

# LOFT Community Services Policy Manual- Staff

## Staff Rules and Regulations

### Relevant Legislation

Not applicable to this policy.

### Intent

Not applicable to this policy.

### Definitions

Not applicable to this policy.

### Policy

## **SUMMARY OF GENERAL RULES AND REGULATIONS FOR STAFF**

1. It is the responsibility of every staff member to be present and on time at his/her regular place of work, unless other arrangements have been agreed to in advance with the supervisor.
2. No staff member working in continuous operations, (such as residential care), and involved in a crisis situation will leave his/her place of duty until either, the crisis has been dealt with, the staff member has been properly relieved, or permission has been received from the supervisor.
3. In the event of an illness resulting in absence from work, it is the responsibility of staff to advise their supervisor at the earliest possible time of such absence in accordance with normal practice for that program or work unit and prior to or the commencement of their normal day.
4. All other absences from work must be agreed to in advance with the supervisor in accordance with normal practice. In cases of emergency, the supervisor must be notified as soon as possible.

5. Lateness will not be tolerated. In the event of unavoidable lateness, the staff member will either be allowed to make up the lost time or have such time deducted from salary, at the discretion of the supervisor.
6. No staff member shall neglect his/her job, duties and responsibilities, or fail and/or refuse to perform work assigned to him/her by an authorized person.
7. Staff is responsible for the proper security and safety of all program files, documents, computer resources, equipment and tools. Confidential consumer files and other documents must be securely locked up when not in use.
8. Program files, records and other documents will not be removed from program premises without proper authorization from the supervisor.
9. Staff is required to observe all the requirements of the legislation they may be working under and any other program policies and/or procedures found in service and other manuals.
10. All defined recording requirements will be maintained. Each record must be complete, accurate, concise and timely. This is of particular importance in the event of a planned or unplanned absence, as the safety and well-being of consumers could be at risk.
11. Overtime must be properly authorized in advance as a condition for being paid for such overtime, except in emergency situations where prior consent cannot be obtained. In such cases, the staff member will advise the supervisor of the circumstances as soon after as it is possible and reasonable.
12. Staff must follow the Protocol for Media Contact Policy of LOFT. All requests for information from any media source must be forwarded to the C.E.O.
13. Distributing and/or posting written matter of any description on program premises without written approval by management is prohibited.
14. The use or possession of alcohol, the improper or illegal use or possession of drugs on program premises, and/or being under the influence of either alcohol or drugs during working hours and/or on program premises, is strictly prohibited.
15. Sleeping while at work or on duty is not permitted at any time under any circumstances, unless agreed to as part of an overnight position.
16. Dangerous play and/or other activities that may be offensive or distract, interfere with or endanger other staff, is strictly forbidden.
17. Betting, gambling and related activities are not permitted on agency premises or during working hours.

18. The use of program materials, supplies and/or equipment by a staff member for any purpose other than authorized by LOFT Community Services, is strictly prohibited.

19. The computer resources provided by LOFT Community Services are intended to assist staff in the performance of their jobs. Staff found abusing their computer privileges will be subject to discipline.

20. Keys to buildings, offices, desks or files must only be used by the staff member to whom they were issued and only on authorized business. Such keys must be turned in to the supervisor when leaving on a lengthy absence.

21. Identification cards issued to staff are the property of the program and may only be used for authorized purposes. The loss of an identification card must be reported immediately to the supervisor.

22. On termination of employment, identification cards, keys, manuals, files, records and other program materials must be returned immediately to LOFT Community Services.

23. Staff is required to observe other rules or regulations, policies, procedures and professional standards within a specific setting, work area or program.

24. Staff is required to review the Program Manual and Procedures for their individual program each year.

The foregoing does not represent an exhaustive summary of all rules and regulations. Staff members who are in breach of these rules and regulations, other program rules and regulations or who commit other misconduct will be subject to disciplinary action, up to and including dismissal.

## Procedures

See program manual.

## Staff Code of Conduct

## Relevant Legislation

Not applicable to this policy.

## Intent

In consideration of its service obligations as an Agency serving vulnerable youth, adults and seniors in the community, LOFT Community Services requires all staff to adhere to the Code of Ethics and Rules and Regulations listed below in order to ensure

a safe, secure and welcoming environment for all, as well as ensuring the orderly and efficient conduct of its business on behalf of the people we serve.

## Definitions

Not applicable to this policy.

## Policy

### **CODE OF CONDUCT**

LOFT Community Services endeavors to uphold the worth, dignity and individuality of every person. Therefore, in order to protect this principle:

1. (a) Staff shall not discriminate against anyone on the grounds of race, creed, colour, National origin, political or religious affiliation, sex, sexual orientation, age, marital status, family relationship or disability; and

(b) Staff shall commit themselves to preventing and eliminating such discrimination in rendering service, in work assignments and in employment practices.

2. Staff shall regard the well-being of the individuals, groups and communities they serve as their primary professional duty.

3. Staff shall fulfill their duties, obligations and responsibilities with integrity and serve consumers in a conscientious, respectful and efficient manner.

4. Staff shall protect the privacy of consumers and hold in confidence all professionally acquired information concerning them. This includes financial and donor information. Such information will only be disclosed when authorized by the consumer, or when legally or professionally required to do so in the course of employment duties. Staff will ensure that all records are kept secure and properly maintained at all times. Failure to adhere to these confidentiality rules will result in dismissal from employment.

5. Staff shall not allow outside interests or endeavors to jeopardize their professional judgment, independence or competence or otherwise interfere with their duties and responsibilities as employees.

6. Staff shall treat the findings, views and actions of their colleagues with respect and use appropriate agency channels to express judgment on these matters.

7. Staff shall distinguish any public opinion expressed by them as individuals separate and apart from those expressed as representatives of the Agency.

8. Staff shall work for the creation and maintenance of agency conditions and policies which are consistent with the values and obligations of this Code, and endeavor to promote these principles with their colleagues.

9. Any marketing plan, as well as the actual marketing efforts, will be designed and implemented to reflect the mission of LOFT Community Services and the truthful and comprehensive picture of the services offered by the organization without embellishment or misrepresentation.

