

# LOFT Community Services Policy Manual

## Contents

General Information .....	16
Mission, Operating Principles and PSR Values .....	17
LOFT's Mission, Vision and Values Statement .....	18
Our Mission .....	18
Our Vision.....	18
Our Values .....	18
LOFT's Operating Principles .....	19
Relevant Legislation .....	19
Intent.....	19
Definitions .....	19
Policy .....	19
Procedures .....	19
Fundamental Components of Recovery.....	20
Relevant Legislation .....	20
Intent.....	20
Definitions .....	20
Policy .....	20
Procedures .....	22
LOFT Organizational Chart .....	23
LOFT Community Services' Responsibilities to Clients .....	24
Relevant Legislation .....	24
Intent.....	24
Definitions .....	24
Policy .....	24
Procedures .....	25
Client Rights .....	26

Relevant Legislation .....	26
Intent.....	26
Definitions .....	26
Policy .....	26
Rights Restrictions.....	26
Procedures .....	27
Client Access to Records .....	28
Relevant Legislation .....	28
Intent.....	28
Definitions .....	28
Policy .....	28
Procedures .....	28
Individual Goal Plans .....	29
Relevant Legislation .....	29
Intent.....	29
Definitions .....	29
Policy .....	29
Procedures .....	30
Privacy of Health Information .....	31
Relevant Legislation .....	31
Intent.....	31
Definitions .....	32
Policy .....	33
The Guiding Principles.....	33
Procedures .....	44
Accessibility Policy .....	45
Relevant Legislation .....	45
Intent.....	45
Definitions .....	45
Policy .....	45
French Language Services Policy.....	47
Relevant Legislation .....	47

Intent.....	47
Policy .....	47
Procedures .....	47
Human Rights, Safety, Responsibilities .....	48
Anti-Oppression and Anti-Racism Policy .....	48
Intent.....	48
Definitions .....	48
Policy .....	49
Complaints Resolution (Clients, Family, Care Partners or Others) .....	50
Intent.....	50
Definitions .....	50
Policy .....	50
Procedure.....	51
Complaints Documentation .....	54
Intent.....	54
Procedure.....	54
Related Policies and Procedures .....	55
Resources/References .....	55
Child Abuse & Child Sexual Abuse.....	56
Relevant Legislation .....	56
Intent.....	56
Definitions .....	56
Policy .....	56
Procedures .....	62
Adults and Seniors Abuse.....	63
Relevant Legislation .....	63
Intent.....	64
Definitions .....	64
Policy .....	65
Diversity, Equity and Inclusion .....	69
Intent.....	69
Definitions .....	69

Policy .....	70
Human Rights and Anti-Discrimination .....	72
Relevant Legislation .....	72
Intent.....	72
Definitions .....	72
Policy .....	72
Procedures .....	75
Sexual Harassment.....	76
Relevant Legislation .....	76
Intent.....	76
Definitions .....	76
Policy .....	77
Procedures .....	78
Workplace Violence & Harassment Prevention.....	81
Relevant Legislation .....	81
Intent.....	81
Definitions .....	81
Policy .....	81
Procedures .....	83
Complaints Procedure for External Stakeholders .....	84
Intent.....	84
Definitions .....	84
Procedure.....	84
Whistleblower Policy for Board and Staff .....	87
Intent.....	87
Policy .....	87
Procedures .....	88
Child Abuse Duty to Report .....	90
Relevant Legislation .....	90
Intent.....	90
Definitions .....	90
Policy .....	90

Procedures .....	94
Risk Management / Health .....	95
Allergy Management.....	95
Relevant Legislation .....	95
Intent.....	95
Definitions .....	95
Policy .....	95
Procedure.....	95
Dangerous Situations .....	96
Relevant Legislation .....	96
Intent.....	96
Definitions .....	96
Policy .....	96
Procedures .....	101
Emergency Preparedness.....	102
Relevant Legislation .....	102
Intent.....	102
Definitions .....	102
Policy .....	102
Procedure.....	104
Incident Management.....	105
Relevant Legislation .....	105
Intent.....	105
Definitions .....	105
Policy .....	105
Resources .....	108
Items of Potential Risk Brought to Program Sites .....	109
Relevant Legislation .....	109
Intent.....	109
Definitions .....	109
Policy .....	109
Procedures .....	109

