LOFT Community Services Policy Manual

General Information

LOFT Community Services is committed to quality service throughout the whole organization. Policies are guidelines that help regulate and shape organizational behavior. The following policies are statements of LOFT's organizational values and standards of practice. Staff are expected to be familiar with LOFT's policies and to review these on an annual basis. This to help ensure quality and best practices in delivering services. The policy manual is to be available to all staff..

There are four sets of policy guidelines and regulations for LOFT which are contained in four different places:

1. The LOFT general Policy manual (this manual)

2. Program specific procedure manuals which are particular to each program (found in each program)

3. The Employee handbook

4. The Health and Safety Manual

Policies will be reviewed on an annual basis to ensure that they are complete and up to date. If you have concerns or questions about any policies, please contact your immediate supervisor.

Mission, Operating Principles and PSR Values

What follows in this section of the Manual are LOFT's Mission Statement, its Operating principles, two different formats which describe PSR (Psycho-Social Rehabilitation) principles and LOFT's Organizational Chart. All of LOFT's service delivery is guided by PSR principles.

LOFT's Mission, Vision and Values Statement

Our Mission

To help people achieve their optimal health and well-being in the community, LOFT offers unwavering support and hope.

Our Vision

Together, we can all live successfully in our community.

Our Values

Accountability, excellence, proactivity, leadership, adaptability, respect and inclusiveness.

LOFT's Operating Principles

Relevant Legislation

Not applicable to this policy.

Intent

Not applicable to this policy.

Definitions

Not applicable to this policy.

Policy

The Operating Principles of LOFT Community Services are as follows:

• Access to service is voluntary, regardless of income level.

• Service Users' human rights, individuality, confidentiality and religious freedom are respected and maintain.

• Service approaches are used which emphasize: Empowerment, self-management and choice, user input, positive peer networks, collaboration with other relevant community services and ethno cultural sensitivity.

• Programs are evaluated to ensure all services are effective, efficient, and meeting current needs within each program's mandate to the highest standard possible.

• All programs must encourage and accept maximum input possible from service users in regard to service delivery and evaluation

Procedures

See program manual

Fundamental Components of Recovery

Relevant Legislation:

Not applicable to this policy.

Intent

Not applicable to this policy.

Definitions

Not applicable to this policy.

Policy

The 10 Fundamental Components of Recovery

1. Self-Direction

Consumers lead, control, exercise choice over and determine their own path of recovery by optimizing autonomy, independence and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

2. Individualized and Person Centered

There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

3. Empowerment

Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and

are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

4. Holistic

Recovery encompasses an individual's whole life, including mind, body, spirit and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

5. Non Linear

Recovery is not a step by step process but one based on continual growth, occasional setbacks and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move onto fully engage in the work of recovery.

6. Strengths-based

Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g. partner, caregiver, friend, student, and employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

7. Peer support

Mutual support including the sharing of experiential knowledge and skills and social learning, plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

8. Respect

Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma- are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are

particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

9. Responsibility

Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

10. Hope

Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn and fully participate in our society, but also enriches the texture of the whole community.

Procedures

See program manual.

LOFT Organizational Chart

(link)

LOFT Community Services' Responsibilities to Clients

Relevant Legislation

None applicable

Intent

LOFT takes its responsibility to clients seriously. The responsibilities of LOFT are outlined in this policy.

Definitions

Not Applicable

Policy

Value client well being and safety

LOFT employees will hold the needs, well-being and safety of clients as a vital concern and priority in their support relationships with clients.

Practice non-discrimination

LOFT employees will be sensitive to diversity and shall not discriminate on the grounds of colour, creed, ethnicity, gender, sexual orientation, age, disability, social class, religion or political belief.

Ensure informed consent

LOFT employees will ensure all clients understand when they are giving consent and will re-visit any consent given as required.

Engage all people with respect

LOFT employees will have respect for the uniqueness and dignity of clients and colleagues and shall treat all people with fairness and courtesy.

Maintain client confidentiality

LOFT staff will hold client information in confidence within the confines of the law. Since considerations of safety or legal obligations may on occasion override confidentiality, these limits will be discussed with clients.

Respect client privacy

LOFT employees will be actively involved in ensuring client privacy.

Foster choice

LOFT employees will foster client choice and client independence except where these may cause harm to self or others.

Protect client well being

LOFT employees will have regard for the needs of clients who are unable to exercise self-determination or to ensure their own personal safety and act to protect clients' best interests, rights and well being.

Maintain client anonymity

LOFT employees will preserve the anonymity of clients when information is used in education, training, research or publications, unless prior informed consent has been granted.

Facilitating client access to services

While LOFT may exercise the right not to accept a client, the organization will ordinarily take reasonable steps to ensure that the client has information regarding access to other services.

Practice impartiality

LOFT will strive to be impartial and offer its services without favouritism or bias.

Procedures

See Program Manual.

Revised January 2018

Rights of the Client

Relevant Legislation

Not Applicable

Intent

LOFT will protect the rights and safety of clients, especially in the delivery of services and their ongoing interactions with the clients served.

Definitions

Not applicable

Policy

LOFT employees will endeavor to protect the rights of clients, including the right to freedom from financial or other exploitation, humiliation and neglect. LOFT is committed to the continuous improvement of quality of service.

LOFT employees will, in a timely manner, provide access to the following:

- Information pertinent to the client served in sufficient time to facilitate decision-making;
- Informed consent or refusal or expression of choice regarding service delivery, release of information, concurrent services, and composition of the service delivery team;
- Access to referral to legal entities for appropriate representations;
- Access to self-help and advocacy support services;
- Direction for investigation and resolution of alleged infringement of rights and other legal rights *(refer to Complaints Procedure)*
- Client rights will be reviewed with the client annually and this will be documented.

Procedures

See Program Manual

Client Access to Records

Relevant Legislation

Not applicable to this policy.

Intent

Not applicable to this policy.

Definitions

Not applicable to this policy.

Policy

Clients have the right to request access to their files.

Clients may read their file with a staff present or clients may be given a copy of their file. The original file is the property of LOFT Community Services.

A release should be signed by the client as well as a staff person indicating that the client had requested to review their file and/ or that they have received a copy of their file.

Procedures

See program manual.

Individual Goal Plans

Relevant Legislation

Not Applicable

Intent

LOFT is committed to the needs of clients by ensuring that an individual goal plan is created every 6 months. This individual goal plan will build on identified strengths, abilities, needs and preferences.

Definitions

Not applicable

Policy

Entering the program

As part of the intake process, information is gathered from the client about his or her desired outcomes from the services. The client is given information about the program, their role in setting individual goals, how planning the supports/services will be conducted, and the requirement of their continued participation in services.

Plan components

Goals should be specific, measurable, attainable, realistic and time limited. How the goals are to be attained, who is responsible for implementation and how and when progress will be reviewed should be outlined.

An individual plan is developed based on the person's strengths, abilities, preferences, desired outcomes and other issues identified by the client. As appropriate to the client and services provided, relevant information that should be considered includes: relevant medical, psychologofical and social information, available information on previous direct services and supports and other relevant assessments.

At each goal setting, every 6 months, the clients participate in decision making, directing and planning that affects his or her life. Efforts to include the person served in the delivery of those services or supports should be evident in writing. The staff or agency's purposes and ability to address desired outcomes are explored with the client.

Other people or services that support the individual, including substitute decision makers should be encouraged to take part. If goals are determined by an outside

case management provider, LOFT staff should communicate with that outside organization to determine client goals so that the may support the client in achieving them. This should be documented.

Procedure

See program manual

Privacy of Health Information

Relevant Legislation

The Health Information Protection Act, 2004 or Bill 31 has come into effect on November 1, 2004. As its title states, it is intended to protect the health information of people in Ontario. It has originated from earlier Federal privacy legislation (Personal Information Protection and Electronic Document Act, or PIPEDA) after requests were made for the passage of made in Ontario' privacy legislation for medical providers.

The Bill consists of two parts, The Personal Health Information Protection Act, 2004 (PHIPA) and the Quality of Care Information Protection Act, 2004 (QOCIPA). The reasons for enacting the Bill are as follows:

• To establish rules for the collection, use and disclosure of **personal health information** about individuals that protect the **confidentiality** of that information in the hands of a **health information custodian** and the **privacy** of individuals while receiving **health care**, (for LOFT this includes all clients & residents.)

• To provide individuals with the right of access to personal health information about themselves, subject to exceptions.

• To provide individuals with the right to require the correction or amendment of personal health information about themselves, subject to exceptions.

• To provide for independent review and resolution of complaints with respect to personal health information.

•To provide remedies for contravention of the Act.

Its underlying principles are:

- Accountability
- Identifying Purposes
- Consent
- Limiting Collection
- Limiting Use, Disclosure, Retention
- Accuracy

- Safeguards
- Openness
- Access
- Challenging Compliance

Intent

LOFT uses PHI (Personal Health Information) to identify service users' needs related to housing and/or support. This information must be stored in a responsible (locked cabinets/offices and password protected electronic files) way and disposed of in a timely manner when it is no longer required. Client information is never shared with anyone outside of LOFT (except the funder) without written client consent.

Definitions

Privacy: The fundamental right to control information about ourselves, including its collection, use and disclosure.

Confidentiality: The obligation to protect personal information in our care, to maintain its secrecy and not misuse, or wrongfully disclose it.

Health Information Custodian:

They are defined as:

• Health care practitioners, which includes:

• A member defined under the Regulated Health Professions Act. (e.g. doctors, dentist, and nurse)

• A member of the Ontario College of Social Workers and Social Service Workers who provide "health care."

• A drugless practitioner under the Drugless Practitioners Act. (e.g. naturopath)

• A person whose primary function is to provide health care for payment. (e.g. acupuncturist)

• Persons or organizations providing community service within the meaning of the Long Term Care Act 1994.

A person or agent who operates:

• A centre, program or service for community health or mental health whose primary purpose is the provision of health care.

• A Hospital, psychiatric facility, medical institution, independent health facility.

• A long-term care facility under the Nursing Homes Act, Charitable Institutions Act, Homes for the Aged and Rest Homes Act, 'a care home' under the Tenant Protection Act, 1997.

• A pharmacy.

• A laboratory.

• An ambulance service.

• A home for special care.

• The Minister and Ministry of Health and Long Term Care.

• Medical Officers of Health or boards of health.

• Any other prescribed person or class of persons.

Agent: Anyone authorized by the health information custodian to do anything on behalf of the custodian with respect to personal health information. Agents can include, for example:

• An employee.

• Persons contracted to the custodian to provide services regarding the personal health information. (e.g. copying or shredding service, records management, IT consultant)

• Volunteers and students with access to personal health information.

Health Care: any observation, examination, assessment, care, service or procedure that is done for a health related purpose and is carried out or provided:

• To treat or maintain an individual's physical or mental health.

• To prevent disease or injury or to promote health.

• As part of palliative care.

• As a community service described in the Long Term Care Act, 1994 which includes the dispensing or selling of drugs or medical equipment.

Personal Health Information: Identifying information about an individual (oral or written) which either provides the identity of the individual, or which can be used alone or with other information to identify the individual. This includes or relates to:

• Information on the physical or mental health of the individual, including information on the individual's family history.

• Information on the provision of health care to the individual, including identifying the person providing the care.

• The plan of service within the meaning of the Long-Term Care Act, 1994.

• The individual's health number. (e.g. OHIP card number)

• Identifying the individual's substitute decision maker.

• Relating to the individual's eligibility for health care or payment for care.

• Relates to the donation of a body part or bodily substance.

It does not include the medical information of a staff member, contained within their personal file. This material would be protected by other privacy legislation.

Consent: consent regarding how personal health information is collected, used or shared must be given by a client, except in specific circumstances, e.g. such as reporting for public health safety. There are two types of consent, implied or express.

• Implied Consent is where it is assumed by the health care provider (e.g. physician, LOFT) that consent has been given for the collection, use and sharing of health information in order to treat the individual, without directly asking or for the requirement to sign a consent form. The legislation also allows for the health care provider to assume that implied consent has been given in order to use or disclose health information with other health care providers, unless expressly forbidden by the client. Implied consent is assumed within the 'circle of care' given to the client.

• Express Consent is where the health care provider is required to request the client's consent, either orally, in writing or electronically, before the health information can be shared. This is required where the health care provider:

1) Shares personal health information with someone who is not a health information custodian, or not within the circle of care (e.g. employer, insurance agent, fundraiser)

2) Shares personal health information between health care providers for a purpose other than providing health care.

The elements of consent are:

• It is given by a knowledgeable or capable individual or an authorized substitute decision maker of the client.

• Provides clear identification of the information that is collected, used and disclosed and the purpose for which it is to be collected, used or disclosed.

• Not be obtained by deception or coercion.

• Provides the right and effect of withdrawal of consent. (Not retroactively)

Capable Individual:

A capable client is one who has the ability to understand the information that is relevant to deciding whether to give consent to the collection, use or sharing of information, or to appreciate the consequences of giving, not giving, withholding or withdrawing consent. A capable client can be of all ages and is entitled to make their own decisions regarding personal health information. However, clients under the age of sixteen can have their parents or guardians make decisions on their behalf, unless the client has expressly stated he/she does not want the parent or guardian to make decisions on their behalf, or the client has already made treatment decisions with regards to their care. When an individual is not capable of making decisions in respect to their personal health information, there must be a substitute decision maker over the age of sixteen, to whom LOFT can turn to for consent to be able to collect, use or disclose information on behalf of the individual. This substitute (it should only be one) can include: a court appointed guardian; an attorney for personal care; a representative appointed by the Consent and Capacity Board; spouse or partner; a child or parent; a brother or sister; any other relative; the Public Guardian or Trustee (as a last resort).

Disclose:

In relation to the personal health information in the custody or under the control of LOFT, to disclose means to make the information available, or to release it to another health information custodian or to another person. The Act permits LOFT (Part IV, Ss 38-50), to disclose personal health information without a client's express consent, where the disclosure is:

• To health care practitioners within the circle of care (e.g. long-term service providers, health care facilities, other programs/services), if the disclosure is:

1) – reasonably necessary for the provision of health care

2) – not reasonably possible to obtain consent in a timely manner

3) – the client has not instructed LOFT not to make the disclosure

• To determine or verify eligibility for government programs or related benefits or services.

• In order for the Minister or other agency to determine or provide funding or payment for the provision of health care; or, in order for the Minister to monitor or verify claims for payment for health care funded by the Ministry.

• To a person conducting an audit, inspection, investigation or similar procedure that is authorized by a warrant or under an Act.

• To the Medical Officer of Health or Public Health Authority within the meaning of the Health Protection and Promotion Act if the disclosure is necessary for the purpose of eliminating or reducing a significant risk or serious bodily harm to a person or group of persons.

• For contacting a relative, friend or substitute decision maker of an individual who is incapacitated, injured or ill and is unable to give consent.

• In order to identify the individual if the individual is reasonably suspected of being deceased, or to relatives of the deceased who require the information to make decisions about their own health care.

• To a prescribed person who compiles and maintains a health information registry.

• For the purpose of a proceeding or contemplated proceeding in which LOFT or a staff member is expected to be a party or witness if the information relates to, or is a matter in issue in the proceeding.

• In order to comply with a summons, order or similar requirement issued in a proceeding by a person having jurisdiction to compel the production of the information.

• For the purposes of research if the research project is approved by an ethics board or similar body.

• To a prescribed body for the purpose of analysis or compiling statistical information with respect to the management, monitoring, evaluation of resources or for the planning of all or part of the health system.

• To a professional health or social work college for the purpose of enforcement or administration of the college's governing Act.

• As permitted or required by law.

Privacy Officer:

The Privacy Officer is the person or persons appointed by LOFT to:

• Address privacy questions, concerns or challenges regarding personal health information.

• Ensure the improvement and security of information handling practices.

• Provide privacy training and orientation to all staff, volunteers and students.

• Update and revise program privacy policies and procedures.

• Allow and monitor individuals requesting access to their personal health information.

• Make decisions regarding the capacity or incapacity of clients.

Policy

OBLIGATIONS AND RIGHTS

As a result of PHIPA, LOFT is now legally responsible for the personal health information in its custody and control. It must also take certain steps to fulfill this responsibility. Clients have also been given rights under the legislation.

Employer's Obligations:

• To put in place information practices that comply with the Act. (e.g. to take steps to ensure the records are accurate, complete and appropriately stored, transferred or disposed of)

• To collect only the personal health information needed to provide the care.

• To take steps to safeguard the personal health information in LOFT's care and control. (e.g. protection against theft, loss, unauthorized use, disclosure, copying, modification or disposal; all records are properly transferred or disposed of after active use)

• To provide a written description of the practices in use to protect this information.

• To obtain an individual's consent when collecting, using and disclosing personal health information, except in limited circumstances.

• To designate a contact person(s) or privacy officer(s) whom individuals can contact if they have any questions or concerns regarding their personal health information.

• To ensure that employee's or agents are appropriately informed of their obligations regarding personal health information.

Staff Obligations:

• To comply with program operational polices/procedures and LOFT principles by keeping client information confidential at all times.

• To ensure that consent has been given by the client when collecting, using and sharing personal health information.

• To keep all client notes and files current at all times.

• To attend training or orientation regarding client privacy.

Client's Rights:

• To understand the reason for the collection, use and disclosure of personal health information.

• To give permission or "consent" to how their personal health information is collected, used and shared.

• To withdraw their consent, or place restrictions on what, or with whom their personal health information is shared.

• To request access to their personal health information.

• To request corrections be made to their personal health records.

• To complain to the Information Privacy Commissioner about the manner, in which LOFT has collected, used, disclosed or handled their personal health information.

Procedures

See program manual.

Accessibility Policy

Relevant Legislation

Section 7/Section 80.49 Ontario Regulation 191/11, Integrated Accessibility 11.1 Standards Regulations – AODA

Intent

LOFT Community Services ensures that all of its employees, agents, volunteers, or others engaged by the Provider in the delivery of goods, services and/or facilities receive training on the requirements of the accessibility standards and on the Human Rights Code as it pertains to people with disabilities.

Definitions

Accessibility: Accessibility refers to the design of products, devices, services, or environments for people who experience disabilities. Ontario has laws to improve accessibility for people with disabilities, including the Accessibility for Ontarians with Disabilities Act (AODA), the ***Ontario Human Rights Code***, and the ***Ontario Building Code***.

AODA: The Accessibility for Ontarians with Disabilities Act (AODA) seeks to ensure that all Ontarians have fair and equitable access to programs and services and to improve opportunities for persons with disabilities. The Act address barriers in Customer Service; Information and Communication; Employment; Transportation; the Design of Public Spaces

Disability: A disability is a physical or mental condition that limits a person's movements, senses, or activities. The AODA uses the same definition of disability as the ***Ontario Human Rights Code***.

Policy

All LOFT employees, agents, volunteers, or others engaged by the Provider in the delivery of goods, services and/or facilities will receive training on the requirements of the accessibility standards and on the Human Rights Code as it pertains to people with disabilities.

Procedures

Training shall be provided in accordance with the respective regulations and shall include, without limitation, a review of the purposes of the AODA, the requirements of the Regulations, and on the Human Rights Code as it pertains to people with disabilities

Effective March 2018

French Language Services Policy

Relevant Legislation

The French Language Services Act of Ontario

Intent

LOFT Community Services endeavours to provide clients or perspective clients with services or access to services in French wherever possible.

Policy

LOFT recognizes the needs and expectations of the francophone community and will provide services or links to services for individuals requesting services in French.

Procedures

LOFT will provide an offer of services in French at our Administrative office as well as a voice mail message (in French) directing francophone individuals to services in French. Our website has contact information (written in French) to direct individuals to services in French.

Effective March 2018

Human Rights, Safety, Responsibilities

Complaints Procedure: How to make a complaint for service users, staff and community members

Relevant Legislation

Not applicable

Intent

The intent of the policy is to set out and clarify the process to make a complaint for service users, staff, community members and other stakeholders.

For a complaint of Workplace or Sexual Harassment or a complaint of Human Rights violation, please refer to the policies written to address these specific concerns and the relevant procedures set out in those policies.

Definitions

Not applicable

Policy

LOFT Community Services is committed to providing a safe and welcoming environment for employees, service users and other stakeholders. LOFT encourages complaints to be brought forward where there is a concern or dissatisfaction regarding the provision of services, waste, fraud, theft, abuse of resources, ethics violations or other specific wrong doing.