10. LOFT staff will under no circumstances accept gifts or personal loans from clients. Gifts may be accepted by staff on behalf of the staff team, program or organization.

11. Staff should always maintain professional boundaries. Examples are not limited to the following: Contact with clients while off duty; sharing too much personal information; smoking with clients; giving gifts to clients, etc.

## Procedures

See program manual

## Conflict of Interest

### Relevant Legislation

Not applicable to this policy.

### Intent

A higher standard of due diligence and care is required for non-profit organizations where even the perception of a conflict of interest can be as damaging to its reputation and credibility as an actual conflict. The organization must treat, and be seen to be treating everyone equally, fairly and objectively. For this reason, the zone of personal responsibility of the individual is extended to include immediate family members by birth and marriage (e.g. father/mother, brother/sister, son/daughter and in-laws) when judging whether a conflict exists or could exist.

### Definitions

Conflict of interest is any decision-making situation where the personal or business interests of a Director, officer or staff member of LOFT are in conflict with the best interests of the Agency. This can involve the individual, close family member or personal friend, directly or indirectly giving and/or receiving a personal benefit, gain, privilege or advantage through an insider relationship. The individual is, or can be seen to be "serving two masters", his/her own interests and that of LOFT. In such situations, independent judgment and objectivity are threatened. Management and

staff must strive to make organizational and business decisions based solely on the organization's requirements and best interests. The goal is for all inside parties to operate at arm's length with all outside parties with which LOFT does business.

## Policy

### **Administrative Matters**

All management and staff with the authority to make decisions or advise on contracts, purchases and hiring/promotion must equally avoid conflicts of interest. This may be achieved by employing such objective business practices or ethical standards such as:

- All staff with a conflict of interest shall absent themselves from discussions or decisions on the contract, purchase or hiring in question.
- Procedures for all contracted (goods, services, employment) should be based on a standard set of job specifications or a current job description as appropriate. Reviews of submissions or applications/interviews shall treat all bidders/applicants equally and objectively. Contracts for goods and services shall be awarded to the lowest bidder, all other relevant criteria being rated as equal.
- Offers of employment shall be made to the most qualified applicant, consistent with relevant organizational policies and fair employment practices.
- Appropriate to the amount of the contract and periodically for recurring supply or service contracts, a process of competitive tendering or invitational bidding should be initiated to avoid any appearance of bias or favouritism.

Any instance of failure to declare a conflict of interest when discovered shall be investigated by the appropriate level of management. Violation of the conflict of interest policy may render the effected individual liable to disciplinary action up to and including termination, in keeping with the nature of the offence.

### **Nepotism**

Close family relationships strain staff ability, or perceived ability, to render neutral and objective decisions. Ongoing relationships between individuals, positive or negative, must be kept as separate as possible from organizational and business decisions at LOFT.

To ensure effective and accountable management, supervision and support between supervisors and staff, no supervisor shall have a close family member reporting regularly to her/him. Family relations shall not be hired into the same Program or

administrative unit. Equally, no staff may directly supervise or co-ordinate the work of a consultant or contractor who is a close family member.

## Procedures

See program manual.

## Confidentiality

### Relevant Legislation

See Definitions.

### Intent

A statement respecting confidentiality is signed by every staff person working at LOFT Community Services. It is extremely important to respect the confidentiality of LOFT's service users.

### Definitions

Confidential information can be any personal data of a private nature, (e.g. SIN #, address, medications), or information that an individual chooses not to disclose to the general public in open social discussions, or expressly wishes to keep private. (This definition may be further defined upon passage of provincial privacy legislation).

### Policy

## **GENERAL PRINCIPLES**

Staff and consumers of LOFT Community Services have an expectation for privacy and the discrete controlled use of, and access to, personal information. This is a legal requirement and essential to the LOFT's credibility as a caring and compassionate organization. Confidential information can be any personal data of a private nature, (e.g. SIN #, address, medications), or information that an individual chooses not to disclose to the general public in open social discussions, or expressly wishes to keep private. (This definition may be further defined upon passage of provincial privacy legislation). LOFT Community Services as an organization also has the right, and in some cases the obligation, to keep some business, financial, strategic and donor information confidential. This is especially true where misuse or disclosure in an inappropriate setting could damage LOFT's reputation within the community, its relationship with other Agencies, with funders and donors.

Any information, the disclosure of which could humiliate, marginalize, stigmatize or damage an individual (client, staff, volunteer, or student) or which he/she requests remain confidential, should be protected. Examples include: marital status and

history, psychiatric and medical conditions, employment and income status and sexual orientation. This extends to the person's name and contact information in any context where sensitive information is discussed.

Familiarization with the requirements of this confidentiality policy should form part of the orientation for all new directors, staff, volunteers and students. It should also become a part of the regular program service delivery reviews.

## **PREVENTATIVE MEASURES**

The onus on management and staff is to protect and safeguard personal and sensitive business information in a systematic way. There is also a general duty to use good judgment and discretion in casually discussing items not explicitly designated as confidential, but which a reasonable person would see as not appropriate for public conversation.

The expectation of privacy and security of information can be safeguarded through a range of operational practices such as:

- Intake, counselling and case consultation discussions are conducted in a private area.
- Confidential files are kept in a secure room or office, in locked file cabinets when not actually in use by staff.
- No files other than that of the client at hand are open or visible during a counselling session.
- Personal information is only exchanged with other staff as part of legitimate program or service related discussions or as a necessary aspect of supervision. It is never disclosed as part of casual social conversation. Gossip about staff members or clients is never allowed.
- There are clear program guidelines which enumerate the limited reasons or occasions when disclosure is necessary.
- There are clear conditions and a requirement to seek client consent before information can be disclosed in confidence to another agency for referral or added service arrangements. In such instances, the prior approval of the relevant supervisor may be needed.

## **ACCESS**

All client records are the confidential property of LOFT Community Services. Any demand for release by the police, courts or other mandated bodies, without the prior written consent of the client, shall be referred to the Services Director for review and approval. No records may be removed without her/his express authorization.