Legal Matters .....	110
Relevant Legislation .....	110
Intent.....	110
Definitions.....	110
Policy .....	110
Procedures .....	111
Medications .....	112
Relevant Legislation .....	112
Intent.....	112
Definitions.....	112
Policy .....	112
Procedures .....	115
Naloxone and Overdose Prevention .....	116
Purpose .....	116
Intent.....	116
Definitions.....	116
Policy .....	116
Procedures .....	116
Non-violent Practices .....	118
Relevant Legislation .....	118
Intent.....	118
Definitions.....	118
Policy .....	118
Procedures .....	118
Pandemic Plan Policy .....	119
Relevant Legislation .....	119
Intent.....	119
Definitions.....	119
Policy .....	119
Procedures .....	120
Sentinel Event Follow-up .....	121
Purpose .....	121

Definition .....	121
Policy .....	121
Procedures .....	121
Medical Emergencies .....	122
Relevant Legislation .....	122
Definitions .....	122
Intent.....	123
Policy .....	123
Procedures .....	123
Resources .....	127
Suicide .....	128
Relevant Legislation .....	128
Intent.....	128
Definitions .....	128
Policy .....	128
Procedures .....	129
Health, Risk & Safety .....	130
Relevant Legislation .....	130
Intent.....	130
Definitions .....	130
Policy .....	130
Bomb Threats.....	139
Relevant Legislation .....	139
Intent.....	139
Definitions .....	139
Policy .....	139
Procedures .....	139
Additional Resources .....	141
Infection Prevention and Control.....	142
Relevant Legislation .....	142
Intent.....	142
Definitions .....	142

Policy .....	142
Operations .....	145
Media Relations .....	145
Relevant Legislation .....	145
Intent.....	145
Definitions .....	145
Policy .....	145
Procedures .....	147
Social Media .....	148
Relevant Legislation .....	148
Intent.....	148
Definitions .....	148
Policy .....	148
Client and Staff Record Retention/Disposal.....	152
Relevant Legislation .....	152
Intent.....	152
Definitions .....	152
Policy .....	152
Procedures .....	154
Staff Computer Use.....	155
Relevant Legislation .....	155
Intent.....	155
Definitions .....	155
Policy .....	155
Procedures .....	160
Residential Tenancies Act (RTA).....	161
Relevant Legislation .....	161
Intent.....	161
Definitions .....	161
Policy .....	161
Procedures .....	161
Staff Mobile Device Use .....	162



Relevant Legislation .....	162
Intent.....	162
Definitions .....	162
Policy .....	162
Procedures .....	163
Additional Policies.....	165
Bring Your Own Device (BYOD) .....	165
Submission of Driver’s License and Insurance .....	168
Relevant Legislation .....	168
Intent.....	168
Definitions .....	168
Policy .....	168
Procedures .....	168
Client Records .....	169
Relevant Legislation .....	169
Intent.....	169
Definitions .....	169
Policy .....	169
Procedures .....	170
Common Assessments .....	171
Relevant Legislation .....	171
Intent.....	171
Definitions .....	171
Policy .....	171
Procedures .....	171
Use of Integrated Assessment Record .....	172
Relevant Legislation .....	172
Intent.....	172
Definitions .....	172
Policy .....	172
Procedures .....	172
Consent to IAR.....	173

Relevant Legislation .....	173
Intent.....	173
Definitions .....	173
Policy .....	173
Procedures .....	173
Information and Communication Technology Use Policy .....	174
Relevant Legislation .....	174
Intent.....	174
Policy .....	174
Procedures .....	174
Internal and Financial Controls .....	175
Monies Held in Trust .....	175
Relevant Legislation .....	175
Intent.....	175
Definitions .....	175
Policy .....	175
Expenses .....	180
Relevant Legislation .....	180
Intent.....	180
Definitions .....	180
Policy .....	181
Procedures .....	190
Petty Cash .....	191
Relevant Legislation .....	191
Intent.....	191
Definitions .....	191
Policy .....	191
Procedures .....	191
Procurement .....	195
Relevant Legislation .....	195
Intent.....	195
Definitions .....	195