Bad faith or vexatious complaints will not be tolerated under this policy.

LOFT ensures all complaints are reviewed according this policy. Appropriate corrective action will be taken to address a complaint where necessary and appropriate.

Complaints resolution process

Service users, staff and other stakeholders are encouraged to first approach the person whom the complaint is about, in an attempt to informally resolve the complaint.

If the situation cannot be resolved by speaking to the person the complaint is about, the following sets out the procedure to be followed in filing a formal complaint.

1. Tell a staff person or your supervisor about the concern and ask who can help resolve it.
2. If the staff person / supervisor is unable to resolve the concerns, please submit a complaint in writing to the Director of the program or speak to them and tell them you wish to make a formal complaint. The Director of the Program will then be responsible for responding to the complaint.
3. If the Program Director is unable to resolve the concerns, it is possible to refer the complaint to the Director of Services for the program in either youth, adults or seniors. The name and phone number for this person can be obtained from the Program Director.
4. If the complaint is not resolved with the Director of Services, it may be referred further to the Director of Operations by providing them with the formal written complaint.
5. If the complaint is not resolved with the Director of Operations, it can be forwarded to the CEO for final review, to determine whether any further action is warranted.

Content of Formal complaint:

A formal complaint must be made in writing, including details of:

- What happened – a description of the events or situation
- When it happened – dates and times of the events or incidents
- Where it happened

- Who saw it happen – the names of any witnesses, if any.

The person receiving the complaint will notify the person(s) complained against ("the respondent(s)") of the complaint and provide the respondent(s) with a copy of the written complaint.

No Reprisal

Anyone filing a complaint under this policy in good faith will not be subject to reprisal for having filed the complaint. However, any complaints which are deemed vexatious, made in bad faith or for an improper purpose will not be tolerated.

Analysis and Follow Through

It is expected that complaints are reviewed, analyzed and a follow up carried out by the relevant member of the management team. This follow through should be documented.

Child Abuse & Child Sexual Abuse

Relevant Legislation

Section 72 of the Child and Family Services Act places a statutory obligation on every person who performs professional or official duties with respect to a child and who suspects on reasonable grounds that a child may have suffered abuse, to report it to the Children's Aid Society (C.A.S.). In the case of a child, abuse can include physical harm, sexual abuse, neglect and/or emotional abuse.

Intent

All employees, volunteers and student placements will be orientated to this policy on child abuse and child sexual abuse.

Definitions

Definition: Sexual abuse is any intentional use of force, or threat of use of force involving some form of sexual activity against another person without his/her consent. Sexual abuse is an activity that may be criminal in nature as defined under the Ontario Child and Family Services Act or under the Criminal Code of Canada.

Policy

Any form of client/resident sexual abuse warrants disciplinary actions up to and including dismissal and may result in criminal charges.

Sexual abuse can include:

• Kissing, sexual contact, fondling or sexual intercourse.

• Bodily harm or threats to harm, assault with a weapon.

• Incest, bestiality and gross indecency.

• Exposing genitals to a child, juvenile prostitution, corrupting children, indecent acts and sexual assault

• Sexual offences against children such as sexual interference, invitation to sexual touching, sexual exploitation of a young person, parent or guardian procuring sexual activity of a child

This is only a partial list and does not include all definitions or examples of sexual abuse.

Employees, volunteers and student placements of LOFT Community services will not engage in sexual relations with any clients or residents. A staff, volunteer or student on placement found to have been engaged in sexual relation with a client or resident will face immediate dismissal from employment, or termination of the contractual relationship with LOFT Community Services.

PREVENTION OF ABUSE

• LOFT Community Services will educate and inform all members of management, staff, volunteers, student placements and other persons in order to make them aware of their rights and obligations. LOFT Community Services will also provide a mechanism whereby any concerned person may make an inquiry or lodge a complaint.

• It is the policy of LOFT Community Services that all new staff, volunteers and student placements must have a Police Reference Check completed as part of the recruiting process.

RESPONSIBILITIES OF LOFT

1. All Directors and supervisors are responsible for monitoring clients/residents for signs and symptoms of sexual abuse. All reports of sexual abuse must be reported immediately to the Chief Executive Officer (CEO), or designate.

2. Disciplinary action will be taken up to and including dismissal, if the complaint is substantiated.

RESPONSIBILITIES OF STAFF

1. Report any concerns to either your supervisor, or the C.A.S., immediately.

2. Keep a written record of your findings including, date(s), time(s), place(s), behaviour(s) and witness(es).

3. Assist in the preparation of a written report of the incident, detailing the nature of the incident, the date(s), time(s), place(s), witness(es), sources of information and the name(s) of those involved.

ALL ALLEGATIONS OF SEXUAL ABUSE INVOLVE SENSITIVE DISCLOSURES. THE CONFIDENTIALITY OF ALL CONCERNED WILL BE MAINTAINED TO THE GREATEST EXTENT POSSIBLE.

Other Notes:

• Staff, volunteers and student placements must realize that sexual abuse is a serious offence and any complaints will be dealt with quickly and professionally.

• Any notes made in an investigation will not be kept in a staff member's Human Resources file.

• The police or 911 are to be called immediately when a staff, volunteer, student placement or other person's safety is in danger, or where immediate attention is required.

• Section 72 of the Child and Family Services Act places a statutory obligation on every person who performs professional or official duties with respect to a child and who suspects on reasonable grounds that a child may have suffered abuse to report it to the Children's Aid Society (C.A.S.). In the case of a child, abuse can include physical harm, sexual abuse, neglect and/or emotional abuse.

• Sexual assault is an activity which is criminal in nature, and will be dealt with immediately by reporting it directly to either the police/C.A.S. or a supervisor.

COMPLAINT INVOLVING A CHILD

1. Where a person suspects on reasonable grounds that a child is, or may be in need of protection, it must be reported to child protection authorities. (In Ontario, a report must be made to a Children's Aid Society). For the purposes of this policy, a suspicion is defined as:

• A complaint from the child.

• Circumstantial evidence, such as cries for help, unexplained physical injury, a statement of a credible eye witness to a recent complaint.

• A statement of another which is buttressed with detail from the surrounding circumstances and a credible witness who corroborates the statement of another.

Anyone who is unsure as to whether she or he should report that abuse might have occurred is encouraged to seek the advice of colleagues, supervisors, or child protection professionals. (Abuse can include physical harm, sexual abuse, neglect and/or emotional abuse.) If there is any doubt, it is preferable to err on the side of protecting the child.

Under the provisions of the Child and Family Services Act, a special obligation to report child abuse is placed on any person who in the course of their professional duties believes on reasonable grounds that a child is being abused or has been abused. This provision specifically includes staff, volunteers or student placements. Failure to report is a provincial offence. No action shall be taken by LOFT Community Services against a person who institutes his or her own report.

It should be noted that: in Ontario the duty to report suspected child abuse overrides the privilege of confidentiality (including that of doctors).

2. Any member of staff, volunteer or student placement who is aware of a report indicating that a child is being, or may have been abused by a member of the staff, volunteer, student placement or other person, shall inform their supervisor who will notify the CEO, or designate.

3. The CEO or designate shall immediately confirm with the child protection authorities that a report of the suspicion of abuse has been made.

4. The CEO or designate will oversee the record of all documentation provided by employees involved in an appropriate format and keep it locked in his or her office.

5. LOFT Community Services will offer to co-operate fully with child protection and/or police authorities that are investigating reports of child abuse. It is the responsibility of the C.A.S. and police to conduct a full and complete investigation.

6. The CEO or designate will contact the child's family following consultation with the Children's Aid Society (and/or investigating police department).

7. The CEO or designate will notify the respondent of the report, unless there are concerns that such notification will impede the progress of the investigation. The staff member is entitled to have representation in any meetings involving this matter.

8. The CEO, in consultation with the Director of Human Resources, may offer the support of a professional counsellor to the respondent (and their family as appropriate.)

9. Where a staff member, volunteer or student placement is accused of child abuse, that person shall normally be removed from work-related duties at the discretion of the CEO, until all investigations and legal proceedings are completed and the CEO or designate is satisfied that the person poses no risk to children. This removal implies no inference of guilt and may be reviewed periodically.

10. All public communication is to be made only by the CEO or designate with due regard to confidentiality of the affected parties and the principle of innocence until guilt is proven.

11. Following the completion of all criminal and/or civil proceedings, LOFT Community Services has the right and obligation to conduct an internal investigation to determine whether the accused person poses a hazard to children or vulnerable persons. The CEO or designate shall appoint a committee of review to conduct an internal enquiry and advise as to whether the respondent shall be reinstated in any duties having to do with children or vulnerable persons. Persons who have been found in a criminal proceeding to have committed sexual abuse of a child shall under no circumstances be given duties where they may be in contact with children. In the case of acquittal of a person charged with sexual abuse of a child (or where charges have not been proceeded with), LOFT Community Services reserves the right to make an independent determination of the facts and the potential risks posed by the respondent, based on a standard of the balance of probabilities, and erring on the side of protecting children and vulnerable persons.

12. Where a respondent is fully exonerated of the accusation, this determination will be announced publicly.

13. Where a complaint is sustained, a copy of the decision shall be maintained in the respondent's Human Resources file. When a complaint is not sustained, there shall be no record of it in the Human Resources. However, summary documentation of the case shall be maintained in the confidential file of the Human Resources department.

Discipline

Individuals found guilty of sexual abuse will be disciplined up to and including dismissal. The nature and type of discipline shall be determined by the severity and frequency of the incidents.

If it is determined that the complaint was initiated maliciously, appropriate disciplinary action will be taken against the individual who filed the complaint.

Appeal

An appeal of the decision may be made within seven (7) days according to the LOFT Community Services policy on Dispute Resolution Process. The appeal must be made in writing to Human Resources with the reasons for the appeal. Human Resources shall respond within seven (7) days of the written request for appeal.

THE COMPLAINT INVOLVING AN ADULT

1. Any person may notify management that he/she wishes to make a formal complaint of sexual abuse. If the sexual activity forming the basis of the complaint is defined as criminal under the Criminal Code of Canada, the manager (or other person hearing the complaint) will encourage the complainant to report this matter to the police. The manager may assist the complainant in doing so. No report will be made to the police without the consent of the adult complainant unless there is a grave concern that others may be at similar risk of abuse. If the complainant chooses not to report the matter to the police, the complaint will be investigated according to complaint procedure in this policy.

If the Complainant was a Minor at the Time

2. Where the complaint involves abuse that allegedly occurred when the adult complainant was a child, no report will be made without the consent of the complainant unless there is suspicion that other children are currently being abused, or the person receiving the report has grave concerns for the safety of other persons. If it appears that other children may currently be abused, the person hearing the complaint will follow the procedures in, "Complaint Involving a Child or Vulnerable Adult."

Co-operating with the Authorities:

3. Where a staff member, volunteer or student placement becomes aware that a complaint of sexual abuse may be made, or has been made to the police against an employee, volunteer or student placement, the person who is aware of the complaint will report this immediately to their manager who will inform the CEO or designate. LOFT Community Services will offer to co-operate fully with authorities that are investigating reports of sexual abuse.

4. The respondent will be notified of the complaint by the manager, in consultation with the CEO or designate responsible for the respondent, unless there are concerns that such notification will impede the progress of the investigation.

5. The manager, in consultation with the CEO or designate, will contact the complainant and the respondent (and their families if appropriate), to offer the support of a professional counsillor, but only after investigating authorities indicate that it is acceptable to do so, in order not to interfere with the progress of the investigation.

6. Where a staff member, volunteer or a student placement is accused of sexual abuse, that person shall normally be removed from work-related duties at the discretion of the CEO until all investigations and legal proceedings are completed, and the CEO or designate is satisfied that the respondent poses no risk to vulnerable persons. This removal implies no inference of guilt and may be reviewed periodically.

7. All public communication is to be made by the CEO or designate with due regard to confidentiality of the affected parties and the principle of innocence until guilt is proven.

8. Following the completion of all criminal and/or civil proceedings, LOFT Community Services has the right and obligation to conduct an internal investigation to determine whether the accused person poses a hazard to vulnerable persons. The CEO or delegate shall appoint a committee of review to conduct an internal enquiry and advise as to whether the respondent shall be reinstated. In the case of an acquittal of a person charged with criminal sexual activity (or where charges have not been proceeded with), LOFT Community Services reserves the right to make an independent determination of the facts and the potential risks posed by the respondent based on a standard of the balance of probabilities, and erring on the side of protecting children and vulnerable persons.

9. Where a respondent is fully exonerated of the accusation, this determination will be announced publicly.

10. Where a complaint is sustained, a copy of the decision shall be maintained in the respondent’s Human Resources file. When a complaint is not sustained, there shall be no record of it in the Human Resources file. However, summary documentation of the case shall be maintained in the confidential file of the Human Resources department.

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Procedures

See program manual.

Diversity

Intent

LOFT addresses diversity and equity in all facets of the organization. This policy outlines LOFT's commitments and actions related to diversity.

Definitions

Health Equity

Within the health system, equity means reducing systemic barriers to equitable access to high quality health care for all; addressing the specific health needs of people along the social gradient, including the most health disadvantaged populations; and ensuring that the ways in which health services are provided and organized contributes to reducing overall health disparities.

Health inequities or disparities are differences in health outcomes that are avoidable, unfair and systematically related to social inequality and marginalization. Health equity works to reduce or eliminate socially structured health inequalities and differential health outcomes.

(Health Equity Impact Assessment workbook, LHINs)

Diversity

The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual

(University of Oregon, 1999)

Policy

LOFT's Commitment to Staff

LOFT is an equal opportunity employer. The organization makes every effort to employ diverse individuals who are reflective of the population it serves. Hiring and personnel practices do not discriminate with regard to race, colour, religion, disability, gender, sexual orientation, age, national origin or any other specific area specified under the Ontario Human Rights Code.

LOFT policies, procedures and programs reflect a respect for the values and diversity of all people. All programs are developed acknowledging the diversity of the persons served.

LOFT's Commitment to Clients

LOFT services will be designed and delivered in a manner that is sensitive and relevant to the diversity of the persons served. Assessment of a client's needs include addressing all factors that relate to the context in which the person lives, and is based on the strengths, needs and preferences of the individual. All of these unique characteristics are taken into consideration.

Sensitivity to the diversity of the persons served in the programs will be reflected in all services.

Client Responsibilities to Staff and Peers

Clients are asked to engage all people with respect for their uniqueness and dignity, and treat all people with fairness and courtesy. Clients are asked to be sensitive to diversity and avoid discriminating on the grounds of colour, creed, ethnicity, sexual orientation, age, physical or mental disability, social class, religion or political belief.

Organizational commitment

LOFT has an Equity and Diversity workplan and completes a Health Equity Impact Assessment annually. LOFT reviews data, the workplan and the impact assessment annually to enhance the overall evidence base for equity-based interventions that can be fed back into the planning, policy or program development process.

Human Rights

Relevant Legislation

Under the Ontario Human Rights Code, every person has the right to freedom from harassment and discrimination. Harassment and discrimination will not be tolerated, condoned, or ignored at LOFT Community Services. If a claim of harassment or discrimination is proven, disciplinary measures will be applied, up to and including termination of employment.

Intent

ORGANIZATIONAL COMMITMENT

LOFT Community Services is committed to providing an environment free from discrimination and harassment, in which all individuals are treated with respect and dignity, and are able to contribute fully and have equal opportunities.

The objectives of this Policy are to ensure that employees, clients, board members, volunteers and associates of LOFT Community Services are aware that harassment and discrimination are unacceptable practices and are incompatible with the standards of this organisation, as well as being a violation of the law. This Policy will also set out principles and standards for behaviour that may be considered offensive and are prohibited by this Policy.

Definitions

Not applicable to this policy.

Policy

APPLICATION

The right to freedom from discrimination and harassment extends to all employees, including full-time, part-time, temporary, probationary, relief/casual and contract staff, as well as volunteers, students, board members and clients.

It is also unacceptable for employees of LOFT Community Services to engage in harassment or discrimination when dealing with clients, clients on the waiting list for services, staff from other organizations and persons with whom they have professional dealings.

This Policy applies at every level of the organization and to every aspect of the workplace environment and employment relationship, including recruitment, selection, promotion, transfers, training, salaries, benefits and termination. It also covers rates of pay, overtime, hours of work, holidays, and shift work, discipline and performance evaluations.

This Policy applies to events that occur outside of the physical workplace such as during staff training conferences and staff parties.

It is the responsibility of management and employees to report any known harassment or discrimination.

PROTECTED GROUNDS

This Policy prohibits discrimination or harassment on the basis of the following grounds, and any combination of these grounds:

- Age
- Creed (religion)
- Sex (including pregnancy and breastfeeding)
- Gender Identity
- Family status (such as being in a parent-child relationship)
- Marital status (including the status of being married, single, widowed, divorced, separated, or living in a conjugal relationship outside of marriage, whether in a same sex or opposite sex relationship)
- Disability (including mental, physical, developmental or learning disabilities)
- Race
- Ancestry

• Place of origin

• Ethnic origin

• Citizenship

• Colour

• Association or relationship with a person identified by one of the above grounds

• Perception that one of the above grounds applies.

PROHIBITED BEHAVIOUR

The following behaviour is prohibited by this Policy:

Discrimination: means any form of unequal treatment based on a Code ground, whether imposing extra burdens or denying benefits. It may be intentional or unintentional. It may involve direct actions that are discriminatory on their face, or it may involve rules, practices or procedures that appear neutral, but have the effect of disadvantaging certain groups of people. Discrimination may take obvious forms, or it may occur in very subtle ways. In any case, even if there are many factors affecting a decision or action, if discrimination is one factor, that is a violation of this Policy.

Harassment: means a course of comments or actions that are known, or ought reasonably to be known, to be unwelcome. It can involve words or actions that are known or should be known to be offensive, embarrassing, humiliating, demeaning, or unwelcome, based on a ground of discrimination identified by this Policy. Harassment can occur on any of the grounds of discrimination.

Examples of harassment include:

• Epithets, remarks, jokes or innuendos related to an individual's race, sex, disability, sexual orientation, creed, age, or any other ground.

• Display or circulation of offensive pictures, graffiti or materials, whether in print form or via e-mail or other electronic means.

• Singling out an individual for humiliating or demeaning "teasing" or jokes because they are a member of a protected group.

• Comments ridiculing an individual because of characteristics, dress etc. that are related to a ground of discrimination.

The fact that a person does not explicitly object to harassing behaviour, or appears to be going along with it does not mean that the behaviour is not harassing, and does not mean that it has been assented to.

For incidents of sexual harassment refer to LOFT's separate Sexual Harassment Policy.

Poisoned environment: a poisoned environment is created by comments or conduct (including comments or conduct that are condoned or allowed to continue when brought to the attention of management) that create a discriminatory work environment such that it can be said that it has become a term and condition of one's employment to have to be in such a workplace. The comments or conduct need not be directed at a specific individual, and may be from any individual, regardless of position or status. A single comment or action, if sufficiently serious, may create a poisoned environment.

ROLES AND RESPONSIBILITIES

All persons to whom this Policy applies (see section headed "Application") are expected to uphold and abide by this Policy, by refraining from any form of harassment or discrimination, and by cooperating fully in any investigation of a harassment or discrimination complaint.

All persons, to whom this Policy applies, regardless of position or role within the organization, must report all incidents of harassment or discrimination to the Director of Operations. An individual who has reasonable grounds to believe that behavior contrary to this Policy is occurring within the organization and reports the behavior, in accordance with the Complaints Procedure, to the Director of Operations will not be subject to reprisal as a result of making the report.

Managers and supervisors have the additional responsibility to act immediately on observations or allegations of harassment or discrimination. Managers and supervisors are responsible for creating and maintaining a harassment and discrimination-free organization, and should address potential problems before they become serious.

Procedures

See program manual.

Revised January 2018

Sexual Harassment

Relevant Legislation

Not applicable to this policy.

Intent

LOFT Community Services is committed to operating a workplace where all staff, volunteers, student placements, clients and residents are free from any form of sexual harassment. LOFT will endeavour to prevent sexual harassment and to take immediate action when it is thought to have occurred. All members of the LOFT community share the responsibility for keeping the Agency free of this type of behaviour. This obligates the Agency to educate and inform all members of management, employees, volunteers, student placements and other persons in order to make them aware of their duties and rights. Sexual harassment which takes place outside the premises of LOFT Community Services and has a negative effect on relationships in the work environment will be covered by this policy, to the extent of what is reasonably possible.