Information necessary for emergency medical treatment and contact persons must be obtained from the client by staff on the understanding it will only be disclosed by them if the client is unconscious or otherwise unable to provide it themselves. Such information, with safeguards for keeping it secure from general view, must be stored where other staff on duty can readily access it for emergencies.

Any and all pictures, images or reference to clients or staff used publicly must have the prior approval of those in the image through a signed consent and release form, (see Appendix 1).

## **STAFF INFORMATION**

Personnel files and formal, personnel discussions shall be subject to equal protection and limitation of access, discussion, disclosure and reporting as applied to client records. This means:

- Supervision and especially disciplinary discussions shall always be conducted in a private area.
- Official files should be kept in secure cabinets in the supervisor's office. Only the affected individual's file should be open and visible at any time.
- Files kept by Human Resources will only be accessed by authorized personnel and only for required personnel management and employment purposes.
- Personal information should never be discussed in open, informal settings. It can however, be used as part of regular one-on-one supervisory sessions.
- Performance review, disciplinary and other evaluative records should always be discussed between supervisor and employee before being entered in his/her file. No information of a blaming or praising nature should ever be filed without the employee being aware and able to view it.
- Demands for disclosure by the police, the courts or other mandated bodies will be referred to Human Resources and require express written permission before their release. Only the specific information requested will be released.
- Staff has the right to access and view their own file upon request to Human Resources.

## **BUSINESS INFORMATION**

As a complex multi-service organization, LOFT Community Services receives support from a broad range of public and private sources. Generally, much of this information is a matter of public record and is published in the annual report. However, the Board, Chief Executive Officer and/or senior managers may on occasion declare some business or financial information to be closely held and not revealed outside of

specified contexts. All Program Directors and staff are expected to comply with any such restrictions and should report any unauthorized disclosures which come to their attention. Staff will be informed when such information is listed as confidential. Premature, incomplete or unauthorized disclosure of some business (non-monetary) or financial information could damage a relationship with a funding or regulatory body and could result in the curtailment of support.

Protocols and security measures are installed to ensure privacy of e-mail and voicemail communications. Data base access will have features built in that restrict access to designated individuals and will be periodically reviewed to ensure "need to know" use.

An exception to a demand for confidentiality may be when a Program Director or staff member becomes aware that information is being withheld for what appears to be fraudulent, unethical or criminal reasons. In such instances, staff is obligated to report their suspicions to a higher authority within the LOFT, for investigation. Such investigations themselves should be confidential until resolved and the reporting individual(s) should be protected from any negative consequences for their allegations, if honestly laid and without malice.

## **PENALTIES**

Failure to adhere to this policy and to maintain all confidential materials in a secure safe manner will result in disciplinary action, up to and including termination

### Procedures

See program manual.

## **Core Principles of Psycho-Social Rehabilitation**

### Relevant Legislation

Not applicable to this policy.

### Intent

Not applicable to this policy.

### Definitions

Not applicable to this policy.

## Policy

LOFT Community Services abides by the Core Principles of Recovery/ Psycho-Social Rehabilitation.

They are as follows:

1. Recovery is the ultimate goal of PSR/Recovery. Interventions must facilitate the process of recovery.
2. PSR/Recovery practices help people re-establish normal roles in the community and their reintegration into community life.
3. PSR/Recovery practices facilitate the development of personal support networks.
4. PSR/Recovery practices facilitate an enhanced quality of life for each person receiving services.
5. All people have the capacity to learn and grow.
6. People receiving services have the right to direct their own affairs, including those that are related to their psychiatric disability.
7. All people are to be treated with respect and dignity.
8. PSR/Recovery Practitioners make conscious and consistent efforts to eliminate labeling and discrimination, particularly discrimination based upon a disabling condition.
9. Culture and/or ethnicity play an important role in recovery. They are sources of strengths and enrichment for the person and the services.
10. PSR/Recovery interventions build on strengths of each person.
11. PSR/Recovery services are to be coordinated, accessible, and available as long as needed.
12. All services are to be designed to address the unique needs of each individual, consistent with the individual's cultural values and norms.
13. PSR/Recovery practices actively encourage and support the involvement of persons in normal community activities, such as school and work, throughout the rehabilitation process.
14. The involvement and partnership of persons receiving services and family members is an essential ingredient of the process of rehabilitation and recovery.

15. PSR/Recovery practitioners should constantly strive to improve the services they provide.

## Procedures

See program manual.

## Student Placement / Volunteer Eligibility and Code of Conduct

### Relevant Legislation

Not applicable

### Definitions

Not applicable

### Intent

LOFT supports the guidelines for volunteer involvement as specified in the "Canadian Code for Volunteer Involvement".

### Policy

In order to maintain its commitment to professionalism, LOFT maintains eligibility criteria and a code of conduct for all volunteers and student placements.

All volunteers of LOFT must meet the following general criteria:

- Be eighteen (18) years of age or older
- Have a professional manner;
- Be punctual;
- Be reliable;
- Understand and adhere to LOFT policies and procedures;
- Be able to follow directions and receive feedback; and
- Demonstrate appropriate skills matching the organization's requirements.

In addition to the general criteria, each volunteer may need to meet particular expectations that are specific to each unique program area. This will be discussed with the Director.

## ***THE ROLE OF THE STUDENT PLACEMENT AT LOFT***

## **Rights**

- To be recognized as a valued member of a team;
- To be given a meaningful assignment that has been clearly described;
- To be fully oriented and trained for his/her assignment;
- To participate in evaluations of his/her role; and
- To be given guidance, support and direction, as needed.

## **Responsibilities**

- To understand and meet the commitment involved. If a student is not completely clear about his/her assigned task or needs further direction, he/she should ask for assistance;
- To be dependable and notify the program's contact person as soon as it is known that he/she is unable to continue with his/her commitment.

## **Confidentiality**

- At LOFT, all client information must be kept in the strictest confidence;
- Student placements are required to sign a Confidentiality Agreement (HR to provide). Breaches in confidentiality are grounds for termination of the assignment.

## **Absences**

- If a student is unable to attend a scheduled shift, he/she should notify the contact person in advance so that other arrangements can be made;
- Chronic absenteeism is not acceptable and may lead to the termination of a placement.

