conflict Resolution Policy

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| **LEAVE OF ABSENCE POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-06 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved**: December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

NSMHPCN grants leaves for bereavement, maternity, parental and jury duty.

**Policy:**

**Bereavement Leave:**

Bereavement leave will be granted by the Executive Director or designate and limited to the number of days required due to the relationship between the employee and the deceased and the location of the funeral. Up to a maximum of 5 days will be granted for spouse, child, parent or sibling. Up to a maximum of 3 days will be granted for grandparents, aunts, uncles, first cousins, nieces and nephews.

Bereavement leave will only be paid if there is time in the personal leave bank.

Part time employees that receive a percentage in lieu of benefits are not eligible for bereavement leave as paid time off.

**Jury Duty:**

The law requires employers to allow employees time off for jury duty. The law does not require employers to pay salary for employees summoned for jury duty. NSMHPCN recognizes jury duty as both a civil obligation and a right. An employee required to serve on jury duty shall not lose regular pay because of such attendance. Proof of service will be required.

The employee must come to work during scheduled shifts that jury duty does not conflict with, as determined in consultation with your manager.

If compensation is received from the court for jury service, the employee shall deposit with NSMHPCN, the full amount of compensation received, less expenses.

**Other Court Related Attendance:**

An employee required to serve as a witness in a case arising out of his or her employment with NSMHPCN will receive their regular hourly rate of pay. Proof of service will be required.

The employee must come to work during scheduled shifts court attendance does not conflict with, as determined in consultation with your manager.

If an employee is called as a witness in a case that is not related to their employment at NSMHPCN they may use their personal leave days (if available), at the discretion of the Executive Director or designate.

**Maternity/pregnancy Leave**:

Maternity Leave is granted in accordance with established labour law. A pregnancy/maternity leave of absence without pay will be granted to an employee for up to 61 weeks of job-protected, unpaid time off work, provided the employee has been employed by NSMHPCN for at least 13 consecutive weeks prior to the date the baby is expected to be born.

Employees on maternity leave must provide two weeks written notice in advance of the leave and one month’s written notice regarding their intent to return and/or date of return.

**Parental Leave:**

Parental Leave is granted in accordance with established labour law for all employees who meet the definition of parent under the Ontario Employment Standards Act. Birth mothers who take pregnancy leave are entitled to take up to 61 weeks of parental leave. All other new parents are entitled to take up to 63 weeks of parental leave.

employees on parental leave must provide two weeks written notice in advance of the leave and one month’s written notice regarding their intent to return and/or date of return.

**Family Medical Leave:**

Family Medical Leave is granted in accordance with established labour law. All employees are entitled to family medical leave as outlined in the Employment Standards Act. Family medical leave is unpaid, job-protected leave up to 8 weeks in a 26 week period. Family medical leave may be taken to provide care and support to a specified family member for whom a qualified health practitioner has issued a certificate indicating that the family member has a serious medical condition and there is a significant risk of death occurring within a period of 26 weeks.

**Unpaid Personal Leave**:

Employees may request unpaid personal leave, but it will be at the sole discretion of the Executive Director or designate.

**Family Caregiver Leave:**

Employees that need to provide care and support to a family member with a serious medical condition (which includes a chronic or episodic condition), albeit one without a significant risk of death within 26 weeks, will be entitled up to 8 weeks of unpaid leave per calendar year. A “family member” is defined as:

* a parent, step-parent or foster parent of the employee or the employee’s spouse;
* a child, step-child or foster child of the employee or the employee’s spouse;
* a grand-parent, step-grandparent, grandchild or step-grandchild of the employee or the employee’s spouse;
* the spouse of a child of the employee;
* the employee’s brother or sister;
* a relative of the employee who is dependent on the employee for care or assistance; and
* any individual prescribed as a family member.

If requested by the employer, an employee must provide a certificate issued by a qualified health practitioner stating that the family member has such a serious medical condition. Requests for this leave must be presented to the employer in writing. Employees are not required to take this leave in full week periods.

**Critically Ill Child Care Leave:**

Individuals that have been employed for at least 6 consecutive months will be entitled to up to 37 weeks of unpaid leave to provide care or support to their critically ill child. Similar to “family caregiver leave,” employees will not be required to take this leave in periods of entire weeks.

Notably, since Bill 21 was originally proposed, the definition of “critically ill child” has been modified to refer to a child, “whose baseline state of health has significantly changed and whose life is at risk as a result of an illness or injury.” A “child” is broadly defined as a “child, step-child, foster child, or child who is under legal guardianship and who is under 18 years of age.”

Employers must be advised of an employee’s intention to take this leave in writing, and a medical certificate attesting to the illness of the child and outlining the period during which the child requires care or support must be issued by a qualified health practitioner and provided to the employer.

**Crime-Related Child Death and Disappearance Leave:**

With respect to “crime-related death and disappearance leave,” employees who have been employed for at least 6 consecutive months and are parents to a child who disappeared as a result of a crime will be entitled to up to 52 weeks of unpaid leave. Where it is probable, considering the circumstances, which an employee’s child died as a result of a crime, the employee will be entitled to 104 weeks of unpaid leave. For the purposes of this leave, a “child” is defined as a, “child, step-child, or foster child less than 18 years of age” and a “crime” is “an offence under the [***Criminal Code***](http://canlii.ca/t/7vf2), other than an excluded offence as prescribed by the regulations made under paragraph 209.4(f) of [***Canada Labour Code***](http://canlii.ca/t/7vhv).” Where the employee is charged with the crime, or where it is probable, considering the circumstances, that the child was a party to the crime, the employee will not be entitled to the leave.

An employee who wishes to take this leave must advise his or her employer in writing and provide a written plan that indicates the weeks that will constitute the absence. This leave may be taken in a single period.

**Related Policies/References:**

* HR-07: Sick Time and Paid Personal Leave
* Employment Insurance <http://www.servicecanada.gc.ca/eng/sc/ei/benefits/compassionate.shtml>
* Employment Standards Act: <http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_00e41_e.htm>
* Jury Duty: <http://www.attorneygeneral.jus.gov.on.ca/english/courts/jury/general_jury_duty_info.asp>
* Family Caregiver Leave: <http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_00e41_e.htm#BK80>
* Critically Ill Child Care Leave: <http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_00e41_e.htm#BK82>
* Crime-Related Child Death and Disappearance Leave: <http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_00e41_e.htm#BK84>

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| **SICK TIME/PAID PERSONAL LEAVE POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-07 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

Paid personal leave days are available to protect employees from short-term, unplanned time off due to illness, bereavement or caregiving requirements.

**Policy:**

NSMHPCN provides paid Personal Leave to full-time employees to protect them in the event of an illness, to ensure they are able to care for a sick dependent or to provide bereavement leave. Part time, job share and casual employment will not be paid for sick time.

Paid Personal Leave is a benefit, not an entitlement. Appropriate monitoring of employee personal leave is necessary to ensure this benefit is not abused. All personal leave must be approved, in advance, by the employee’s manager.

Full time employees are entitled to 20 days for paid personal leave/sick leave.  Employees may only take paid sick/personal leave that has been earned, the remainder must be unpaid.

Paid Personal Leave days may only be used for the purpose set out in this policy and will not be paid out under any circumstance. Any abuse of Paid Personal Leave is grounds for disciplinary action.

Paid Personal Leave may be used when an employee is too ill to come to work or to care for a dependent family member. For the purpose of caregiving, “dependent family member” includes children under the age of 14, or a disabled child for whom the employee is the primary caregiver, and will be restricted to 2 days per occurrence. The Executive Director or designate may make exceptions to this policy in extenuating circumstances. At the discretion of the Executive Director or designate, an employee may be required to obtain a note from a physician to explain absences.

Paid Personal Leave days are not intended to be used to cover routine medical or other appointments. The Executive Director or designate may grant Personal Leave Days for certain medical appointments, on a case by case basis, at her discretion.

**Procedure:**

Office employees must report their absence by telephone call to the NSMHPCN office as soon as possible.

The employee is responsible for ensuring that all appointments are cancelled and that regrets are sent for any meetings that will be missed as a result of the employee not attending work. If the employee is well enough to do so, they should cancel their own appointments. If unable to do so, they must notify the NSMHPCN office of the appointments that need to be cancelled and how to find appropriate contact information.

The employee must immediately document their absence in the shared calendar and must request a personal leave day through “When I Work”.

Employees must report their absence by telephone call to their Manager as soon as possible.

Doctor’s appointments and other incidental needs should be covered with flex-time.

Employees will be permitted paid bereavement time in the event of the death of a spouse, parent, child, sibling or cousin. The amount of personal leave will not exceed 5 days. Please refer to the Leave of Absence Policy (HR-09) for details. Employees should consult with their manager and receive pre-approval for paid time off.

Employees who exceed their Paid Personal Leave bank will not be granted an advance. They are required to notify the NSMHPCN office of their preference to have time off without pay or to use vacation time.

All requests for Leave of Absence must be submitted, in writing, to the Executive Director or designate, at least 4 weeks in advance of the requested leave period. Exceptions will be made for emergency situations.

Approval is at the discretion of the immediate supervisor in consultation with the Executive Director or designate.

**Related Policies/References:**

* HR-06: Leave of Absence Policy
* Employment Insurance sick benefits: <http://www.servicecanada.gc.ca/eng/ei/types/sickness.shtml#eligible>
* LTD benefits: Full time employees - Employee Benefits Booklet NSMHPCN Group 11758-2-A [www.rwam.com](http://www.rwam.com)

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| **VACATION AND STAT HOLIDAY POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-08 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Vacation**

Full time employees receive paid vacation time and paid statutory holidays. Part time, Job Share, Contracted and Casual employees will not be paid for vacation or statutory holidays. Part time employees will receive vacation leave without pay. Part time, contract and casual employees will be granted remuneration in lieu of benefits as outlined in each employee’s Employment Offer Letter.

Vacation leave (with pay for full time employees) is earned as follows:

• 3 weeks yearly for the first 5 years of employment

• 4 weeks yearly after 5 years of employment

• 5 weeks yearly after 10 years of employment

To compensate leadership positions for the increased responsibility and potential of evening/weekend work requirements, an additional 1 week in vacation is awarded.

Vacation days are non-cumulative and must be used within the calendar year (January 1st to December 31st) for which they have been granted unless carry-over is approved by the Executive Director or designate.

Approval of vacation is at the Executive Director or designates discretion, according to the needs of the organization.

**Statutory Holidays**

There are 9 statutory holidays in Ontario. In addition, NSMHPCN recognizes Easter Monday and the August Civic Holiday as public (\*) holidays. If a holiday falls on a Saturday or Sunday, the next weekday that follows will be designated as the holiday.

• New Year’s Day

• Family Day

• Good Friday

* Easter Monday\*

• Victoria Day

• Canada Day

* Civic Holiday\*

• Labour Day

* National Day for Truth and Reconciliation

• Thanksgiving Day

• Christmas Day

• Boxing Day

**Procedure:**

In the interest of providing effective service throughout the vacation period, an employee must be available to cover necessary services while their colleagues are on vacation. Supervisors will grant leave on a first come first served basis if there is overlap on the vacation calendar.

If an employee takes their full vacation entitlement for any given year and resigns, or is dismissed prior to the completion of that year, they will be required to repay the pro-rated amount to which they were not yet entitled.

There are specific clauses in the Employment Standards Act for employees who are required to work on a public (statutory) holiday in certain operations such as a hospital or a continuous operation. (see link below)

**Related Policies/References:**

* Ontario Employment Standards Act [*http://www.e-laws.gov.on.ca/html/statutes/english/elaws\_statutes\_00e41\_e.htm#BK41*](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_00e41_e.htm#BK41)

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| **EMPLOYEE USE OF PERSONAL AUTOMOBILE POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-09 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

In the performance of their job, employees may be required to use their personal automobile.

**Policy:**

It is the responsibility of each employee to have a valid driver’s license and maintain adequate and valid comprehensive liability insurance for the vehicle used for work purposes as required by legislation or recommended by their personal automobile insurance carrier.

Employees who use their personal automobile to conduct business for NSMHPCN:

1. Are required to advise their insurer that their privately owned/leased vehicle will be used for business purposes.
2. Assume sole responsibility for payment of their insurance premiums.
3. Are encouraged to pursue the most cost effective and safe mode of transportation. When required to travel more than 400 km, employees must consult with the Executive Director or designate to determine if renting a car or using some form of public transportation would be more efficient. Decisions will be made factoring in time, cost, safety (i.e. rental cars must have snow tires in winter months) and convenience.
4. Must comply with highway and transport Canada requirements including functioning seatbelts for all passengers.
5. Assume full responsibility for the cost of fines resulting from traffic violations, parking tickets, theft, loss or damage to their vehicle etc.
6. Must notify NSMHPCN immediately of all driving related accidents, fines, charges/convictions, driver’s license restrictions and suspensions.
7. Must maintain a safe and mechanically fit vehicle at all times, including compliance with scheduled preventive maintenance.
8. Must keep a safety kit in the car at all times and must ensure all items in the safety kit are in working condition.
9. Must not transport passengers in their private vehicles while on NSMHPCN business except as authorized by NSMHPCN.
10. Will be paid mileage for travelling on behalf of NSMHPCN. Mileage rates will be set annually by the Board of Directors as part of the Budget preparation process.
11. Must review NSMHPCN’s policy on safe driving annually.

**Procedure:**

Employees and volunteers must have a valid driver’s license and appropriate insurance. Proof of valid license andinsurance must be provided to NSMHPCN and updated annually.

**Mileage:**

Employees will receive mileage for authorized travel on behalf of NSMHPCN. Mileage is paid from an employee’s home or their office location, whichever is closest to their first or last call of the day. Shared driving is expected for out of town events. When non-work day travel is required, consideration will be given for mileage to be paid from home.

**Example:**

If you begin or end your day – (or spend an entire day) at a location other than the NSMHPCN office, you can charge the lesser of from Home or from the office to your first (last) stop of the day.

Mileage must be submitted monthly – the Executive Coordinator will advise schedule for submission.

**Related Policies/References:**

* HS-02: Safe Driving Policy
* Appendix #05: Monthly Expense Claim Form

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| **CELL PHONE POLICY** | |
| **Type of Policy:** Human Resources | **Number:** HR-10 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** Nov 25, 2015 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

In order to protect the safety of employees and to allow for work and within the community, some NSMHPCN employees are required to have a cell phone.

**Policy:**

The Network will provide all employees who regularly work outside of the NSMHPCN office with a cell phone or will compensate employees for use of their personal cell phone. Any cell phones provided by NSMHPCN are the property of NSMHPCN and must be returned at the conclusion of the employment relationship or any time requested by NSMHPCN.

**Procedure**

Each eligible employee will complete a cell phone agreement at the beginning of their employment or when changes are made to their cell phone agreement (this could be at the employee’s request or at the request of NSMHPCN). Employees will be eligible for compensation for use of their personal cell phone equal to the cost of a corporate cell phone plan or receive a corporate cell phone under the corporate cell phone plan.

Corporate Phones

The corporate cell phone plan will be reviewed annually to verify it is covering the needs of employees.

Any phone usage above and beyond the coverage of the corporate cell phone plan will be charged to the employee and deducted from their next payroll.

Employees will receive a copy of the cell phone bill if charges exceed the corporate cell phone plan, or can request a copy of their cell phone bill at any time. Employees may request additional features on their cell phone plan and will be charged for these additional features monthly

Personal Phones

Employees will be compensated for use of their personal cell phone at the lesser of their actual cell phone bill or the corporate cell phone plan rate. Employees will be required to submit their cell phone bill with their expenses in order to receive compensation.

Annually on April 1st, the rate of compensation for personal cell phone use will be adjusted to match the current corporate cell phone plan rate. Each employee using their personal cell phone will receive an updated agreement annually on April 1st.