Policy .....	196
Procedures .....	202
Quality Assurance .....	203
Supervision of Staff .....	203
Relevant Legislation .....	203
Intent.....	203
Definitions .....	203
Policy .....	203
Procedures .....	203
Wait List Management.....	204
Relevant Legislation .....	204
Intent.....	204
Definitions .....	204
Policy .....	204
Procedures .....	204
Annual Quality Review .....	205
Relevant Legislation .....	205
Intent.....	205
Definitions .....	205
Policy .....	205
Procedures .....	206
Service Plans .....	207
Relevant Legislation .....	207
Intent.....	207
Definitions .....	207
Policy .....	207
Procedures .....	208
Program Quality Check Lists.....	209
Relevant Legislation .....	209
Intent.....	209
Definitions .....	209
Policy .....	209

Procedures .....	209
Statement of Acknowledgement .....	210
Audits of IAR.....	211
Relevant Legislation .....	211
Intent.....	211
Definitions .....	211
Policy .....	211
Procedures .....	211
Fundraising Practices .....	212
Fundraising Oversight .....	212
Relevant Legislation .....	212
Intent.....	212
Definitions .....	212
Description .....	212
Donor Bill of Rights.....	213
Fundraising Practices .....	214
Relevant Legislation .....	214
Intent.....	214
Definitions .....	214
Policy .....	214
Procedures .....	214
AFP Code of Ethical Principles.....	215
Issuing Charitable Tax Receipts.....	216
Relevant Legislation .....	216
Intent.....	216
Definitions .....	216
Policy .....	216
Procedures .....	218
Donor Privacy .....	219
Relevant Legislation .....	219
Intent.....	219
Policy .....	219

Procedures .....	221
Donor Anonymity .....	222
Relevant Legislation .....	222
Intent.....	222
Definitions .....	222
Policy .....	222
Procedures .....	222
Donor Lists .....	223
Relevant Legislation .....	223
Intent.....	223
Definitions .....	223
Policy .....	223
Procedures .....	223
Donor Communication.....	224
Relevant Legislation .....	224
Intent.....	224
Definitions .....	224
Policy .....	224
Procedures .....	224
Independent Advice .....	225
Relevant Legislation .....	225
Intent.....	225
Definitions .....	225
Policy .....	225
Procedures .....	225
Payment of Fundraisers .....	226
Relevant Legislation .....	226
Intent.....	226
Definitions .....	226
Policy .....	226
Procedures .....	226
The Use of Stories and Images for Fundraising Purposes .....	227

Relevant Legislation .....	227
Intent.....	227
Definitions .....	227
Policy .....	227
Procedures .....	228
Documentation and Recordkeeping .....	229
Relevant Legislation .....	229
Definitions .....	229
Description .....	229
Gift Acceptance Policy.....	230
Relevant Legislation .....	230
Intent.....	230
Definitions .....	230
Policy .....	230
Procedures .....	230
Donation of Gift Cards or Certificates .....	231
Relevant Legislation .....	231
Intent.....	231
Definitions .....	231
Policy .....	232
Procedures .....	233
Treatment of Restricted or Designated Gifts .....	234
Relevant Legislation .....	234
Intent.....	234
Definitions .....	234
Policy .....	234
Naming of Buildings, Parts of Buildings & Spaces .....	235
Relevant Legislation .....	235
Intent.....	235
Policy .....	235
Gifts to the Investment Fund .....	237
Relevant Legislation .....	237

Intent.....	237
Definitions .....	237
Policy .....	237
Use of Bequests .....	238
Relevant Legislation .....	238
Policy .....	238
LOFT Community Services Volunteer Guide .....	239
LOFT's Volunteer Policy.....	239
Volunteer Recruitment .....	239
Volunteers and LOFT Staff.....	239
Orientation and Training .....	240
Equity and Diversity .....	240
Confidentiality and Data Protection.....	240
Occupational Health and Safety .....	240
Problem Solving and Complaints.....	241
Expenses.....	241
Screening and Police Reference Checks .....	241
Additional Volunteer Policies .....	241
Confidentiality Policy for Volunteers .....	243
Definition of Personal Information .....	243
Confidential Information .....	243
Volunteer Code of Conduct .....	245
Policy .....	245
Volunteer Conflict of Interest Policy .....	247
Definition .....	247
Intent.....	247

## General Information

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

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

1. The LOFT general Policy manual (this manual)
2. Program specific procedure manuals which are particular to each program(found in each program)
3. The Employee Handbook
4. The Health and Safety Manual

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



## **Mission, Operating Principles and PSR Values**

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

## **LOFT's Mission, Vision and Values Statement**

### **Our Mission**

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

### **Our Vision**

Together, we can all live successfully in our community.