## **Changes of Information**

- Changes of address, phone number, etc, must be submitted to the program staff.

## **Evaluation**

- Each student will have an opportunity to evaluate his/her role, and will also be evaluated periodically by his/her contact person.

## **Hours of Work**

- The hours of service will be agreed upon with the contact person at the interview but may include some hours outside of those specified, when appropriate, such as special event days.

## **Orientation**

- All students will be given specific orientation to the program by the contact person, or designate.

### **Use of Personal Vehicle**

- Under no circumstances should a student of LOFT transport clients in his/her personal vehicle;
- On occasion, a student may be asked to use his/her personal vehicle for LOFT business, such as shopping;
- Students will be compensated for use of their personal vehicles when providing service as part of their placement, at a rate that is consistent with the LOFT Finance policy for mileage reimbursement. This is to be pre-approved by their placement supervisor.

### **Termination**

- If, in the opinion of the designated contact person, a student is deemed to be in violation of the standards of LOFT, the contact person, in consultation with the specific Director, will take appropriate action to terminate the placement.
- This termination may be without notice and the reasons will be documented.

### **Procedures**

Please See Program Manual.

### **Communications: Media Relations**

#### **Relevant Legislation**

Not applicable to this policy.

#### **Intent**

LOFT Community Services is viewed positively by many journalists and media outlets as an authority in the field of mental health, addictions and supportive housing. The Agency commonly receives unsolicited media calls on a wide range topics. While the media, and in particular the electronic media can be a powerful way of relaying LOFT's messages to the public, they must be handled with a great deal of caution. Reporters can be aggressive in their quest for an immediate interview and for a story which contains some type of conflict or scandal in order to grab the attention of the public. The most innocent of statements made to a reporter by a staff member may be turned against the Agency resulting in significant damage to LOFT's reputation. In order to avoid this, any and all media spokespeople for LOFT will have received proper training on how to handle the media, and will be expected to have knowledge of LOFT policies as well as the legal implications of any particular issue.

In all cases, all contacts with the media are to be directed to the CEO.

## Definitions

Not applicable to this policy.

## Policy

### **Contacts Initiated by the News Media**

If contacted directly by the media for interviews, materials or information, program staff are to refer the call immediately to their Program Director and CEO or his/her delegate for external communications. Staff SHOULD NOT talk with reporters, even in an "off-the-record" situation without direction from the CEO. If a crisis occurs in the program, many different reporters may arrive unannounced demanding more details on the story. Staff should not feel the need to respond to questions although they may be pressed by reporters to do so. While awaiting further instruction from the CEO, staff may respond by stating that: *"I'm not the staff person responsible to speak on behalf of the Agency and that the best person to contact is the CEO and I'm sure he/she will be happy to help you"*. A response of *"No comment"* is not recommended. Any contact with the media by LOFT during a crisis will require proper preparation and will be part of a carefully formulated action plan.

### **News Releases and Media Events**

All news releases and invitations to the media to cover events sponsored by LOFT Community Services must be made through the CEO or his/her delegate for external communications. The CEO should also be notified in advance of events that may potentially attract media coverage. This is to ensure a consistent and carefully prepared message to the media. If a staff member has any special contacts or ideas in this area, they should contact the CEO.

When a staff member is authorised to speak on behalf of LOFT, it is important for them to be prepared for the subject at hand, to be fully aware of LOFT's internal policies on confidentiality, for example, and to stay on topic. If an interview progresses to questions or a discussion of issues that the staff is not familiar with, it is acceptable to state that they can't respond at the moment and that they'll have to get back to the journalist on the points raised.

LOFT Community Services' staff authorized to present at public meetings or conferences with media attendance should advise the CEO or his/her delegate for communications to ensure that any subsequent broadcast or newspaper article is not missed.

### **Letters or Articles for Publication by LOFT Staff**

Staff members may wish to communicate their views on matters related to issues such as mental health, addictions, poverty, housing, etc. to the media in such ways as letters to the editor. Everyone has the right to express their own personal views. However when letters are intended to be personal, LOFT letterhead must not be used and the writers should not identify themselves with the Agency.

When staff members wish to write as staff of LOFT Community Services, they should submit their proposed letter or article (e.g. article in a professional journal) to their supervisor and to the CEO for approval in advance of the submission date.

### **Film Companies and Independent Film Makers**

From time to time LOFT program staff may be contacted directly by a film company or independent film-maker wishing to film LOFT staff, clients or the interior or exterior of a LOFT property. They may be asking to do this for a variety of reasons, including as part of a documentary, or other type of film, for private or public distribution, or for the film-maker's personal portfolio. Regardless of the purpose, program staff are to refer the call immediately to their Program Director and the CEO or his/her delegate for external communications. No type of filming may take place without the express permission of the CEO.

Programs are occasionally contacted by film companies wishing to park vehicles on LOFT property. This can be approved at the discretion of the Program Director. It is anticipated that the film company would provide a charitable donation as an expression of appreciation and it is appropriate for the Program Director to make this suggestion.

### **Procedures**

See program manual.

## Risk Management / Health

### Allergy Management

#### Relevant Legislation

Not Applicable

#### Intent

LOFT Community Services strives to enhance client safety by 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 responsibilities 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 Situations policy)
- Staff should be aware of the blueprint of the facility including exits, water shutoffs, stairways, gas valves, air conditioning ducts, storm 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) threatening 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 dosettes
  - 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 dosettes 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 your 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 establish 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 must 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 programming, 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](http://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](mailto: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](mailto: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.

### **Client Records**

#### **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

### **Staff Computer Use**

Relevant Legislation

Not applicable to this policy.

Intent

LOFT Community Services is committed to a process of continuously improving on its computer technology to enable its staff to provide excellent service to our clients. LOFT encourages the use of these new technologies and their associated services because they make communication more efficient. This policy is intended to create uniform standards regarding the appropriate use of computers and information in the work place and ensure the maximum protection of the confidentiality of clients and all other LOFT data.