**Related Policies/References:**

* Appendix #8 – Cell Phone Agreement
* HR-18: Use of Organization Property Policy

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| **PROGRESSIVE DISCIPLINE POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-11 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

NSMHPCN employees and volunteers are valued by the agency. NSMHPCN strives to acknowledge and reward positive performance and assist employees and volunteers in meeting or exceeding expectations. This policy sets out the steps that will be taken to address unsatisfactory performance. It is intended to be used to create opportunities for employees to correct undesirable behaviors, to ensure that all employees are treated equitably and ensure that termination of employment is used only as a last resort.

**Policy:**

NSMHPCN will work with employees to address performance issues which do not meet the needs or standards of the agency.

Performance issues include, but are not limited to, those issues in which an employee does not fulfill the expectations of his or her employment as set out in the Performance Development Plan (see related policy), or fails to follow the policies, procedures and acceptable practices of the agency.

Performance issues must be measurable and must relate to workplace expectations that are reasonable for the position and are consistent for all employees carrying out the same role.

The prescribed process will be equitable for all employees.

The Executive Director or designate will be made aware of all disciplinary action being taken and the Board will be notified in advance of any dismissal.

**Informal, non-disciplinary discussions:**

In the event that an employee’s performance is unsatisfactory, the employee’s supervisor will bring the concern to the employee’s attention and request that the employee remedy the situation. This informal discussion will not be considered disciplinary and no notation in the employee file is required. Generally, this informal discussion will be used for minor, non-repetitive issues that are likely to be resolved by bringing them to the employee’s attention.

**Disciplinary Action:**

The supervisor will assess the severity of the performance issue when determining whether to take formal disciplinary steps. Generally, disciplinary steps will be used immediately where there is a health and safety concern, when client care is compromised, when NSMHPCN policies are violated or when a performance issues that have been raised informally have not been addressed.

The following disciplinary steps will be taken in an effort to correct unsatisfactory performance. The steps will be used in the order presented. There may be situations that suggest a supervisor move immediately to a higher level of discipline or immediately to termination.

Should the employee correct the undesirable behavior the progression up the disciplinary steps will halt and the correction will be noted in the employee’s personnel file. Should the behavior resume, the supervisor may at his or her discretion (depending upon the intervening time and the seriousness of the performance issue) begin the following progressive discipline steps at the beginning or resume it at the next step of the ladder.

**Disciplinary Steps:**

• When a contravention is identified, the employer provides verbal direction regarding expectations and required compliance. A note about the verbal direction is made in the employee’s personnel file.

• If the contravention is again identified and the employer provides a second verbal reprimand/warning and direction regarding expectations and required compliance. A note about the verbal direction is made in the employee’s personnel file.

• If the contravention is identified for a third time, the employer provides a written warning and direction regarding expectations and required compliance. The employee is required to sign the written warning acknowledging that he/she has received it. A copy of the warning is included in the employee’s personnel file.

• Depending on the severity of the issue a second written warning may be added at the supervisor’s discretion. The employee is required to sign the written warning acknowledging that he/she has received it. A copy of the warning is included in the employee’s personnel file.

• If the contravention is again identified, the employee is dismissed.

**Reasons to escalate discipline:**

The following contraventions may result in immediate dismissal, at the discretion of the Executive Director or designate and in accordance with Employment Standards Act and the Human Rights Code:

• Violence

• Harassment or discrimination

• Breach of confidentiality

• Insubordination

All employees and volunteers have the right to appeal and may do so in writing to the Executive Director or designate.

The Executive Director or designate will notify the Board in advance of any termination to identify that all appropriate steps have been taken and to ensure that risk to the agency and to the Board of Directors is mitigated.

**Related Policies/References:**

* HR-13: Professional Development Plan Policy
* HR-03: Confidentiality Policy
* HS-06: Workplace Violence Policy
* HS-05: Workplace Harassment Policy
* Appendix #06: Discipline Documentation Form

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| **HIRING POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-12 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

NSMHPCN management will conduct a thorough search for new employees to ensure the agency has skilled and effective employees.

**Policy:**

All vacant or new employee positions will be posted to ensure that each position is filled by the most qualified applicant. Depending on the circumstances, existing employees may be seconded to fill a vacant position during the hiring process.

All job postings must advise that we are an equal opportunity employer. “NSMHPCN  is committed to diversity and inclusivity in employment and welcomes applications from qualified individuals of diverse backgrounds.”

**Procedure:**

The Executive Director or designate will develop an appropriate job posting to reflect the skill set required.

All new or substantially changed job positions will at a minimum be posted on the NSMHPCN website.

All NSMHPCN employees will be notified of the posting. Definition of a substantial change would include; qualifications, remuneration, full-time / part-time or level of hierarchy of position.

The manager will form a hiring panel consisting of no less than two people, which can include, but is not limited to employees, board members, volunteers and community partners.

The manager or designate will review all submitted resumes and shortlist. A copy of shortlisted candidates’ resumes will be provided to each member of the hiring panel.

The manager will determine the process for developing an interview structure which may include input from the hiring panel. All applicants will be required to answer a common set of questions and committee members will score each applicant.

Upon completion of interviews, the hiring panel will review the scored answers by each of the applicants, determine the next steps which may include a second interview with a subset of the original candidates, rejection of all candidates or selection of one candidate to move forward with.

Where all else is equal, internal applicants will be given first priority.

References will be checked before an offer is made.

An offer letter must be signed by the Executive Director or designate prior to the job being verbally offered.

The prospective employee must sign an offer letter and a confidentiality agreement prior to the start of employment. As a condition of hire, a new, clear criminal record check must be submitted. If the employee will be part of the circle of care, a vulnerable sector screening must be submitted prior to commencing any duties that require direct resident/client care.

All employees are subject to a six-month probationary period from date of hire or some other time as negotiated with the new hire.

Approximately half way through the negotiated probationary period the employee will receive a mid-probationary period review at which the job description will be reviewed and, if appropriate revised; the employee’s accomplishments will be identified, and any concerns with the employee’s ability to manage the role identified and a course of action to rectify the concerns identified. The Manager will summarize that meeting in a letter to the employee. The employee will have an opportunity to provide feedback to the letter before it is signed. The final choice of content for the letter will be the Managers. A copy of the letter will be placed in the employee’s file.

**Related Policies/References:**

* HR-01: Terms and Conditions of Employment
* HR-04: Criminal Record Check

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| **PROFESSIONAL DEVELOPMENT PLAN POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-13 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December, 2015 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

A professional development plan (PDP) documents the goals, required skill and competency, and objectives that an employee will need to accomplish in order to support the strategic plan of NSMHPCN.

**Policy:**

A PDP is created collaboratively by the manager working closely with the employee to identify the necessary skills and resources to support the organization’s needs.

All employees should have an active PDP in place within 3 months of their start date.

PDP’s will be reviewed before the end of an employee’s probationary period and subsequently on a yearly basis.

**Procedure:**

The manager will complete the goals and strategic priorities for each employees member’s PDP that directly relate to the Strategic Plan of the organization.

The employee member will complete 6-8 performance objectives that relate to the goals and priorities in their PDP.

Essential competencies needed to complete the performance objectives will also be decided and recorded by the employee in their PDP.

The PDP document will be reviewed and feedback given before the PDP is complete.

The manager will conduct a PDP review with the employee half-way through and at the end of each fiscal year.

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| **EDUCATION POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-14 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December, 2015 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

NSMHPCN is committed to keeping abreast of new developments in the field of hospice and palliative care and supporting its staff members in continuous learning.

**Policy:**

NSMHPCN will support staff with ongoing education and training, driven by the needs of the organization.

Each department will receive an annual education budget. Each department will prioritize and plan for relevant courses and training for employees within that budget.

Staff attending multi-day learning opportunities or opportunities that extend into the evening (ex: a social event), will not be granted flex time hours beyond 7.5 hours per day. Flex time for all learning opportunities must be pre-approved by a manager. Refer to terms and conditions of employment (flextime).

**Procedure:**

Employees will work with their immediate supervisor to identify education goals as part of their Performance Development Plan. In particular, educational opportunities that can address gaps in an employee’s performance will be included in the Plan.

When education opportunities arise mid- year, they will be reviewed by the employee and manager to determine if tuition and time will be covered.

Educational days supported must further the work of the organization and requests by staff will be considered on that basis as well.

Nursing staff are encouraged to apply to RNAO for reimbursement of tuition fees.

Leave of absence for educational purposes may also be considered on a case by case basis

**Related Policies/References:**

##### -HR-01: Terms and Conditions of Employment Policy

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| **SUBSTANCE ABUSE POLICY (DRUG AND ALCOHOL)** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-15 |
| **Reviewed by:** Executive Director | **Approved by:** Governance Committee |
| **Review Date:** May 2, 2022 | **Date Approved:** October 15, 2018 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

North Simcoe Muskoka Hospice Palliative Care Network is committed to the health and safety of its employees and has adopted this policy to communicate its expectations and guidelines surrounding substance use, misuse, and abuse.

**Guidelines:**

Employees under the influence of drugs or alcohol on the job can pose serious health and safety risks to both themselves and their fellow employees. To help ensure a safe and healthy workplace, North Simcoe Muskoka Hospice Palliative Care Network reserves the right to prohibit certain items and substances from being brought on to or present on company premises.

**Definitions:**

Drug: Any substance which can change or adversely affect the way a person thinks or feels, whether obtained legally or illegally. This could include recreational cannabis, cocaine, opiates, and amphetamines.

Drug paraphernalia: Material or equipment used or intended for use in injecting, ingesting, inhaling, or otherwise introducing a drug, illegal or controlled, into the human body.

Medication: Includes a drug obtained legally, either over the counter or through a prescription issued by an authorized medical practitioner. For this policy, medications of concern are those that inhibit a worker’s ability to perform their job safely and productively.

Alcohol: Any beverage containing any quantity of alcohol, including, beer, wine, and distilled spirits.

**Expectations:**

The following expectations apply to employees and management alike while conducting work on behalf of the company, whether on or off company property:

* Employees are expected to arrive to work fit for duty and able to perform their duties safely and to standard;
* Employees must remain fit for duty for the duration of their shift;
* Use, possession, distribution, or sale of drugs or alcohol during work hours, including during paid and unpaid breaks, is strictly prohibited;
* Employees are prohibited from reporting to work while under the influence of recreational cannabis and any other non-prescribed substances;
* Use and possession of medically prescribed drugs is permitted during working hours, subject to the terms and conditions of the company’s policies and all applicable legislation;
* Employees on medically approved medication must communicate to management any potential risk, limitation, or restriction requiring modification of duties or temporary reassignment; and
* Employees are expected to abide by all governing legislation pertaining to the possession and use of cannabis.

**Roles and Responsibilities:**

North Simcoe Muskoka Hospice Palliative Care Network will:

* Clearly communicate expectations surrounding alcohol and drug use, misuse, and abuse;
* Maintain a program of employee health and awareness;
* Provide a safe work environment; and
* Review and update this policy regularly

Management will:

* Identify any situations that may cause concern regarding an employee’s ability to safely perform their job functions;
* Ensure that any employee who asks for help due to a drug or alcohol dependency is provided with the appropriate support (including accommodation) and is not disciplined for doing so; and
* Maintain confidentiality and employee privacy.

Employees must:

* Abide by the provisions of this policy and be aware of their responsibilities under it;
* Arrive to work fit for duty, and remain so for the duration of their shift;
* Perform work safely in accordance with established safe work practices;
* Avoid the consumption, possession, sale, or distribution of drugs or alcohol on company property and during working hours (even if off company property);
* When off duty, refuse a request to come into work if unfit for duty;
* Report limitations and required modifications as a result of prescription medication;
* Report unfit co-workers to management;
* Seek advice and appropriate treatment, where required;
* Communicate dependency or emerging dependency to management or human resources; and
* Follow the after-care program, where established.

**Suspicion of Impairment**

The following procedure may be enacted if there is reasonable belief that an employee is impaired at work:

1. If possible, the employee’s manager or supervisor will first seek another manager’s or supervisor’s opinion to confirm the employee’s status.
2. Next, the manager or supervisor will consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred. Suspicions of an employee’s ability to function safely may be based on specific personal observations. If the employee exhibits unusual behaviour including but not limited to slurred speech, difficulty with balance, watery or red eyes, or dilated pupils, or if there is an odour of alcohol, the employee should not be permitted to return to their assigned duties in order to ensure their safety and the safety of other employees or visitors to the workplace.
3. If an employee is considered impaired and deemed “unfit for work,” this decision is made based on the best judgement of two members of management and DOES NOT require a breathalyser or blood test. The employee may be advised that North Simcoe Muskoka Hospice Palliative Care Network has arranged a taxi or shuttle service to safely transport them to their home address or to a medical facility, depending on the determination of the observed impairment. The employee may be accompanied by a manager or supervisor or another employee if necessary.
4. An impaired employee will not be allowed to drive. The employee should be advised if they choose to refuse North Simcoe Muskoka Hospice Palliative Care Network organized transportation and decide to drive their personal vehicle, the company is obligated to and will contact the police to make them aware of the situation.
5. A meeting may be scheduled for the following work day to review the incident and determine a course of action which may include a monitored referral program as part of a treatment plan.

**Possession at Work:**

Possession of alcohol, drugs, and drug paraphernalia on company property is prohibited. Company property encompasses all company owned or leased property used by employees, including without limitation parking lots, vehicles, lockers, desks, and closets.

Possession of alcohol, drugs, and drug paraphernalia is also prohibited while employees are acting on behalf of the organization off of company premises. This includes attending events as a company representative.

**Substance Dependency:**

North Simcoe Muskoka Hospice Palliative Care Network understands that certain individuals may develop a chemical dependency to certain substances, which may be defined as a disease or disability. Employees are not excused from their duties as a result of their dependencies. North Simcoe Muskoka Hospice Palliative Care Network promotes early diagnosis. Any employee who suspects that they might have an emerging drug or alcohol problem is expected to seek appropriate treatment promptly.

The company will work with the individual who requests accommodation in an effort to ensure that the measures taken are both effective and mutually agreeable, up to the point of undue hardship. Employees are encouraged to communicate any need for accommodation to their immediate supervisor, and to work with them in addressing the concern.

**Voluntary Identification:**

Employees are encouraged to communicate if they have a dependency or have had a dependency so that their rights are protected and they can be accommodated appropriately. Employees will not be disciplined for requesting help or due to current or past involvement in a rehabilitation effort.

All medical information will be kept confidential by North Simcoe Muskoka Hospice Palliative Care Network, unless otherwise authorized by law.

**Agreement for the Continuation of Employment**

North Simcoe Muskoka Hospice Palliative Care Network reserves the right to invoke an agreement for the continuation of employment in accordance with an employee’s commitment to become and remain alcohol- and drug-free. The agreement will outline the conditions governing the employee’s return to the job and the consequences for failing to meet the conditions.

An agreement for the continuation of employment may include a requirement for drug or alcohol testing.

**Disciplinary Action**

Employees may be subject to disciplinary action up to and including termination of employment for failure to adhere to the provisions of this policy, including but not limited to:

* Failure to meet prescribed safety standards as a result of impairment from alcohol or drugs; and
* Engaging in illegal activities (for example, selling drugs or alcohol while on company premises)

**\*\*Please sign and submit declaration below to Executive Director or designate**

**Acknowledgement and Agreement**

I, (Employee Name), acknowledge that I have read and understand the Substance Abuse Policy (Drug and Alcohol) of North Simcoe Muskoka Hospice Palliative Care Network. I agree to adhere to this policy and understand that if I violate the rules set forth by this policy, I may face disciplinary action up to and including termination of employment.