### **Our Values**

Compassion, Collaboration, and Community delivered with Dignity, Innovation and Excellence.

## **LOFT's Operating Principles**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

Not applicable to this policy.

### **Definitions**

Not applicable to this policy.

### **Policy**

The Operating Principles of LOFT Community Services are as follows:

- Access to service is voluntary, regardless of income level.
- Service Users' human rights, individuality, confidentiality and religious freedom are respected and maintain.
- Service approaches are used which emphasize: Empowerment, self-management and choice, user input, positive peer networks, collaboration with other relevant community services.
- All efforts are made through an anti-racism and anti-oppression framework.
- Programs are evaluated to ensure all services are effective, efficient, and meeting current needs within each program's mandate to the highest standard possible.
- All programs must encourage and accept maximum input possible from service users in regard to service delivery and evaluation.

### **Procedures**

See program manual.

## **Fundamental Components of Recovery**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

Not applicable to this policy.

### **Definitions**

Not applicable to this policy.

### **Policy**

The 10 Fundamental Components of Recovery

#### **1. Self-Direction**

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

#### **2. Individualized and Person Centered**

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

#### **3. Empowerment**

Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

#### 4. Holistic

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

#### 5. Non Linear

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

#### 6. Strengths-based

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

#### 7. Peer support

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

#### 8. Respect

Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma- are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives. Mainstream systems may be oppressive and efforts must be made to eliminate discrimination and stigma.

#### 9. Responsibility

Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers

must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

## 10. Hope

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

## **Procedures**

See program manual.

## LOFT Organizational Chart



# **LOFT Community Services' Responsibilities to Clients**

## **Relevant Legislation**

Not applicable.

## **Intent**

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

## **Definitions**

Not applicable.

## **Policy**

### **Value client well being and safety**

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

### **Practice non-discrimination**

LOFT employees will be sensitive to diversity and shall not discriminate on the grounds of ancestry, race, colour, creed, citizenship, ethnicity, gender identity, gender expression, sex (including pregnancy and breastfeeding), sexual orientation, age, disability, social class, religion, place of origin, family status, marital status (including single status), receipt of public assistance record of offences or political belief.

### **Ensure informed consent**

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

### **Engage all people with respect**

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



### **Maintain client confidentiality**

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

### **Respect client privacy**

LOFT employees will be actively involved in ensuring client privacy.

### **Foster choice**

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

### **Protect client well being**

LOFT employees will have regard for the needs of clients who are unable to exercise self-determination or to ensure their own personal safety and act to protect clients' best interests, rights and well being. This will be informed by anti-oppression perspective that recognizes how power, influences our definitions of protection and the role of advocacy.

### **Maintain client anonymity**

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

### **Facilitating client access to services**

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

### **Practice impartiality**

LOFT will strive to be impartial to offer a consistent, quality client experience, with services without favouritism or bias.

## **Procedures**

See Program Manual.

Revised January 2018.

## **Client Rights**

### **Relevant Legislation**

Not applicable.

### **Intent**

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

### **Definitions**

Not applicable.

### **Policy**

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

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

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

### **Rights Restrictions**

Persons facing issues related to mental illness, substance use, poverty, physical health, neurocognitive disorder or other neurological conditions have the same basic legal, civil and human rights as other citizens. Their rights should never be limited or restricted unless otherwise stated below.

LOFT is committed to upholding all the rights of people under the law, including the Ontario Human Rights code, the Canadian Charter of Rights and Freedoms, the

Mental Health Act, Healthcare Consent Act and other relevant legislation. The rights outlined therein may be restricted by law or by order of a court or Review Board. In addition, they may be restricted reasonably in order to ensure the protection of the rights and safety of the individual and/or others. In this regard, a restriction of individual rights should only be considered as a last resort and should be withdrawn as soon as the safety of the individual and/or others has been secured.

## **Procedures**

See program manual.

## **Client Access to Records**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

Not applicable to this policy.

### **Definitions**

Not applicable to this policy.

### **Policy**

Clients have the right to request access to their files.

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

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

### **Procedures**

See program manual.

## **Individual Goal Plans**

### **Relevant Legislation**

Not applicable.

### **Intent**

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

### **Definitions**

Not applicable.

### **Policy**

#### **Entering the Program**

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

#### **Plan Components**

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

An individual plan is developed based on the person's strengths, abilities, preferences, desired outcomes and other issues identified by the client while being mindful of the structural barriers (e.g. racism and social stigma) they may experience. As appropriate to the client and services provided, relevant information that should be considered includes: relevant medical, psychological and social information, available information on previous direct services and supports and other relevant assessments.