All staff should understand that the computer resources provided by LOFT Community Services are intended to assist staff in the performance of their jobs. These resources are the property of LOFT and all records or data (including electronic communications) that result from the use of the computers are also the property and responsibility of LOFT. LOFT reserves the right, in its discretion, to

review any staff member's electronic files, messages and usage to ensure that the electronic media are being used in compliance with this policy and the law. It is expected that the computers will be used appropriately and that computer resources be used for business purposes only, however, this expectation is similar to that for telephone usage, in that limited personal use of the computer is permissible. This is in the understanding that personal use does not interfere with the operation of network resources, the user's job performance and that users never engage in unacceptable computer use.

## Definitions

Not applicable to this policy.

## Policy

### **GENERAL CARE OF COMPUTER RESOURCES**

Every staff member is responsible for helping to reduce the possibility of damage or theft of computer work stations and the information they contain. This equipment is expensive and is usually an unfunded portion of program costs. Accidental damage or theft may be covered by LOFT's insurance, as long as neither is due to negligence. Staff may be responsible for covering the costs of damage due to negligence. Staff members are responsible for returning any LOFT-provided devices at the end of their employment with LOFT. In the event that one or more of these devices are not returned at this time, or are returned in a condition deemed unacceptable by LOFT, the staff member will be responsible for covering the cost of repair or replacement as warranted.

Staff are responsible for adhering to the general care and maintenance practices as specified by LOFT. This will include:

- Protecting the computers against extremes of temperature
- Isolating the computers from possible electrical or magnetic interference
- Keeping all food and drinks away from the computer and its keyboard,
- Shutting down the computer at the end of the day,
- Turning off the computer during an electrical storm.

Staff travelling with a laptop computer should keep them within reach at all times and NOT left behind in cars, hotel rooms, or coffee shops. If they cannot be carried at all times, the laptops should be left in a well-hidden area of the car or in a secure location at a hotel, i.e. a safe. All confidential material on the machine must also be removed and placed on a disk which should be kept secured.

### **COMPUTER SOFTWARE**

## Software Licenses

All software in use by LOFT is purchased from authorized vendors. This is because LOFT is required to have legal licenses for all software installed on its computers. Only IT staff are authorized to install any software to LOFT computers. To ensure that LOFT does not violate the terms of the licenses and that software is only used within the terms of the license, staff must not:

- Install any additional software.
- Install pirated or personal software.
- Copy authorized software onto other computers without proper approval.

## **DATA AND SECURITY**

### User Accounts and System Access

All users must be assigned an individual LOFT email address and user account for computer access. It is the responsibility of the Program Director to request the creation of these accounts for each user. Users should always access LOFT computers with their own user credentials and lock their devices when unattended. When using web-based or remote access systems, users must always log out of the system before disconnecting. Users are responsible for any actions performed on their own user account.

Any computer systems and services provided by LOFT may only be accessed in the capacity required by the user's role at the organization. Users must only connect to these systems and services using LOFT-approved devices.

### Passwords

Users are responsible for safeguarding their systems password and any other passwords required for their computer use. These passwords must not be transmitted, printed, stored online or be given to others (including IT staff). If users suspect that their passwords have been compromised, they should take immediate steps to change them. In the event that a password must be reset, a password reset request must be submitted to the LOFT IT Helpdesk either directly by the user or through their Program Director.

In addition to the above, passwords must:

- Never include all or part of the user's username.
- Never include easily obtainable personal information about the user (e.g., names of family members, pets, birthdays, anniversaries, hobbies).
- Never include three identical consecutive characters.
- Never be changed in an easily recognized pattern.

- Be different from passwords used to access personal non-LOFT accounts.
- Be committed to memory or stored securely. If the latter, the username must not be written with the password.
- Never be embedded in an automated sign on process.
- Use passphrases (e.g. "ILik3K!ttens").

### Virus Protection

All of LOFT's computers are protected with anti-virus software and may have other security hardware or software installed for further protection. The purpose of this is to minimize the risk of data loss or reduced system performance as a result of malicious software infection. Staff must do everything possible to ensure that the security features are operating as planned, which includes:

- Ensuring that the installed anti-virus software is never disabled
- Not knowingly importing viruses into the computer network
- Not downloading materials from external networks or the internet without subjecting the files to anti-virus checking

Staff may wish to seek assistance or approval on opening an electronic message from an unrecognizable sender, as viruses are often introduced to a network this way. Care should be taken to avoid opening such emails.

### Intentional Misuse

Users must not, at any time:

- Attempt to disable, override, or willfully bypass any information security control.
- Attempt to exploit any suspected security weakness.
- Knowingly perform an act that interferes with normal operations in any way.

### Security Incidents

Suspected or confirmed information security incidents must be immediately reported to the appropriate point of contact (e.g. helpdesk, Privacy Officer, manager, or supervisor). Users must provide their full cooperation to LOFT in any information security incident investigation.

### Communication

All staff email communication relating to any part of the staff's work at LOFT must be sent from a LOFT-provided email address. All emails containing sensitive information must be encrypted and must only be sent when necessary for the purpose of providing or assisting health care.

### Data

All information created or collected on the computers regarding LOFT and its clients should be treated as confidential and is to be protected at all times. To ensure this confidentiality of information, the computers are to be used only by persons employed by LOFT, (i.e. no client or family use) and only for conducting LOFT business or for purposes authorized by LOFT. Staff should not allow others, especially members of the public, to read their screens when working on this information. All sensitive data must be stored securely and made restricted to any users who do not directly require access to that data. Any materials that are printed from the computer must be retrieved from public printers as soon as they are available.

Staff should realize that most information sent out over the internet is unprotected. While the sharing of public information regarding LOFT is allowed, any Agency and client data or information that is intended to be confidential will not be transmitted over the internet unless protected by encryption software. This includes any material that is considered sensitive, proprietary or privileged. LOFT will install encryption software for Programs that are required to transmit confidential information over the internet.

Computers that are connected to LOFT's network shares will be regularly backed up by the network servers. For any computers that do not have connectivity to LOFT's network shares, it will be the responsibility of each staff member to ensure that backup copies are made of all of their data files. This means that there be at least two copies of each data file, and that those copies be kept on different storage media, e.g. fixed or removable disks or tape. At minimum, these files should be backed up on a weekly basis.