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Copy to HR file

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| **PRIVACY POLICY & PERSONAL HEALTH INFORMATION PROTECTION ACT POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-16 |
| **Reviewed by:** Executive Director | **Approved by:** Governance Committee |
| **Review Date:** May 2, 2022 | **Date Approved:** July 31, 2019 |
| **Revision Date:** April 8, 2021 |

# Preamble:

NSMHPCN is responsible for personal information under its control and will designate individual(s) who are accountable for its compliance. The Executive Director is the Privacy Officer and can be reached at the NSMHPCN office by calling 705.325.0505 ext. 140.

NSMHPCN will strive to ensure that employees, volunteers and service recipient’s privacy are upheld by reviewing the privacy policy with all employees/volunteers.

# Policy:

NSMHPCN is responsible for personal information under its control. All staff and volunteers are accountable for following procedures in this policy that are based on the following ten (10) principles:

1. Accountability for Personal Information
2. Purposes for which Personal Information is Collected
3. Consent for Collection, Use and Disclosure of Personal Information
4. Limiting Collection of Personal Information
5. Limiting Use, Disclosure, and Retention of Personal Information
6. Accuracy of Personal Information
7. Safeguards for Personal Information
8. Openness about Privacy Policy
9. Individual Access to Personal Information
10. Challenging Compliance with the Privacy Policy

# Procedure:

**Principle 1: Accountability for Personal Information**

NSMHPCN is responsible for personal information under its control and will designate individual(s) who are accountable for its compliance.

1.1

Accountability for NSMHPCN’s compliance with the principles rests with the Executive Director, even though other individuals within NSMHPCN may be responsible for the day to day collection and processing of personal information. In addition, other individuals within NSMHPCN may be delegated to act on behalf of the Executive Director.

1.2

It will be made known that the Executive Director is the Privacy Officer and will be responsible to oversee NSMHPCN’s compliance with the principles.

1.3

NSMHPCN is responsible for personal information in its possession or custody, including information that has been transferred to a third-party for processing. It will use contractual or other means to provide a comparable level of protection while the information is being processed by a third-party.

1.4

NSMHPCN will implement policies and practices to give effect to the principles, including:

1. Implementing procedures to protect personal information
2. Establishing procedures to receive and respond to complaints and inquiries;
3. Training staff and communicating to staff information with respect to NSMHPCN policies and practices, and;
4. Developing information to explain its policies and procedures.

# Principle 2: Purposes for Which Health Information is collected

NSMHPCN will identify the purposes for which personal information is collected at or before the time the information is collected.

2.1

NSMHPCN collects personal information for the purpose of:

1. Direct client / resident care or support;
2. Research, teaching and statistics;
3. Complying with legal regulatory requirements.

2.2

Identifying the purposes for which personal information is collected at or before the time of collection allows NSMHPCN to determine the information it needs to collect to fulfill these purposes. The Limiting Collection principle (Clause 4) requires an organization to collect only that information necessary for the purposes that have been identified.

2.3

NSMHPCN will specify the identified purposes at or before the time of collection to the individual from whom the personal information is collected. Depending upon the way in which the information is collected, this can be done orally or in writing. The referral, intake or appointment form for example, may give notice of the purpose.

2.4

When personal information that has been collected is to be used for a purpose not previously identified, the new purpose will be identified prior to use. Unless the new purpose is required by law, the consent of the individual is required before information can be used for that purpose.

2.5

Persons collecting personal information will be able to explain to individuals the purposes for which the information is being collected.

# Principle 3: Consent for Collection use and Disclosure of Personal Information

The knowledge and consent of the individual are required for the collection, use or disclosure of personal information, except where inappropriate.

**NOTE:** In certain circumstances personal information can be collected, used, or disclosed without the knowledge and consent of the individual. For example, legal, medical, or security reasons may make it impossible or impractical to seek the consent. When information is being collected for the detection and prevention of fraud or for law enforcement. Seeking consent may be impossible or inappropriate when the individual is a minor, seriously ill, or mentally incapacitated. In addition, organizations that do not have a direct relationship with the individual may not always be able to seek consent*.*

3.1

Consent is required for the collection of personal information and the subsequent use or disclosure of this information. Typically, NSMHPCN will seek consent for the use or disclosure of the information at the time of collection. In certain circumstances, consent with respect to use or disclosure may be sought after the information has been collected but before use, for example, when NSMHPCN wants to use information for a purpose not previously identified.

3.2

The principle requires "knowledge and consent". NSMHPCN will make a reasonable effort to ensure that the individual is advised of the purposes for which the information will be used. To make the consent meaningful, the purposes must be stated in such a manner that the individual can reasonably understand how the information will be used or disclosed.

3.3

NSMHPCN will not, as a condition of the supply of a service, require an individual to consent to the collection, use, or disclosure of information beyond that required to fulfill the explicitly specified and legitimate purposes.

3.4

The form of the consent sought by NSMHPCN may vary, depending upon the circumstances and the type of information. In determining the form of consent to use, the organization will take into account the sensitivity of the information. Although some information, for example clinical records, and income records, is almost always considered sensitive, any information can be sensitive, depending on the context*.*

3.5

In obtaining consent, the reasonable expectations of the individual are also relevant. For example, an individual requesting NSMHPCN services will reasonably expect that NSMHPCN, in addition to using an individual's personal information for service planning, would also contact the referring physician to report results of interventions. In this case, NSMHPCN can assume that the individual's request for services constitutes consent for specific, related purposes. On the other hand, an individual would not reasonably expect that personal information given NSMHPCN would be given to a company selling healthcare products, unless consent was obtained.

3.6

The way in which NSMHPCN seeks consent may vary, depending on the circumstances and the type of information collected. NSMHPCN will generally seek expressed consent when the information is likely to be considered sensitive. Implied consent would generally be appropriate when the information is less sensitive.

3.7

Individuals can give consent in many ways. For example:

1. A referral, appointment or admission form may be used to seek consent, collect information, and inform the individual of the use that will be made of the information. By completing and signing the form, the individual is giving consent to the collection and the specified uses;
2. Consent may be given orally when information is collected over the telephone; or
3. Consent may be given at the time that individuals receive service or treatment

3.8

An individual may withdraw consent at any time, subject to legal or contractual restrictions and

reasonable notice. NSMHPCN will inform the individual the implications of such withdrawal.

3.9

Where there is Power of Attorney for Personal Care a copy will be maintained in the chart. Where there is no power of attorney, the following is used to assess the appropriate Substitute Decision Maker for healthcare decisions when the client / resident are not capable to understand the decisions or consequences in that situation. NSMHPCN will be guided by the Consent & Capacity Policy and Procedures

3.10

Clients or substitute decision makers can make a request for a consent directive. While PHIPA permits clients to make verbal consent directive requests, NSMHPCN will make every reasonable effort to obtain the clients written instructions. These written instructions will be maintained in the clients chart and the Privacy Officer will be notified of the consent directive.

Where a consent directive request has been made, the clients will be informed of factors impacting such a request that include: the consent directive only applies to PHI the clients have already provided, and not to PHI which the clients might provide in the future; PHIPA permits certain collections, uses and disclosures of the PHI, despite the consent directive; healthcare providers may override the consent directive in certain circumstances such as emergencies; and the consent directive may result in delays in receiving health care, reduced quality of care due to a healthcare provider’s lacking complete information. In such circumstances, where the consent directive is overridden, the Executive Director and the clients / SDM will be notified.

When a consent directive is established, the clients record will be locked and accessed only by individuals that have been granted such access by the clients or SDM. A duplicate clients record will be created with the historical record deleted from that point moving forward. The Executive Director will be notified that a consent directive request has been made and a copy of the signed consent will be provided to the Executive Director.

Whenever PHI is shared which is subject to a consent directive, the recipient is notified that the record is missing certain information which is subject to a consent directive.

# Principle 4: Limiting Collection of Personal Information

NSMHPCN will limit the collection of personal information to that which is necessary for the purposes identified. Information will be collected by fair and lawful means

4.1

NSMHPCN will not collect personal information indiscriminately. Both the amount and the type of information collected will be limited to that which is necessary to fulfill the purposes identified.

Organizations will specify the type of information collected as part of their information handling policies and practices, in accordance with the Openness principle.

4.2

The requirement that personal information be collected by fair and lawful means is intended to prevent organizations from collecting information by misleading or deceiving individuals about the purpose for which information is being collected. This requirement implies that consent with respect to collection must not be obtained through deception.

# Principle 5: Limiting Use, Disclosure, and Retention of Personal Information

Personal information will not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. This applies to personal health information in all forms: verbal, written and electronic. Prior to Disclosing PHI based on a request, the identity of the individual or SDM will be verified through presentation of identification, responses to security information, or formal presentation of documentation that the individual is a SDM.

Personal information will be retained only as long as necessary for the fulfillment of those purposes:

5.1

Organizations using personal information for a new purpose will document this purpose

5.2

NSMHPCN will implement guidelines and procedures with respect to the retention of personal information (Document Retention Policy). Personal information that has been used to make a decision about an individual will be retained long enough to allow the individual access to the information after the decision has been made. These retention guidelines for PHI will satisfy the information in PHIPA section 1(2) regarding pending clients access requests, the Limitations Act and the Rules of Civil Procedures regarding lawsuits, and the need to resolve legal/College issues, and any other legislation governing PHI retention periods.

5.3

Where a request is made for access to PHI, in the form of a subpoena/summons/warrant, police acting on behalf of a coroner and related contexts following steps will be taken:

1. The agency lawyer will be contacted to obtain input / advice;
2. Depending on what is requested, a meeting would be held with all persons having written in the file being subpoenaed for information;
3. Only the information requested will be provided with all other information being redacted based on the agency

# Principle 6: Accuracy of Personal Information

Personal Information will be as accurate, complete and up-to-date as is necessary for the purposes for which it is to be used.

6.1

The extent to which personal information will be accurate, complete, and up-to-date will depend upon the use of the information, taking into account the interests of the individual. Information will be sufficiently accurate, complete, and up-to-date to minimize the possibility that inappropriate information may be used to make a decision about the individual.

6.2

NSMHPCN will not routinely update personal information, unless such a process is necessary to fulfill the purposes for which the information was collected.

6.3

Personal information that is used on an ongoing basis, including information that is disclosed to third-parties, will generally be accurate and up-to-date, unless limits to the requirement for accuracy are clearly set out.

6.4

Where a request is made to correct a record of PHI, NSMHPCN will respond to the request within 30 days (or up to 60 days upon an extension). When a change is made to the original record, the original record will be maintained.

6.5

Wherever there is a disclosure of a Statement of Disagreement (SOD), disclosed by the client / resident or a third party, NSMHPCN will investigate to ensure accuracy and correct as required. All staff having access to the record will be informed of the changes.

# Principle 7: Safeguards for Personal Information

Personal Information will be protected by security safeguards appropriate to the sensitivity of the information in order to reduce the risk of a privacy breach. These safeguards remain in place and will continue to apply even after employment/affiliation terminates. A privacy breach is said to have occurred when there is unauthorized access to, or collection, use, or disclosure of, personal information. Such activity is “unauthorized” if it occurs in contravention of applicable privacy legislation, such as PIPEDA, or similar provincial privacy legislation.

7.1

The security safeguards will protect personal information against loss or theft, as well as unauthorized access, disclosure, copying, use or modification. NSMHPCN will protect personal information regardless of the format in which it is held.

7.2

The nature of the safeguards will vary depending on the sensitivity of the information that has been collected, the amount, distribution, and format of the information, and the methods of storage. More sensitive information will be safeguarded by a higher level of protection.

7.3

The methods of protection will include:

1. Physical measures, for example, locked filing cabinets and restricted access to offices;
2. Organizational measures; confidentiality agreements; limiting access on a "need to know" basis;

Access to Community and Bereavement files are limited to: Bereavement Services Coordinator, Executive Director and Visiting Hospice Coordinator.

Access to Donor files is limited to: Executive Director, Executive Coordinator, Program Assistant and Communications and Fundraising Coordinator.

1. Technological measures; the use of passwords will not be shared.

For remote (VPN) access, the home or personal computer must have valid antivirus software installed and be up-to-date; the home or personal computer must have profiles for each person that uses the computer and each person/profile must have their own password; the computer must be locked when left unattended so that no one can see any PHI open on the screen; and the computer must be closed out of the VPN connection when finished working.

1. Annual privacy audits will be conducted to ensure information is protected. Process:

In Canada, the disclosure of privacy breaches is voluntary. NSMHPCN will evaluate each incident and determine an appropriate response and whether the Office of the Privacy Commissioner will be notified. Notwithstanding the prior statement, NSMHPCN will conduct an investigation to determine what how the breach occurred, and to implement actions/processes to address the situation to ensure reasonable actions are taken to mitigate a recurrence. This includes a determination of whether notification to individuals has occurred or been considered.

7.4

NSMHPCN will make its employees aware of the importance of maintaining the confidentiality of personal information. Annual privacy training will be provided for all staff, and ongoing privacy awareness reminders and updates will be provided as available.

7.5

Care will be used in the disposal or destruction of personal information, to prevent unauthorized parties from gaining access to the information. See Clause 5.3.

7.6

NSMHPCN will monitor and address all inappropriate uses of personal health information. In the event of any misuse of personal health information the *Progressive Discipline Policy will be enforced.*

7.7

NSMHPCN has an established procedure wherein all service agreements with consultants, IT, Physicians, legal counsel, suppliers or contractors who may have access to PHI, have a signed privacy and confidentially agreement prior to having any such access.

7.8

Information will remain protected and privacy responsibilities will continue to apply even after employment/affiliation with the organization terminates.

# Principle 8: Openness about Privacy Policy

NSMHPCN will make readily available to the individuals specific information about its policies and practices relating to the management of personal information.

8.1

NSMHPCN will be open about its policies and practices with respect to the management of personal information. Individuals will be able to acquire information about its policies and practices without unreasonable effort. This information will be made available in a form that is generally understandable.

8.2

The information made available will include:

1. The name or title, and the address, of the person who is accountable for NSMHPCN policies and practices and to whom complaints or inquiries can be forwarded;
2. The means of gaining access to personal information held by the NSMHPCN;
3. A description of the types of personal information held by the NSMHPCN, including a general account of its use;
4. A copy of any brochures or other information that explain the NSMHPCN’s policies, standards or codes; and
5. What personal information is made available to related organizations, e.g. the funders.

8.3

NSMHPCN may make information on its policies and practices available in a variety of

ways. For example, it may choose to make brochures available in high traffic client areas, mail information to its clients, provide online access, or establish a toll free number.

# Principle 9: Individual Access to Personal Information

Upon request, an individual will be informed of the existence, use, and disclosure of his or her personal information and will be given access to that completeness of the information and have it amended as appropriate.

**Note:** In certain situations, NSMHPCN may not be able to provide access to all of the personal information it holds about an individual. Exceptions to the access requirement will be limited and specific. The reasons for denying access will be provided to the individual upon request. Exceptions may include information that is prohibitively costly to provide, information that contains references to other individuals, information that cannot be disclosed for legal, security, or commercial propriety reasons, and information that is subject to solicitor/client or litigation privilege.

9.1

Upon request, NSMHPCN will inform an individual whether or not it holds personal information about the individual. It is encouraged to indicate the source of this information. NSMHPCN will allow the individual access to this information. However, it may choose to make sensitive clinical information available through a clinical practitioner. In addition, NSMHPCN will provide an account of the use that has been made, or is being made of this information and an account of the third-parties to which it has been disclosed.

9.2

An individual may be required to provide sufficient information to permit NSMHPCN to provide an account of the existence, use, and disclosure of his or her personal information. The information provided will only be used for this purpose

9.3

In providing an account of third-parties to which it has disclosed personal information about an individual, NSMHPCN will attempt to be as specific as possible. When it is not possible to provide a list of organizations to which it has actually disclosed information about an individual, NSMHPCN will provide a list of organizations to which it may have disclosed information about the individual.

9.4

NSMHPCN will respond to an individual's request within a reasonable time and at minimal or no cost to the individual. NSMHPCN will respond to information access requests within 30 days (or up to 60 days upon an extension). The requested information will be provided or made available in a form that is generally understandable. For example, if NSMHPCN uses abbreviations or codes to record information, an explanation will be provided.