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

Other people or services that support the individual, including substitute decision makers should be encouraged to take part. If goals are determined by an outside case management provider, LOFT staff should communicate with that outside organization to determine client goals so that they may support the client in achieving them. This should be documented.

## **Procedures**

See program manual.

## **Privacy of Health Information**

### **Relevant Legislation**

LOFT Community Services (LOFT) is a Health Information Custodian under the Personal Health Information Protection Act, 2004 (PHIPA). We are accountable and liable for compliance with PHIPA and the protection of LOFT clients' personal health information.

### **Intent**

LOFT maintains a privacy program in compliance with the Personal Health Information Protection Act (PHIPA) 2004. PHIPA establishes rules for the collection, use and disclosure of personal health information about individuals, which protect the confidentiality of that information and the privacy of individuals with respect to that information, facilitating the effective provision of health care services. The policy hereto details the measures by which LOFT carefully manages client data and information, as well as our overarching commitment to procedural transparency.

We collect, use and share Personal Health Information only as permitted by law and permitted by PHIPA. LOFT understands that information about LOFT clients and their health is confidential. We are committed to protecting the privacy of this information.

To protect client privacy and ensure the proper use of personal health information, all LOFT staff, volunteers, and practicum students will adhere to privacy policies and standards as set out by law and this policy. As a Health Information Custodian, LOFT and its agents are responsible for ensuring that the personal health information of our clients is treated with respect and sensitivity.

LOFT is committed to safeguarding personal health information, and takes all possible measures to protect personal information from loss, misuse, unauthorized access, disclosure, alteration, or destruction.

To fulfill LOFT responsibility with respect to accountability and openness, LOFT clients have opportunity to access their Personal Health Information at any time and to correct it if it is inaccurate, and contact Privacy Officer with questions and comments.

This policy document underscores LOFT's pledge to be our very best in providing care that is clear, accessible and transparent. This policy will be made publicly available to clients, third-party partners and the broader community to facilitate effective informed consent and strong service partnerships.

## Definitions

**Loft Client:** means individuals who are currently receiving or received in the past health care services from Loft.

**Loft Staff:** means healthcare professionals employed by LOFT that act on behalf of LOFT in respect of collecting, using and disclosing personal health information that is in LOFT's custody.

**PHIPA:** means a provincial health privacy statute that establishes rules for the management of personal health information and protection of the confidentiality of that information, while facilitating effective delivery of health care services.

**Consent:** means individual's right to make their own decision on how their personal health information is collected, used and disclosed.

**Collection of PHI:** means gathering, acquiring, receiving or obtaining personal health information by any means from any source.

**Use of PHI:** means handling or dealing with personal health information for the purpose of provision of health care services.

**Disclosure of PHI:** means making personal health information available or to releasing it to another health information custodian or to another person.

**Health Information Custodian:** means listed persons or organizations under the PHIPA, who have custody or control of personal health information as a result of work they do. As a community mental health agency, LOFT is considered to be a health information custodian.

**Substitute Decision Maker:** means an individual designated to make personal care or financial decisions for another individual if they become unable to make those decisions themselves.

**Personal Health Information:** means any identifying information about an individual relating to the individual's health or to the provision of health care to the individual. For example, an individual's health card number and medical record would be considered personal health information.

**Privacy:** means an individual's right to control how their personal health information is collected, used and disclosed.

**Privacy Breach:** means the collection, use or disclosure of personal health information that is not in compliance with applicable privacy law, or circumstances where personal health information is stolen, lost or subject to unauthorized or



inappropriate collection, use or disclosure, copying, modification, retention or disposal.

## Policy

This policy is organized around the *10 Fair Information Principles of the Canadian Standards Association's Model Code for the Protection of Personal Information* (CSA Model Code). The CSA Model Code is recognized as a national standard for privacy protection and it is used across Canada as the basis for health information privacy legislation, including PHIPA.

## The Guiding Principles

The principles stated below, and the ensuring processes described in this document, are inter-related and will be interpreted within the context of the 10 CSA principles.