### Cryptography

Any connections established with external services must be encrypted using cryptographic algorithms approved by the providers of these services. All cryptographic keys must have the fewest number of key custodians necessary.

## **UNACCEPTABLE COMPUTER USE**

This is not meant to be an exhaustive list of the inappropriate use of computers in the work place, as other rules, procedures and guidelines may be instituted as the need arises, or as required locally by an individual program. The following will outline those practices, in addition to the ones provided earlier that are improper and unacceptable.

They are:

- Sending or soliciting communications containing material that is fraudulent, discriminatory, harassing, threatening, pornographic, profane, obscene, vulgar, intimidating or unlawful.

- Participating in inappropriate internet discussion groups such as pornographic, hate-based or terrorist discussion groups.
- Downloading copyrighted content from web sites on the internet except for research or non-commercial use. All copyrights must be respected and staff may not copy, retrieve, modify or forward copyrighting materials except as permitted.
- Using LOFT computers to intentionally broadcast messages, producing and/or propagating non-business documents or messages such as chain letters, or knowingly transmitting destructive programs.
- Sending unauthorized mass mailings.
- Using the computer to interfere with, or impair the computer of another staff member, and engaging in any activity which may cause congestion or disruption to the networks.
- Attempting to gain unauthorized access to other systems, passwords or to breach computer/network security measures.
- Attempting to send anonymous communications or to falsify information regarding the origin of the message by any means, including the use of another user's identification.
- Sending communications purporting to represent the interests of LOFT, its management or Board of Directors.
- Sending or soliciting transmissions of commercial or personal advertisements, solicitations, promotions or political material for unauthorized or personal use.
- Storing great amounts of personal information on the computer.
- Conducting personal business or money making activities.

Staff who are found to be abusing their computer privileges will be subject to corrective action. This includes possible loss of computer privileges and discipline, up to and including dismissal.

## Procedures

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.

## Staff Mobile Device Use

### Relevant Legislation

Please refer to Privacy policy.

### Intent

LOFT Community Services is committed to providing staff with appropriate communication devices to promote safety in the workplace, to be accessible to other service providers and management and to assist with service delivery and efficiency.

The intent of this policy is to provide guidelines and requirements around the use of mobile communication devices provided by LOFT in the workplace and used during work hours. These are outlined in detail as communication is a key aspect of our work.

## Definitions

Not applicable to this policy.

## Policy

All staff that are required to be accessible during the day and are out in the community for a significant amount of their workday will be provided with the appropriate communication device. These devices (phones) will be LOFT property. Access to data services on the communication devices will also be provided to identified staff who spend significant time out of the office and for whom timely access to secure email is of benefit to their work and the organization. LOFT reserves the right to disconnect devices or disable services without notification if necessary.

### **Personal Calls**

Personal calls during work are discouraged. Individuals are therefore asked to make personal calls on non-work time, wherever possible, regardless of whether the employee is using a LOFT or personal communication device. Employees are to ensure that friends and family members are aware of the organization's policy. It is recognized that, on occasion, personal calls do need to occur to address personal emergency situations. However, there cannot be excessive personal calls during work hours, regardless of the phone used.

### **Long Distance**

Employees are permitted to use LOFT's mobile communication devices only if they are work related. All work related long distance calls need to be recorded and submitted monthly as directed by the finance department. It is the Program Director's responsibility to review the bills monthly and to submit appropriate documentation regarding long distance calls.

### **Driving safety**

In accordance with the law, LOFT maintains that individuals not use their mobile communication device while operating a vehicle. If staff receives a call while driving, they should either let it go to voicemail, refrain from answering, or use a hands free device.

Other precautions to be taken while driving are:

- Let voicemail pick up messages and respond later
- Purchase/use a hands free device or headset
- Never take notes or text while driving

### **Loss of device**

The organization is not liable for the loss or damage of any employee's personal mobile communication device. If a LOFT-owned mobile communication device is lost, report this immediately to your Program Director. The access to the mobile device will be shut down immediately.

### **Care for device**

Employees are expected to take reasonable care of their mobile communications device. If an employee's mobile communication device is lost, stolen, or destroyed through gross negligence, the employee may be required to replace it at their own expense, at the discretion of their immediate supervisor.

### **Procedures**

#### **Permitted calls**

Staff are to refrain from using LOFT phones to call 411 unless absolutely necessary. Long distance calls made from a Mobile Communication device will be reimbursed only if approved by the Program Director/Senior Director.

While working from a fixed location, use of a mobile communication device is discouraged. Staff are encouraged to initiate calls through a landline and direct callers to the LOFT line with the staff's extension whenever possible.

#### **How often to check messages**

LOFT's mobile communication device is required to be on during working hours and messages are to be checked as agreed upon with the Program Director. Staff are required to respond as soon as feasibly possible to a cellular call or as directed by the voicemail message.

#### **Equipment problems**

Any equipment problems with communication devices should be reported as soon as possible to technical support services.

#### **Password, Privacy and Safety**

All users of Mobile Communication devices must protect access to the data on the unit by using the password security feature of the unit. Staff agree to never disclose their password to anyone. All numbers for LOFT-owned Mobile

Communication Devices shall be kept in a locked and secured location and maintained by the Program Director. Staff agree never to exchange devices with other staff members without explicit approval from LOFT IT.

Client health information cannot be shared via text at any time.

### **Return of the Mobile Communication Device**

Upon ending employment with LOFT, an employee is required to return any LOFT-owned mobile communication device to their supervisor. The Program Director is responsible for ensuring the return of all devices to Technical Services Department.

### **Client Service**

All communication with service users must be done on a LOFT-owned mobile device unless approved by the staff's Program Director.

*Text content:* Any emails and texts to service users and community partners are to be professional in nature. Text conversations that have occurred will be recorded in the Client information System and their content audited regularly by the supervisor.

*Photos:* Explicit consent is required for photography and for sound or video recording of a client.