9.5

When an individual successfully demonstrates the inaccuracy or incompleteness of personal information, NSMHPCN will amend the information as required. Depending on the nature of the information challenged, amendment involves the correction, deletion, or addition of information. Where appropriate, the amended information will be transmitted to third-parties having access to the information in question.

9.6

When a challenge is not resolved to the satisfaction of the individual, NSMHPCN will record the substance of the unresolved challenge. When appropriate, the existence of the unresolved challenge will be transmitted to third-parties having access to the information in question.

# Principle 10: Challenging Compliance with the Privacy Policy

An individual will be able to address a challenge concerning

compliance with the ten principles previously outlined to the designated individual or individuals accountable for NSMHPCN’s compliance.

10.1

The individual accountable for NSMHPCN compliance is discussed in Clause 1.1.

10.2

NSMHPCN will put procedures in place to receive and respond to complaints or inquiries about their policies and practices relating to the handling of personal information.

The complaint procedures will be easily accessible and simple to use.

10.3

NSMHPCN will inform individuals who make inquiries or lodge complaints of the existence of relevant complaint procedures.

10.4

NSMHPCN will investigate all complaints. If a complaint is found to be justified, NSMHPCN will take appropriate measures, including, if necessary, amending its policies and practices.

**To contact the IPC, including the Commissioner, please email** [**info@ipc.on.ca**](mailto:info@ipc.on.ca) or call 1-800-387-0073

**Related Policies/References:**

* The definitions in this Privacy Policy are adopted from those found in [PHIPA](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm) and [PIPEDA](http://www.privcom.gc.ca/legislation/02_06_01_e.asp).
* HR-17: Records Retention Policy
* HR-03: Confidentiality Policy

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| **RECORDS RETENTION POLICY** | |
| **Type of Policy:** Human Resources | **Number:** HR-17 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

The adoption of a document retention policy serves to notify employees, officers, and directors of the time periods for which documents should be maintained, and helps to guard against improper disposal or destruction of documents with the intent of obstructing an investigation.

It also safeguards personal information contained in files by guiding employees in the appropriate storage and handling of files.

**Policy:**

NSMHPCN will uphold its obligations to preserve information following the legislated timelines.

NSMHPCN will ensure that confidential information is stored securely in a locked filing cabinet and/or password protected electronic form at all times.

Employees working in remote locations must maintain documents in a secure location.

Executive Director or designate may issue a notice, known as a “legal hold,” suspending the destruction of records due to pending, threatened, or otherwise reasonably foreseeable litigation, audits, government investigations, or similar proceedings. No records specified in any legal hold may be destroyed, even if the scheduled destruction date has passed, until the legal hold is withdrawn in writing by the Executive Director or designate.

**Schedule**

|  |  |  |
| --- | --- | --- |
| **File Category** | **Item** | **Retention Period** |
| **Corporate Records** | Bylaws and Articles of Incorporation | Permanent |
|  | Corporate resolutions | Permanent |
|  | Board and committee meeting agendas and minutes | Permanent |
|  | Conflict-of-interest disclosure forms | 4 years |
| **Finance and**  **Administration** | Financial statements (audited) | 7 years |
|  | Auditor management letters | 7 years |
|  | Payroll records | 7 years |
|  | Check register and checks | 7 years |
|  | Bank deposits and statements | 7 years |
|  | Chart of accounts | 7 years |
|  | General ledgers and journals (includes bank reconciliations) | 7 years |
|  | Investment performance reports | 7 years |
|  | Equipment files and maintenance records | 7 years after disposition |
|  | Contracts and agreements | 7 years after all obligations  end |
|  | Correspondence — general | 3 years |
| **Insurance Records** | Policies — occurrence type | Permanent |
|  | Policies — claims-made type | Permanent |
|  | Accident reports | 7 years |
|  | Safety (OSHA) reports | 7 years |
|  | Claims (after settlement) | 7 years |
|  | Group disability records | 7 years after end of benefits |
| **Real Estate** | Deeds | Permanent |
|  | Leases (expired) | 7 years after all obligations  end |
|  | Mortgages, security agreements | 7 years after all obligations  end |
| **Tax** | T1044 Non-Profit Organization (NPO) Information Return | Permanent |
|  | Charitable Organizations Registration  Statements | 7 years |
| **Human Resources** | Employee personnel files | 3 years after employee has stopped working for employer. |
|  | Retirement plan benefits (plan descriptions, plan documents) | Permanent |
|  | Employee handbooks | Permanent |
|  | Workers comp claims (after settlement) | 7 years |
|  | Employee orientation and training materials | 7 years after use ends |
|  | Employment applications | 3 years |
|  | Withholding tax statements | 7 years |
|  | Timecards | 3 years |
| **Technology** | Software licenses and support agreements | 7 years after all obligations  end |
| **Volunteer Files** | Volunteer Personnel Files | 3 years |
| **Medical Records** | Adult Medical Records | 10 years after residency |
|  | Pediatric Medical Records | 20 years after the age of  18 years |

**1. Electronic Documents and Records**.

Electronic documents will be retained as if they were paper documents. Therefore, any electronic files that fall into one of the document types on the above schedule will be maintained for the appropriate amount of time. If a user has sufficient reason to keep an e-mail message, the message should be printed in hard copy and kept in the appropriate file or moved to an “archive” computer file folder. Backup and recovery methods will be tested on a regular basis.

**2. Emergency Planning**.

NSMHPCN’s records will be stored in a safe, secure, and accessible manner. Documents and financial files that are essential to keeping the organization operating in an emergency will be duplicated or backed up and maintained on or off-site.

**3. Document Destruction**

The Executive Director or designate is responsible for the ongoing process of identifying its records, which have met the required retention period, and overseeing their destruction. Destruction of financial and personnel-related documents will be accomplished by shredding. Document destruction will be suspended immediately, upon any indication of an official investigation or when a lawsuit is filed or appears imminent. Destruction will be reinstated upon conclusion of the investigation.

**4. Compliance**

Failure on the part of employees to follow this policy can result in possible civil and criminal sanctions against the organization and its employees and possible disciplinary action against responsible individuals. The Executive Director or designate and Board Chair will periodically review these procedures with legal counsel or the organization’s certified public accountant to ensure that they are in compliance with new or revised regulations

**5. Personal and Confidential Information**

All documents containing personal and/or confidential information must be stored in a secure location. In this respect, all employees must have a locked storage unit/cabinet at their work station.

No files containing personal information should be left on desks or in unlocked drawers/bags when not attended.

All documents to be discarded must be destroyed in a secure manner (shredded).

**Related Policies/References:**

* HR-03: Confidentiality Policy
* HR-16: Privacy Policy
* <http://www.cra-arc.gc.ca/E/pub/tp/ic78-10r5/ic78-10r5-10e.pdf>
* <http://www.cra-arc.gc.ca/records/>
* <https://charityvillage.com/Content.aspx?topic=a_guide_to_right_record_keeping_for_nonprofits>
* <http://www.cba.org/cba/cle/PDF/CHAR11_WallaceDouma_Paper.pdf>
* <http://www.labour.gov.on.ca/english/es/pdf/es_guide.pdf>

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| **USE OF ORGANIZATION PROPERTY POLICY** | |
| **Type of Policy:** Human Resources | **Number:** HR-18 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

NSMHPCN provides employees with the equipment required to perform their duties and entrusts employees with the proper handling and safeguarding of equipment in their care.

Because of the mobile nature of positions within NSMHPCN, some employees require mobile devices to perform their work duties in a safe and efficient manner.

**Policy:**

Upon hire or when otherwise indicated, NSMHPCN will determine the equipment required by employees to perform their job and will provide this equipment.

All employees must have a signed *Employee Equipment Agreement* in their personnel file for all equipment that is entrusted to them.

NSMHPCN property and proprietary information must be safeguarded at all times. Computers and mobile devices (laptops/mobile phones and USB drives) must be password protected.

Employees are responsible for damaged equipment unless circumstances are beyond the employee’s control. NSMHPCN will review such circumstances and determine if equipment will replaced at no cost to the employee.

No equipment will be replaced more than once a year at the expense of NSMHPCN.

**Procedure:**

Annually, managers are responsible for the auditing of employee compliance with computer and mobile device security (that password protection is in place).

Employees must notify the Executive Coordinator and their manager immediately when equipment is lost or damaged.

Employees must give the following information to the Executive Director for safekeeping:

* Voice mail access password
* Computer log-in password
* One mail password

Employees must remember to provide updates of this information to the Executive Director.

Annually, the Executive Director will send out a request for updated passwords. Where the password does not match the one on file, the Director will remind the employee and her manager of the need to notify when passwords are updated.

Computers and other electronics are for employee use only and are not to be used or loaned to family members or personal friends.

Equipment Assigned to an Employee

An *Employee Equipment Agreement* form will be completed and signed by each employee and will list all equipment entrusted to them. This form will be kept in their employee file.

Equipment for shared use

All electronic equipment for shared use (laptops, IPads, digital cameras, projectors, etc.) will be maintained by the Executive Coordinator in a locked cabinet. Employees will be responsible to sign the shared equipment sign-out sheet that indicates the date of return of all loaned equipment.

Employees are responsible for notifying the Executive Coordinator in advance of their requirement for equipment so the AA can insure this equipment is available.

**Related Policies/References:**

Appendix #8: Employee Equipment Agreement Form

HR-19: Office Equipment Audit Policy

HR-10: Cell Phone Policy

HR-16: Privacy Policy

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| **OFFICE EQUIPMENT AUDIT POLICY** | |
| **Type of Policy:** Human Resources | **Number:** HR-19 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

An equipment inventory of all hardware and software is important for forecasting budgets and keeping accurate equipment records.

**Policy:**

The Executive Coordinator will maintain an inventory of all electronic office equipment (cell phones, laptops, printers, software etc.).

The Executive Coordinator will audit and update the inventory of office equipment annually with the aid of the IT department.

**Procedure:**

The audit will describe the date of purchase of equipment, the date it should be replaced and the employee member it is assigned to (if there is one).

Any discrepancies in the yearly audit will be explained in a report to the ED or designate.

Following the Audit, suggestions on replacing equipment will also be made to the ED or designate and incorporated into the annual budget.

**Related Policies/References:**

* Appendix #9 - Employee Equipment Agreement Form
* HR-18: Use of Organization Property Policy
* HR-10: Cell Phone Policy
* HR-16: Privacy Policy

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| **RISK MANAGEMENT POLICY** | |
| **Type of Policy:** Human Resources | **Number:** HR-20 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** September 26, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** September 27, 2021 |

**Preamble**

To ensure the ongoing activities of the organization and to protect employees, volunteers, clients, and directors, the network will maintain a comprehensive risk management policy

*Risk*: the probability or threat of damage, injury, liability, loss or any other negative occurrence that is caused by external or internal vulnerabilities.

*Near miss:* unplanned event that did not result in injury, illness or damage, but had the potential to do so.

*Accident:* an undesirable or unfortunate happening that occurs unintentionally and usually results in harm, injury, damage or loss.

*Incident*: an occurrence that can lead to serious consequences.

**Policy**

All employees are responsible for identifying and mitigating risks including accidents, incidents and near misses, and reporting them immediately.

Risk management will be an agenda item for all employees meetings.

**Procedure**

All committees and staff meetings will have a standing agenda item to evaluate risk.

A risk register will be used to document risks and potential mitigation strategies on an ongoing basis. This register will be updated and mitigation strategies evaluated at each employees and board committee meeting.

Employees are responsible for reporting all risks immediately using the accident/incident reporting form. If a risk becomes apparent between employees meetings employees should complete an accident/near miss form so that action can be taken immediately if indicated.

The Executive Director will add all incidents and near misses to the risk registry. At employees and board committee meetings employees will have the opportunity to add to the register.

In addition to items resulting in the completion of an accident/incident form, any threat of legal action, internal or external complaint will be documented.

At future staff and board committee meetings the mitigating strategies in the risk register will be reviewed, evaluated and updated if necessary.

The risk registry will include the following sections; agency reputation, financial risk, legal risk, H&S risk, risk of continuity of operations, risk to patients/clients and cyber security.

Annually, in April, each Board and Staff committee will ensure Risk Management is added to the agenda for discussion – the Executive Director or designate will report back to the Board on any finding.

**Related Policies/References:**

* All Health and Safety Policies
* Appendix #1: Accident/Incident Report Form

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| **RESPONDING TO LEGAL ACTION POLICY** | |
| **Type of Policy:** Human Resources | **Number:** HR-21 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

Should the Network be faced with a legal challenge this policy serves to direct the actions of employees, management and directors.

**Policy:**

Employees receiving any notification of legal action (letter threatening court action, subpoenas, lawsuits etc.) will notify the Executive Director or designate immediately and they will notify the board chair immediately.

The ED or designate will direct the next course of action (which may include consultation with a lawyer).

The network will always comply with its legal obligations.

**Procedure**:

*Letter Threatening Court Action*

1. In the event that the network or one of its employee members receives a letter threatening court action that requires a response in a time frame that we are unable to meet, the ED will respond indicating the complaint is received; that NSMHPCN is taking it seriously and will need time to investigate. A time will be given when NSMHPCN will respond further.
2. The ED or designate will investigate the complaint to either;
   * 1. Send a letter to the complainant defending our position.
     2. Comply with the complainant and send a letter indicating our compliance
     3. Seek legal counsel.

*Court order/Subpoena*

1. In the event that NSMHPCN or one of its employee members receives a court order or subpoena, NSMHPCN will comply with the directions given and the ED or designate will immediately consult or arrange for consultation with legal counsel to ensure the network and its employees member, is acting within the legal framework.

The ED or designate will consult with the board chair and/or legal counsel about whether to notify the insurance provider of the event/issue.

**Related Policies/References:**

* HR-23: Complaint Resolution – External Policy

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| **POLICY MANAGEMENT** | |
| **Type of Policy:** Human Resources | **Number:** HR-22 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

It is the policy of NSMHPCN that practices and expectations for those who work on its behalf are driven by the NSMHPCN vision, mission, values and strategic directions. To that end, NSMHPCN has developed a framework for the development, Review and management of all documents that prescribe or guide those practices.

**Policy:**

Policies will be posted online on a secure password protected site. The online version will always be the current version.

Employees are responsible for following all policies and must review and document that they have reviewed all policies that influence their scope of practice on an annual basis.

All policies will be reviewed no less than every 3 years and within 30 days of a request by an employee or board member, in response to a change in legislation, accreditation requirements, best practice standards, evidence-informed literature or clinical or administrative changes.

A notice to the committee/manager will be given 6 months prior to the mandatory review date.

All Clinical Policies must be based on best practice. A minimum of 3 references is required for every clinical policy.

**Procedure:**

The manager developing a policy must identify why the policy is necessary and review all existing policies or other internal documents to ensure the issue is not already addressed or being developed.

The person or committee developing the policy must:

* Consider the impact of the new policy on financial and human resources.
* Ensure effective communication, education and implementation plans are developed.
* Draft the document using evidence-informed, legitimate and verifiable sources and the Policy and Procedure Template.
* Consult with stakeholders throughout the development process.
* Solicit stakeholder and administrative review of the draft document.
* Present the draft document/policy to the appropriate committee for final review/approval
* Ensure approval date of the new policy mandatory review date is indicated in the policy document.
* Inform the policy custodian of the new/revised policy and ensure all related documents have been revised or archived as necessary.