### 4.1 Principle 1 – Accountability for Personal Information

*The principle of accountability means that LOFT is responsible for PHI under its control and has designated Privacy Officer who is accountable for LOFT compliance with privacy principles.*

**4.1.1.** LOFT is responsible for the collection, use and disclosure of personal health information in its custody and must align those practices with privacy regulations set under by PHIPA. LOFT will appoint a Privacy Officer to ensure the safe, compliant, transparent and accountable collection of health information. The Privacy Officer is appointed by the CEO and performs the following duties:

- a. oversees LOFT's overarching compliance with agency privacy policy and PHIPA;
- b. works with a team to create policies and procedures that clearly mandate staff responsibilities for use of personal health information;
- c. ensures all LOFT staff are adequately informed of their duties under this policy and PHIPA overall;
- d. oversees regularly scheduled privacy audits and systems monitoring to verify policy compliance, as well as routine reviews of this policy to ensure its accuracy;
- e. ensures the development of transparent complaint procedures and responds to complaints from the public regarding alleged failure to uphold this policy or PHIPA regulations;
- f. verifies that all third-party contacts who administer PHI on LOFT's behalf maintain privacy in accordance with this policy and PHIPA;

- g. establishes and/or appoints a designate to facilitate staff training and orientation procedures related to this policy and privacy updates.

LOFT strives to uphold the principles of openness in the performance of this privacy mandate, and thus will ensure the name and contact information of Privacy Officer is accessible to all staff and clients for inquiries, comments and complaints. This information will be shared when requested and provided in all educational materials, pamphlets and posters.

Privacy Officer  
LOFT Community Services  
15 Toronto Street  
Toronto, ON M5C 2E3  
416-979-1994  
[privacy@loftcs.org](mailto:privacy@loftcs.org)

## **4.2 Principle 2 – Identifying Purposes for Collecting Personal Health Information**

*The principle of identifying purposes means that the use and rationale for which PHI is collected is identified by LOFT at or before the time the information is collected.*

**4.2.1** LOFT in practice and through the provisions of this policy will clearly define the purposes of collecting and using client PHI. Information collected will only be used for purposes communicated to the client prior to or at the time of collection. Information will not be used for any other stated purpose unless permitted by law and any new use of information will be conducted with the explicit permission of the client.

**4.2.2** LOFT will limit the use of client PHI to what's necessary and legitimate for the provision of client care within our programs and use aggregate data instead of PHI wherever possible. Information will be collected to ensure LOFT can deliver the best care to client in a transparent and reliable manner. LOFT will collect, store and use client information for the purposes of:

- a. providing community support care or assisting in the provision of health care to clients;
- b. considering tenancy, providing housing support and personal care in housing;
- c. planning or delivering programs or services within LOFT Community Services;
- d. evaluating, monitoring and allocating resources to these programs and services;
- e. quality care improvement or quality management of any related program or service;
- f. anonymous data collection/analysis for funding reports and agency progress summaries;

- g. fundraising and development campaigns/materials, but only with express consent;
- h. as otherwise consented to by the individual; and
- i. as otherwise permitted, authorized or required by law

The above stated purposes will be reviewed annually or as the nature and scope of LOFT programming changes. Clients will be duly notified of these changes and information will be made publicly available.

**4.2.3** The aforementioned purposes will be made publicly available, as well as upon client request. The Privacy Policy will be available on LOFT website and/or via hardcopy on all LOFT sites. LOFT clients will also be provided educational materials, including brochures and posters that inform them of use, collection and disclosure purposes.

**4.2.4** LOFT staff will be trained to effectively explain and clarify purposes of collection to clients and/or third party interests. All information obtained in the service of these purposes will be consented to prior to or at the time of being obtained from the client. LOFT staff will be expected to be able to provide rationale for data collection and answer any questions clients may have in relation to this policy.

**4.2.4** Any changes in the purposes of use of information must receive the explicit consent of client prior to that use or collection. Clients will be notified of the change and provide written consent. This consent process will fall in accordance with the following principle on consent to collection, use and disclosure of health information.

### **4.3 Principle 3 – Consent for the Collection, Use and Disclosure of Personal Health Information**

*The principle of consent means that the knowledge and consent of LOFT clients are required for the collection, use or disclosure of PHI, except where exempted by law.*

**4.3.1** Express consent will be required for the collection of personal health information and the subsequent use or disclosure of that information. Where possible and practicable, LOFT will seek express consent for the use and disclosure of personal health information at the time of collection and before PHI is disclosed within and outside of the agency.