Definitions

Sexual harassment includes behaviour that the person knows, or reasonably ought to know is offensive. It is any conduct, comment, gesture or contact between individuals of a sexual nature which might be perceived as being a condition for employment, for promotion, work assignment, training, or compensation or which creates a work environment that is intimidating, humiliating or uncomfortable. Such behaviour may consist of a single incident, or several incidents over a period of time. The harasser could be of the same or opposite sex as the person being harassed and may be a supervisor, co-worker, client, resident, volunteer, student placement or an external person providing service. Sexual harassment can occur in, or outside the office or program and is not limited to a work-related activity. Sexual harassment is considered a serious offence and is prohibited by the Ontario Human Rights Code.

Sexual harassment can include:

• Making sexual advances where an individual knows, or ought to know that the advances are unwelcome.

• Sexual solicitation or an advance made by an individual in a position to confer, grant or deny a benefit or advancement to another individual.

• Reprisal or a threat of reprisal for the rejection of a sexual solicitation or advance where the reprisal is made or threatened by an individual in a position to confer, grant or deny a benefit or advancement to the person

• Unwanted, persistent or abusive sexual attention

• Sexually oriented remarks or behaviour which create a negative or 'poisoned' environment

• Distribution of materials or pictures of a sexual nature which potentially could be construed as offensive.

• Displaying sexist, pornographic or derogatory pictures.

• Unnecessary physical contact such as patting or pinching.

This is only a partial listing and does not include all definitions or examples of sexual harassment. Sexual harassment does not refer to accepted social banter or conversation. However, tolerance for such behaviour varies between individuals and good judgment must be used in situations that could be misinterpreted by some.

Policy

Note: Staff, volunteers and student placements of LOFT Community Services will not engage in any sexual relations with clients or residents. Failure to comply with this rule will result in immediate dismissal from employment or termination of the contractual relationship with LOFT Community Services.

Responsibilities of Management

1. All Managers, Directors and supervisors are obliged to prevent, and failing that, to respond to any and all complaints. Any person who feels that they have been sexually harassed, or who sees another person being sexually harassed can make a complaint to the Program Director, Services Director or Chief Executive Officer (CEO). The agency may also make a formal complaint if it found that offensive material is being circulated, or the actions of suppliers or others who have contact with LOFT is found to be offensive.

2. On receipt of a complaint, a member of management is responsible for immediately informing the Manager of Human Resources or designee, and for assisting in the investigation and the resolution of the complaint.

3. During the investigation of a complaint, the responsible member of management and/or Manager of Human Resources or designee will interview the parties and any witnesses separately, document all findings, and render a summary of the complaint as soon as possible. Signed statements from those involved may be required. All information will be treated as confidential.

4. If the complaint is substantiated, some form of disciplinary action will be taken. If complaints are not substantiated, there will be no negative consequences drawn and no record of complaint will appear on any person's file.

An employee who is found to have sexually harassed someone else or to have intentionally made a false accusation may receive a warning, reprimand, suspension or have their employment terminated by the CEO. A resident, consumer, volunteer, supplier or other person required to have contact with the organization who is found to have sexually harassed or to have intentionally made a false accusation may receive a warning, reprimand or be excluded from services and programs.

Responsibilities of Employees

1. Make your discomfort and disapproval known immediately. Ask them to STOP, or tell them that their behaviour is unwelcome. Some people may not understand what they are saying or doing is wrong.

2. Write down what happened as it will help you to remember the details later, if required. Keep a written record of the alleged nature of the harassment, date(s), time(s), place(s), behaviour(s) and witness(es).

3. Speak to a supervisor, a Program Director, Services Director, Manager of Human Resources, or the CEO. They can advise you on how to proceed with the complaint.

4. Assist in the preparation of a written report of the complaint, detailing the nature of the incident, the date(s), time(s), place(s), witness(es), and the name(s) of those involved.

Confidentiality

All allegations of sexual harassment involve sensitive disclosures. These disclosures will be kept confidential throughout the complaint process and after. Significant personal harm and damage to reputation could come to either party through inappropriate breaches of confidentiality, including harm created by innuendo and gossip. Trust in the confidentiality of the process also encourages people to come forward with their complaint. Everyone involved has a responsibility to strictly limit the number of people who are brought into the investigation, and to caution these contacts on the importance of confidentiality. The contacts should not include individuals who have no clear interest is resolving the complaint. Any and all documentation related to a complaint will also be held in a confidential and secure manner. However, confidentiality must be distinguished from anonymity. An individual who lodges a complaint must be prepared to be identified to the respondent.

Procedures

Anyone may ask for advice and counselling without initiating a formal complaint. However, LOFT is legally required to act to prevent and stop harassment if there is an indication that harassment has occurred. Many issues or complaints may be resolved informally and privately between the parties. This will involve a supervisor (e.g. Program Director, Services Director, Manager of Human Resources) meeting privately (separately) with the individuals involved, explaining the nature of the unwelcome behaviour, and coming to some form of agreement. If the individual who feels they have been harassed does not wish to seek an informal resolution, does not agree with the informal agreement that has been reached, or finds that the unwelcome behaviour persists, a formal complaint may be lodged. Since LOFT desires to resolve these complaints as soon as possible, time frames have been established to move the complaint along. Therefore:

1. A complaint shall be filed in writing to the responsible supervisor (e.g. Program Director, Services Director, Manager of Human Resources) within 10 calendar days of the incident.

2. The Manager of Human Resources or designee will acknowledge receipt of the complaint in writing to the complainant, and will investigate the complaint within 10 calendar days of its receipt and render a recommendation as to its resolution. This will be communicated to both parties and the CEO.

3. The complainant shall be assured of an environment free from intimidation, threat, discipline or unfair evaluation as a result of filing the complaint.

4. In extenuating circumstances and upon application to the Manager of Human Resources, a complaint may be filed up to six (6) months from the incident giving rise to the complaint.

5. A complaint may be withdrawn at any time during under this policy. However, LOFT may continue to pursue complaints independently, if circumstances warrant it.

Appeals Procedure

Either party may appeal the actions taken, or the decision reached in resolving the complaint if not satisfied, by pursuing any of the following actions:

(a) Submit a formal complaint to the CEO under the appropriate grievance/complaint procedure.

OR

(b) Submit a complaint to the Ontario Human Rights Commission.

Other Notes:

• It must be emphasized that sexual harassment is a serious offence and any complaints will be dealt with quickly and professionally, while maintaining confidentiality and sensitivity during the process. Sexual harassment is prohibited on the part of all those employed by, or those who have a contractual agreement, or privileges with LOFT Community Services.

• Any notes made in an investigation will not be kept in an employee's Human Resources file.

• In cases where immediate attention is needed and an employee, volunteer, student placement or other person's safety is in danger; it is encouraged that the police or 911 be called.

OTHER FORMS OF HARRASSMENT

Harassment is unwelcome behaviour which humiliates insults, excludes or degrades another person. It is sometimes used to pressure people into doing things they do not want to do; sometimes it is a form of bullying; sometimes it is simply thoughtless and inconsiderate. It can also include, but is not restricted to, name calling, jokes, slurs, insults, rude behaviour, graffiti, avoidance or exclusion, threats, unwanted physical contact or violence. Harassment can take many forms. It may be intentional or unintentional, verbal, written, physical or by gestures. A comment or action may be subtle or passive, overt or aggressive. All members of the LOFT Community Services community share a responsibility for keeping the Agency free from discrimination and harassment.

A complaint received alleging some form of harassment will be treated the same as sexual harassment under this policy.

Workplace Violence & Harassment Prevention

Relevant Legislation

Under the Occupational Health and Safety Act Section 43 – an employee has the right to refuse work if workplace violence is likely to endanger them. Work refusal limitations for health care workers remain in place.

Intent

LOFT Community Services is committed to operating a workplace where all staff, clients and residents, student placements and volunteers are free from any form of workplace violence and harassment.

LOFT will endeavour to prevent violence and harassment and to take immediate action when it is thought to have occurred. All members of the LOFT community share the responsibility for keeping the organization free of this type of behaviour. This obligates LOFT to educate and inform all employees, volunteers and student

placements in order to make them aware of their duties and rights in order to protect them from violence in the workplace. Violence and harassment which take's place outside the premises of LOFT Community Services and has a negative effect on relationships in the work environment will be covered by this policy, to the extent of what is reasonably possible.

Definitions

Workplace Violence definition: The exercise of physical force by a person against a worker in a workplace that causes physical injury to a worker or an attempt to exercise physical force against a worker in a workplace that could cause physical injury to a worker. This could also be a statement or behaviour that 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.

Workplace Harassment definition:A course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.

Policy

There are four types of Workplace Violence

Type I- External

• Involves a person with no relationship to the workplace who commits a violent act (e.g. theft, hostage taking/kidnapping, physical assault.

Type II- Client/Consumer

• Involves person receiving care/services

1. client to worker

2. worker to client

3. client to client

Type III- Employee Related

• Can involve anyone who has an employment relationship (all LOFT staff; volunteers; contract workers)

1. worker to worker

2. supervisor to worker or worker to supervisor

3. contract workers or volunteer workers

Type IV- Domestic Violence, also known as, personal relationship violence

• Relationship violence that occurs at the workplace

• Loved one or family member that commits a violent act against a worker

Domestic Violence

If LOFT becomes aware, or ought reasonably aware that domestic violence is likely to expose a worker to physical injury that may occur in the workplace, LOFT will take every precaution reasonable in the circumstances for the protection of the worker. .

Responsibilities of Employees

• Understand and comply with the policy. Attend all necessary training sessions as required by LOFT.

• Keep the workplace environment free from any form of violence and harassment by ensuring that policy is enforced and any incidents are reported.

• Advice JHSC of any concerns that you may have in regards to violence and harassment in the workplace.

Responsibilities of Employer

• Post a copy of this policy in the workplace and review it on annual basis.

• Conduct workplace risk assessments and reassess as necessary.

• Inform employees of any risks associated with threats, violence or history of violence that may impact their work environment.

• Report incidents of workplace violence to JHSC within four (4) days if a worker involved had received medical attention or is unable to perform their job due to the incident. Such incidents must also be reported to WSIB.

• Report death and critical injuries to the Ministry of Labour, police (if necessary), JHSC, Human Resources and C.E.O. A detailed report must be sent to all parties within 48 hours outlining all the details. Refer to OH&S Act for particulars in submitting this report.

• Implement corrective actions after any incidents where possible.

Reporting Workplace Violence and Harassment

• Complaints or concerns should be reported to the Program Director and JHSC in writing and be signed providing the following information: nature of complaint, date, persons involved and witnesses (if applicable).

• For further complaint reporting details refer to the Complaints Procedure policy found in Chapter 5 of the Human Resources Policy and Procedure Manual.

Important to note: Threats or assault that require immediate attention should reported to police by calling 911

Procedures

See program manual.

Complaints Procedure for External Stakeholders

Intent

The intent of this policy is to set out a clear process by which external stakeholders, including donors, supporters and members of the general public can make a complaint about LOFT's activities, programs, services, staff or volunteers.

LOFT provides a complaints procedure for internal stakeholders: service users, staff and other LOFT community members. This is located in the LOFT Policy Manual on-line under the About Us tab of the LOFT website. Once in the Policy Manual, look under the heading of Human Rights, Safety, Responsibilities.

For a complaint of Workplace or Sexual Harassment or a complaint of Human Rights violation, please refer to the policies written to address these specific concerns and the relevant procedures set out in those policies also included in the on-line LOFT Policy Manual.

LOFT is accredited by Imagine Canada in order to ensure the highest standards in the treatment of donors, in our fundraising practices and in our financial transparency. Information on these accreditation standards, and how to make a complaint specific to it, can be found on the LOFT website on the Commitment to our Donors page under the Support LOFT tab and under the Fundraising Practices heading in the online Policy Manual.

Definitions

A complaint is an expression of dissatisfaction about the service, actions, or lack of action by LOFT as an organization or a staff member or volunteer acting on behalf of LOFT.

Procedure

LOFT is committed to dealing with complaints promptly and resolving them as quickly as possible. All complaints are reviewed fairly, impartially and in a manner that is respectful to all parties.

Complaints can be made in person, by phone, mail, fax or email. LOFT requests that the complainant include their name and a means of contacting them: a phone number, email address or mailing address. Please note that although all complaints are taken seriously it may not be possible for LOFT to respond or act on a complaint if it is made anonymously or does not include contact information.

Complainants are informed that they have the option of escalating their complaint to a more senior staff person if they are dissatisfied with treatment or outcomes. Complainants are also provided with clear, understandable reasons for decisions made regarding their complaint.

If the resolution of a complaint takes an unduly long time, complainants will be updated during the review process.

LOFT uses complaints to assist in improving services, policies and procedures.

Procedures for Staff or other LOFT Representatives Receiving and Handling a Complaint:

A complaint can be received verbally (by phone or in person) or in writing (by mail, fax or email).

Any LOFT staff member or volunteer who receives a complaint from an external stakeholder will use the following guideline in handling the complaint:

- **Name the problem**

The person who receives the complaint should acknowledge to the complainant that the complaint has been received and will be acted upon either by him/herself or by another staff member. If a timeframe for resolution is available, it should be included in the acknowledgement.

- **Own the complaint**

When a staff or volunteer receives a complaint, first determine the proper person to handle it. This will generally be the person who has the primary relationship with the complainant or the person with the specific knowledge needed to resolve the problem.

Basic contact information for the complainant – name, phone number and email address – should be recorded immediately.

It is the responsibility of the person who receives the complaint to either resolve it or transfer it to another person who can resolve it. If a complaint is transferred, the person to whom it is transferred must acknowledge that he/she has received it and will act on it.

- **Apologize**

Regardless of the nature or validity of a complaint, it is not LOFT's intent to cause distress or inconvenience to a supporter or member of the public. It is appropriate for the person receiving the complaint to apologize for any distress or inconvenience experienced by the complainant and thank the complainant for making contact.

- **Fix it: for the complainant now**.

Every effort should be made to resolve complaints in a timely fashion. When receiving a verbal complaint, staff should listen and seek to understand it, and may attempt to resolve it immediately. Complaints received in writing should be acknowledged within 2 business days. Staff should attempt to resolve all complaints within 10 business days.

Where a complaint cannot be easily resolved, it should be escalated to the relevant Senior Staff. If this person cannot resolve the issue it should be escalated to the CEO. If the complaint is about the CEO, it will be handled by the board chair.

Complainants should be kept informed of the status of their complaint. If the complaint cannot be resolved within the allotted time, the complainant should be informed and every effort made to resolve it within an additional 10 days.

All complaints should be resolved within 1 month of being received.

- **Fix it: for the future.**

All complaints should be documented including a description of the complaint, who handled it, the timeframe and what was done to resolve it.

A complaint that cannot be resolved immediately should be followed-up after it is resolved to review the nature of the complaint, how it was resolved, and whether it can be used to improve services, policies or procedures.

Reporting on Complaints:

At least once a year, the board is informed of the number, type and disposition of complaints received under this policy.

Whistleblower Policy for Board and Staff

Intent

LOFT Community Services is committed to ensuring the organization acts in accordance with applicable laws and observes the highest standards of business and personal ethics in conducting its responsibilities. This policy sets out the duty of all Board members and staff to report information relating to illegal or unethical practices, violations of LOFT policies, or financial misconduct or suspected misconduct, including fraud and financial impropriety, and ensures that anyone who makes a report in good faith will be protected from retaliation.

Policy

Duty to Report

It is the duty of all Board members and staff to report concerns about illegal or unethical practices, violations of LOFT policies, or financial misconduct or suspected misconduct, including fraud and financial impropriety to the LOFT Compliance Officer. This includes but is not limited to:

- Breach of legal obligations, rules, regulations or policy
- Endangerment of health and safety
- Gross mismanagement or omission or neglect of duty
- Abuse of authority
- Providing false or misleading information, or withholding material information on LOFT financial statements, tax returns or other public documents.
- Misappropriation or misuse of LOFT resources such as funds or assets.
- Unauthorized alteration or manipulation of electronic records.
- Pursuit of material benefit or self-advantage in violation of LOFT's Conflict of Interest Policies.
- Concealment of any of the above or any other breach of this policy

The proper investigation of a report may require that additional facts and information be obtained from the complainant to substantiate the allegations and confirm good faith. Therefore, LOFT does not accept anonymous misconduct reports.

Acting in Good Faith

Anyone filing a complaint alleging misconduct must act in good faith and have reasonable grounds for believing the information disclosed indicates wrongdoing. Making allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false could result in disciplinary action up to and including termination.

No Retaliation

No Board member or staff member who makes a report in good faith shall suffer retaliation. Retaliation means any direct or indirect detrimental action threatened or taken against an individual. Anyone who is found to have retaliated against someone who has made a report in good faith will be subject to disciplinary action up to and including termination.

Procedures

Compliance Officer

LOFT's Compliance Officer for the purpose of this policy is the Director of Operations. The Compliance Officer is responsible for investigating and resolving all reported complaints and allegations under this policy and is required to report to the CEO on all complaints of misconduct and retaliation. If, due to the nature of the complaint, the CEO is not the appropriate person to receive the report, the Compliance Officer will report to the Board Chair. Individuals who are not comfortable making their report to the Compliance Officer may contact the Human Resources Manager to report their concern.

Reporting of Misconduct

A report of misconduct or suspected misconduct is to be made in writing or by email to the LOFT Compliance Officer. The Compliance Officer will report all suspected misconducts to the CEO and will respond to the complainant within 10 business days to acknowledge receipt of the report of misconduct. The Compliance Officer will protect the identity of the complainant and safeguard the confidentiality of any such report, and information will be shared only on a need-to-know basis.

All reports will be investigated within 30 business days unless there are extenuating circumstances. Appropriate action will be taken at the completion of the investigation. The Board of Directors will be informed of all such complaints and their disposition.

Reporting of Retaliation

Individuals who believe that retaliatory action has been taken against them because they have reported misconduct should make a report in writing to the Compliance Officer, forwarding all information and documentation to support their allegation of retaliation. Reports of retaliation will be kept confidential to the extent possible consistent with the need to conduct an adequate investigation.

The Compliance Officer will inform the CEO of any report of retaliation and conduct an investigation within 30 business days of receiving the report.

If the result of the investigation indicates there is a credible case of retaliation or threat of retaliation, the Compliance Officer will refer the findings to the CEO and recommend measures to safeguard the interests of the complainant. The complainant will be informed of the outcome in writing.

The Compliance Officer may also recommend disciplinary actions to be taken against the retaliator. The CEO will make the final decision on the appropriate action to be taken.

If the investigation reveals no credible case of retaliation or threat of retaliation, the complainant will be advised of other mechanisms on conflict resolution.

Appeal Process

If the complainant is not satisfied with the findings of the Compliance Officer, she/he may make a direct appeal to the CEO within 20 business days of receipt of the written report. Ruling from the CEO will constitute the final disposition of the complaint.

Child Abuse Duty to Report

Relevant Legislation

Child and Family Service Act 1984 (amended 1999)

Intent

Child abuse in any form is both intolerable and criminal. LOFT Community Services will do all it can to prevent abusive behaviour directed at a child, and to ensure that any such behaviour is reported in the appropriate manner.

Definitions

Not applicable to this policy.

Policy

The LOFT Community Services policy on the reporting of abuse of any client is inherent to the commitment it holds to all clients of the agency. This policy reflects not only those values, but also recognizes the CFSA requirements and procedures for reporting child abuse of any child in the care of LOFT Community Services.

The Child and Family Services Act 1984, amended in 1999, clearly defines the obligations of professionals who work with children with respect to reporting child abuse. As will be outlined, it is the responsibility of professional staff to report suspected child abuse directly to the appropriate Children's Aid Society.

A "Child" is defined as being under the age of 16 years, or under the age of 18 years who is in the care of a Children's Aid Society or under its supervision.

Although youth 16 years-of -age or over who are not ward of a Children's Aid Society do not have the protection of the CFSA, these youth have access to the police and to legal representation through the Office of the Official Guardian and Justice for Children. LOFT Community Services is committed to obtaining the services of these resources for these children.

Consistent with legal requirements, no action, disciplinary or otherwise, will be taken against any staff member who reports suspected child abuse.