Final Policy Approval

NSMHPCN policies are reviewed and approved by the following:

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| --- | --- | --- |
| **POLICY** | **CREATED/REVIEWED BY** | **FINAL APPROVAL** |
| HR policies | Executive Director or designate/employees | Executive Director or designate |
| Health and Safety Policies | Health and Safety Representative | Executive Director or designate |
| Administrative Policies | Executive Director or designate/employees | Executive Director or designate |
| Clinical Policies | Nurse Manager | Executive Director or designate |
| Finance Policies | Finance Committee | Board of Directors |
| Governance Policies | Governance Committee | Board of Directors |
| Bylaws | Board of Directors | Board of Directors |

Employees must annually review the policies relevant to their scope of practice according to the chart below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Policy** | **Nursing employees** | **Admin employees** | **Visiting Hospice employees** | **Fundraising employees** | **Management** |
| **Finance** |  | \* |  | \* | \* |
| **Clinical** | \* |  |  |  | \* |
| **HR** | \* | \* | \* | \* | \* |
| **H&S** | \* | \* | \* | \* | \* |
| **HO Client Service** |  | \* | \* |  | \* |
| **HO Volunteer Management** |  | \* | \* |  | \* |

Any employee can request a change to a policy or the addition of a policy at any time by contacting their manager.

When a policy is changed or added (other than minor changes that do not alter the intent of the policy such as grammar or spelling), the Executive Director or designate will notify employees of the change immediately, confirm they have read and understand the policy, and direct them to the policy online.

**Related Policies/References:**

* HR-01: Terms & Conditions of Employment Policy

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| **COMPLAINT RESOLUTION – EXTERNAL POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-23 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

North Simcoe Muskoka Hospice Palliative Care Network strives to continuously improve the quality of care and services provided to our clients. Compliments, suggestions and complaints provide an important source of information in identifying opportunities to improve services.

**Policy:**

The Executive Director or designate will ensure that all written complaints will be responded to.

All reasonable attempts will be made to reach a mutually agreed upon resolution between all parties involved. This will include (but is not limited to):

* Consultation with the client throughout the process;
* Consultation between NSMHPCN and other service providers; and
* Home visits or case conferences with those involved in providing care.

Clients will be advised of their right to escalate their concerns to the Executive Director or designate of NSMHPCN and/or the Board of Directors of NSMHPCN.

**Procedure:**

Written client complaints or concerns will be recorded in the risk registry and a summary will be reported to the Board of Directors bi-annually as part of the overall Risk Management process.

Third party or verbal complaints should be discussed with a manager at the earliest opportunity and the employee in conjunction with the manager will decide on any action required.

Client complaints of an urgent or serious nature (as assessed by the Executive Director or designate) will be brought to the attention of the Board of Directors at the earliest opportunity.

Any employee receiving a verbal or written complaint will notify their manager, using the Accident/Incident Report form, of the complaint and, if the complaint has been resolved, the nature of the resolution.

The Administrative Assistant will provide a summary of the Accident/Incident Report forms to the Executive Director or designate bi-annually – unless there is a particular risk, in which case it will be brought to the Executive Director or designate immediately.

Where a complaint is not resolved at the direct employee/volunteer level, the Executive Director or designate will investigate and will determine appropriate resolution which may involve explaining an NSMHPCN policy to the complainant, correcting a situation or changing a procedure.

Clients who wish to escalate complaints to the Board of Directors may do so by email to [boardchair@nsmhpcn.ca](mailto:boardchair@nsmhpcn.ca) or by regular mail to “Board Chair, North Simcoe Muskoka Hospice Palliative Care Network, 169 Front Street South, Orillia On L3V 4S8”

**Related Policies/References:**

* Appendix #01: Accident/Incident Report Form
* HR-20: Risk management policy

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| **MEDIA RELATIONS POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-24 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

NSMHPCN/Hospice Orillia is sometimes approached by news media to comment on hospice palliative care issues. In addition, NSMHPCN/Hospice Orillia may approach local media to highlight announcements, accomplishments or to promote annual events or new programs and services.

The media plays an important role in shaping our public reputation and in providing information to our community. It is mutually beneficial to maintain open, honest and timely communication with media.

This policy outlines how NSMHPCN manages news media, both local and provincial. It is important therefore, that media relations be conducted in a coordinated, professional manner to ensure information is presented clearly and in a way that is consistent with the corporate identity of NSMHPCN/Hospice Orillia.

**Policy:**

The Executive Director or designate is the official spokesperson for NSMHPCN/Hospice Orillia. The Executive Director or designate may designate a Board member, Department Manager, NSMHPCN employee or a Hospice Orillia volunteer to be the spokesperson on specific issues.

Under extraordinary circumstances, when the Executive Director or designate is unavailable and a media spokesperson is required, the Communications and Fundraising Coordinator will identify a spokesperson for the situation.

The Chair of the Board of Directors or their designate is the official spokesperson on matters of governance.

Employees or volunteers who are contacted by the media should redirect the call to the Executive Director or designate who will make appropriate arrangements to respond to the request.

All media releases must be approved by the Executive Director or designate prior to issue. If the Executive Director or designate is unavailable and the timing of the release is urgent, the Communications and Fundraising Coordinator may issue the release.

Each department manager is responsible for ensuring that the Executive Director or designate and/or Clinical Nurse Manager are updated on potentially significant issues in their area of expertise that could result in media reaching out for a news story. (for example significant local, provincial or national stories that could have a palliative care component.)

NSMHPCN/Hospice Orillia will not interview or photograph clients or their families without written consent. Where the subject is a minor, NSMHPCN/Hospice Orillia will obtain written consent from a parent or legal guardian.

NSMHPCN/Hospice Orillia will keep signed consent forms on file in compliance with the applicable privacy legislation and our policy/practice.

Any use of the NSMHPCN/Hospice Orillia name and logo for external promotion must be authorized by the Executive Director or designate.

**Procedure:**

Departments who have a story or media requirement will bring this to the attention of the ED or designate. The department with the media requirement will provide the written information to the ED or designate. The ED or designate will create a news release and/or social media or other media tool and a plan for the promotion of the story. The department will have the opportunity to review the final products and the plan and suggest changes before the item is forwarded to the Executive Director or designate for final approval.

Media releases should only be issued when we have bona fide news to share. The ED or designate will be able to advise departments about whether an item is newsworthy. The ED or designate will have the final decision on whether or not to issue a media release.

Each media release should include at least one quote from a reliable source of information. Typically, the quote will be from the Executive Director or designate, Board Chair or other reliable source of information (which may include a client or family member). The ED or designate will determine the most appropriate source of the quote, obtain the quote, or write the quote and obtain permission from the person being quoted to use it.

Each media release will include a contact person for further information. The contact person must be available on the day of and the day following the media release to clarify the content or answer additional questions. If it may be difficult to reach the contact person a second contact name will be included in the release

If there is an expected announcement on a national issue, preparation should begin prior to the announcement so we can issue a media release or statement that contains a local perspective as soon as possible – comments are not likely to be picked up after the 24-hour cycle

Media conferences will be organized by the Communications and Fundraising Coordinator~~.~~

An employee member must accompany all members of the media while on NSMHPCN/Hospice Orillia premises. If the media engages in a discussion with a resident or his/her family member, the employee member will ensure that the client/family member understands that the person they are talking to is a member of the media and that what they say/ photographs that are taken could be used in a news publication or story. Employees or event planning volunteers who wish to publicize events or activities must contact the ED or designate for support and advice.

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| **EQUAL OPPORTUNITY POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-25 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Equal Opportunity Policy**

NSMHPCN is committed to the philosophy of equal opportunity employment and does not discriminate against any employee or applicant on the basis of race, color, ancestry, age, religion, sex, sexual orientation, gender identity or expression, national origin, disability, medical condition, marital status, veteran status, or other non-job-related criteria.

NSMHPCN is an equal opportunity employer. In accordance with the Accessibility for Ontarians with Disabilities Act (AODA) and the Ontario Human Rights Code, individuals requiring accommodation during the application/recruitment process should advise Human Resources so arrangements can be made. All personal information is collected under the authority of the Freedom of Information and Protection of Privacy Act.

**Equal Pay for Equal Work**

In accordance with the Employment Standards Act (ESA), NSMHPCN shall not pay an employee of one sex at a rate of pay less than the rate paid to an employee of the other sex when,

1. They perform substantially the same kind of work in the same establishment
2. Their performance requires substantially the same skill, effort and responsibility; and
3. Their work is performed under similar working conditions.

**Related Policies/References:**

* Employment Standards Act
* Accessibility for Ontarians with Disabilities Act

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| **ACCESSIBILITY POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-26 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** December 24, 2014 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

The North Simcoe Muskoka Hospice Palliative Care Network (NSMHPCN) is committed to excellence in serving all customers including people with disabilities.

**Policy:**

NSMHPCN will ensure that employees are trained and familiar with various assistive devices that may be used by customers with disabilities while accessing our services.

NSMHPCN will communicate with people with disabilities in ways that take into account their disability.

NSMHPCN will welcome people with disabilities and their service animals. Service animals are allowed on the parts of the premises that are open to the public.

A person with a disability who is accompanied by a support person will be allowed to have that person accompany them on our premises. Fees will not be charged for support persons.

**Procedure:**

Notice of Temporary Disruption

In the event of a planned or unexpected disruption to services or facilities for customers with disabilities, NSMHPCN will notify customers promptly. This clearly posted notice will include information about the reason for the disruption, its anticipated length of time, and a description of alternative facilities or services, if available.

The notice will be placed on our front door at reception as well as on our website (notice will include a phone number to obtain employees support to open the door).

Training for employees

NSMHPCN will provide training to employees, volunteers and others who deal with the public or other third parties on their behalf. Individuals in the following positions will be trained: all employees and volunteers. This training will be provided to employees within six months.

Training will include:

* An overview of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the customer service standard.
* NSMHPCN’s plan related to the customer service standard.
* How to interact and communicate with people with various types of disabilities.
* How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person.
* How to use Deaf Access.
* What to do if a person with a disability is having difficulty in accessing NSMHPCN’s goods and services.
* employees will also be trained when changes are made to the plan.

Feedback Process

Customers who wish to provide feedback on the way NSMHPCN provides goods and services to people with disabilities can email the Executive Director or designate, or tell any employee or volunteer. All feedback will be directed to the Executive Director or designate. Customers can expect to hear back in seven days. Complaints will be addressed according to our organization’s regular complaint management procedures.

Modifications to this or other Policies

Any policy of NSMHPCN that does not respect and promote the dignity and independence of people with disabilities will be modified or removed.

**Related Policies/References:**

Accessibility for Ontarians with Disabilities Act

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| **EMPLOYEE RECRUITMENT AND RETENTION FUND** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-27 |
| **Reviewed by:** Governance Committee | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** May 27, 2019 |
| **Revision Date:** |

**Preamble:**

The NSMHPCN has on occasion realized a surplus of funds on the salary/benefit line primarily due to service expansion or other personnel movement that requires recruitment to fill/refill positions. When this occurs and the agency is confirmed to be in good financial health, a payment may be made to active staff as part of a strategy to retain staff, offset cost of living increases going forward and recognize performance.

**Policy:**

The payment is expressed as a percentage of salary based on, all or part of, the current fiscal year earnings of each employee. Payments are made to all active employees at the time of declaration. Active staff are employees working their regular work schedule including contract staff. Employees who at the time of declaration may be on extended leaves for maternity, illness, Long Term Disability, Workers’ Compensation or other reasons qualify for payment upon resumption of their regular work schedule. No payment is made to staff who have resigned. The decision to declare a one-time payment and the amount is at the discretion of the Board of Directors and in compliance with all applicable legislation. No commitment to future payments is made or implied by the exercise of this practice.

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| **CONFLICT RESOLUTION POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-28 |
| **Reviewed by:** Governance Committee | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** March 22, 2021 |
| **Revision Date:** |

**Intent:**

North Simcoe Muskoka Hospice Palliative Care Network is committed to providing a workplace free of conflict, where employees are treated with fairness, dignity and respect. North Simcoe Muskoka Hospice Palliative Care Network has instituted this policy to provide employees with an outlet to raise concerns regarding any conflict in the workplace or dissatisfaction with respect to issues related to their employment in an open and fair manner with provisions made to ensure their prompt and reasonable resolution. Under no circumstance should any employee fear discrimination or reprisal in the workplace as a result of the filing of a complaint.

**Guidelines**

Conflicts

The following conflicts should be reported, and North Simcoe Muskoka Hospice Palliative Care Network shall strive to address them with reasonable resolutions.

* Disputes with co-workers or managerial staff with unwanted, and unresolved consequences
* Perceived unfair or inequitable treatment
* Harassment whether sexual, discriminatory, or personal in nature
* Abuse of authority
* Administration of company policies

**Conflict Reporting Procedure**

Discussion

* Employees are encouraged to discuss the unwanted behaviour or actions with the offending party as the situation dictates
* Under ideal circumstances, the two parties shall reach a reasonable resolution without the necessity of the filing of a formal complaint
* In the event that a discussion is not feasible or fails to reach a reasonable resolution, a formal complaint may be filed

Reporting

* Complainants should record the details of the unwanted circumstance(s), the names of any applicable witnesses, and any attempts made to resolve the issue heretofore
* Formal complaints stemming from unresolved employee or managerial conflicts shall be submitted in writing with any pertinent documentation to the Executive Director or designate
* Formal complaints shall be reviewed and investigated
* Formal complaints must be submitted within 14 days from the date of the alleged incident(s)
* In all cases where formal complaints have been lodged, it is important to maintain a policy of strict confidentiality. For investigative purposes, the offending party will be notified
* Anonymous complaints shall not be reviewed

**Employee Expectations**

Employees

* Employees are required to fully comply with the Conflict Resolution Policy
* Shall be treated fairly throughout the process, as either a complainant, or alleged offending party
* Shall be responsible for maintaining confidentiality regarding their involvement, and the complaint itself
* Shall co-operate with any investigations in relation to complaints

Executive Director or Designate

* The Executive Director or designate will be responsible for enacting preventative measures to ensure a workplace that is free from harassment, and for the communication of policy and procedures contained herein
* The Executive Director or designate shall receive and address properly filed complaints in an appropriate fashion
* In the event that the complainant and the offending party are engaged in a subordinate-supervisor relationship, they may be physically removed from each other on a temporary basis, and may require a change in their reporting relationship
* Investigate, or co-investigate any complaints, claims and documentation therein.
* Attempt to reach a reasonable resolution to the conflict.
* Inform the complainant and the offending party of possible resolutions available.

**Resolutions**

* If an apology is made by the offending party, and the complainant accepts the apology, this may be viewed as a reasonable resolution
* All attempts shall be made to reach a reasonable resolution through mediation of the complaint with both parties involvement

Where the complaint is substantiated:

In the event that a complaint is substantiated and a reasonable solution to halt the unwanted behaviour or action through mediation is not possible, the following actions shall be taken for the offending party:

* Written warning/reprimand
* Transfer or demotion, and in some instances both a transfer and a demotion
* Education and training
* Suspension
* Termination of Employment

Where the complaint is not substantiated:

In the event that a complaint is not substantiated due to lack of evidence or other reasons, both parties shall be informed with the rationale used. The complainant shall be notified first.

Both parties should be reminded that an unsubstantiated complaint does not necessarily mean that it was filed under false or frivolous pretenses.

A complainant may request that the investigation be re-opened in the event that pertinent new evidence can be provided, or a reprisal due to the allegation has occurred.

**Records**

North Simcoe Muskoka Hospice Palliative Care Network shall keep on file all formal complaints, and the accompanying documentation, and the findings of any investigation.

Information from a previous investigation resulting in a substantiated complaint may be used for review and consideration purposes in the event of a new allegation.

**False or Frivolous Complaints**

* Employees should be cognizant of the fact that a formal complaint against another employee is a serious allegation with repercussions
* Where a complaint is found to be either false or frivolous, or where supporting documentation for a complaint has been falsified, the complainant or witness may be subject to disciplinary measures up to and including termination of employment

**Acknowledgment and Agreement**

I, (Employee Name), acknowledge that I have read and understand the Conflict Resolution Policy of North Simcoe Muskoka Hospice Palliative Care Network. I agree to adhere to this policy and I understand that if I violate the rules set forth by this policy, I may face disciplinary action, up to and including termination of employment.