*Professionalism and Boundaries:* E-mail and text message based communication can often be perceived as being more informal in nature than other forms of communication. Staff, not LOFT's service users, are responsible for setting and maintaining clear and appropriate boundaries in all forms of communication while using their mobile device. The Program Director may advise staff to turn off their LOFT phone when not during work hours.

*Contract:* Staff will 'contract' with service users at the commencement of the professional relationship regarding the use of mobile phones and text-based communication.

The 'contract' should include:

1. The type of information that can be exchanged through text
2. The amount of notice required to change or cancel appointments and how appointments can be changed or cancelled
3. How quickly a text or email will be responded to by both parties
4. Staff work hours and a plan on what the service user is to do when the staff is not available or it is after work hours
5. When the staff or service user will not be picking up their cell phone or answering texts
6. Service user should be aware that any records can be subpoenaed including records of communication via email and text

7. Shared understanding regarding the cost considerations to service users of sending text messages
8. Shared understanding that email and texts do not allow for visual cues in communication and can be misinterpreted. A process should be outlined of what would occur if a party is concerned or upset by a message between staff and the service user.
9. Security of the service user's device and who might have access to the mobile device.
10. Agreement of what the staff will do if a service user sends a text that causes the staff to worry that the service user may harm themselves or others.

## Additional Policies

- Roaming policy
  - If travelling abroad for work-related purposes, employees should be mindful that roaming charges vary considerably and are generally expensive. Every effort should be made to minimise costs during that time.
  - Roaming charges that have not been pre-approved by LOFT will be paid for by the employee
  - Staff will not download any apps that have not been explicitly approved by LOFT.
  - Staff will not stream or download any music or video that is not directly required for their work at LOFT.
  - Staff may be asked to justify monthly bills.
  - LOFT reserves the right to make the appropriate deductions from payroll for any amounts in excess of the monthly threshold. Staff may be asked to justify specific single call charges.

## Bring Your Own Device (BYOD)

LOFT grants its employees the privilege of using their own smartphones for work purposes. This option is extended to all LOFT staff members on LOFT's Skype for Business system as well as staff members whose jobs do not require that their mobile phone number be provided to clients. LOFT reserves the right to revoke this privilege at any time if the policies and procedures outlined in this document are not observed.

This policy is intended to protect the security and integrity of LOFT's data and technology infrastructure. LOFT's employees must agree to the terms and conditions set forth in this policy in order to be able to connect their devices to the company network. Applicable policies set forth in the rest of this document also apply to BYOD even if not explicitly stated.

## Acceptable Use

- LOFT defines acceptable use as activities that directly or indirectly support the organization.
- All work-related activity must occur within the secure mobile management container installed on your device. Any LOFT data being stored or transmitted outside of this container is strictly prohibited.
- Staff members on LOFT's Skype for Business system must provide their LOFT phone number rather than their personal phone number when dealing with any LOFT-related business.

## **Devices and Support**

- Supported smartphones are subject to case-by-case approval and are subject to change. Currently supported smartphones as of the time of writing are limited to the following:
  - iPhone 5 and newer
  - Android devices running Android 4.0 and newer
  - Support by IT is strictly limited to connection to LOFT's mobile device management software. No other support will be provided.
  - Devices must be presented to IT for proper provisioning and configuration of the aforementioned mobile device management software before they can access the network.

## **Reimbursement**

- LOFT will reimburse the employee a predetermined amount every month, based on the phone usage that is expected by LOFT. This is subject to change and may be revaluated if the employee's job requirements change. The current monthly reimbursement rates are as follows:
  - Basic phone – \$10
  - Phone and data – \$40
  - Outside of the predetermined reimbursement, LOFT will not reimburse the employee for any other charges. It is the employee's responsibility to ensure that their phone plan provides a sufficient usage allowance for their requirements at LOFT.

## **Security**

- In order to prevent unauthorized access, all LOFT data is locked into a password protected, secure container. This container locks immediately after inactivity.
- Rooted or 'jailbroken' devices are strictly forbidden from accessing the network.
- Smartphones that are not included on LOFT's list of supported devices are not allowed to connect to the network.
- Smartphones, tablets, and other devices belonging to employees that are for personal use only are not allowed to connect to the network.
- LOFT may initiate a Selective Wipe of data on the phone if the device is lost, the employee's employment is terminated (either by himself/herself or by

LOFT), or if IT detects a data or policy breach. This selective wipe will be limited to data inside LOFT's secure container and any other apps that fall under LOFT's management.

### **Risks, Liabilities, and Disclaimers**

- The employee's personal phone number remains the property of the employee, but will be listed as an official mobile phone number in the staff directory for staff members not on LOFT's Skype for Business system.
- While IT will take every precaution to prevent the employee's personal data from being lost in the event of a remote wipe, LOFT does not guarantee that no data loss will occur. It is the employee's responsibility to take additional precautions to ensure that they retain the data they need.
- LOFT reserves the right to disconnect devices or disable services without notification.
- Lost or stolen devices must be reported to LOFT within 24 hours. Employees are responsible for notifying their mobile carrier immediately upon loss of a device.
- The employee is expected to use his or her devices in an ethical manner at all times and adhere to the company's acceptable use policy as outlined above.
- The employee is personally liable for all costs associated with his or her device.
- The employee assumes full liability for risks including, but not limited to, the partial or complete loss of company and personal data due to an operating system crash, errors, bugs, viruses, malware, and/or other software or hardware failures, or programming errors that render the device unusable.
- LOFT reserves the right to take appropriate disciplinary action up to and including termination for noncompliance with this policy.

### **Submission of Driver's License and Insurance**

Relevant Legislation

Not applicable.

Intent

Not applicable.

Definitions

Not applicable.

## Policy

Employees who are required to transport clients as part of their employment at LOFT must submit a photocopy of their driver's license (front and back) and vehicle insurance on the first day of employment, on an annual basis and/or when any of the following situations occur:

- Driver's license is renewed;
- Vehicle insurance is renewed;
- Legal name has changed; or
- Personal address has changed.

Copies must be legible and clearly indicate the expiration date of license or insurance.

Employees who are required to drive for their employment are obligated to disclose to their insurance company that they drive their vehicle during their shifts and to disclose that they transport clients, if part of their Job Description.