LEGISLATION – CHILD AND FAMILY SERVICES ACT

The following is taken from the Child and Family Services Act:

Section 72 (1)

Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society*: (* society refers to a Children's Aid Society)

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by the person having charge of the child or caused by resulting from that person's;

i) failure to adequately care for, provide for, supervise or protect the child.

ii) pattern of neglect in caring for, providing for, supervising or protecting the child.

2. There is risk that the child is likely to suffer physical h arm inflicted by the person having charge of the child or caused by or resulting from that person's;

i) failure to adequately care for, provide for, supervise or protect the child.

ii) pattern of neglect in caring for, providing for, supervising or protecting the child

3. The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.

4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.

5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or unavailable or unable to consent to the treatment.

6. The child has suffered emotional harm, demonstrated by serious

i) anxiety

ii) depression

iii) withdrawal

iv) self-destructive or aggressive behaviour

v) delayed development

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv, or v of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to , services or treatment to remedy or alleviate the harm.

8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv, or v of paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses, or is unavailable or unable to consent to services or treatment to prevent the harm.

10. The child suffers from a mental, emotional or developmental condition that, if not re remedied, could seriously impair the parent or the person having charge of the child does not provide or refuses or is u unavailable or unable to consent to treatment to remedy or alleviate the condition.

11. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

12. The child is less than 12 years old and has killed or seriously injured another person, or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence, and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to those services or treatment.

13. The child is less than 12 year old has had on more than one occasion injured another person, or caused loss or damage to another person's property with the encouragement of the person having charge of the child , or because of that person's failure or inability to supervise the child adequately.

ONGOING DUTY TO REPORT CFSA s. /72(2)

The duty to report is an ongoing obligation. If a person has made a previous report about a child and has additional reasonable grounds to suspect that a child is or may be in need of protection, that person must make a further report to a Children's Aid Society.

PERSON MUST REPORT DIRECTLY CFSA s. /72(3)

The person who has the reasonable rounds to suspect that a child is or may be in need of protection must make the report directly to a Children's Aid Society. The person must not rely on anyone else to report on his or her behalf.

SPECIAL RESPONSIBILITIES OF PROFESSIONALS AND OFFICIALS, AND THE PENALITY FOR FAILURE TO REPORT CFSA s.71 (4), (6)

Professional persons and officials have the same duty as any member of the public to report a suspicion that a child is in need of protection. The Act recognizes, however, that persons working closely with children have a special awareness of the signs of child abuse and neglect, and a particular responsibility to report their suspicions, and so makes it an offence to fail to report.

Any professional or official who fails to report a suspicion that a child is or may be in need of protection, where the information on which that suspicion is based was obtained in the course of his or her professional or official duties, is liable on conviction to fine of up to $1.000.00.

PROFESSIONALS AFFECTED CFSA s. 72(5)

Persons who perform professional or official duties with respect to children include the following:

• Health care professionals including physicians, nurses, dentists, pharmacists and psychologists.

• Teachers and school principals.

• Social workers and family counselors

• Priests, rabbis and other members of the clergy

- Operators or employees of day nurseries
- Youth and recreation workers (not volunteers)
- Peace officers and coroners
- Solicitors
- Service providers and employees of service providers;
- Any other person who performs professional or official duties with respect to a child.

PROFESSIONAL CONFIDENTIALITY CFSA s.72 (7),(8)

The professional's duty to report overrides the provisions of any other provincial statute, specifically those provisions that would otherwise prohibit disclosure by the professional or official.

That is, the professional must report that a child is or may be in need of protection even when the information is supposed to be confidential or privileged. (The only exception for "privileged" information is in the relationship between a solicitor and a client.)

PROTECTION FROM LIABILITY CFSA s.72 (7)

If a civil action is brought against a person who made a report, that person will be protected unless he or she acted maliciously or without reasonable grounds for his or her suspicion.

Procedures

See program manual.

Risk Management / Health

Allergy Management

Relevant Legislation

Not Applicable

Intent

LOFT Community Services strives to enhance client safety be ensuring essential information regarding client allergy status is correctly documented in the client file.

Definitions

An allergy is a disorder of the immune system which induces a state of hypersensitivity from exposure to an allergen resulting in a harmful immunological reaction. Allergens can include drugs, chemicals, food, latex and pollen. In rare cases, an allergic reaction can be life-threatening (known as anaphylaxis).

Policy

Confirmation on allergy status is essential as soon as possible following intake into any LOFT program.

1. Confirmation on allergy history is for all clients documented (as: No Known Allergy) when the client is unaware of one.
2. Any allergy that has the potential to cause serious harm to a client will be documented in the Alerts Section in the data base.
3. In the "text box" of the Alerts Section in the database, staff will document the reaction to the allergen.
4. Less threatening allergies (food allergies, pollen etc) will be documented in the health status section of the data base.
5. sign their name and date of documentation.

Procedure

See program manual.

Dangerous Situations

Relevant Legislation

Not applicable to this policy.

Intent

This policy is intended as a general guideline for all staff at LOFT Community Services. Each Program and their health and safety committee should have a more detailed policy regarding the potential for violence at each work site, with procedures in place to deal with it, after an analysis of the potential risks from the individuals they are in contact with. The Program Director will also be responsible for orienting staff,

volunteers or student placements regarding possible dangerous situations at each program.

Violence is acknowledged as an occupational hazard for the social services sector. Acts of violence may be directed at staff from many sources, including difficult clients or consumers, family or friends of consumers, unauthorised people in the workplace, or members of the public. A critical step in preventing violence is recognising the situations in which it may occur, and taking appropriate steps to de-escalate a potentially dangerous situation.

Definitions

Violence can be defined as a threat or an act of aggression resulting in physical or psychological damage, pain, or injury to a worker.

Verbal Abuse is the use of vexatious comments that are known, or ought to be known to be unwelcome, embarrassing, offensive, threatening or degrading to another person.

Threats are a communicated intent to inflict physical or other harm.

Physical Attacks can include hitting, shoving, pushing, biting, pinching, kicking or inciting a dog to attack.

Policy

While all staff can be exposed to dangerous situations, those having direct contact with the public may be more vulnerable to some form of abuse directed at them. In other situations, many medical conditions, systemic, mental and psycho-geriatric illnesses can increase the possibility of violent behaviour in clients. The toxic level of some medications and chemicals can also cause confusion, agitation and violent behaviour in the elderly. Consumers with psychotic symptoms, especially paranoia can be more physically aggressive to others. Finally, the one true predictor of violence from an individual is a history of violent behaviour from that individual. Therefore it is key for staff to review all available documentation on a client, to communicate with other staff regarding client behaviour and to document their behaviour in order to predict other possible behaviour. Staff should also be aware that they can be vulnerable to violence, when:

- working alone, especially at night,
- interacting with violent consumers,
- dealing with public complaints,
- providing care, advice or information impacting directly on a client’s life, or
- handling money or medications.

The level of risk increases when two or more of these factors occur together. Recognising the triggers and responding to them before problems escalate is the best way to reduce this risk.

THE STAGES OF AGGRESSIVE BEHAVIOUR

Aggressive behaviour can progress through stages and an appropriate response to it by a staff member depends on the stage that has been reached. Recognising the first signs of behaviour change and erring on the side of caution (i.e. anticipated aggression or potential violence) will protect staff from harm. Staff must also communicate with each other regarding approaches that succeed or fail with particular clients. The three stages are:

1. agitation or distress,
2. aggression and mounting vulnerability,
3. violence or chaos.

Stage 1

In stage 1, an individual takes the first step to aggressive behaviour. Most give non-verbal warning signals of increasing anxiety, frustration and anger before a violent incident. These signals can be:

- clenched fists and teeth,
- rapid breathing and flared nostrils,
- a flushed face,
- restless, repetitive movements,
- pacing,
- aggressive gestures such as pointing,
- raised voice.

An intervention at this stage is to assist in identifying the cause of their agitation or distress. The following actions may help to avert and diffuse agitated behaviour in individuals:

- encouraging them to talk by using active listening skills,
- empathising by using statements such as, 'You seem to be upset",
- talking to the individual, not at them and speaking slowly, softly and clearly,
- asking permission to approach the individual, making eye contact, approaching slowly in a calm, confident manner,
- respecting their personal space,
- meeting with them in an environment that is free from distractions.

Staff should also remember that when dealing with agitated individuals they should inform other staff of where they are and have them check on the situation. They

should also NOT become cornered with the individual and always ensure there is an escape route available.

Stage 2

In the next stage, stage 2, the individual continues to move towards increased aggression. The individual may become defensive, protective and on the verge of losing control. They may exhibit increased activity and exaggerated verbal communication, as well as:

- assuming a threatening stance,
- pacing,
- raising their voice,
- slamming doors or throwing objects,
- clenching fists and pointing.

At this stage a directive approach is required to get control of the situation and direct the individual to do something that will stop the slide to further aggression. This will be the last opportunity to intervene verbally and back-up must be available to assist with the situation. The following may be used to avert and diffuse their aggressive behaviour:

- arranging for back-up or assistance and keeping a safe distance away,
- using the directive approach by giving a clear, simple directive such as, "please sit in the chair" and possibly repeating it several times if necessary,
- acknowledging their feelings of anger and offering positive reinforcement,
- clarifying your understanding of the situation,
- NOT becoming cornered with the individual, always ensuring there is an escape route available,
- documenting the incident and informing the Program Director.

Stage 3

At stage 3, the individual cannot control their behaviour and nothing that is said to them will register. Fortunately this stage does not last very long. Verbal intervention is useless and staff should withdraw if possible and summon assistance. The police should be called if the individual displays a weapon. Isolate them by closing and locking doors. If withdrawal is not possible:

- maintain a safe distance, and possibly a sideways stance which is less intimidating,
- position yourself on the same physical level, avoid standing over them,

- stay calm and use calm body language such as open hands, attentive facial expression and relaxed posture,
- avoid staring eye contact, touching or rushing the individual,
- avoid pointing, gesturing or making sudden movements,
- buy time until help arrives,
- document the incident and inform the Director immediately.

Interacting with an Angry Client

Should staff feel threatened by an angry client, or if the interaction with them is increasing their anger, the interaction should be terminated immediately. This can be done by:

- calmly but politely interrupting the conversation,
- telling them that the conversation is over,
- leaving, or asking them to leave,
- advising the Director or notifying other staff in the area,
- calling police,
- completing an incident report.

Should staff be required to meet with potentially violent consumers, proper preparation can greatly decrease the risk of an incident. Some of the strategies that can be used include:

- gathering as much information on the individual as possible,
- meeting in a safe area or room which should have opportunities for others to observe the meeting. The area should have an absence of furniture or objects which can be thrown, access to escape routes and possibly access to a panic button or other alarm mechanism,
- advising others of where you will be meeting, bringing a co-worker or having others check on the meeting at pre-determined times,
- giving copies of documents to the client in order to maintain distance,
- being on time. (Tardiness can increase the level of anger.)

RESPONDING TO THREATS OR ABUSIVE BEHAVIOUR

Staff can be threatened and/or abused in person, by telephone or by letter/e-mail. Such threats may not require the intervention by others but they should not be taken lightly and should be reported at once. Threats may also need to be reported to the police because the individuals who make them often have a history of threatening and violent behaviour.

If threatened and/or abused in person, staff should:

- remain calm,
- keep a safe distance and leave the area if necessary,
- be courteous, introduce yourself and ask for their name,
- speak slowly and confidently in a non-threatening tone,
- use simple language, not jargon or technical language,
- employ active listening skills, do not interrupt,
- acknowledge their feelings and concerns, repeat what has been stated to help understand the problem,
- use silence as a calming tool,
- avoid giving commands and look for ways to help the individual save face,
- apologise as necessary,
- politely and calmly terminate the interaction,
- notify the Director and complete an incident report.

If staff are threatened or abused by telephone, they should:

- listen carefully for anything that will help to determine the identity of the caller and their location,
- stay calm, do not put them on hold,
- interrupt the conversation firmly but politely,
- hang up if the individual continues,
- transfer the call to the Director if possible, (and/or notifying the Director immediately after the conversation is over),
- complete an incident report.

If staff receive threatening letters or e-mails, they should be forwarded to the Program Director immediately.

Weapons

If staff see a weapon of any sort in a client's unit or in their possession that causes alarm, staff are to use de-escalating techniques as outline above, get away from the client and area as soon as possible, notify Police of the weapon concerns immediately, and inform staff to devise a plan of action to ensure the safety of staff and other clients. An incident form should be completed.

Staff and client support

Finally, after an incident of violence, threats or abuse, staff may need counselling assistance in dealing with how they feel. This assistance or support can be provided by the Program Director, co-workers, or the Employee Assistance Program (EAP) offered as part of the group benefits plan. A plan to assist clients with their needs of support should take place by staff immediately following a dangerous situation.

Procedures

See program manual.

Revised January 2018

Emergency Preparedness

Relevant Legislation

Not applicable

Intent

LOFT Community Services is prepared to respond to emergency situations that present a risk to employees, clients and affiliates, property and/or service interruptions. LOFT will demonstrate accountability for emergency planning and sets out standards and methods of performance evaluation to ensure any risk is minimized.

Definitions

Not applicable

Policy

Every LOFT program requires a emergency preparedness plan. Staff will refer to the Health and Safety manual and utilize their program's procedures to ensure that LOFT staff are competent throughout the emergency and that the organization maintains health and safety of its clients and staff and can continue essential services in its emergency procedures.

LOFT programs need to be prepared when an emergency occurs within the immediate geographic vicinity of the program. The ability to improvise or to "make do' will often see a program through any crisis. However, this does not mean that foresight or planning should not be applied before a crisis arrives. Being prepared will make any situation easier to deal with, and this document is intended as a general guide or generic checklist for emergency preparedness. It will need to be tailored to the specifics of each program location.

Every program of LOFT will have the following in place, catered to the individual needs of their programs and communicated to service users at point of entry to the program and on a regular basis after enrollment. There should be written procedures in each program relating to:

- Fires (evacuation plan, fire fighting equipment such as extinguishers, primary place of safety, regular inspections of fire equipment, fire codes, etc.)
- A clear evacuation plan that considers the individualized needs of those to be evacuated and responsiblities of staff, staff assignments, attendance rosters, designated assembly area, notifying personnel if individuals are not present at the designated assembly area, temporary shelter plans if that is required, transportation needs, and designating essential services)
- A pandemic plan for each program site (please see Pandemic Planning Policy)
- Bomb threats (a check list for those answer the phone who may get a phone call where there is a bomb threat, how to engage with Police to trace repeated calls, evacuation plan and site for temporary evacuation. If a site is required, a signed letter of agreement with the site's owner is required annually).
- Critical products, services and operations for potential emergencies and back up systems at each program site.
- Natural disasters (including emergency supplies, medication)
- Utility failures (Cooking and eating requirements, emergency kits, battery packs, plan for primary location for persons served).
- Medical emergencies (individualized documentation of medical needs and histories available if there is a power outage and client database cannot be accessed, CPR training, etc.)
- Violent or other threatening situations (please see Dangerous Situtations policy)
- Staff should be aware of the blueprint of the facility including exits, water shutoffs, stairways, gas valves, air conditioning ducts, sotrm drains, electrical cutoffs, etc.

Emergency management plan components include direction and control, communications, life safety, property protection, community resources, recovery and restoration, administration, and logistics. This may include checklists, specific emergency response procedures for potential situations, call lists, site maps, resource lists and designated responsibility lists, and training schedule.

STAFF ROLES, RESPONSIBILITIES and TRAINING

- Staff will be trained on the Emergency Preparedness policy and procedures annually.
- Staff will follow evacuation and emergency procedures specific to each site.
- Emergency numbers will be posted for staff and service users in an easily accessible location.
- Each program should have petty cash on hand sufficient to make emergency purchases or to cover basic living expenses for several days;
- In anticipation of an emergency situation may be a likely outcome – special arrangements must be considered for certain residents/clients to spend time with family members, friends, other service providers to ensure the continuity of any life support needs.

Unannounced tests of all emergency procedures:

Tests for (1) fires, (2) bomb threats, (3)natural disasters, (4)utility failures, (5)medical emergencies and (6) threatenings situations should be conducted at least annually on each shift, at each location that is a hub of service and include simulated physical evacuation drills. The program director is responsible to analyse for performance improvement and improve the current practice is required. The dates of drills, the staff responsible and performance analysis should be evidenced in writing.

Procedure

Please see program manual for Emergency Preparedness Procedure and relevant emergency preparedness plans.

Incident Reporting

Relevant Legislation

Not applicable to this policy.

Intent

Not applicable to this policy.

Definitions

Not applicable to this policy.

Policy

A. Regular Incident Report

To be reported in writing within five working days. These are to be completed for any of the following occurrences:

- Physical aggressions involving staff or residents
- Physical injury requiring first aid
- Suicidal gesturing
- Major theft
- Vandalism
- Incidents requiring outside help and anything else which a staff feels is serious enough to record

The report should be completed on the C.I.S. by the staff involved before the end of their shift. An e-mail should be sent to the Program Director notifying her/him that the Report has been completed and available for review.

B. Serious Occurrence Incidents

To be reported by the Program Director by phone to the Youth and Adult or Seniors Services Director or C.E.O. To be reported within 24 hours, including; weekends, to be followed up with a written report as soon as possible and within three days. These are considered to be any of the occurrences listed as requiring "regular incident reports" which are judged to be of an extremely serious nature, including anything which is judged to fit the following categories:

- Medication errors
- Communicable disease or infection control
- Wandering or elopement
- Vehicular accident
- Biohazardous accident
- Fire
- Missing persons
- Death of a client which occurs while participating in our service.
- Suicide or attempted suicide
- Serious injury to a client or staff which occurs while participating in our service.
- Injury to a client caused by a staff.
- Physical or sexual abuse or mistreatment of a client which occurs while participating in our service.
- Complaint made by or about a client that is considered by the staff to be of a serious nature.
- Complaint concerning operational, physical or safety standards in our programs that are considered by staff to be of a serious nature.
- Disaster, such as a serious fire, on the premises of one of our programs.
- Situation where a client is missing and staff considers the matter to be serious.
- Injuries to clients which are non-accidental, including self-inflicted, or unexplained, and which require treatment by a medical practitioner, including a nurse or dentist.
- Allegations and accusations of abuse or mistreatment of clients against staff, volunteers, outside agency staff, temporary care providers or foster parents.
- Incident which has the potential for immediate media contact.
- Use of seclusion.
- Use of restraint.
- Use and unauthorized possession of weapons.
- Use and unauthorized possession of legal or illegal substances.

C. Explanation of submission of Incident Reports

1. All serious Incident Reports are to be sent to both the Services Director for the particular program area (i.e. Youth, Adults or seniors) and C.E.O. within the time frames indicated.

2. Incidents which involve allegations of staff misconduct, a physical injury to staff or any serious threatening behaviour towards staff should also be sent to the Manager of Human Resources.
3. Incidents which involve damage to the house, fire, theft of property or any matter which might have implications for our insurance coverage should be directed to the Director of Finance.

Items of Potential Risk Brought to Program Sites

Relevant Legislation

Not applicable.

Intent

All programs will have procedures related to the handling of certain items brought into program sites by staff and people served. These include: Illegal drugs, legal drugs, prescription medication and weapons.

Definitions

Not applicable.

Policy

Clients

If a client enters a program site and they disclose that they have legal drugs or prescription medications, staff strategize with the client ways to ensure that the items are safe from being misplaced, stolen or misused on site. This may include safe storage or negotiated strategies on how to ensure safety of the items. If a client discloses they have illegal drugs at a program site, they will be asked to leave the premises. Staff will inform clients that illegal drugs are not permitted on program sites.

If a client discloses that they have a weapon or a weapon is seen to be on their person or in their belongings, the client will be asked to leave the site and be reminded that weapons are not permitted on program sites. Police may be called if appropriate.

Staff

Staff is required to keep all legal or prescription drugs in a safe location when they are working. Staff will take efforts to ensure that the items are safe from being misplaced, stolen or misused on site. Strategies to ensure safety of the items can be discussed with the program director.

Staff is not permitted to bring illegal drugs or weapons onto program sites.

Procedures

See program manual

Legal Matters

Relevant Legislation

Not applicable

Intent

LOFT will fully cooperate in all court ordered investigations and will provide its full cooperation in any other legal matters while maintaining its commitment to the privacy and well-being of its employees and clients.