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| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Witness: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **COVID-19 VACCINATION POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-29 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** August 25, 2021 |
| **Revision Date:** |

This policy has been developed in response to the Chief Medical Officer of Health’s Directive #6, issued August 17, 2021. It applies to organizations that must comply with the Public Hospitals Act, the Home Care and Community Services Act, 1994, the Local Health System Integration Act, 2006, or the Ambulance Act.

The purpose of this policy is to outline organizational expectations with regards to COVID-19 immunization of employees, staff, contractors, volunteers and students. Contingent upon vaccine availability, all eligible employees, staff, contractors, volunteers and students are strongly encouraged to receive a COVID-19 vaccine, unless it is medically contraindicated.

**Intent:**

North Simcoe Muskoka Hospice Palliative Care Network has implemented this policy to increase the protection and safety of our patients, families, employees, volunteers and visitors by reducing the transmission of COVID-19 within the organization. This policy applies to all employees and volunteers. Achieving high vaccination rates in Ontario’s high-risk settings and vulnerable populations is part of a range of measures and actions that can help prevent and limit the spread of COVID-19 in those high-risk settings. Vaccination against COVID-19 helps reduce the number of new cases and severe outcomes, including hospitalizations and death due to COVID-19.

**Guidelines:**

Employees of North Simcoe Muskoka Hospice Palliative Care Network are encouraged to be vaccinated against COVID-19 to help prevent and limit the spread. Per directive #6, employees must do one of the following:

1. Provide proof of full vaccination against COVID-19. To be considered fully vaccinated, the vaccine received must be approved by the World Health Organization, and the final dose must have been administered at least 14 days ago;

2. Provide a documented medical reason for not being vaccinated from either a physician or registered nurse that states why the person cannot be vaccinated against COVID-19 and the effective time period for the medical reason; or

3. Provide proof of participation in a COVID-19 vaccination educational program approved by North Simcoe Muskoka Hospice Palliative Care Network about vaccine safety and the benefits of being vaccinated against COVID-19, before declining vaccination for any reason other than a medical reason.

Employees are expected to provide the above proof as soon as possible to the Executive Director or designate, or arrange to participate in the educational program described in option 3.

This policy requires that when any employee or volunteer does not provide proof of being fully vaccinated against COVID-19, and instead relies on providing proof of either a medical reason for not being vaccinated or participation in the approved COVID-19 vaccination educational program, that person must complete regular antigen point-of-care testing for COVID-19 at minimum every seven days, and provide a negative result from those tests to the Executive Director or designate as soon as possible. Where circumstances warrant, any employee or volunteer may be required to participate in the rapid antigen testing.

Whenever possible, employees should book vaccination appointments outside working hours, but North Simcoe Muskoka Hospice Palliative Care Network understands this is not always possible. Written notice indicating an intent to take this time away from work must be provided to the Executive Director or designate as soon as possible, and include the vaccination appointment date and time. Where multiple doses of the COVID-19 vaccine are required, the employee must communicate when the next dose is scheduled as soon as they can. North Simcoe Muskoka Hospice Palliative Care Network will track these dates for each employee it applies to and contact the employee if proof of the second dose is not received within one week after the scheduled date.

Employees who qualify will receive paid time away from work to attend a vaccination appointment. If multiple doses are required, employees may be provided additional time away from work.

All employees must continue to use personal protective equipment and abide by the COVID-19 pandemic plan of North Simcoe Muskoka Hospice Palliative Care Network, whether they have been vaccinated against COVID-19 or not. This includes complying with infection prevention practices, such as handwashing and sanitizing, wearing a mask, and informing management if they experience any symptoms related to COVID-19.

**Related Policies/References:**

* Directive #6: [Directive #6 for Public Hospitals within the meaning of the Public Hospitals Act, Service Providers in accordance with the Home Care and Community Services Act, 1994, Local Health Integration Networks within the meaning of the Local Health System Integration Act, 2006, and Ambulance Services within the meaning of (gov.on.ca)](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/vaccination_policy_in_health_settings.pdf)
* NSMHPCN COVID-19 Safety Plan:

<https://nsmhpcn.ca/wp-content/uploads/2020/12/COVIDsafetyplannsmhpcnfinal.pdf>

* Staff and Volunteer Screening Questions – refer to NSMHPCN website
* Mask wearing policy – found in NSMHPCN clinical policies
* High-Risk Contact Flow Chart – You’ve been exposed to someone who has tested positive for COVID-19, now what? Refer to NSMHPCN website

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| **DISCONNECTING FROM WORK POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HR-30 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** March 28, 2022 |
| **Revision Date:** |

**Intent:**

North Simcoe Muskoka Hospice Palliative Care Network understands that due to work-related pressures, the current landscape of work, or the working environment, employees may feel obligated to perform their job duties outside their normal working hours. Work-related pressure and feeling an inability to disconnect from the job can lead to stress and deterioration of mental and physical health. This policy has been established to support employee wellness, minimize excessive sources of stress, and ensure that employees feel they can disconnect from their work outside their regular working hours.

**Definitions:**

Disconnecting from work: Not engaging in work-related communications, including e-mails, telephone calls, video calls, or the sending or reviewing of other messages, so as to be free from the performance of work.

Regular working hours: The time agreed to by an employee, as stated in their employment contract, when they are meant to complete work for North Simcoe Muskoka Hospice Palliative Care Network.

**Guidelines:**

 An employee’s time outside regular working hours is meant for the employee to recharge and spend as they wish and should not be used to complete work-related tasks; however, there may be a lack of separation between home and work that makes it difficult for employees to truly disconnect. Working remotely or from a home office can make employees feel as though they are “always on” or obligated to continue working or respond to communication, regardless of the time of day.

North Simcoe Muskoka Hospice Palliative Care Network sees employee health and well-being as priorities while working and while away from work. We are committed to increasing overall employee health and wellness and providing employees with a positive work–life balance. This policy is intended to promote that ideal by specifically detailing the company’s expectations related to disconnecting from work.

**Disconnecting** **from Work:**

Employees are entitled to disconnect from work outside regular working hours without fear of reprisal. All scheduled breaks should be taken and time off entitlements for non-work-related activities should be used each year. Employees are encouraged to set clear boundaries between work and their personal lives, regardless of their working arrangement, whether that be onsite, flex work, remote work, or hybrid work.

Outside regular working hours and when disconnecting from work, employees:

* Should stop performing their job duties and work-related tasks;
* Are not expected or required to respond to work-related communication outside their regular working hours, while on break, or during any paid or unpaid time off;
* Will not face repercussion or punishment for not communicating or for ceasing work; and
* Should respect co-workers’ time and should not expect them to respond, communicate, or complete work.

**Workload and Productivity:**

North Simcoe Muskoka Hospice Palliative Care Network understands that employees may want or need to work outside their regular working hours to meet a time-sensitive deadline or to attend to an urgent matter or emergency; however, employees should not regularly or frequently work outside their scheduled hours to complete or catch up on work.

Employees who cannot manage their workload during their regular working hours should meet with their direct manager to evaluate their workload, priorities, and due dates.

Managers will work with employees to come up with a solution to ensure:

* The current workload does not result in the employee working excess hours and does not contribute to additional stress or burnout;
* Normal job duties can be completed during regular working hours; and
* Employees can remain productive and meet company goals and objectives.

**Communication:**

Employees should not feel obligated to send or respond to work-related communication outside regular working hours. General communication may occasionally be sent to employees when they are not working, such as on an employee’s day off or scheduled vacation. Employees are not expected to respond to any company communication when not at work, apart from unforeseen circumstances, such as an emergency.

Employees who do not reply to work-related communications outside regular working hours will not face negative effects on their employment.

**Breaks and Time Off:**

Breaks are provided in accordance with employment standards and are intended to provide employees with time to recharge and enable them to work productively during regular working hours. Employees should take any scheduled or company-provided breaks during their shift and use that time to disconnect from work.

North Simcoe Muskoka Hospice Palliative Care Network understands the importance for our employees to have personal time off. Employees are encouraged to use their accrued paid vacation time in full every year and should take the time for rest, relaxation, and personal pursuits. Employees will never be obligated to complete work-related activities during scheduled time off. Knowing that, time management is the responsibility of employees and scheduled time off should not interfere with deadlines. Managers will work with employees to delegate job-specific duties that must be completed while the employee is on vacation to maintain workflow and productivity. Employees should not be reluctant to take vacation due to workload, unless there are limitations or restrictions because of a due date, project priority, scheduling conflict, or unforeseen circumstance that prevent an employee from taking a vacation at a specific time, in which case managers will assist in determining appropriate actions to take to meet deadlines and accommodate time off requests whenever possible.

**Overtime:**

At times, North Simcoe Muskoka Hospice Palliative Care Network may have a business need that requires employees to work overtime. Overtime will always be approved and scheduled in advance. It may be requested by the employee or required in certain situations to ensure work is completed; however, employees should not work overtime unless directed by their manager. Please refer to HR-01 Terms of employment policy for guidelines on overtime/flex time.

**Related Policies/References:**

* HR-01 Terms of Employment Policy

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| **EMERGENCY PREPAREDNESS POLICY** | |
| **Type of Policy:** Human Resources | **Number:** HS-01 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** September 22, 2015 |
| **Revision Date:** April 8, 2021 |

**Preamble**

NSMHPCN wishes to ensure the safety of its employees and the clients it serves. An emergency preparedness plan provides a framework for employees to react appropriately in an unanticipated emergency situation.

**Policy**

Employees are responsible for familiarizing themselves with the emergency plans of the facilities they are operating within.

Employees must identify an evacuation route in non-institutional settings such as home offices, client homes or other agency setting.

If an employee is with a client during an emergency situation, the employees is responsible for the safety of their client as well as their own safety unless the facility’s policy dictates otherwise.

**Procedure**

Employees should participate in emergency drills in offices where they work.

Employees and visitors at NSMHPCN office will follow the OCR emergency plan. NSMHPCN employees will participate in OCR emergency drills.

Basic orientation for employees and volunteers working at the OCR will be trained in the OCR emergency preparedness and evacuation plan. Training will be reviewed on a yearly basis.

**Related Policies/References:**

* Appendix #10 – Health and Safety Policy Statement
* OCR Policy Manual

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| **SAFE DRIVING POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HS-02 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** September 22, 2015 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

NSMHPCN is committed to a safe work environment and to the health and safety of its employees. The safe driving policy has been developed to increase employee awareness of the risks associated with work-related driving, to ensure employees are using safe vehicles and to reduce the frequency and severity of motor vehicle collisions.

This policy applies to those employees and volunteers who operate a privately owned/leased vehicle in the course of their duties with NSMHPCN.

**Policy:**

Employees and volunteers, while acting on behalf of NSMHPCN, are expected to follow all traffic laws and to exercise good judgment related to safe driving.

**Procedure:**

Some examples of safe driving include, but are not limited to:

• Completely removing snow or dirt from all windows, lights and signals

• Driving within the speed limits and at lower speeds when road conditions indicate that this is appropriate such as traffic volume, visibility, construction, rain, snow or ice

• Ministry of Transportation: it is illegal for drivers to talk, text, type, dial or email using hand-held cell phones and other hand-held communications and entertainment devices. The law also prohibits drivers from viewing display screens unrelated to the driving task, such as laptops or DVD players, while driving. The use of hands-free devices is still permitted, and drivers may use hand-held devices to call 911

• Other forms of distracted driving must also be avoided, including eating, reading, taking notes, grooming, etc.

Employees and volunteers must ensure that their schedule allows for sufficient time to travel to and from appointments. This planning must include considerations of traffic conditions and inclement weather.

All traffic violations, fines or infractions obtained while operating a vehicle for NSMHPCN business, are to be reported to a manager, and any costs remain the sole responsibility of the driver. NSMHPCN will not incur costs for such violations or court appearances. Employees and volunteers are required to report to the Executive Director or designate if they have accumulated more than 9 demerit points or if they have a change in your driver status.

It is the responsibility of each employee to ensure the safe operating condition of their vehicle (check fuel level, tire pressure, windshield wipers and fluid, lights, battery, etc.)

Employees and volunteers must be authorized by NSMHPCN in order to transport passengers (patients or family and friends) in their private vehicle while on NSMHPCN business. Employees and volunteers must not transport passengers (patients or family and friends) in a client’s vehicle.

At no point should employees or volunteers transport any type of specimen.

**Inclement weather**:

Employees and volunteers must individually determine if it is safe for them to travel. Employees will not be penalized for refusing to travel for work as a result of unsafe road conditions.

If an employee feels it is unsafe to travel to work, they should notify their supervisor. Flex or vacation time can be used to replace salary. If the office is deemed to be closed, then salary will be kept whole. Employees are responsible to cancel, and if appropriate, reschedule appointments that they are unable to attend due to inclement weather.

**Related Policies/References:**

* HR-09: Employee Use of Personal Automobile Policy
* Demerit points – <http://www.mto.gov.on.ca/english/dandv/driver/handbook/section4.6.0.shtml>
* [Occupational Health and Safety Act](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm) (Sections, 25, 27, 28, 8, 9, 51, 52)
* [Highway Traffic Act](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h08_e.htm) (Part IV, VI, IX, X, XIV, XV & General Regulation 596)
* [Criminal Code of Canada](http://laws.justice.gc.ca/en/showdoc/cs/C-46/en?page=1) (Sections 253-255)
* [The Official Driver's Handbook](http://www.mto.gov.on.ca/english/dandv/driver/handbook/index.shtml)

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| **SAFE HOME VISITING POLICY** | |
| **Type of Policy:** Human Resources | **Policy Number:** HS-03 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** September 22, 2015 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

NSMHPCN acknowledges the additional risk of employees going into an unknown environment. The safety of all personnel is a high priority for NSMHPCN. Responsibility for personal safety is everyone’s business.

**Policy:**

Employees and volunteers who are visiting have to ensure their own safety. In keeping with the responsibility of everyone to promote a safe work environment employees are required to keep their electronic calendars up to date so they can be located if there is a concern about their safety.

Employees and volunteers have the right to leave a home visit immediately if they feel that their safety is at risk and/or to call 911 for assistance. Employees and volunteers have the right to ask the client/caregiver to:

• Refrain from smoking during the home visit

• Remove pets from the room during visit

**Assessment of Violence in the Community**

Clients and their situations are assessed for risk at the time of referral. Employees and volunteers are required to reassess every client for risk on an ongoing basis. All identified risks must be documented and communicated to your supervisor to communicate to members of the health care team. In addition, employees should familiarize themselves with the Safe Home Visiting Information Sheet (appendix 7).

**Maintaining Communication**

An essential element of safe home visiting and risk management when employees are working in the community is ensuring their whereabouts are known at all times. Before an employee leaves the office, they must ensure the client name, address and visit/return time is documented in the Outlook calendar and therefore accessible to the manager and team.

It is the employee or volunteer’s responsibility to set up a safe arrival contact with a family member or friend or co-worker. Please ensure your  contact person has direction to call police if you cannot be reached.

**Related Policies/References:**

* Refer to the handbook “Assessing Violence in the Community: A handbook for the workplace” for further information

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| **SCENT FREE POLICY** | |
| **Type of Policy:** Health and Safety | **Number:** HS-04 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** September 22, 2015 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

To ensure a healthy and comfortable environment for employees, volunteers, house residents, families, and visitors, NSMHPCN is committed to respecting the health sensitivities of others.

**Policy:**

NSMHPCN will maintain a scent-free environment.

**Procedure:**

1. Scented products refer to the smells and odors from cosmetics such as perfumes, and other highly scented cosmetics such as body lotion.
2. Employees and volunteers will be informed of this policy through the policy manual and will receive orientation.
3. Visitors will be informed of this policy through posted written information and it will be restated by the orientation volunteer. Employees should inform visitors of this policy and encourage them to not wear scented products upon their return.