**4.3.2** LOFT will make a reasonable effort to ensure that LOFT clients are informed of the purposes for which the information will be collected, used and disclosed through the use of brochures and having information accessible on LOFT website and through other means directly at LOFT program locations. To make LOFT clients consent knowledgeable and meaningful, the purposes will be explained in such a way that the individual can reasonably understand how the information will be used or disclosed.

LOFT will not deceive or mislead LOFT clients to obtain their consent and will not seek consent for any secondary purposes.

**4.3.3** LOFT clients will be informed that consent may be withdrawn at any time, subject to legal restrictions, and LOFT staff will inform the individual of the implications of withdrawal of consent.

**4.3.4** In certain circumstances personal health information can be collected, used, or disclosed without the consent of the individual: when it is not reasonably possible to obtain the individual's consent in a timely manner, for the Ministry of Health and Long Term Care to provide payment for services and when contacting a relative or SDM if the individual incapacitated or ill. In these cases LOFT will rely on clients' implied consent.

**4.3.5** The LOFT client consent policy will be reviewed and updated as required annually along with the review of consent processes and staff actions involved in obtaining client consent.

**4.3.6** In situations where LOFT client is not capable of making decisions with respect to PHI, LOFT will turn to a Substitute Decision Maker for consent to collection, use and disclosure of PHI on behalf of the LOFT client. This list, in order of priority, is the following:

- a. the guardian of the person or the guardian of property
- b. the attorney for personal care or the attorney for property
- c. the representative appointed by the Consent and Capacity Board
- d. the spouse or partner
- e. a child or parent, which includes a Children's Aid Society
- f. a parent with only a right of access
- g. a brother or sister
- h. any other relative
- i. the Public Guardian and Trustee

#### **4.4 Principle 4 – Limiting Collection of Personal Health Information**

*The principle of limiting collection means that the collection of PHI is limited to that which is necessary for the purposes identified by LOFT. LOFT will collect PHI by fair and lawful means.*

**4.4.1** The amount and type of information collected will be limited to that which is reasonably necessary to fulfill the purposes for the collection. LOFT will not collect PHI if other information will serve the purpose.

**4.4.2** LOFT will not collect information by misleading or deceiving clients about the purposes for which the information is being collected. LOFT will provide as much detail as is reasonably necessary regarding the purpose for collecting PHI in order for clients to provide knowledgeable consent. LOFT clients will be informed that they can restrict the collection of PHI. LOFT clients' feedback on clear communication of PHI collection practice will be included in annual review of information collection and handling practices.

**4.4.3** Please refer to Principle 2 for description of purposes for collection PHI by LOFT.

#### **4.5 Principle 5 – Limiting Use, Disclosure and Retention of Personal Health Information**

*The principle of limiting use, disclosure and retention means that PHI will not be used or disclosed by LOFT for purposes other than those for which it was collected, except with the consent of the individual or as required by law. PHI will be retained by LOFT only as long as necessary for the fulfillment of those purposes.*

**4.5.1** LOFT will use and disclose PHI only for purposes it was collected, except with the consent of the client or as permitted or required by law. If a new purpose is identified, LOFT will seek the clients' express consent to use and disclose PHI. LOFT staff will update clients' PHI as needed and deemed appropriate.

**4.5.2** LOFT will monitor procedures, legal contracts, policies, and technical controls to ensure appropriate restrictions on the use and disclosure of PHI and make necessary changes and adjustments when needed.

**4.5.3** LOFT may generally disclose PHI to:

- a. a health care provider for the provision of LOFT client care, where it is not reasonably possible to obtain the individuals' consent in a timely manner, except where the individual expressly instructed LOFT not to make the disclosure
- b. the Ministry of Health and Long Term Care or other Health Information Custodian to secure or provide funding for services
- c. a person for the purpose of contacting a relative or friend of LOFT client if the individual is injured, incapacitated or ill and unable to give consent personally