Definitions

Not Applicable

Policy

All court ordered investigatory matters will, within one business day, be referred to a Senior Director, or designate, for review and direction.

Subpoenas

Employees presented with a subpoena will be given time off to testify in court.

Search Warrants

When presented with an arrest or search warrant, staff should presume that the warrant is valid and should comply with the request. Employees are to notify their supervisor or designate immediately of the situation.

Investigations and other Legal Matters

Except for subpoenas, all requests from attorneys are the same as any request from the general public and do not have the force of the law. Therefore, any compliance by LOFT in these matters is voluntary. All such requests shall be forwarded to the supervisor, or designate, for review and direction.

Direction of Records

Should a legal investigation take place, the destruction of all records will cease until the investigation is complete.

Staff shall keep all legal matters confidential, regardless of the nature of the investigation or order, and shall fully cooperate with all direction and requests by the Executive Director, or designate, regarding such matters.

Procedures

See Program Manual.

Medication Policy

Relevant Legislation

Not applicable to this policy.

Intent

It is a belief at LOFT Community Services that the individuals we serve should be encouraged as much as possible to manage their own medications. Medication self-management is an important part of successful community living and is an attainable goal for most of the people we serve. Staff is not responsible for whether or not a client takes his/her medication; however, they can facilitate the process in a number of ways, and can monitor whether or not they are being taken.

The intent of the policy requirements is to:

1. Improve safety, protection and quality of care for service users who are prescribed psychotropic and other medications; and
2. Provide clear requirements for staff regarding safe administration, storage and disposal of medication and effective communication and sharing of medication information.

Definitions

Not applicable.

Policy

Those clients who enter a LOFT program capable of managing their medications should have full responsibility for doing so. Others who require some training and/or support to do so, should be assisted using the following guidelines:

1. Only physicians, RN's and RPN's with their medication certificate can legally dispense and administer medications.
2. Staff, other than those working in the above mentioned capacities, are not permitted to dispense medications, but can assist with self-administration or monitor, when appropriate.
3. Assisting with self-administration or monitoring of medications can include any of the following:
    - Reminders re: medication times
    - Removing bottle caps, opening tubes
    - Confirming information on the label
4. Supervision or monitoring of medications DOES NOT include the following:
    - Counting out pills or measuring out liquids
    - Filling dossettes
    - Doing injections
    - Punching out blister paks, except in very rare situations*
5. Blister paks should be used whenever possible
6. Staff will not give advice regarding medications. Clients will be directed to utilize other supports regarding medication information: pharmacy, doctor, psychiatrist, specialist or Telehealth (1-866-797-000)

***Rare Situations when more support with self-administration is necessary (eg. With seniors or palliating clients with physical health challenges)**

In very rare situations, staff may be required to punch out pills from a blister pak for certain clients. The staff member who supports the client with their self administration of the medication is responsible and accountable to ensure that the medication is given as prescribed and that proper recording is maintained. Training for this will be provided by a qualified person such as an RPN or RN.

Please refer to program procedure manuals for procedures related to these rare situations.

Storage and Disposal

This policy focuses on the safe storage and disposal of medication and the improved communication and transfer of medication information.

1. Only the client can sign for/receive any medication that is delivered to their residence.
2. The role of staff is to support the client in self-administration. The staff does not administer medication.
3. Staff can assist clients to contact their pharmacy when ordering repeats, asking a pharmacy for assistance for blister packs or dossetts or setting up delivery of medication by the pharmacy.
4. Programs will dispose of unused or expired medication, including the use of sharps containers for needle and syringes, to the dispensing pharmacy within a seven day time frame.

5. Contact information for local pharmacies and poison control are located for clients and staff to see.
6. Medication may be stored in a locked cabinet in a staff office. Log sheets, signed by the client must be kept to monitor medication in an out of the locked cabinet.
7. Staff may transport medication to a client's room if they are unable to get to the locked cabinet. Client must administer the medication themselves.

Medication Incidents

a. Staff identify, monitor and respond to medication incidents including seeking emergency medical attention as required.

b. Medication incidents will be reported using LOFT's incident reporting policy.

c. Staff from all programs will document any action taken to address medication incidents.

Telephone Orders

Telephone orders should be limited to situations where the physician cannot be present and the order must be followed up in writing by the physician as quickly as possible. Telephone medication orders will only be taken in emergency situations by regulated employees.

1. At all levels of communication of a medication order, the generic name should be used as much as possible in order to reduce the risk of error. The exception to this rule shall occur when prescribing individual issues the medication order using a trade name.
2. LOFT designated staff is responsible for recording information received by telephone accurately and ensure the medication order is valid. A valid medication order must contain the following:
    - The name of the client
    - The date prescribed
    - The name of the medication
    - The dosage
    - The route
    - The frequency with which the drug is administered
    - Name and signature of the prescribing individual and his/her professional status
3. When a telephone order is accepted by a designated staff within the organization, the order in its entirety must be documented and repeated back to the issuer to ensure accuracy. The designated staff shall,
    - Document the medication order within the client's file. If it is telephone order, please indicate this.
4. If there is any doubt, question or possible error concerning a telephone medication order, the following steps must be taken:
    - The staff shall not assist with self-administration of the medication if there is any doubt, question or possible error in the dosage, route, name of the drug, or any other concern.

Data base Entry

Staff will only be required to enter detailed medication information into the client database if the following conditions have been met:

Medications have been confirmed via the following accredited agencies/documents:

- Client's pharmacy
- Actual prescription or a copy of the prescription
- Seeing the actual prescription pill bottles

In the absence of a confirmation, staff will refer to a client's pharmacy or file for confirmation. Without confirmation only the medication name will be entered; dosages and other medication will be left blank.

Training

LOFT programs that hold medications for clients will provide training and education regarding medications that include how the medication works; the risks associated with each medicine, the intended benefits, as related the behaviour or symptom targeted by this medication; side effects; contraindications; potential implications between medications and diet/ exercise; risks associated with pregnancy; the importance of taking medications as prescribed including, when applicable, the identification of potential obstacles to adherence; the need for laboratory monitoring; early signs of relapse related to medication prescriptions; potential drug reactions when combining prescription and non-prescription medications including alcohol, tobacco, caffeine, illegal drugs ad alternative medications; and instructions on self-administration, when applicable.

Peer Review

A peer review of each program's medication procedures is conducted by a qualified professional with legal prescribing authority or a pharmacist. This is conducted annually and is recorded.

Procedures

See program manual.

Revised January 2018

Naloxone and Overdose Prevention

Purpose

To reduce the risk of fatality in clients who use opioids.

Intent

In the context of an opiate epidemic across Canada that is likely to remain problematic for many years to come, LOFT Community Services is trying to prevent death by overdose and reduce harm and stress on staff who are dealing with at risk clients.

Where applicable, clients should be informed about overdose prevention; and, all staff must know how to respond.

Definitions

All staff who are serving these clients should be aware of what to do in the event of an overdose and our policy about Intranasal Naloxone as a part of an emergency response.

Overdose: An overdose happens when a person has more of a drug, or a combination of drugs, than their body can handle.

Opioid: Commonly referred to as "pain killer"; ranging from legal drugs (Demerol, oxycodone) to illegal drugs such as heroin and opium.

Naloxone: Naloxone (sometimes called Narcan) reverses opioid overdose.

Policy

In addition to an understanding of LOFT's medication policy, all staff working with (or who may be working with drug-involved clients) will be educated on signs of Opioid overdose and overdose prevention. When deemed necessary by the Program Director, information will be provided and/or posted where the client can read the material and ask clarifying questions as needed.

Procedures

- Standardized information poster from POINT: Prevent Overdose in Toronto will be posted at all housing and support LOFT Programs;
- Be part of Program's Annual Health and staff Safety check off list;
- Part of new staff orientation;

- Take-home Naloxone kits should be readily available for overdose situations – nasal spray is recommended;
- All staff must sign off on having reviewed and tested on the PowerPoint: *Intranasal Naloxone Training* available at all LOFT supportive housing and outreach program sites

Training

- All required staff will receive training for the use of Naloxone by a certified;
- Naloxone will not be supplied to staff members who have not received training and competency testing

Naloxone Deployment

- As per LOFT's medication policy, Naloxone kits must be placed in a secure but accessible location in the program and, where appropriate, made available to opioid users.

Non-violent Practices

Relevant Legislation

Not applicable to this policy.

Intent

The policy describes the expectations of LOFT Community Services with respect to the treatment of clients.

Definitions

Not applicable to this policy.

Policy

The services of LOFT Community Services are based upon the principles and practices of psychosocial rehabilitation (PSR) and recovery. As such, LOFT has clear expectations with respect to acceptable standards of conduct by staff with clients, along with consequences for disregarding such expectations. These expectations should be clear in all communications with clients including client handbooks, leases, agreements or other such written material provided at the initiation of service.

The physical restraint or seclusion of a client is not an option for staff members of LOFT Community Services.

Staff should establish reasonable expectations about behavior with clients, taking into account the individual characteristics of each client served and the particular program and/or community context of where services are provided. Problematic behavior is best dealt with in a pro-active manner and/or at the first indication of trouble. The least intrusive and effective strategy available is always the approach of choice.

Training and discussion of how to recognize precursors that may lead to aggressive behavior, medical conditions that may contribute to aggressive behaviour and the use of a continuum of alternative interventions will be provided at each program.

The safety of everyone involved in any given situation is of paramount importance, and therefore, the focus of staff interventions will be to de-escalate a dangerous situation and/or disengagement in the event of a threatened physical confrontation.

Procedures

See program manual.

Pandemic Plan Policy

Relevant Legislation

Not applicable to this policy.

Intent

As part of LOFT's commitment to Emergency Preparedness, each program is required to create and maintain a pandemic plan that sufficiently addresses the safety of the staff and clients.

Definitions

Pandemic: this is an epidemic of infectious disease that spreads through human populations across a large region.

Policy

A. Severe Pandemic Situation

Along with LOFT's 'Emergency Preparedness' policy and procedures, this document is specific to a severe pandemic situation. A severe pandemic influenza situation

means that it will not be "business as usual" for LOFT Programs. In an extreme situation you will need to modify your programs or, in some cases, shut them down completely. Some employees may have to stay at home because they are ill, or take care of ill family members, or to look after children as a result of school and day care closures.

Developing a plan for you Program will help you and your team prepare for an emergency.

B. Public Health recommends the following questions be answered in order to prepare for an extreme emergency:

1. What services provided by your Program would you consider as essential?

2. What services could be reduced or cancelled during a pandemic?

3. What would be the impact of cancelling, postponing or modifying a Program?

4. Are there clients or partners that need to know about this plan now?

5. What additional measures could you introduce during a pandemic to minimize the spread of illness within your Program?

6. What would you do if your staff came to work with the flu?

7. How will you keep staff and clients informed of any service changes?

8. Do you have an up-to-date contact list for staff?

9. Can you identify which of your clients would be most vulnerable in a pandemic situation – have you assisted them in preparing a plan?

10. Are you in a position to stockpile supplies that are necessary to sustain your program for up to eight weeks – if not, what is your plan of action and message to clients?

11. Do you have adequate supplies to promote good hygiene, such as soap, tissues, paper towels and hand sanitizer?

12. Public Health is the lead for influenza preparedness. Their role during a pandemic include: surveillance and reporting, liaison with hospitals, assessing the capacity of local health services, mass immunization, treatment and referral services for vulnerable individuals – have you posted web links and other contact information such as telephone contact information in a visible location in your Program?

C. After you have answered these questions:

1. All Program Pandemic Plans need to be approved by the Director of Operations.

Procedures

Please refer to Program manuals to see your program's detailed pandemic plan.

Sentinel Event Follow-up

Purpose

To ensure quality of service for our clients and staff, LOFT Community Services ensures that sentinel events involving clients and staff are addressed quickly, consistently and comprehensively.

Definition

Sentinel events are any unanticipated event in a care setting resulting in death or serious physical or psychological injury to a client or staff.

Policy

All incidents are reported as per LOFT's critical incident reporting policy.

In the case that an incident is of a very serious, or sentinel nature, additional procedures apply.

Short term procedures

- Senior staff are notified immediately by email and phone
- Staff and clients are offered critical incident debriefing resources as required
- All notes pertaining to the situation are reviewed and investigated by the program director and reviewed with the senior manager (within 2 days)
- Any recommendations that come from that investigation are reviewed and implemented (within 5 days)

Longer term

- Senior management team presents any sentinel events monthly including the investigation findings and recommendations
- All incidents, including sentinel events are addressed as part of an annual accreditation review. Recommendations are reviewed and implemented as appropriate.

Procedures

Please see program manual.

Suicide

Relevant Legislation

Not applicable

Intent

The clients of LOFT are at higher risk of suicide due to many living with mental health and/or addictions issues and experiencing difficult life circumstances. This policy outlines assessment of risk, immediate actions to be taken and actions to be taken in the event of a suicide attempt or a death by suicide.

There are four principles when dealing with suicidal thoughts and suicidal attempts: Safety first, consultation, offer service, and treat individuals with respect and dignity.

Staff is required to take immediate action if it is assessed that an individual is in imminent danger to themselves or others.

Definitions

Form 1: If the client has been seen within the last 72 hours or if the physician can witness a threat of serious danger to themselves or others, the physician may complete a Form 1 to allow the police to bring the client to a hospital for an assessment.

Policy

Suicide Risk

All suicidal talk, threats or gestures are to be taken seriously. Assess the seriousness of intent by learning the following:

-what are the sources of the person's feelings

-has the person attempted suicide before (25-50% of those who complete suicide have tried before)

-does the person have a specific suicide plan (in general the more specific the plan, the more serious the intent)

-Assess the method (in general, the more lethal the method, the more serious the plan)

-Consider precipitating factors

- Evaluate the person's sense of hopelessness

-Assess whether the individual has a supportive network to turn to and what kind of support he/she is hoping for.

If the individual is ambivalent or unable to access support, seek consultation from the program director, senior management, psychiatric or medical professionals immediately. The person may be transported to the hospital by ambulance if it is deemed that there is a risk of suicide.

If an individual is posing a threat to themselves or to others, if interventions are not successful, and if the person refuses to seek help, it may be necessary to have the client taken to the hospital for a psychiatric assessment. In that event, the Mobile Crisis support team should be called through the Police line immediately. The program director or on call staff should be notified as soon as possible after the call. Staff should remain with the client while waiting for the Police. If possible, staff should meet the client at the hospital.

Discovering a client after an attempt of suicide or completed suicide

If a staff is concerned about a client and the risk of suicide and checks on them in their home, it is mandatory that this staff is accompanied by another staff.

If a client is found injured or dead, Police are to be called immediately and staff should ensure that police contact family and/or the emergency contact for the person . The staff should not touch anything in the home. The program director or on-call staff person should be notified and it is the program director's responsibility to ensure that staff receive the support both immediately and following the discovery and in the weeks and months following. If clients or families are also impacted by an client injury or death due to suicide, they should be offered access to support services.

An incident report should be completed within 24 hours and Program director notified. The Program Director will notify the Director of Operations and the CEO of LOFT.

Procedures

See program manual

Health, Risk & Safety

Relevant Legislation

Landlord and Tenant Act

Smoke-Free Ontario

Fire Arms Control Legislation

OCSWSSW Social Work Legislation on Reporting known History of Violence

Criminal Code of Canada R.S., 1985, c. C-46, s. 34; 1992, c. 1, s. 60(F).

Intent

All programs will have procedures related to the prevention and handling/management of violent or threatening situations. These may include weapons, illegal drugs and prescription medication, terrorism, gas leak, sudden explosion, and assault.

Definitions

Relevant definitions at the beginning of each sub-section.

Policy

1. Weapons, illegal drugs and legal drugs.

Weapons, include but are not limited to firearms, knives, swords, brass knuckles, nun chucks or anything that may be deemed as a weapon by staff (baseball bats, chains) are prohibited on site.

If a person enters a program site and they disclose that they have legal drugs or prescription medications, or they are seen to be on their person, staff will strategize with the clients' ways to ensure that the items are safe from being misplaced, stolen or misused on site.

If a client discloses they have illegal drugs or they are seen to be on their person at a program site, they will be asked to dispose of them safely or, leave the premises if they are not willing to do so. Staff will inform clients that illegal drugs are not permitted on program's sites, and remind that the use of illegal drugs is also not permitted on site.

If a client discloses that, they have a weapon or a weapon is seen to be on their possession, staff will assess the situation based on the following:

- Type of weapon
- Mental stability of the client
- Current environment

As a result of their assessment, staff will ensure their own safety and may call 911 or Program Director/On-Call Staff as soon as it is safe to do so. When possible and safe to do so, staff will strategize with the client to remove the weapon from the property.

In the event that the weapon is a firearm, staff should always immediately contact 911 as soon as it is safe to do so. Follow up with the Program Director/On-Call and when it is safe to do so.

Staff

Staff is required to keep all legal or prescription drugs in a safe location when they are working. Staff will take efforts to ensure that the items are safe from being misplaced, stolen or misused on site. Strategies to ensure safety of the items can be discussed with the program director.

Staff is not permitted to bring illegal drugs or weapons onto program sites.

2. Terrorism

The following is the Canadian National definition of Terrorism:

An act or omission, in or outside Canada, that is committed in whole or in part for a political, religious or ideological purpose, objective or cause, and in whole or in part with the intention of intimidating the public, or a segment of the public, with regard to its security, including its economic security, or compelling a person, a government or a domestic or an international organization to do or to refrain from doing any act, whether the public or the person, government or organization is inside or outside Canada, and that intentionally

(A) causes death or serious bodily harm to a person by the use of violence,

(B) endangers a person's life,

(C) causes a serious risk to the health or safety of the public or any segment of the public,

(D) causes substantial property damage, whether to public or private property, if causing such damage is likely to result in the conduct or harm referred to in any of clauses (A) to (C), or

(E) causes serious interference with or serious disruption of an essential service, facility or system, whether public or private, other than as a result of advocacy, protest, dissent or stoppage of work that is not intended to result in the conduct or harm referred to in any of clauses (A) to (C),

And includes a conspiracy, attempt or threat to commit any such act or omission, or being an accessory after the fact or counselling in relation to any such act or omission, but, for greater certainty, does not include an act or omission that is committed during an armed conflict and that, at the time and in the place of its commission, is in accordance with customary international law or conventional international law applicable to the conflict, or the activities undertaken by military forces of a state in the exercise of their official duties, to the extent that those activities are governed by other rules of international law.

Policy

All LOFT personnel is required to report to their direct supervisor any suspicion of terrorist activity learned at the work place or by contact with clients and co-workers. After assessing the facts the supervisor may decide to contact a member of the LOFT Senior Management Team and a decision may be made to contact National Security tip line (1-800-420-5805) for instructions. If there is a reasonable amount of evidence to believe that terrorist activity is taking place, a member of the Senior Management Team will always contact the National Security tip line for instructions.

All LOFT personnel with reasons to believe that an act of Terrorism is or will take place in LOFT premises will start the evacuation procedure (see below evacuation) of the particular site and contact 911 immediately.

3. Gas Leak

Policy

LOFT personnel will make every effort to maintain the safety of clients, staff, students and volunteers. Every LOFT representative shall be aware of what to do in case of suspected gas leak, and every LOFT clients who uses services at LOFT premises should be reminded from time to time the 5 signs of gas leak and what to do and not to do if gas leakage is suspected.

5 signs of gas leak

1. Dead Plants: Even though you cannot directly observe the gas lines underneath the soil, if there is a noticeable patch of dead vegetation, you may have a leaking gas pipe underneath.

2. Hissing Sound: If you hear a hissing sound near your gas lines, you might have a gas leak. In fact, a hissing sound normally means you have a substantial leak. If

you hear a hissing sound near your A/C, then it could be a leaking refrigerant line, a leaking valve, or a bad compressor. Turn your system off and call a professional to come check it out. Odd sounds coming from your HVAC system are never a good sign.

3. Rotten Egg Smell: Natural gas and propane has a distinctive smell for a reason. For safety purposes, utility companies use an additive called *mercaptan* that gives the colorless and odorless gases a smell that is hard to miss. Most people describe this smell as something like rotten eggs, sewage, or sulfur.

4. Small Bubbles: One quick way to tell if you have a gas leak is to perform the bubble test. This also works for anything that contains pressurized gas, such as tires, inner tubes, and propane tanks.