**Related Policies/References**

* OCR policy Manual

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| **WORKPLACE HARASSMENT POLICY** | |
| **Type of Policy:** Health & Safety | **Policy Number:** HS-05 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** September 22, 2015 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

Harassment is against the law. The Canadian Human Rights Act and the Canada Labour Code protect us from harassment.

NSMHPCN is committed to conducting business in a manner that maintains a safe and healthy work environment for all employees, volunteers, clients and visitors. NSMHPCN will not tolerate behavior from anyone that intimidates, threatens, harasses, abuses, injures or otherwise victimizes our employees, volunteers, clients and visitors. NSMHPCN is committed to dealing promptly and effectively with any incident or situation of workplace harassment where misconduct is alleged.

**Policy:**

The management of NSMHPCN is committed to providing a work environment in which all individuals are treated with respect and dignity.

Workplace harassment will not be tolerated from any person in the workplace including employees, volunteers, clients and visitors. Everyone in the workplace must be dedicated to preventing workplace harassment. Managers, employees and volunteers are expected to uphold this policy, and will be held accountable by the employer.

No employee or volunteer will be disciplined for reporting an incident that they believe to be harassment unless that report is proven to be malicious in intent.

All employees and volunteers will receive both general and site specific orientation to the Workplace Harassment Policy and Program at the time of hire. All employees are required to annually review this policy.

**Procedure:**

Workplace harassment means engaging in a course of provoking comment or conduct against an employee in a workplace -- a comment or conduct that is known or ought reasonably to be known to be unwelcome.

Harassment may also relate to a form of discrimination as set out in the Ontario Human Rights Code, but it does not have to.

This policy is not intended to limit or constrain the reasonable exercise of discipline or direction by management as outlined in the NSMHPCN Progressive Discipline Policy.

Employees and volunteers are encouraged to report any incidents of workplace harassment. Employees and volunteers who are concerned about an incident of workplace harassment should immediately bring this to the attention of their manager. If the alleged harasser is their manager, they should bring their concerns to the attention of the Executive Director or designate. If the Executive Director or designate is their manager and the alleged harasser, they should bring their concerns to the attention of the Chair of the Board of Directors via email, labeled “COMPLAINT – ATTN BOARD CHAIRPERSON” to [Boardchair@nsmhpcn.ca](mailto:Boardchair@nsmhpcn.ca) (as outlined in the Complaints – Internal policy)

Management will take all reasonable precautions to protect employees, volunteers, clients and visitors from workplace harassment and ensure team members are aware of their rights and responsibilities as they pertain to prevention of workplace harassment.

Management will investigate and deal with all concerns, complaints, or incidents of workplace harassment in a fair and timely manner while respecting employee and volunteer’s privacy as much as possible. Management will follow the procedure outlined in the Complaints policy to investigate and report on the investigation.

Nothing in this policy prevents or discourages an employee from filing an application with the Human Rights Tribunal on a matter related to Ontario’s Human Rights Code within one year of the last alleged incident. An employee also retains the right to exercise any other legal avenues that may be available.

**Related Policies/References:**

* HR-05: Complaint Resolution Internal Policy
* HS-06: Workplace Violence
* HR-11: Progressive Discipline
* HS-07: Healthy Work Environment
* -Ontario Ministry of Labour  <http://www.labour.gov.on.ca>
* -Employment Standards Act <http://www.labour.gov.on.ca/english/es/>
* -Ontario Human Rights Code <http://www.ohrc.on.ca/en/ontario-human-rights-code>
* -Violence and Harassment in Health Care Workplaces  <http://www.labour.gov.on.ca/english/hs/sawo/pubs/fs_violencehealthcare.php>
* -Definitions of violence and harassment <http://www.osach.ca/products/ffacts_e/PH-FVIO0-E-012510-TOR-001.pdf>

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| **WORKPLACE VIOLENCE POLICY** | |
| **Type of Policy:** Health & Safety | **Policy Number:** HS-06 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** September 22, 2015 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

NSMHPCN is committed to conducting business in a manner that maintains a safe and healthy work environment for all employees, volunteers, and clients. NSMHPCN will not tolerate behavior from anyone that intimidates, threatens, harasses, abuses, injures or otherwise victimizes our employees, volunteers or clients. NSMHPCN is committed to dealing promptly and effectively with any incident or situation of workplace violence where misconduct is alleged.

**Workplace Violence means:**

* The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker
* An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker
* A statement or behavior that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker

**Policy:**

The management of NSMHPCN is committed to the prevention of workplace violence and is ultimately responsible for worker health and safety. We will take whatever steps are reasonable to protect our employees from workplace violence from all sources.

Violent behavior in the workplace will not be tolerated from any person in the workplace including employees, volunteers, clients and visitors. Everyone is expected to uphold this policy and to work together to prevent workplace violence.

There will be a program in place that includes measures and procedures to protect employees from workplace violence, a means of summoning immediate assistance and a process for employees to report incidents, or raise concerns.  All employees will receive both general and site specific orientation to the Workplace Violence Policy and Program at the time of hire. All employees are required to annually review this policy.

**Procedure:**

Every worker must work in compliance with this policy and the supporting program. All employees are encouraged to raise any concerns about workplace violence and to report any violent incidents or threats immediately to their manager.

Management will take all reasonable precautions to protect employees, volunteers, clients and visitors from workplace violence and ensure team members are aware of their rights and responsibilities as they pertain to prevention of workplace violence.

Management will investigate and deal with all incidents and complaints of workplace violence in a fair and timely manner while respecting employee privacy as much as possible. Management will follow the procedure outlined in the Complaints policy to investigate and report on the investigation.

**Supporting program:**

1. Measures and procedures to control the risks of workplace violence may include:
   * Safe work procedures
   * Design or physical layout of the workplace such as doors with clear windows, adequate lighting, barriers, etc.
   * Security cameras and log stations monitoring every doorway
   * Designated safe locations for emergency situations
   * Procedures for informing or advising employees of potentially violent situations or people
   * Worker training on the workplace violence policy and program and dealing with aggressive or violent residents or visitors
   * Encouraging employees to inform their managers if they are a victim of or at risk of domestic violence
2. Measures and procedures for summoning immediate assistance may include:
   * When to call police – police are always called when an act of violence has occurred or someone is threatened with violence in the workplace.
   * Any employee or volunteer is encouraged to call police if they are feeling physically threatened
   * Phones to call 911 are located at every cubicle station, Executive Director or designate and Clinical Nurse Manager office as well as small meeting room
3. Measures and procedures for employees to report incidents of workplace violence to the employer may include:
   * Verbally advising management
   * Completing an accident/incident report form
   * Roles and responsibilities of management and Occupational Joint Health and Safety Committee representatives
   * When the incident requires external reporting (police, WSIB, Ministry of Labour)
4. Measures and procedures for how the employer will investigate and deal with incidents or complaints of workplace violence as outlined in our complaints policy.

**Related Policies/References:**

* HR-05: Complaint Resolution Internal Policy
* HS-05: Workplace Harassment
* HS-07: Healthy Work Environment
* Ontario Ministry of Labour  <http://www.labour.gov.on.ca>
* Violence and Harassment in Health Care Workplaces http://www.labour.gov.on.ca/english/hs/sawo/pubs/fs\_violencehealthcare.php
* Employment Standards Act <http://www.labour.gov.on.ca/english/es/>
* Ontario Human Rights Code <http://www.ohrc.on.ca/en/ontario-human-rights-code>
* Definitions of violence and harassment <http://www.osach.ca/products/ffacts_e/PH-FVIO0-E-012510-TOR-001.pdf>

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| **HEALTHY WORK ENVIRONMENT POLICY** | |
| **Type of Policy:** Health & Safety | **Policy Number:** HS-07 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** September 22, 2015 |
| **Revision Date:** April 8, 2021 |

**Policy:**

NSMHPCN is committed to providing a Safe & Healthy Work Environment by supporting the following 6 principles:

* **Collaborative Practice among team members** promotes team effectiveness, fosters relationships and partnerships, helps to resolve complex team issues and assists in the measurement of outcomes and fosters continuous quality improvement.
* **Developing and sustaining employee and workload practices** leads to best patient/client, nurse and system outcomes.
* **Developing and sustaining leadership** facilitates autonomy and professional growth through education, participation in decision making and by supporting access to data, information, guidance and feedback.
* **Embracing Cultural Diversity in Health Care** through policies and procedures will support a culturally safe organization, and ensures openness to a diverse workforce.
* **Professionalism at all levels of the organization** improves health and care outcomes, fosters innovative approaches to care and welcomes exchange and discussion on values and ethical issues
* **Workplace health, safety and well-being** are created through a comprehensive systems approach which includes workplace environments that are safe and healthy, provides health care funding, and continuously monitors to proactively prevent injury.

NSMHPCN is vitally interested in the health and safety of its employees. A major on-going objective is to protect employees from workplace injury or illness. NSMHPCN will make every effort to provide a healthy and safe work environment. All supervisors and workers must be dedicated to the objective of reducing the risk of injury and illness.

Every worker must protect his or her own health and safety by following the law and safe work practices and procedures.

The following principles will guide our approach:

* All employees members have the right to work in healthy and safe environments
* All employees members have the responsibility to maintain such environments
* Cooperation between management and employees members is needed
* The prevention of accidents is an integral part of a health and safe work environment.

To assist us to accomplish this, a Health & Safety Representative will be assigned.

That position in conjunction with other employees will be responsible for a monthly inspection of the office and identify with employees any potential risks or hazards.

Health & Safety will be an agenda item at all employee meetings.

Any issue identified will be investigated immediately and resolution documented in a Team binder accessible to all employees.

An annual workplace survey will be gathered, collated and included in the agency risk register.

All employees will be given a hard copy and an electronic copy of Form 6 from WSIB. All workplace injuries must be reported immediately to the employee’s supervisor and a Form 6 completed.

Form 7 will be completed by the Administration. Any loss time from work will be reported as soon as possible to WSIB by the employer.

As the employer, NSMHPCN is ultimately responsible for worker health and safety. As Executive Director or designate, I give you my personal promise that every reasonable precaution will be taken to protect workers from harm.

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| **WORKPLACE INSPECTION POLICY** | |
| **Type of Policy:** Health & Safety | **Policy Number:** HS-08 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** September 22, 2015 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

NSMHPCN is committed to providing a safe and healthy working environment for all its employees and by complying with current Occupational Health and Safety legislation. This standard applies to all areas of the workplace.

**Policy:**

The assigned Health and Safety Representative will perform a Workplace Safety Inspection on a monthly basis.

**Procedure:**

While all employees are responsible for reporting hazards and risks immediately, inspections will be performed on a monthly basis by the worker health and safety representative.

**Inspections by Worker Health and Safety Representative:**

The worker health and safety representative will schedulemonthly workplace inspections. The purpose of the inspection is to identify health and safety hazards, equipment maintenance issues, completion of previous issues noted on past inspection forms, hazard control effectiveness, training needs and housekeeping issues.

The inspection schedule shall be completed in December for the following year and must be completed on a monthly basis.

1. Prepare for inspection by reviewing previous reports
2. Be familiar with the work processes and work areas
3. Review workplace requirements as necessary (e.g. standard procedures, training records, etc.)
4. Inspection documented by completing Monthly Workplace Inspection Form to ensure a thorough inspection.
5. All substandard or unsatisfactory conditions are to be documented using the Workplace Inspection Recording Form
6. Check to see if previous actions are complet*e*
7. Suggestions for resolving items noted on the inspection to be documented on the Workplace Inspection Recording Form
8. Take corrective action immediately when possible/necessary
9. Submit the Workplace Inspection Recording Form to the Employer once the inspection is complete
10. Employer will review the Workplace Inspection Recording Form and initiate/plan appropriate corrective action where necessary within one week (or immediate if needed)
11. Worker Representative will post a copy of the completed Workplace Inspection Recording Form identifying action taken to resolve hazards noted during the inspection
12. Copies of the completed Workplace Inspection Recording Form will be:
13. Posted on the Health and Safety Board
14. Maintained on file by the Worker Health and Safety Representative

**Training:**

* Management will ensure that employees are provided with appropriate training regarding ‘how to conduct an inspection’ prior to their first inspection
* If an employee feels that they require further training, the employee will notify their supervisor
* Employees will sign training record, acknowledging that they understand the information
* Training records will be completed at end of training sessions and kept on employee file

**Evaluation:**

* Employer will review compliance and effectiveness of inspection procedure at least annually by examining inspection records to look for trends, asking employees for feedback and walking around to see that inspection procedure is being followed

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| **RETURN TO WORK POLICY** | |
| **Type of Policy:** Health & Safety | **Policy Number:** HS-09 |
| **Reviewed by:** Executive Director | **Approved by:** Board of Directors |
| **Review Date:** May 2, 2022 | **Date Approved:** September 22, 2015 |
| **Revision Date:** April 8, 2021 |

**Preamble:**

NSMHPCN will make every effort to help an injured employee to stay at work (SAW) or to return to work (RTW). The RTW program will ensure that as a company we are committed and able to supply modified / accommodated duties to all employees, where possible, without undue hardship.

**Policy:**

Every reasonable effort will be made to provide suitable return to work opportunities for every employee who is unable to perform his or her regular duties following a work-related injury or illness. This procedure applies to all employees with an injury, illness or disability regardless of its cause, type or nature which results from absence from work.

**Roles & Responsibilities**

**The Role of the Employer:**

* Provide first aid immediately, if needed
* Arrange and pay for transportation for medical care, if needed
* Pay wages for the day of injury
* Report the injury/illness to the WSIB within three days using form 7if it involves: health care treatment, time off work or lost wages
* Investigate the accident
* Contact the worker as soon as possible after the injury
* Maintain communication throughout the recovery and return to work
* Attempt to provide **suitable work**. In other words, work that:
  + Is safe and within the worker's (functional) physical capabilities
  + The worker has the skills to do (or can acquire the skills to do)
  + Restores the worker's pre-injury earnings as closely as possible
* Provide a Return to Work package (doctor letter, Functional Abilities Form (FAF), date for meeting on return to work, if needed)
* Document the RTW plan and provide a copy to the worker and WSIB
* Develop a RTW plan in consultation with the worker
* Review the RTW plan to ensure it is current and reflects the injured workers functional abilities. If changes are needed – revise the RTW plan, copy the worker and WSIB
* Monitor the progress of the worker’s modified duties through bi-weekly meetings with the employee and supervisor. Ensure medical follow-up is obtained at a pre-arranged schedule (as determined in the RTW plan)

**The Role of the Supervisor:**

* Advise the employee (injured worker) of the availability of transitional work and provide the required forms
* Assist in the creation of, and support the employee's RTW plan
* Maintain communication with the employee on modified duties and monitor their progress and the effectiveness of the plan
* Inform other employees in the department as may be required
* Communicate and assist in the evaluation of the plan's effectiveness through regular meetings scheduled with the employee
* Communicate with the injured worker regularly and, document the communication
* Schedule bi-weekly sit-down meetings with the employee (injured worker), as appropriate

**The Role of the Injured Worker (employee):**

* Report the injury to employer or supervisor
* Get proper medical treatment immediately following a work-related injury or illness and follow the recommendations of the health professional
* Take RTW package provided by the employer to their health professional and return the FAF as soon as possible
* Complete a form 6 - Workers Report of injury and return it to WSIB
* Participate in return to work activities and be in regular contact with their supervisor
* Take an active role in developing the RTW plan
* Communicate any concerns to their employer or supervisor
* Obtain the necessary forms from the treating health care professional, as may be required, by the Employer
* Ensure that appointments with health care professionals are continued while on modified duty. These appointments are to be arranged whenever possible during non-work hours
* Co-operate with all requests for documentation as required by the WSIB and the Employer
* Attend all scheduled RTW meetings
* To communicate any change / modifications needed to their RTW plan as soon as they are known to their supervisor

**Health Professional(s):**

* Provide up to date functional abilities information, as scheduled or requested
* Fill in the forms, as requested
* Act as a resource

**Workplace Safety and Insurance Board (WSIB):**

* Process information on a timely basis to provide service and support to employer and employee
* Act as a resource

**Reporting requirements to the WSIB:**

* Wage changes
* Changes in duties/duration of program
* Failure to cooperate; failure to provide required / requested information
* End of program

**PROCEDURE: Return to Work Process**

* All employees are required to report any injury / illness to their supervisor immediately, or as soon as is reasonable – as per the “injury/illness reporting” procedure
* Upon learning of a work-related injury / illness the employee’s supervisor will follow the “Injury / Illness Reporting procedure” (not included in this module)

**Communication**

* Reviews or modifications of this procedure will be communicated to the supervisor. The supervisor will then communicate any Reviews to their employees immediately, if required, or at the next scheduled team meeting
* A quarterly summary of injuries / illnesses will be prepared by the supervisor and submitted to the employer for review and corrective action, as needed
* This procedure will be reviewed annually. Only the (owner) employer has the authorization to make any changes to the procedure

The method of communication referred to in the RTW Plan includes by phone, fax or written. Any phone contact must be documented. Both parties (supervisor and employee (injured worker) are responsible for maintaining the documentation on the RTW plan.