An employee who is transporting clients must inform LOFT immediately should restrictions be placed on their license or there is a change in insurance coverage.

## 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. Records of Monies in Trust**

- 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. Computerized Log**

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. Balance on hand**

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**

### **12.Educational Reimbursements**

### **13.Employee Advances**

### **14.Consultants/contractors**

## 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 the 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:

<b>Level of Approval Required</b>			
<b>Position</b>	<b>Travel in Ontario(outside of normal job duties)</b>	<b>Travel in Canada and the USA</b>	<b>International Travel</b>
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 discretion; 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 than 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. CONSULTANT/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 form 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 ramifications 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**

Updated November 20, 2019

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:

<b>Position</b>	<b>Type of Purchase</b>	<b>Up to Limit of</b>
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.

## Quality Assurance

### Supervision of Staff

## Relevant Legislation

Not applicable to this policy.

## Intent

The intent of this policy is to ensure all staff receive adequate supervision to ensure quality of service to our service users and a positive work environment.

## Definitions

Not applicable to this policy.

## Policy

1. Full and Part time staff: Staff will meet with their supervisor monthly to discuss their work, client issues and other relevant topics to ensure quality of service to our service users, team development and a positive work environment. Performance appraisals will be done annually and submitted to their HR file.
2. Relief staff will have their performance reviewed annually and will have the opportunity to regularly bring issues to the Program Director if required.
3. Regular staff meetings will be held and minutes kept.

## Procedures

See program manual.

## Wait list management

### Relevant Legislation

Not applicable to this policy.

### Intent

To ensure fair and consistent wait list management.

### Definitions

Not applicable to this policy.

### Policy

While many programs work with coordinated access projects that manage wait lists, some programs continue to maintain wait lists outside of the scope of mandated coordinated access projects.

All programs that maintain a wait list need to identify what wait lists they maintain to LOFT senior management and have a clear criteria and process for managing these wait lists outlined in their program manuals.

## Procedures

See program manual.

## Annual Quality Review

### Relevant Legislation

Not applicable to this policy.

### Intent

Not applicable to this policy.

## Definitions

Not applicable to this policy.

## Policy

### Annual Service Review

The CEO of LOFT and Senior management team will annually review the following:

1. Service report requirements by its various funders.
2. Data from all programs will be collated and analysed.
3. Each program director/ coordinator will submit the "Annual Program Check list" to their supervisor in August.
4. Each program will submit an annual Service plan using a format which is reviewed annually by the CEO and Director of Operations
5. Each program will receive and review consumer feedback

## **Understanding the policies, procedures and laws governing LOFT Community Services**

To ensure that the policies and protocols of LOFT Community Services are followed, all staff are required to read, understand and sign the following forms annually:

- The "Acknowledgement of having read and understood LOFT Community Services' program manual"
- The "Acknowledgement of having read and understood the program-specific procedure manual"
- The "Acknowledgement of having read and understood the LOFT Community Services' Health and Safety manual"

## Procedures

See program manual.

## Service Plans

Relevant Legislation:

Not applicable to this policy.

Intent:

Not applicable to this policy.

Definitions:

Not applicable to this policy.

Policy:

### ***Annual Quality report from each program***

Each year LOFT Community Services requires a written Service Plan from each program in order to ensure quality services. These plans contain statistics and information ensuring the effectiveness of the program. It reviews goal attainment over the past year and includes program planning for the coming year. Each Service Plan follows a specific outline and must ensure staff and client input into the development of the Service Plan.

As part of the ongoing evaluation process of the program, a consumer survey is conducted on an annual basis. This survey provides the clients' evaluation and comments concerning their services. Survey results are shared with the Senior management team.

### ***Face to Face Focus Groups with Clients, staff and Program Directors***

Every year, the CEO and Senior Service Director will meet with 3 different stakeholder groups from each of the various service programs of LOFT Community Services: The service users, the front line staff and the program director and/or coordinator. The CEO will set up a meeting with each program's service users and staff. The CEO also will meet with the Directors of youth, Adult and seniors' programs.

The purpose of these meetings will be to:

- Review the accomplishments of the past year
- Review input from service users

- Review overall program outcomes, data and client satisfaction with service delivery
- Examine trends in service use: Demographics, service use statistics, needs, environmental changes, etc.
- Review plans for the coming year around developing services within a quality framework
- Receive feedback and updates from the CEO and Service Directors on the accomplishments of the past year, future plans and observations on trends and changes within the overall service system.

Procedures:

See program manual.

### Program Quality Check Lists

Relevant Legislation

Not applicable to this policy.

Intent

Not applicable to this policy.

Definitions

Not applicable to this policy.

Policy

The Director of Operations will ensure that each program Director and/or Coordinator completes and submits an annual program checklist to ensure quality in service delivery. This will include accountabilities in the following areas: Client care, Human resources, Finance, and Property.

Procedures

See program manual.

## Statement of Acknowledgement

LOFT Policy and Procedure Manual

Statement of Acknowledgement that these policies have been reviewed

Employee Name:

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Date of Hire:

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I have read and fully understood the LOFT Community Services Policies as outlined in this manual.

Signature:

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Date:

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Program Director:

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Date:

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Orientation

Annual Review

Copy of this is to be put in staff's file

## Audits of IAR

### Relevant Legislation

Not applicable to this policy.

### Intent:

The intent is to ensure a standardized approach to IAR audits.

### 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. User Authority will perform weekly audit logs to look for abnormal activities and events.
2. Any suspicious or unusual event found during the audit log review will be investigated further. If applicable, an incident report will be completed, and appropriate parties will be alerted for further investigation and resolution of the incident.
3. In the event of inquiries or complaints by a client or staff member, audit logs or audit log reports will be reviewed in order to determine if an unauthorized event has occurred. As above, if applicable an incident report will be completed and appropriate parties alerted for further investigation and resolution of the incident.
4. Special attention will be paid to any events in the audit log or audit log reports that may identify potential disclosures of personal health information (PHI), such as unusually high volumes of viewing and other access events.

### Procedures:

See program manual.