5. White Mist or Fog: If you see an unusual cloud of mist or fog around your property, it could mean a ruptured gas line. Call you gas company right away.

If you find a gas leak:

- If you detect a gas leak, open up some windows and doors, and leave the area immediately. Do NOT try to turn off the gas as you could cause a spark or damage pipes and appliances.
- Don't try to find the source of the leak. Have a professional find and fix the leak for you.
- Don't operate any electricity or use any lighters, matches, or appliances. Do not even start your car. Even a small spark could cause a huge explosion.
- Evacuate all household members and pets from the area and call your local gas company. If they cannot be reached, call your local fire department.
- If the gas was turned off, never turn the gas back on yourself—let the utility company or a professional do it.

4. Sudden Explosion

Before an Explosion

The following are things you can do to protect your program in the event of an explosion.

- Each program should have an Emergency Supply Kit based on program-specific needs
- Each program should have an Evacuation Plan that includes an evacuation checklist (see below evacuation procedure)

During an Explosion

https://www.ready.gov/explosions

The following are steps to take in the event of an explosion at your program. If / when it is safe to do so, use your programs evacuation plan. This involves calling 911, meeting at the designated emergency site and contacting your Program Director/On-Call staff:

- Get under a sturdy table or desk if things are falling around you. When they stop falling, leave quickly, watching for obviously weakened floors and stairways.
- Do not use elevators.
- Stay low if there is smoke. Do not stop to retrieve personal possessions or make phone calls.
- Check for fire and other hazards.
- Once you are out, do not stand in front of windows, glass doors or other potentially hazardous areas.
- If you are trapped in debris, use a flashlight, whistle or tap on pipes to signal your location to rescuers.
- Shout only as a last resort to avoid inhaling dangerous dust.
- Cover your nose and mouth with anything you have on hand.

After an Explosion

- There may be significant numbers of casualties or damage to buildings and infrastructure.
- Heavy law enforcement involvement at local, state and federal levels.
- Health and mental health resources in the affected communities can be strained to their limits, maybe even overwhelmed.
- Extensive media coverage, strong public fear and international implications and consequences.
- Workplaces and schools may be closed, and there may be restrictions on domestic and international travel.
- You and your family or household may have to evacuate an area, avoiding roads blocked for your safety.
- Clean-up may take many months.

5. Assault

The Criminal Code of Canada defines assault as:

(1) A person commits an assault when:(*a*) without the consent of another person, he applies force intentionally to that other person, directly or indirectly;(*b*) he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose; or(*c*) while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.

(2) This section applies to all forms of assault, including sexual assault, sexual assault with a weapon, threats to a third party or causing bodily harm and aggravated sexual assault.

Policy

LOFT is committed with the safety of clients, staff, students and volunteers. Each program should take all the necessary precautions to prevent an assault from taking place on the program site or while staff is working in the community. In order to accomplish this, there will be a risk assessment of each client at the point of intake. Depending on this assessment, the program will stablish the necessary measures to mitigate the risks levels. The measures include but are not limited to hiring security personnel, purchasing additional security products or technology and scheduling double staff for residential shifts or double staff for community visits. In residential program this could mean increase residential observation (self-harm, suicide risk, etc.), site' "walkarounds" (alarm in trouble silence, clients with arson history, etc.) and strategizing with other team members. All program staff should be aware of this safety measures and the client they are targeting.

Every LOFT representative that witness assault most report it to their Program Director or the Director On-Call, and to the authorities. An incident report will also be created. (See incident reports policy)

Services may be suspended for clients that commit an assault while participating in LOFT programing, until a different resolution is agreed by the program director upon determination that is safely to do so.

For other possible dangerous situations, please refer to "The Dangerous Situations Policies"

6. Evacuation

Every LOFT program should have a clear evacuation plan, and facilitate ongoing evacuation drills to a minimum of once a year (Depending of the program specifications there could be more.)

Each Residential support site should have an evacuation plan that includes a one or more prearranged alternate emergency sites in the event that there is a prolonged evacuation. This site should be accessible 24 hours/7 days a week and should be able to accommodate the number of clients and staff that may need to access the space.

Each Residential evacuation plan should include

- An Evacuation Checklist that contains:

- All residents' preferred relocation address (if different of the above as a family's or friend's home)
- All residents' contact number (cell phone or email to contact them in case they are not present when the evacuation takes place)
- All residents' emergency contact information
- If the site oversees resident medication, resident medication list or client's pharmacy contact information.
- An electronic copy of the resident evacuation checklist stored on the LOFT G or P drives in case the hard copy becomes unavailable.

7. Training for Staff

1. Site evacuation procedure
2. Medication Training
3. Health and Safety training
4. Crisis Prevention and De-escalation
5. CPR and First Aids training

This policy must be reviewed a minimum of twice a year on the staff meeting.

8. Training for Clients

1. Site evacuation procedure
2. Client's LOFT bill of rights and responsibilities

This policy must be reviewed a minimum of twice a year on the house meeting.

Infection Prevention and Control

Relevant Legislation

Health Protection and Promotion Act, R.S.O. 1990, c. H.7

Intent

LOFT aims to establish a prevention and control program that is designed to identify and address health care issues within our programs in order to reduce and mitigate the incidence of infection and disease outbreak. Further details will be outlined in individual program manuals.

Definitions

Not applicable

Policy

Program Requirements:

1) The program shall consult on an on-going basis as required with the Public Health designate about identifying and addressing health care issues in the program in order to reduce the incidence of infectious disease outbreaks

2) The program shall keep a record of the consultation required in client files as per client documentation policy

3) The program shall ensure that:

(a) If an infectious disease outbreak occurs in the home, the outbreak is reported to the local Public Health or designate and the program defers to the officer or designate, as the case may be, for assistance and consultation as appropriate

(b) If there is an increase in the number of symptomatic residents in the program, the increase is reported immediately to the local Public Health or designate

4) The program shall ensure that each resident and the resident's substitute decision-maker, visitors, families, and partnering organizations are given information about how to reduce the incidence of infectious disease, including the need for and the method of maintaining proper hand hygiene and the need for and process of reporting infectious illness.

5) The program shall ensure that waterless, alcohol-based hand sanitizer or another form of hand sanitation that provides the equivalent protection against infectious disease transmission is available for use by residents and staff in communal resident areas and in the staff work areas.

6) Each resident, each member of the staff of the program, and each volunteer receive information about the advantages of an annual influenza vaccination and where the vaccination is available

7) The program shall ensure that each staff member who works in the program receives training on how to reduce the incidence of infectious disease transmission, including:

(a) The need for and the method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms and the separation of clean and dirty items; and

(b) The need for and process of reporting, providing surveillance of and documenting incidents of infectious illness

Components of an Infection Prevention and Control Program:

The infection control program at each site should include the following elements:

1. Infection control policies and procedures
2. Surveillance of infections
3. A system to detect, investigate infections and control outbreaks
4. A system to notify the Local Public Health Unit of reportable diseases
5. A system for the initiation of precautions
6. Continuing education in infection prevention and control

Additional Infection Control Precautions:

1) Routine Practices as well as Additional Precautions (AP) will be implemented for certain pathogens or clinical presentation. These precautions are directed on the mode of transmission of the suspected/known organism or disease and must be instituted as soon as symptoms are identified of an infection, not only when the diagnosis is confirmed.

2) Education of staff, volunteers, residents, families and visitors is important in the initiation of Additional Precautions. Educational information (both written and verbal) regarding the reasons for the precautions and the specific procedures to be followed should be provided.

3) Appropriate measures shall be taken depending on the risk for transmission. These measures include Contact Precautions, Droplet Precautions and Airborne Precautions.

4) Additional Precautions includes:

1. signage specifying the precautions needed, but protecting their confidentiality;
2. appropriate PPE;
3. equipment dedicated to the resident;
4. additional cleaning measures;
5. Communication and education to staff, visitors, volunteers and residents.

5) An outbreak may occur when an infectious illness exceeds the normal expectancy levels. Programs will set and follow guidelines intended to provide a practical approach to initial control, investigating and managing an outbreak.

Operations

Social Media

Relevant Legislation

No applicable to this policy.

Intent

LOFT Community Services recognizes the importance of the internet and social media in shaping public thinking about our organization and the issues that are important to us. LOFT is committed to supporting honest, transparent, knowledgeable and respectful communication through social media.

LOFT uses and manages its social media sites in order to communicate with donors, supporters and interested members of the public, to inform and engage on topics related to the work of LOFT, its impact and its significance to society.

Because anything posted on social media is "published" and has the potential to be read by anyone, as a service to staff, LOFT also offers guidelines to assist staff in the safe and effective use of social media.

LOFT Social Media Values:

LOFT communication will be guided online, as it is off-line, by the values that underlie our mission:

- Respect
- Openness
- Honesty
- Transparency
- Professionalism
- Accountability
- Excellence
- Inclusiveness
- Passion for the Work

Definitions

Not applicable to this policy.

Policy

Responsibility for LOFT-sponsored Sites

LOFT makes use of Facebook, WordPress and YouTube, as well as the official LOFT website, and from time to time other social media may be added. The LOFT website and all social media are managed by the Development Department.

The Director of Development is responsible for all web and social media accounts.

Establishing a LOFT presence on any public social network must be authorized beforehand by the CEO.

LOFT is not responsible for the content of any website outside of the loftcs.org domain. The inclusion of any non-LOFT link, whether by a LOFT employee or anyone posting on the site, does not imply endorsement by LOFT of that website and may be removed if it is felt to be not in the best interests of LOFT.

Terms and conditions for the use of LOFT social media sites are posted in the Footer of every page on the LOFT website at www.loftcs.org.

Monitoring Policy

LOFT social media sites are monitored and prompt action will be taken when issues arise. LOFT reserves the right to remove posted content that is slanderous, libelous, defamatory, discriminatory, vulgar, profane, obscene, threatening, is off-topic or appears to promote a commercial product or service.

Decisions regarding the removal of content are made by the CEO, Director of Operations and/or Director of Development.

Negative Comments or Posts

In order to ensure respectful and positive dialogue, any item for posting on a LOFT social media site will be submitted to the Development Department. The Development Department reserves the right to edit posts for spelling, grammar, accuracy and length.

Items that include inaccuracies, misinformation, or wrong or misleading facts, or that contain disrespectful or derogatory language will not be posted.

If, as a staff member, you come across such a post or comment on a non-LOFT site please let the Development Department know by emailing info@loftcs.org with the details. Please remember that you do not have the authority to act as a LOFT spokesperson. Please do not enter into a fight or argument on LOFT's behalf; keep it positive and professional.

Copyright

Photographs posted on social media sites can easily be appropriated by visitors. Wherever possible, LOFT posts images at 72 dpi and approximately 800×600 resolution. This makes images viewable on the web but not suitable for printing.

LOFT Logo

The LOFT logo and the T-dot icon are registered trademarks of LOFT Community Services and may not be used by anyone for any purpose without the express permission of the CEO.

Personal vs Professional

It is not appropriate for LOFT staff to "friend" clients on social media. Staff should not initiate or accept friend requests from clients, except in unusual circumstances and the staff member is to consult with his or her immediate supervisor before initiating or accepting such a request.

Staff members in management or supervisory roles are discouraged from initiating "friend" requests with employees they manage. As well, staff are discouraged from sending "friend" requests to their managers or supervisors.

For policies on the use of mobile devices and texting, please refer to Mobile Communication Devices in the LOFT Online Policy Manual for additional information

Guidelines for Staff Participation in Social Media

While communicating through social media is primarily a personal matter, it is not private. In many cases, written conversations inside social media networks can be found through search engines such as Google. Even where only your contacts can see what you write, there is the possibility that one of them may forward what you say and make it visible to a wider audience. Therefore, personal conversations within social media should be considered public rather than private.

When staff communicates through social media, unless specifically authorized by the CEO to speak on behalf of LOFT, they are representing themselves. If you write anything related to your work at LOFT, make it clear that what you say is your own opinion or view and that you are not presenting yourself as a spokesperson for LOFT.

If any staff member comes across a positive or negative remark about LOFT or its programs or services that the staff member believes may be important, they are encouraged to share the remark by forwarding it to info@loftcs.org.

Privacy and Permission

LOFT has clear policies regarding the privacy and protection of client, staff and donor information, and these policies apply to social media as they do to all other communication.

LOFT staff should respect the privacy rights of co-workers and must not disclose work-related information about other staff members without their permission. Staff must not post photographs or images of clients, funders or volunteers obtained through a work-related interaction or exchange, or in any way associated with a work relationship.

General Guidelines

- Recognize that you are entering a Social System.

Social media is like any social event – a meeting, party, etc. Behave with the same good manners you would use in any of these social environments. Take care to ensure your actions and behaviours are consistent with the image you want to portray as a LOFT staff member. Keep in mind that you are sharing a social space with LOFT staff colleagues, clients, funders, your mother and your boss.

- Remember Google never forgets.

Everything you post stays online for a long time. Think before posting something you might regret later. Understand that nothing you post can be guaranteed to remain private.

- You are Not an Official Spokesperson

If you find yourself discussing topics relating to your work, LOFT programs or services, please state clearly that your views and opinions are your own. Sharing and commenting are important aspects of social media. However, when talking about your work, be sure to make it clear that you are not an official LOFT communication channel and you are not speaking on behalf of LOFT. This is especially important if you are adding a LOFT-related post to your own site or commenting on a third-party site.

- Know your Business

Be true to LOFT values and principles. Be sure that what you are about to post is honest and accurate, no matter what the subject matter may be. Check the facts for yourself before you post them. Do not pass along gossip or hearsay.

Client and Staff Record Retention/Disposal

Relevant Legislation

Privacy Information Protection and Electronic Documents Act, 2011.

Intent

The Policy outlines the guidelines about record retention and disposal.

Definitions

Not Applicable

Policy

Employee Information

The Human Resource Department ensures that employee files are maintained in accordance with PIPEDA Legislation.

Client Information

All computerized health information will be secured using passwords and access codes. Activities of visitors to LOFT offices will be supervised in order to protect the confidentiality of personal health information.

During active use, records and other personal health information must be kept locked in private offices. Care will be taken to ensure that identifiable information is protected from the observation and the hearing of other individuals at all times. Records are to be returned to secured cabinets at the end of the day.

Employees must take reasonable steps to keep personal health information securely stored. What is reasonable varies depending on the sensitivity of the information is protected from the observation and the hearing of other individuals at all times. Records are to be returned to secured cabinets at the end of the day.

Staff must take reasonable steps to keep personal health information securely stored. What is reasonable varies depending on the sensitivity of the information and the risks to which it is exposed.

Steps to ensure safe storage of personal health information should address physical security, technological security and administrative controls.

Physical security includes:

- Locked filing cabinets; and
- Restricted office access and alarm systems.

Technological security includes:

- Passwords, user IDs;

- Encryption, and
- Firewalls and virus scanners

Administrative controls include:

- A concise written set of security rules;
- Appointment of a staff member with overall responsibility for security;
- Staff training
- Security clearances
- Access restrictions
- Regular audits or actual practices for compliance with security policies; and
- Confidentiality Agreements

Electronic Health Record Controls

It will be ensured that they

- Use features such as secure passwords to prevent unauthorized access;
- Install automatic back-up for file recovery to protect records from loss or damage; and
- Keep an audit trail that, at a minimum:
- Records the date and time of each entry for each client
- Shows any changes in the record; and
- Preserves the original content when a record is changed, updated or corrected.

Disposal of Personal Health Information

For the secure disposal of hard copy records, secure disposal may mean shredding or burning. Secure disposal of electronic records may include either physically destroying the media they are stored on (such as a CD) or magnetically erasing or overwriting the information in such a way that the information cannot be recovered.

Care will be taken to secure personal health information when moving offices. Files will not be left behind or tossed in the garbage without first being securely destroyed. If computers are to be sold, all personal health information must first be erased in such a way that it cannot be recovered.

<u>Client Records</u>

Paper

- Retention Period: ten (10) years after last contact;
- Storage: Hardcopy on or off site;
- Disposition: Destroy/Shred-Recycle hardcopy.

Electronic

- Retention Period: ten (10) years after last contact;
- Storage : on Common Client Record (CCR) database;
- Disposition: magnetic erasing or other form of destruction.
- Electronic files are archived electronically and kept indeterminately
- If clinical information is stored elsewhere (electronically) it is to be moved to the CCR database and then deleted from original location. (i.e notes created in MS Word)

Destruction of Records

Should a legal investigation take place, the destruction of all records will cease until the investigation is completed.

Procedures

Please see program manual

Residential Tenancies Act (RTA)

Relevant Legislation

Residential Tenancies Act, 2006

Intent

All housing provided by LOFT will be governed by the Residential Tenancies Act (2006).

Definitions

Not applicable to this policy.

Policy

All LOFT staff will abide by the Residential Tenancies Act. The purposes of this Act are to provide protection for residential tenants from unlawful rent increases and unlawful evictions, to establish a framework for the regulation of residential rents, to balance the rights and responsibilities of residential landlords and tenants and to provide for the adjudication of disputes and for other processes to informally resolve disputes.

Procedures

See program manual.

Client Records

Relevant Legislation

Not applicable to this policy.

Intent

The purpose of records is:

• To provide an accurate account of the content and process of service as a means to assist in the planning and delivery of service.

• To provide the client with information they may request about themselves and the service provided, in accordance with privacy legislation.

• To provide information to assist others when the person providing the service is unavailable.

• Provide information if additional service is requested at a later date.

Documentation of service to clients is necessary to ensure that LOFT standards are being met. Client records sufficiently document assessments and the nature and extent of the service provided.

LOFT maintains accurate, up to date and confidential records for all clients except for those receiving anonymous service (i.e. needle distribution, outreach etc.)

Definitions

Not applicable to this policy.

Policy

Content:

All entries into records shall be dated with time of entry, legible and contain the name of the staff person who made the entry clearly indicated. Full statements are to be used and abbreviations are to be avoided.

Records contain only information that is needed to document and support the direct service(s), the safety of the staff and other and to provide statistical information for planning purposes.

All consent to release information forms will be kept in the file and all contacts with third parties in respect of a client are to be documented in the client's record.

All interactions with clients should be documented in the central database including the purpose of the interaction and outcome.

Client notes are to be completed by the appropriate staff within five working days of the client contact or shorter period if determined by director.

Procedures

See program manual.

Common Assessments

Relevant Legislation

Not applicable to this policy.

Intent

The intent of this policy is to standardize the completion timelines of OCAN and RAI CHA assessments.

Definitions

OCAN (Ontario Common Assessment of Need) is a standardized, consumer-led decision-making tool that allows key information to be electronically gathered in a secure and efficient manner. The largest, internationally recognized, researched and accepted assessment tool known as the Camberwell Assessment of Need (CAN-C) forms the foundation of OCAN. Additional mental health elements incorporated into the tool specifically focus on Ontario-based approach to recovery. These include risk, legal, gambling, and hopes and dreams indicators.

RAI CHA (Resident Assessment Instrument Community Health Assessment) is a standardized assessment tool that allows key information to be electronically gathered in a secure and efficient manner. RAI CHA identifies service gaps and individual needs and helps match these to existing services. It also provides aggregate data to inform organizational, regional and provincial-level planning and decision making that is consistent across the sector. RAI CHA further facilitates communication among Health Service Providers through common data standards.

Policy

1. Staff is required to complete OCAN and RAI CHA assessments within 14 days of the clients' intake.
2. Staff has 30 days to complete OCAN assessment and 14 days to complete RAI CHA assessment.

Procedures

See program manual.

Use of Integrated Assessment Record

Relevant Legislation

Not applicable to this policy.

Intent

The intent is to standardize the use of Integrated Assessment Record (IAR) database.

Definitions

Integrated Assessment Record is an application that allows assessment information to move with the client from one health service provider to another. Health Service Providers (HSPs) can use the IAR to view timely client assessment information electronically, securely and accurately.

Policy

1. Only authorized staff has an access to IAR.
2. Staff cannot share or disclose their IAR passwords.
3. Authorized staff can access IAR only from authorized IP address locations.
4. Authorized staff is not permitted to print any assessments from IAR.
5. Staff is obligated to maintain the confidentiality of all data in the IAR, and not permitted to communicate this data to any other person except within the 'circle of care' for the client.
6. Client has the right to view his/her assessments in IAR if the assessments were completed by LOFT staff. Staff is not allowed to grant the client access to any assessments completed by another HSP, which are stored in IAR.