**Training**

* Employer will ensure that any employee’s knows and understands this RTW policy and procedure within 2 days of hire
* This policy and the return to work process will be reviewed by all employees on an annual basis, or as required

**Evaluation**

* Review RTW effectiveness using the quarterly reports, workplace inspections, accident investigation on a quarterly basis

**Forms**

* Form 7 (Resource Sheet #41)
* Letter to the Health Professional (Resource Sheet #44)
* Functional Abilities form ( Resource Sheet #45)
* RTW Program Plan (Resource Sheet #47)
* Sample letter of offer (Resource Sheet #48)

**Resources**

* Workplace Safety & Insurance Board ([www.wsib.on.ca](http://www.wsib.on.ca))
* “Return to Work Self-Assessment Guide for Ontario Workplaces“ (downloadable from [www.wsib.on.ca](http://www.wsib.on.ca))



**Appendix #1: Accident/Incident Report Form**

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| --- | --- |
| Employee Information: | |
| Name: | |
| Incident Date: | Position: |

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| --- | --- | --- |
| Incident Type | | |
| Injury | Exposure | Illness |
| Spill | Property Damage | Major Potential |
| Environmental Incident | Other, Specify: | |

|  |
| --- |
| Incident Information |
| Incident Date (dd/mm/yy): \_\_\_/\_\_\_/\_\_\_ Time of Incident: |
| Reported on: \_\_\_/\_\_\_/\_\_\_ Time Reported: |
| Reported to: |
| Supervisor: |
| Injured Person: |

|  |  |  |  |
| --- | --- | --- | --- |
| Injury/ Illness | | | |
| First Aid | Medical Aid | Modified Work | Lost Time |
| Injured Body Part: | | | |
| Describe Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

|  |  |
| --- | --- |
| Incident Information | |
| Was First Aid Given? | By Whom: |
| Was injured transported to medical aid? If so, where? | |
| Injured during normal work? | |

|  |
| --- |
| Property/Equipment/Environmental Damage/Impact |
| Description of Damage:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Estimated Cost: |

**Recommended corrective action(s):**

Immediate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long term:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) responsible for action(s)/Department:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actions taken:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Appendix #2: Confidentiality Form**

**STATEMENT OF COMPLIANCE WITH CONFIDENTIALITY, PRIVACY AND SECURITY REQUIREMENTS**

*I understand that in the course of my employment or affiliation with the North Simcoe Muskoka Hospice Palliative Care Network (NSMHPCN), I may have access to confidential information, including personal health information of patients, employee information (i.e. employment records, salaries) or business information about NSMHPCN (i.e. financial and statistical information, internal reports) (“Confidential Information”). I understand that I have a professional, ethical and legal obligation to protect the confidentiality and privacy of this information, and this is a condition of my employment or affiliation with NSMHPCN. I understand that my failure to comply with these obligations may result in the termination of my employment or affiliation with NSMHPCN and I may be subject to legal or professional disciplinary proceedings.*

*In consideration of being provided with access to Confidential Information at NSMHPCN, I agree as follows:*

* I will comply with all policies and procedures of the North Simcoe Muskoka Hospice Palliative Care Network relating to Confidential Information, and applicable professional guidelines and laws (including, but not limited to the Personal Health Information Protection Act, 2004). I will treat all Confidential Information, regardless of form, in accordance with NSMHPCN’s Vision, Mission and Values.
* I will not collect, use or disclose Confidential Information except as necessary in order to perform my job responsibilities. Under no circumstances may Confidential Information be communicated either within or outside of NSMHPCN, except to other persons who are authorized by NSMHPCN to receive such Confidential Information.
* I agree that I will not alter, destroy, copy or interfere with any Confidential Information, except with authorization of NSMHPCN in accordance with its policies and procedures. I will observe NSMHPCN’s policy prohibiting the temporary or permanent removal of Confidential Information from the premises of the NSMHPCN without specific authorization by Administration.
* I agree to immediately notify the Executive Director or designate or designate if I become aware that personal health information has been lost, stolen or accessed by unauthorized persons.
* I agree to keep any computer access codes (e.g. passwords) confidential and secure and will promptly log out when leaving my workstation. I will protect physical access devices (e.g. keys, badges) and take reasonable steps to protect the security of any Confidential Information in my possession.
* I understand that as a safeguard to confidentiality, random and targeted audits will be conducted on the use of my computer access to Confidential Information and that I will be held accountable for documented access to information not required by me in the performance of my duties. Should a potential breach of confidentiality be suspected, a formal breach investigation will be initiated and my access rights to Confidential Information may be temporarily suspended pending the outcome of the investigation.
* I will not lend my access codes or devices to anyone, nor will I attempt to use those of others. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, or if I become aware of any potential security of privacy breaches, I will immediately contact the Executive Director or designate.

I acknowledge that I have read and understood North Simcoe Muskoka Hospice Palliative Care Network’s policies and procedures on privacy, confidentiality and security.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Name (Please Print) Signature***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Witness Date***

**Appendix #3: Criminal Record Annual Declaration**



**Criminal Records Check Declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby, declare that I have not been charged with a criminal offense during the past year of my employment with the North Simcoe Muskoka Hospice Palliative Care Network.

I agree to allow the North Simcoe Muskoka Hospice Palliative Care Network to perform a subsequent criminal records check if required.

Year of Declaration (DD/MM/YY):

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Directo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Appendix #4: Employee Letter Requesting VSV**

**CRIMINAL RECORDS CHECK/VULNERABLE SECTOR VERIFCATION**

Police Criminal Record Check/Vulnerable Sector Verification for: “Staff Name”

As the authorized representative of a person or organization that is responsible for the well-being of one or more children or vulnerable persons as defined in Section 6.3(1) of the Criminal Records Act, I hereby request that the local Police Service, of the above named person, conduct a search of the criminal records and pardoned sex offender database, which includes the Vulnerable Sector Verification.

Sincerely,

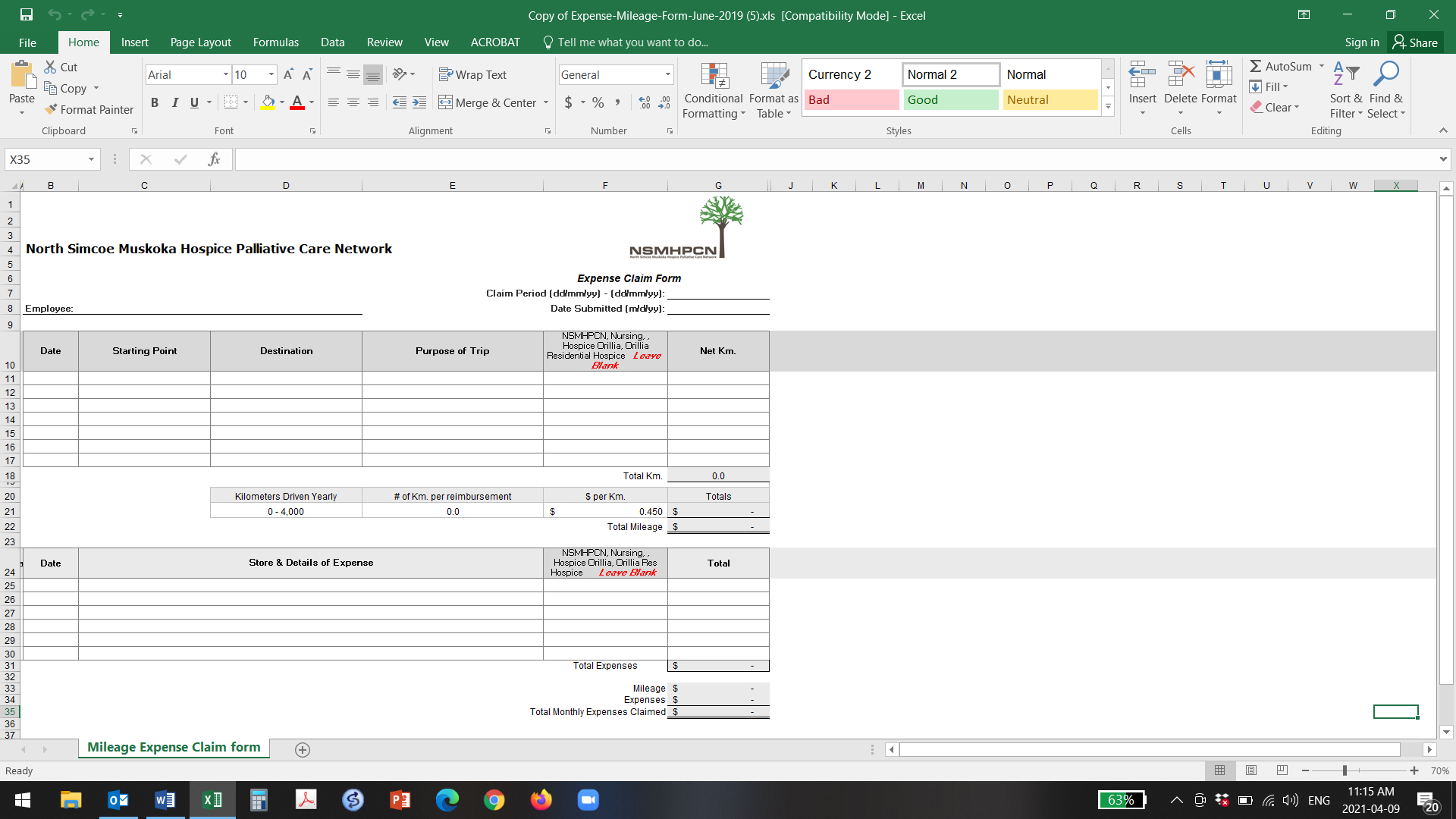
Whitney Vowels

Executive Director

North Simcoe Muskoka Hospice Palliative Care Network



**Appendix #5: Expense Form**





**Appendix #6: Discipline Documentation Form**

**Employee Information:**

Name of employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident Information:**

Date and time of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnesses to incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was this incident in violation of a company policy? Yes No

If yes, specify which policy and how the incident violated it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action Taken**

What action will be taken against the employee?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the impropriety of the employee’s actions been explained to the employee?  Yes  No

Did the employee offer any explanation for the conduct? If so, what was it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix #7: Cell Phone Agreement**

**Use of NSMHPCN Cell Phone and Corporate Cell Phone Plan**

North Simcoe Muskoka Hospice Palliative Care Network Policy requires that Employees who regularly work outside of the NSMHPCN office have a personal cell phone to ensure their safety and in order to conduct their work remotely.

The Corporate cell phone plan for 2023-2024 will cover basic costs adding up to $56.00 per month. Any costs above the $56.00 per month will be the responsibility of the employee and will be deducted from their payroll.

The HR-17 Policy on *Use of Organization Property* also requires all NSMHPCN mobile devises (including cell phones) to be password protected; Employees must submit passwords to the Administrative Assistant for storage.

Further, the HR-17 Policy on *Use of Organization Property* requires the safeguarding of equipment and entails that employees are responsible for damaged or lost equipment unless circumstances are beyond the employee’s control. The network will review such circumstances and determine if equipment will replaced at no cost to the employee. No equipment will be replaced more than once a year at expense of the network.

**Employees Acknowledgment**

I acknowledge that cell phones provided by NSMHPCN are the property of NSMHPCN and are entrusted into my care. As such I acknowledge that the cell phone in my care will be password protected at all times.

I also acknowledge that cell phone costs above the corporate cell phone plan amount will be my responsibility and I agree to have them deducted from my payroll.

I also acknowledge that I am responsible for damage or loss of the cell phone entrusted to me unless it is due to circumstances beyond my control.

I further acknowledge that the NSMHCPN cell phone must be returned at the conclusion of the employment relationship or any time requested by NSMHPCN.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declarer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declarer Name (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director’s Signature Date

**This form must be completed and returned to the ED to be placed in your Personnel File**

**Appendix #8: Equipment Agreement**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

The below mentioned items have been entrusted in the care of \_\_\_\_\_\_\_\_\_\_\_\_\_ for the duration of their employment with North Simcoe Hospice Palliative Care Network (NSMHPCN). The below mentioned items are the property of NSMHPCN and are to be returned to the Network should the employment relationship come to an end.

The employee is responsible for these items while in his/her possession and will be responsible for their replacement if they are lost or damaged and is responsible for informing his/her manager immediately of lost or stolen equipment. All laptops, cell phones and USB drives must be password protected and passwords kept on file with the Executive Director or designate. All the above statements are in accordance with HR-17 Policy on *Use of Organizational Property*.

NSMHPCN also reserves the right to request these items be returned at any point during the employment relationship (for maintenance, upgrades, etc.)

|  |  |  |
| --- | --- | --- |
| Item | Description | Initials |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

By signing this document, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name printed) am agreeing to the above statements and to the care of the items I have been entrusted with.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form must be completed and returned to the ED to be placed in your Personnel File**



**Appendix #9 Health and Safety Policy Statement**

The North Simcoe Muskoka Hospice Palliative Care Network is committed to preventing the accidental loss of any of its resources, including employees and physical assets.

In fulfilling this commitment to protect both people and property, management will provide and maintain a safe and healthy work environment, in accordance with industry standards and in compliance with legislative requirements of the Occupational Health and Safety Act, and will strive to eliminate any foreseeable hazards which may result in property damage, accidents, or personal injury/illness.

We acknowledge the right of every employee to work in a safe and healthy environment.

We recognize that the responsibility for health and safety is shared. All employees will be equally responsible for minimizing accidents within our facility and on our work sites. Safe work practices and job procedures will be clearly defined in the company’s Health and Safety Manual for all employees to follow.

Safety will be a priority organizational goal. Accidental loss will be controlled through good management in combination with active employee involvement. Safety is the direct responsibility of all managers, supervisors, employees and contractors.

All management activities will comply with company safety requirements as they relate to planning, operation and maintenance of facilities and equipment. All employees will perform their jobs properly in accordance with established procedures and safe work practices.

I trust that all of you will join me in a personal commitment to make safety a way of life.

Whitney Vowels

Executive Director Date: April, 2021

*\*\*The safety information in this policy does not take precedence over Occupational Health and Safety legislation. All employees should be familiar with the Occupational Health and Safety Act.*



**Policy Acknowledgement and Agreement**

I, (Employee Name), acknowledge that I have read and understand the Policy Manual of the North Simcoe Muskoka Hospice Palliative Care Network in its entirety. I agree to adhere to these policies and understand that if I violate the rules set forth in these policies, I may face disciplinary action up to and including termination of employment.

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_