Procedures

See program manual.

Consent to IAR

Relevant Legislation

Not applicable to this policy.

Intent

The intent is to have a standardized approach to client consent to IAR.

Definitions

Not applicable

Policy

IAR Consent Management Process – LOFT Level

Prior to conducting the assessment, the staff will inform client regarding the collection, use and disclosure of their personal information (PI) and personal health information (PHI) and the client's privacy rights. The client will make an informed decision (either to consent or to withhold their consent initiating a consent directive). Based on the client's decision, the staff will obtain express consent (or consent directive) according to existing consent process. The staff will update CIS and/or Goldcare database with the consent directive received according to existing consent process. If the client decides to update their consent directive, the staff will obtain consent directive update and will update CIS and/or Goldcare database.

IAR Consent Management Process – IAR Level

The client can place a call to the centralized Consent Call Centre via a toll free number to register their IAR consent directive. A consent directive to share one's assessments in IAR means all of the client's assessments across HSPs will be shared with participating HSPs that provide care to the client. A consent directive to not share assessments, or withdrawal of a previously provided consent directive to share in IAR, means all of the client's assessments in the IAR – both past and any that will be uploaded in the future – will be locked and no participating HSPs will be able to view them.

Procedures

See program manual.

Information and Communication Technology Use Policy

Effective date: August 1, 2018

Relevant Legislation

N/A

Intent

LOFT aims to ensure that the use of technology in its activities will enhance, and not be an impedance to quality client care or pose any risks to client safety and security.

Policy

This policy relates to the use of Information and Communication Technology (ICT) or recording devices for communication, assessment, treatment or any other activity that involves LOFT clients. Details on computer and mobile device use are outlined in separate policies.

Express consent is required for the use of any technology in the delivery of service. For communication technology, this includes signing of LOFT consent and release form for photography, sound or video recording of a client and signing of OTN consent form for use of OTN technology as applicable.

Procedures

Programs will take steps to confirm prior to the start of each session that necessary technology or equipment are available and functional. In the case of communication technology, this will be verified at both the original and remote sites.

Programs will be familiar with emergency procedures related to service delivery via ICT including, but not limited to, familiarity with remote site emergency procedures and identification of local emergency resources including phone numbers.

Use of technology will be explicitly noted at the start of each session.

In situations where attempts to mitigate refusal of consent are not successful and the use of technology is critical to client care, refusal of consent will be documented and reasonable steps taken to provide the services without said technology.

Internal and Financial Controls

Monies Held in Trust

Relevant Legislation

Not applicable to this policy.

Intent

To ensure that staff correctly administer and account for monies held in trust.

Definitions

Monies held in trust are defined as monies received from a tenant, family member, an agency or trustee on behalf of the tenant. The monies are held by LOFT for the tenant. The tenant, family member, or trustee determines how the monies are to be spent.

Policy

LOFT performs only a custodian role for trust monies. The highest degree of care is to be exercised when administering and accounting for trust monies.

Clients are to receive their money in a timely way and this money should be spent in the areas they (or their family or trustee) have identified in support of their goal plan and plan of care.

The money held in trust is not to include interest earned during the period in which the monies were held.

1. <u>Records of Monies in Trust</u>

a) A log will be maintained for each tenant who has given monies in trust to LOFT Community Services.

b) The log will contain the date, time and the amount of receipts and withdrawals including the tenant's signature.

c) There should be a column for the beginning balance and ending balance.

d) There should be a summary page listing all the tenants' cash on hand.

2. Monies provided by family members or trustees

At times, LOFT staff may receive funds from family members or trustees on behalf of the tenant. The procedures in note 1 apply and the following should be implemented:

a) An entry in the log should be made in the tenant log page stating the amount. If possible, a tenant signature should be obtained.

If the family does not want the tenant to know about the monies in trust a letter should be obtained from the family member stating these instructions. The program director must sign in the tenant's place (assuming that they are not the person making the purchases for the tenant).

b) On the date that the monies are given, a note should be added stating "Refer to the letter dated". The letter should be put in the resident's file.

c) If the instructions provided in the letter state that the monies are to be used for specific expenses, all withdrawals should include a note stating the expense and where it was purchased (name of vendor). The invoice is to be placed in the tenant's file

d) On a bi-annual basis, a letter (or report) should be sent to the family member or trustee. (However, management should take into account the family member's wishes and the trustee's rules and regulations.) Copies of the receipts are to be included with the letter. In the body of the letter a note should be made stating:

i. The original amount given.

ii. List of expenses with amounts.

iii. The remaining unused amount.

e) When cheques are received from the Office of the Public Guardian and Trustee (PG&T), staff are to ensure that:

i. Amounts do not exceed two months of the resident's PG&T payments as it is the intention of the trustee that the monies are used for specific purposes i.e. clothing, furnishings, cigarettes etc. and not for savings.

ii. If amount exceed two months of the resident's PG&T payments due to the client's goal plan or plan of care, it should be done with the program director's approval.

iii. If the amount exceeds two months total of their (usual) payments, staff are to contact PG & T to have the cheques put on hold until the balance is reduced.

iv. If the resident is hospitalized for an extended period of time that will put them over their two month balance, staffs are to call to have the PG&T put the cheques on hold.

3. <u>Computerized Log</u>

If a computerized log is used please consult with the finance department to ensure proper set up of the log and that adequate internal controls have been setup.

Each spreadsheet would contain the name of the tenant. All of the spreadsheets would add up to the summary sheet.

A pre numbered receipt book should be purchased. The book should contain 2 copies (one is usually white and the other is yellow).

If a tenant withdraws or adds monies to their fund:

a) Their spreadsheet should be updated.

b) All withdrawals or increase to the fund should be signed by the tenant in the receipt book. The receipt number should be referenced in the spreadsheet.

The white copy may be given to the tenant for their records or placed in their file, whichever is convenient for the tenant. The yellow copy is to remain in the receipt book.

c) If the monies in reference to a family member or trustee.

i. Increases are to be recorded in the spreadsheet, referencing the date of the letter.

ii. Decreases are to be recorded in the spreadsheet, referencing the vendor name and nature of purchase.

iii. The invoice should be placed in the tenant's file.

d) In the event a tenant refuses to sign a receipt, please see note 5 of these procedures. Instead of signing a log book, the program directors should print out the spreadsheet and sign the spreadsheet. The signed spreadsheet should be placed in the tenant's folder.

e) The spreadsheet with a summary of the tenant information should be printed and put in their file at least once a year

4. Location of Tenant Files, receipt book and the money

a) Tenant's files should be kept in a secured filing cabinet. The files should include a copy of any invoices that were paid on the tenant's behalf, letters sent to trustees or family members, summary of their log sheets and any other relevant information.

b) Receipts books should be kept in a locked and secure location. Once a book is full it should be filed. None of the books should be thrown unless it is approved by the Finance Department.

c) Monies held in trust should be kept in a locked box or safe. The locked box or safe should be kept in a locked and secure office.

5. Tenant refuses to sign

There may be times when the tenant requests a draw from their fund but they are unwilling to sign for the withdrawal. If a tenant is not co-operative or upset, the funds should be given to them in the presence of two staff members. The 2nd staff member will sign in the tenant's place. A brief note is to be added in the Note section stating why the tenant did not sign for the withdrawal.

The program director is to be notified of the incident. The program director should investigate the matter and determine if the funds were given. Once they are satisfied they should print out the spreadsheet and sign the spreadsheet. The signed spreadsheet should be placed in the tenant's folders.

6. Tenant Hospitalization

If a tenant is hospitalized or not returning to the site in the immediate future, the monies are to be deposited in the LOFT bank account. The monies are to be recorded as payable to the tenant.

Please note, in situations where the resident is receiving PG&T funds, if the amount exceed two months of their monthly payments, staffs are to call to have the PG&T put the cheques on hold.

7. Review and Reconciliations

a) The program director or designated staff member will reconcile the total monies held in trust to the log summary on a monthly basis.

b) The program director will periodically review individual logs for tenant signatures, unusual notes, to determine if the family's request is being followed, etc. These reviews are to occur at least two times a year and at least 10% of the tenants should be reviewed.

c) The program director will provide the summary log page (listing all tenants' names and the balance owing to them) on a quarterly basis to the Finance department.

8. <u>Balance on hand</u>

Each program serves different size populations and has different tenant needs. Recognizing this information, a limit has been set for each site that holds monies in trust.

When the Finance department receives a summary log, they will review it and any concerns will be brought up with the program director and/or the senior program director.

Each quarter, a summary of the total amount held in trust by a program will be presented to the senior directors with a list of tenants who have balances of over $1,000 and the names of programs who are over their site limit.

Expenses

Relevant Legislation

The Broader Public Sector Act, 2011

Ministry of Health and Long Term Care Guidelines and procedures

Intent

LOFT Community Services is a charitable not-for-profit corporation. It is the policy of LOFT that the funds it receives must be used prudently and reasonably and it is expected that these costs will be kept to a minimum and will include nothing that is not for the benefit or purposes of the work of LOFT Community Services. It is therefore important that expense items, their contents and related approval procedures follow clear and strict guidelines. The following is a description of the policy and approved procedures relating to various areas of expenditure in doing the work of LOFT.

It is the policy of LOFT Community Services to reimburse individuals for reasonable out-of-pocket and travelling expenses while conducting business on behalf of the Corporation. It is the intention that staff should neither gain nor lose income as a result of expenses incurred while conducting business. However, reasonable charges are to be adhered to by those submitting expense accounts, and travelling expenses are expected to be at a moderate level.

Application and Scope of this policy:

This policy applies to

- Board Members
- Staff
- Volunteers
- Consultants and Contractors

Definitions

Not applicable to this policy.

Policy

1.Mandatory requirements

- General
- Claimant’s Responsibility
- Approver’s responsibility
- Accounting Department’s responsibility
- CEO expenses
- Timeframe for reimbursements

2.Travel

- Approval Requirements
- Before Traveling
- Transportation
- Traffic Violations
- Reimbursement for Travel

4.Accommodations

5.Hospitality

6.Meals

7.Alcohol

8.Catering

9.Gift Certificates

10.Membership fees

11.Employee Gifts

1. MANDATORY REQUIREMENTS

General

1. Expenses must be considered on the basis of what is reasonable under the circumstances in which they were incurred.

2. No individual should approve his or her own expenses, or that of a subordinate who has paid for travel, meals, etc., expensed for the supervisor's sole benefit.

3. Expenses for a group can only be claimed by the most senior person present for the group event – expenses cannot be claimed by an individual that are incurred by his/her approver (e.g. an individual who reports to the CEO cannot submit a claim that includes the cost of the CEO's lunch even if they were at the same event, with the result that the CEO would thereby approve his/her own expense).

4. If a receipt is lost or misplaced, the claimant will take every step necessary to obtain a copy of the invoice. A photocopy is accepted only in unusual circumstances and a written explanation is required with the CEO's approval. If that is not possible, the CEO may approve the expense if the materiality of the invoice is not significant and the nature of the expense is typical of the program.

5. No employee of LOFT is authorized to directly order computer hardware, peripherals or software for purchase or rental. All requests must be directed to Information Technology Services. Purchases of computer hardware or software made without approval of Information Technology Services Department will not be reimbursed.

6. Good record keeping practices must be maintained for verification and audit purposes.

Claimant's responsibility

· Claimants should aim to make the most practical, economical and reasonable arrangement for travel, meals, hospitality and corporate expenses.

· A claimant must complete and sign the Expense Claim Form or Petty Cash Claim Form, indicating the expenses allocations, brief description and business purpose for the expenditure (i.e. description of who, what, where, when and why).

· Original itemized receipts (credit card slips are not sufficient) must be submitted with all expense claim forms. A photocopy is accepted only in unusual circumstances and a written explanation is required which he CEO must approve.

· Submit claims for expenses before leaving their employment with LOFT.

Approver's responsibility

· Provide approval only for expenses that were necessary in the performance of LOFT business

· Approve only claims that include all appropriate documentation (e.g. original itemized receipts).

· The approver of the expense report is responsible to ensure that the report and all claims are in compliance with these guidelines and where no clear interpretation exists, approval should be considered on the basis of what is reasonable and actual, and supported by receipts.

Accounting Department's responsibility

· The Accountant will validate the Expense Report before processing it for payment to ensure compliance with policies and guidelines.

· The Accountant will seek clarification for what appear to be minor items of non-compliance on an expense report verbally with the claimant or their supervisor. However, on more significant items, the claim will be returned to the approving officer.

CEO expenses

The CEO of LOFT Community Services must have all their expenses approved by the Director of Finance. These expenses are also reviewed and approved by the chair of the Board of Directors on a quarterly basis

Timeframe for Reimbursement

Expense Forms or Petty Cash Claim Forms must be submitted for approval within 30 days (approximately 1 month) of the expense date, so that they may be processed and reimbursed within the proper accounting period. If expenses are incurred in the month of March (the fiscal year end) all claims must be submitted before the prescribed submission deadline for closing of the financial year.

2. TRAVEL

Travel outside the GTA is not usually required however; this policy applies whenever travel is required. As a general rule, the most economical means of transportation should be used. If more than one person is travelling to the same destination, every effort should be made to determine the most economical and practical means which should be charged to LOFT.

For the purposes of this Policy, travel does not refer to a person's regular commute to work – expenses related to a person's regular commute are not reimbursable.

Approval Requirements

All travel and expenses (outside of normal job duties) approvals are to comply with the following framework:

Level of Approval Required			
Position	**Travel in Ontario(outside of normal job duties)**	**Travel in Canada and the USA**	**International Travel**
Board Chair	Board	Board	Board
Board Member	Board	Board	Board
CEO	No prior approval required	Board	Board
Director/Manager	CEO	CEO	CEO
Employee	CEO	CEO	CEO
Consultant	CEO	CEO	CEO

Before Travelling

If the travel destination(s) are outside of normal job duties, the following process is to be followed for all people wishing to be reimbursed for travel expenses

- Obtain prior approval where required (see Travel –Approval Requirements)
- If there is a change in itinerary, this should be reported to the approver as soon as possible
- Secure passports, visas, immunizations and medications as appropriate before travel
- The approver should be consulted to ensure that travel arrangements include accommodations for any special needs.

- Participation in frequent flyer or other loyalty programs is permitted provided that the most cost-effective accommodations or method of travel is used. Loyalty points can be redeemed at the user's discretions; however, they cannot be redeemed for cash by using the points for business purposes and then submitting a claim for reimbursement.

Medical and Health Insurance

Eligible employees are covered under the LOFT's health insurance plans in the event of illness or injury. The cost of additional private medical/health insurance will not be reimbursed. Other individuals should assess their own coverage for medical and health insurance.

Travel Accident Insurance

Eligible employees are covered under the LOFT's accidental injury or accidental death policies. The cost of additional insurance will not be reimbursed. Other individuals should assess their own coverage for travel accident insurance.

Transportation

Employees are expected to use the most economical and practical way to travel whenever possible.

Air, Train and Coach Travel

Every effort must be made to book in advance to take advantage of discounted fares.

The original boarding pass or ticket supporting the cost of the travel must be attached to the expense report. Basic economy/coach fares will be paid by LOFT. Any upgrades would be the responsibility of the claimant. Claimants may participate in frequent flyer programs when flying on LOFT business. Any taxable benefit deemed by Canada Revenue Agency to have occurred in relation to a frequent flyer program is the responsibility of the claimant.

Toronto Transit Commission (TTC) or similar bus/subway services

TTC tokens will be provided for occasional business use upon signing off on the token tracking sheet. The Token Tracking Sheet should contain the following – Date, Name of Person, Travel To/From, Purpose of the Trip, number of tokens taken and the signature of the person taking the tokens. If individuals regularly (e.g., twice a week or more) pay for public transportation out-of-pocket, they will be reimbursed upon submission of a Travel and Expense Reimbursement Form. Please note, staff will only receive a cash reimbursement equivalent to the cost of a token. Those staff who use metro passes for personal travel, may claim up to the cost of a token.

If staff frequently uses the TTC and has a metro pass, LOFT will reimburse the staff member for the cost of the business use of the metro pass. Staff and their supervisor need to evaluate the percentage being reimbursed to ensure that the amount being reimbursed is still reasonable. Any taxable benefit deemed by Canada Revenue Agency to have occurred in relation to the reimbursement of a portion of the metro pass is the responsibility of the claimant.

Taxi

Use of taxis should be reasonable. If taxis are used, receipts should be obtained and attached to the claim.

Rental Vehicles

The use of rental cars is discouraged except where no other means of transportation is practical. Prior approval is required from the CEO.

When renting a vehicle, consideration may be given for a car rental upgrade based on the number of passengers, weather conditions and for other safety reasons. However, all luxury and sports car rentals are prohibited.

Collision and liability insurance offered by the car rental companies must be purchased. The insurance costs can be claimed as a travel expense. Rental cars must be refueled before returning to avoid extra charges. Receipts for gasoline purchases, parking lot charges and applicable bridge or highway tolls must be submitted with expense reports.

Personal Vehicle

Reimbursement will be in accordance of the approved Kilometer Allowance. This allowance is to cover all costs, including fuel, depreciation, maintenance and insurance.

Parking and toll charges will be reimbursed subject to submission of original receipts. LOFT will not reimburse costs of collision and liability coverages.

LOFT assumes no financial responsibility for privately owned vehicles other than paying the kilometric rate when used for LOFT business. Those driving a personal vehicle on LOFT business cannot make claims to the LOFT for damages as a result of a collision. Individual automobile insurance is the responsibility of the automobile owner. All staff that use their vehicle for LOFT business – whether it is an occasional use or required for employment – must carry personal motor vehicle liability insurance. The coverage should be equal to, or greater than, the minimum liability as specified by the Insurance Act of Ontario.

It is not legitimate to claim for trips between the staff person's home and primary location of work. If staff begin or end the working day at a location farther away

than their primary location, they may charge the kilometre difference between this location and their primary location.

Traffic Violations

It is the employee's responsibility to ensure that they obey the traffic laws and regulations. Any traffic violations/tickets are not to be paid by the organization.

Reimbursement for Travel

Staff or Board Members travelling for LOFT purposes will compare available options and choose the most economical option whenever it is possible. Economy (coach) class is the standard option. A manager's approval is required if a more expensive means of transportation is justified.
Trip logs will be maintained by the individual to track business use of staff vehicles or public transportation. These logs should be attached to the claimant's expense claim.

3. ACCOMODATIONS

When staff members are required to stay away from home overnight on LOFT business, the accommodations chosen should be the most economical and advantageous. LOFT will pay for adequate and comfortable accommodations in mid-class hotels. These expenses must be approved as detailed in the approval requirements. The Expense Claim Form must indicate the reason for overnight stay.

Standard tips and gratuities are reimbursable but should be documented on the expense report.

Reasonable laundry expenses will be reimbursed where a staff member has been away from home for more that five days on LOFT business or where the stay is longer than anticipated.

LOFT will not accept charges for personal phone calls, unless a justifiable case can be made for such acceptance. Justifiable cases would be, for example, a change of travel plans or extension of trip at the request of LOFT. LOFT will accept charges for calls made or received on its behalf.

LOFT expects discretion to be applied with any expenses incurred and reserves the right to limit reimbursement to reasonable costs. Original copies of hotel bills are required. Although copies of credit/charge card receipts are accepted as proof of payment, they are not acceptable as receipts for the charges incurred since they provide insufficient details/descriptions.

4. HOSPITALITY

Hospitality expenses is the provision of food, beverages, accommodation, transportation or other amenities at LOFT's expense to persons who are not staff, engaged in work for LOFT or any of the Ontario government ministries, agencies and public entities.

Receipts and explanations are required to support all expenditures for hospitality. The quality of the explanation must be such as to fully explain the circumstances in which the cost is deemed to be eligible for payment.

5. MEALS

LOFT Community Services will reimburse a reasonable and appropriate amount for meals associated with approved business.

All expenses must be supported in detail (i.e. description of who, what, where, when and why) with matching itemized receipts when submitting the expense report.

Individual meal expenses will be reimbursed as follows with a supporting receipt:

Maximum amounts – includes taxes and tip

Breakfast $ 10.00

Lunch $ 25.00

Dinner $ 35.00

Any alcoholic beverage purchased will not be reimbursed to the employee. Claimants are required to ask the restaurant for a separate invoice when having alcohol with their meals.

1. Meal costs for employees attending ½ day seminars or conferences will not be reimbursed by LOFT Community Services unless they are included in the registration cost for the conference or seminar.
2. When staff members are required to stay away from home overnight on LOFT Community Services business meals will be paid (with detailed receipts).
3. Meals for in-house staff seminars longer than 4 hours will be reimbursed by LOFT. Cost should be kept at a minimum ($6.00 – $10.00 per person), please see the section titled Catering.
4. Business related meals, with individuals not employed by LOFT and who have arms-length relationships with LOFT, will be reimbursed provided:
    i. the business transacted is clearly beneficial to the program objectives,

ii. prior approval of the appropriate Director or equivalent is obtained,
iii. detailed receipts and explanations of the meeting are provided to support the expenditures, and
iv. does not include alcoholic beverages

5. To encourage clients to meet with staff, the staff member may purchase a coffee or muffin for the client. The client's coffee and muffin will be reimbursed.
6. Coffee from outside coffee shops (Tim Horton, Starbucks, etc…), muffins, cookies etc. will not be reimbursed for regular monthly/bi-monthly/weekly staff meetings.
7. Meals with fellow staff members will not be reimbursed except for the scenarios listed above. Any exceptions are to be approved by the CEO.
8. LOFT Community Services will not pay for alcoholic beverages purchased for a meal or meeting and care should be taken to ensure this type of charge is not included on expense accounts. Any exceptions are to be approved by the CEO.
9. Tips should not exceed 15% before taxes

6. ALCOHOL

LOFT will not reimburse a claimant for the purchase of alcohol except in the following circumstances:

- Fundraising event and in this case the expense is not charge to government funding,
- Specific client event (client social events) where the alcohol is for clients and not staff.

In circumstances where alcohol is approved, appropriate measures should be taken to ensure a reasonable limit is placed on the quantity and cost of alcohol to be provided in advance of the event.

The approval of the CEO is required.

7. CATERING

Catering will be reimbursed if the event is longer than 4 hours (exceptions are board meetings and special fundraising events or meetings). Catering costs are capped at $6.00 – $10.00 per person for each attendee listed on the detailed invoice. Any exceptions must be approved by the CEO

8. GIFT CERTIFICATES OR CARDS

Gift Certificates or Gift Cards are considered cash.

a) LOFT will not reimburse for the purchase of a gift certificate that is intended for Staff

b) Most government ministries will not allow the purchase of gift certificates or gift cards. Due to the nature of our programs (for example, outreach programs) there are clients/residents that appreciate gift certificates to Tim Horton's, Coffee Time or No Frills in order to get food or coffee.

Unless explicitly provided for by a government agency, monies for these expenses can only come from charitable funds and must be accounted for and monitored.

c) Gift certificates that are donated or monies donated where the donor had requested that the monies are to be used for the purchase of gift certificates must be accounted for and monitored.

If the gift certificate is purchased a detailed receipt of the purchase and a copy of the gift receipts must be provided to the finance department. If the gift certificates are donated a copy of the gift certificate should be sent to finance. Please note, the copy of the gift certificate should be of the front and back of the gift certificate so as to record any gift certificate serial number.

In addition, when distributing the gift receipts, clients must sign a "Gift Certificate Acceptance Sheet" indicating that they have received the gift certificate. This "acceptance sheet" should be submitted to Finance. The "acceptance sheet" should contain the following information: date, gift certificate name, gift certificate serial number, signature and notes (i.e. cheque number or donation from XX, 2011).

9. MEMBERSHIP FEES TO ASSOCIATIONS

Unless stated in an employee's contract, employee's membership fees to an association are not to be paid by the organization.

10. EMPLOYEE GIFTS

No purchases should be made on behalf of an employee, other than the allowable expenses listed and approved in the HR Manual. Please note, any lunches, dinners or breakfasts where staff members are meeting to recognize another employee are not to be paid by the organization.

There are 3 exceptions:

1. A maximum of $75.00 (including taxes) is allowed for the purchase of flowers for the death of a staff member and the untimely death of a spouse or child.

2. If a lunch is organized for a staff member who has resigned or retired from LOFT, a program director can pay for the departing staff member's lunch. Please see the section on titled Meals.

3. LOFT will pay for the meal of the staff member who is celebrating a significant service recognition anniversary. The amount paid is not to exceed the allowable expense. Please see the section on titled Meals.

11. EDUCATIONAL REIMBURSEMENTS

Staff Development costs are expenses pertaining to staff training and courses. In order to be reimbursed a receipt must be submitted in a timely manner. All expenses must be supported in detail (i.e. description of who, what, where, when and why) with matching itemized receipts and proof of successful completion of the course (s) when submitting the expense report.

Tuition reimbursements must be approved by the HR department in order for the invoice to be paid.

If hotel accommodations need to be arranged for a conference, the expense must be approved by both a Senior Director and the CEO.

12. EMPLOYEE ADVANCES

LOFT Community Services does not provide staff members with a payroll or travel advance, any exceptions are approved by the CEO.

13. CONSTULANT/CONTRACTOR

Consultants are not considered staff and therefore are not eligible for reimbursement of expenses under this policy.

The contract between LOFT and a consultant must clearly specify any and all reimbursable expenses. Consultants should seek reimbursement only for expenses explicitly agreed to by the consultant and LOFT and as detailed in the consultant's contract.

In no circumstances can hospitality, incidental or food expenses be considered allowable expenses for consultants and contractors under these Expense Reimbursement Rules or in any contract between LOFT and a consultant or contractor. Therefore, a consultant cannot claim or be reimbursed for such expenses, including: meals, snacks and beverages; gratuities; laundry or dry cleaning; valet services; dependant care; home management; and personal telephone calls.

Procedures

See program manual.

Petty Cash

Relevant Legislation

Not applicable to this policy.

Intent

Not applicable to this policy.

Definitions

Petty cash is a convenient, cost effective alternative for program staff to acquire goods or services whose cost and payment (for example, postage, delivery charges, ten tokens, etc…) that are too small to justify the use of a cheque.

Policy

Petty cash funds are to be used for the direct acquisition and payment of small dollar items. The costs of a good or service should not exceed $100.00.

Petty cash is not intended for large cash purchases that occur on an irregular or regular basis. Every effort should be made to have vendors invoice the organization for purchases that occur on a regular basis. In cases where an arrangement cannot be made but it is a recurring purchase for a substantial amount of cash, then arrangements should be made with the accounting department to discuss an efficient and effective payment procedure. A cash advance should be requested for irregular large dollar purchases. (See procedures for Cash Advances – Section 3.)

The policy and procedures relating to expense accounts also apply to the petty cash fund (See section 1).

Procedures

Creation/Increase of Petty Cash Fund

The program director should ensure that the custodian has read and understands the policies and procedures of expenses and petty cash.

The program director is required to forward a memo to the Accountant with the following information:

- The amount of the requested fund/increase.
- Name and signature of the fund's custodian.
- Name and signature of the approving officer.

- The program (i.e. unfunded, LTC etc…) that the petty cash is to be used for.
- The Accountant will forward a cheque payable to the custodian and establish a petty cash account with the program's name.

Accountability

The custodian is accountable for:

- The custody and safekeeping of all cash and vouchers which make up the fund.
- Understanding the current policies and procedures relating to expenses the issue of cash from the fund.
- The receipt of appropriate supporting voucher for each payment.
- The preparation of claims for replenishment of the fund.
- The reconciliation of the fund each time a claim for replenishment is prepared, or more frequently as circumstances dictates.
- The reconciliation of the fund at year-end which will be forwarded to the Controller at year end to verify that the amount on hand is equal to the amount recorded in ledger.
- Shortages, losses, thefts, etc., except where appropriate safekeeping precautions have been affected and the loss is beyond the control of the custodian.

The approving officer is accountable for:

- Ensuring that the custodian is aware of any new changes to the policy and procedures of petty cash or expenses.
- For the proper utilization of the fund.
- Ensuring that the appropriate custodial/safekeeping controls are in effect.
- Approving each claim for petty cash replenishment.
- Ensuring that a regular reconciliation of the fund are completed and reviewed.
- Advising the Accountant, via a memo, of any changes effecting the fund (i.e. change in custodian.)
- Security

It is recommended that petty cash funds be kept in a lockable, fire retardant metal box. The custodian and/or approving officer should have a key to the box.

During the absence of the custodian and approving officer, the petty cash fund are to be securely stored (preferable under lock and key).

Expenditures

The recommended petty cash system that should be in place is a voucher system. Each supplier's invoice has a pre-numbered petty cash voucher that indicates the amount, purpose of the purchase, who received the money and who paid the

money. See page 5 for an example. The suppliers invoice would be attached to the voucher.

In situations where a voucher and invoice system is not feasible, then the invoice will be treated as the voucher.

If, for any reason a supplier's invoice, such as a cash register tape, is not available, a petty cash voucher is to be used. The following information must be on the petty cash voucher: the dollar amount, purpose of the purchase, who received the money and who paid the money.

Replenishments

The custodian must prepare a claim form to replenish the petty cash fund see page 3. For the program's convenience, the petty cash claim forms have been customized to meet the needs of the program and the accounting department. [Please speak to the controller about obtaining a customized petty cash claim form.]

At this time the custodian must also reconcile the petty cash fund, see page 4. If the fund does not balance, the custodian should discuss the discrepancies with their approving officer to determine the most appropriate action. The custodian should not use their own money to replace any missing funds, nor should they remove any money from the petty cash fund if there is more money than there should be in the fund.

The claim form should be completed as frequently as necessary to ensure that sufficient funds are on hand from the time the claim from is submitted to the accounting department and the custodian receives a cheque.

The vouchers and invoices are to be stapled on to the claim form.

The approving officer will review and approve the claim form.

Reconciliation

The custodian is responsible for reconciling the petty cash fund each time a claim form is prepared in order to replenish the petty cash fund. If necessary, reconciliation's can be performed on a more frequent basis, as circumstances dictate.

The reconciliation will contain the following information:

Total cash on hand

Plus

Total amount represented by the vouchers

Equals

The amount of the petty cash fund

The custodian will retain a copy of the reconciliation and the claim form for reference and audit purposes.

At year-end, the custodian will complete a reconciliation form and forward a copy to the Controller. The Controller will verify that the amount on hand is equal to the amount recorded in the general ledger.

Procurement

Relevant Legislation

The Broader Public Sector Act, 2011

Ministry of Health and Long Term Care Guidelines and procedures

Intent

The purpose of this policy is to outline the procurement policies and procedures followed by LOFT Community Services and which are consistent with the Boarder Public Sector Procurement Directive issued by the Ontario Government. This Directive defines acceptable behaviours and standards that should be common for everyone involved with supply chain activities, such as planning, purchasing, contracting, logistics and payment.

This policy also defines the levels of financial signing authority delegated to the CEO, Senior Directors, Program Director, and other staff. Staff are expected to manage their areas of responsibility in an efficient, effective and economical manner within the limits of their approved operating and capital budgets. Signing authority limits are designed to assist in achieving this goal within the bounds of appropriate financial controls.

Definitions

The Broader Public Sector Directive is based on five key principles:

- **Accountability**
  Organizations must be accountable for the results of their procurement decisions and the appropriateness of the processes.
- **Transparency**
  Organizations must be transparent to all stakeholders. Wherever possible,

stakeholders must have equal access to information on procurement opportunities, processes and results.

- **Value for Money**
  Organizations must maximize the value they receive from the use of public funds. A value-for-money approach aims to deliver goods and services at the optimum total life-cycle cost.
- **Quality Service Delivery**
  Front-line services provided by Organizations must receive the right product, at the right time and in the right place.

- **Process Standardization**
  Standardized processes remove inefficiencies and create a level playing field.

Policy

1. MANDATORY REQUIREMENTS

General

1. Before proceeding with signing or agreeing to any purchases, the claimant should read and understand of LOFT's Policy and Procedures Relating to Expenses.

2. If a receipt is lost or misplaced, the claimant will take every step necessary to obtain a copy of the invoice. A photocopy is accepted only in unusual circumstances and a written explanation is required with the CEO's approval. If that is not possible, the CEO may approve the expense if the materiality of the invoice is not significant and the nature of the expense is typical of the program.

3. No employee of LOFT is authorized to directly order computer hardware, peripherals or software for purchase or rental. All requests must be directed to Information Technology Services. Purchases of computer hardware or software made without approval of Information Technology Services Department will not be reimbursed.

4. Good record keeping practices must be maintained for verification and audit purposes.

2. PURCHASING CONDUCT AND ETHICS

Unauthorized Purchases

Employees shall not make purchase which they are not authorized to make.

Employees who make unauthorized purchases may be subject to disciplinary action. See section on violation of policy.

Employee-Vendor Relationship

Purchases, lease of goods, or contracts for services shall not be made with a non arms-length organization/person. No contracts, regardless of their value, may be entered between LOFT and:

- An employee of LOFT;
- An immediate family member of a LOFT employee
- A business in which a employee (or an employee's immediate family member) has a financial interest

Specifically, purchases, lease of goods, or contracts for services shall not be made with any employee or near relative who has an employee-vendor relationship unless there has been a specific determination by both the CEO and Director of Finance that the goods or services are not available from other sources.

In carrying out their purchasing responsibilities, personnel shall:

(a) Know and observe fair, ethical, and legal trade practices and remain alert to the legal and audit ramification of purchasing decisions.

(b) Encourage competition through open, equitable and fair practices

(c) Conduct business with potential and current suppliers openly, fairly, equitably and in an atmosphere of good faith.

(d) Avoid restrictive specifications

(e) Avoid the intent and appearance of unethical or compromising practices

(f) Promote positive supplier relationships through courtesy and impartiality in all phases of the purchasing cycle.

Conflict of Interest

No employee of LOFT shall make, participate in, or attempt to influence any decision if the employee knows or has reason to know that he/she, a spouse or someone in their family has a financial interest in the outcome of that decision.

All senior staff and Board members are required to sign a Conflict of Interest and Confidentiality declaration on an annual basis.

Personal Purchases

Employees shall not use LOFT credit, purchasing power and facilities to make purchases of goods or services (credit card accounts, phone calls, professional services etc.) for their personal use.

Gratuities

Employees and their near relatives shall refrain from accepting gifts, entertainment, favors or services from present or potential suppliers/vendors that might influence, or appear to influence, purchasing decisions.

3. APPROVAL AUTHORITY

Only individuals who have direct financial responsibility for a cost centre and who are given authority pursuant to this policy shall authorize vendor invoices, purchase order requisitions, cheque requisition, transfers, Director or employee expense and petty cash vouchers incurred by that cost centre. An individual may have staff reporting to them and not have direct financial responsibility for a cost centre. Managers have the right to delegate their signing authority for specific types of supply purchases to staff who report to them. This delegation must be approved by the Director of Finance, be in writing and sample signatures must be on file with Finance.

The following is the organization's commitment approval authority schedule:

Board:	Above $500,000
CEO:	Up to $500,000
Senior Director:	Up to CAD$25,000
Program Director:	Up to CAD$10,000

Please see Department Expenses, to see exceptions to these limits.

Signing authority is cancelled upon termination of employment.

The Finance Department will maintain a register of signing authorities, showing the names of persons with signing authorities, together with sample signatures and initials. It is the responsibility of the Purchasing, Accounts Payable, Payroll and other departments to check that expenditures are appropriately authorized.

The Director of Finance is responsible for periodically reviewing and updating of the authorization limits.

4. RECORD RETENTION

All procurement documents, as well as any other pertinent information for reporting and auditing purposes will be maintained for a period of seven years.

5. DEPARTMENTAL EXPENSES

Only individuals who have direct financial responsibility for a cost centre and are given authority pursuant to this policy shall authorize vendor invoices, purchase order requisitions, cheque requisition, transfers, employee expense and petty cash vouchers incurred by that cost centre. An individual may have staff reporting to them and not have direct financial responsibility for a cost centre.

Signing authority is cancelled upon termination of employment.

Notes:

- ·Any capital purchases must be approved either in the annual capital budget process or by the CEO.
- authorizer cannot authorize disbursement to which he/she is the recipient (e.g. Travel Expense Reports). Such disbursements must be authorized by his/her superior.
- Temporary signing authority may be designated to an individual at the same level or above for a specified period of time. A written memo authorizing the designation must be sent to Finance in advance of the planned absence.
- Certain staffs are specifically empowered to authorize routine budgeted expenditures which would otherwise exceed their signing authority level. These specific authorizations are applicable only to the positions and items identified below:

Position	**Type of Purchase**	**Up to Limit of**
CEO and Director of Finance	Remittance of payroll and payroll deductions	CAD$2,000,000 per pay period
Director of Finance	Remittance of benefit contributions	CAD$300,000 a month
Senior Director, Administration and Transformation & Privacy officer or Director of Finance	Utilities	CAD$100,000 any one bill
Senior Director, Administration and Transformation & Privacy officer	Repairs and Maintenance	CAD$100,000

Purchases over $3,000

Purchases over $3,000 require a purchase order ticket.

Purchases over $5,000

Purchases that are over $5,000 but under $30,000 require competitive prices from three sources through written quotations, tenders or proposals.

Purchases over $30,000 but under $100,000 require competitive prices from three sources through written quotations, tenders or proposals. For construction work [see note c), below] public or invitational tender from at least three contractors/trades.

Expenditures of $100,000 or more require public tender for construction work in all cases, or competitive bids from at least six sources.

a) Generally accepted public and invitational tendering practices must be followed and documented on file.

b) In the context of replacing a capital item, "construction work" means work where the complexity of the work and the need for modifications to existing building components or structures would normally require specialized trades. In these circumstances, a tender package with specifications and detailed descriptions of the work involved would be required to ensure trades tender bids on the same basis.

c) In circumstances where six bids can not be obtained, a minimum of three bids will be obtained. If three bids can not be obtained, approval is required from the CEO (and/or the respective government official for government grants/funding).

d) The purchaser will document which quote has been accepted and the reasons that quote was successful. All documentation should be kept for audit purposes.

6. CREDIT CARD PURCHASES

For ease and convenience, LOFT will provide credit cards to Senior Directors and Program Directors. The CEO and Director of Finance can approve exceptions to this rule.

Employees should:

a) Not make any personal purchase with the company credit card.

b) All receipts will be submitted with the monthly credit card bill.

c) Include a brief description and business purpose for the expenditure (i.e. description of W5 – who, what, where, when and why).

d) If appropriate, include a brief description with the receipt (the purchase was made for which program or property, grant, meeting with…for…, etc…)

e) Obtain their supervisors approval for these expenses.

f) Submit all receipts within 10 days of receiving the monthly credit card bill.

Employees, who do not submit their receipts in a timely manner, make personal purchases or do not submit all their receipts will be asked to return their credit card and it will be cancelled.

7. VIOLATION OF POLICY

Employees who violate this policy may be subject to disciplinary actions.

8. CHEQUE SIGNING POLICY

All cheques and electronic transfers require two signatures:

Cheques or Electronic Transfers less than CAD$10,000 can be signed by any two of the following:

- CEO
- Director of Operations
- Director of Finance
- Accounting Manager
- Financial Planning and Analysis Manager
- Financial Analyst

Cheques or Electronic Transfers greater than CAD$10,000 requires one of the following signatures:

- CEO
- Director of Operations
- Director of Finance

The other signatures may be:

- Accounting Manager
- Senior Financial Analyst
- Financial Analyst

9. CONTRACT AND AGREEMENTS

Often services are acquired under terms of a contract or written agreement. A contract is a written agreement between LOFT and a supplier, person or corporation that creates an obligation to purchase or supply specified goods or services for an agreed upon monetary sum for a specified term. It may include, but is not limited to, contracts, agreements, licenses, permits, and legal and financial transactions. Where possible contracts:

- should include a clause that outlines the time and notice requirements to end the contract early,
- and should avoid automatic renewal without specific notice.

Any employee with signing authority outlined below shall not sign any contract or agreement, where by doing so, that person is placed in a conflict of interest position or gives the appearance of being so.

All contracts, with or without financial withdrawal penalty, must be reviewed by the CEO or Senior Director and any contracts that exceed a value of $100,000 (dollars per year x contract years) must be reviewed internally by two persons at the Senior Director level or above. All contracts must be signed by the CEO.

All original contracts must be forwarded to the Finance Department for filing. In addition, a copy of the contracts should be kept in a permanent departmental file of the originating department for reference.

Procedures

See program manual.