- d. any person to confirm that the individual is a client of LOFT, provided that the individual has been given an opportunity to object and has done so
- e. a person for the purpose of identifying a deceased LOFT client or to inform a person of the fact that LOFT client is deceased, and of circumstances of their death when appropriate
- f. a spouse, partner, sibling or child of a deceased LOFT client if the recipients of the information require that information to make decisions about their own health care or their children
- g. a person for the purpose of determining or verifying eligibility of LOFT client to receive health care or other services or benefits where there are funded by the Government of Ontario or Canada or by a municipality
- h. a person conducting an audit or reviewing an application for accreditation
- i. a person designated to compile and maintain a registry of PHI for the purposes of facilitating or improving the provision of health care
- j. the Chief Medical Officer of Health or medical officer of health
- k. a public health authority established under the laws of Canada, a province or other jurisdiction under the Health Protection and Promotion Act
- l. a person where there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to an individual or a group of individuals
- m. the head of a penal or other custodial institution in which the individual is being lawfully detained or to officer in charge of a psychiatric facility, to assist in making a decision concerning provision of health care to the individual or the placement of the individual into custody, detention, release, discharge or conditional discharge
- n. subject to any applicable regulation, as required for the purposes of a legal proceeding, contemplated legal proceeding, to comply with the Court Order, summons or warrants issued by a court or tribunal, or to comply with a procedural rule
- o. a professional college, Public Guardian and Trustee, a Children's Aid Society
- p. a researcher, provided that specific requirements and conditions are met
- q. a person or entity for the purposes of planning or managing the health care system, or to health data institute as permitted by law

- r. a person carrying out an inspection, investigation or similar procedure authorized by a warrant, a court order or otherwise authorized by law
- s. a successor, archive, the Minister of Health and Long Term Care
- t. as otherwise permitted, authorized or permitted by law

**4.5.4 Retention of PHI** LOFT will ensure that appropriate PHI retention schedules are in place. The retention period will be long enough to fulfill identified purposes for which it was collected and for LOFT clients to access and/or challenge accuracy of PHI. LOFT clients will be notified about LOFT retention period policy and PHI disposal procedures.

LOFT will generally retain client health record containing PHI for a minimum of 10 years after discharge from LOFT services, unless in some cases, it is necessary to retain the health record for a period of time that is longer than 10 years.

The following LOFT client records will be retained by LOFT for a minimum of 10 years:

- a. Electronic client health records that contain: demographic information, diagnosis and medication, incident reports, employment and income information, hospitalization records, clinical assessments and case notes and client's contact information.
- b. Client clinical care agreements that contain: consent forms, service agreements, service plans, complaint forms and release of PHI requests.
- c. Client residential agreements that contain: residence lease agreement, arrears information and payment agreement, eviction notice and outcome.

**4.5.5** LOFT will proceed to securely dispose of PHI after the maximum period of retention ends after 10 years. No records will be disposed of before the maximum retention period has been met. Records will be disposed of in a secure manner such that the reconstruction of the record is reasonably foreseeable in the circumstances. LOFT will hire confidential shredding services for disposal of large quantities of health records containing PHI. LOFT staff will fine/cross shred paper copies of small quantities of health records. Electronic health records will be archived by LOFT staff.

Disposal of health records containing PHI will be documented by LOFT staff and maintained permanently. The PHI disposal document will contain the following information and will be sent to the Privacy Officer with the following meta-data:

- a. Date of disposal
- b. Method of disposal
- c. Description of disposed documents
- d. Inclusive dates covered
- e. Statement that the records were disposed in the normal course of business
- f. Signatures of the individuals supervising and witnessing the disposal

## **4.6 Principle 6: Accuracy of Personal Health Information**

*The principle of accuracy means that PHI collected by LOFT will be as accurate, complete and up to date as is necessary for the purposes for which it is to be used.*

**4.6.1** LOFT will ensure that client PHI is current, accurate and relevant to the client's care. PHI is extremely useful for making decisions related to support and thus can impede effective care if information is out of date or inaccurate. Some examples of information that is important for accuracy and appropriate for updates are:

- medication
- physical and mental health diagnosis
- physicians/care providers name & contact
- emergency contacts
- third-party consent

**4.6.2** LOFT staff and management will conduct regular file audits to verify PHI is accurate and accords with the standards in this policy. Information will be reviewed annually. While LOFT endeavors to ensure all PHI is up to date, accuracy of information is limited by the frequency and scheduling of assessment as well as the disclosure of the client.

**4.6.3** LOFT clients will have the opportunity to review and correct any fact based PHI related to the information examples provided above (as opposed to staff assessments, consult reports etc.). The process whereby clients can review their information is documented in the proceeding section 4.9 related to *Individual Access to Personal Health Information*.

## **4.7 Principle 7: Safeguards for Personal Health Information**

*The principle of safeguards means that PHI will be protected by LOFT by employing security safeguards appropriate to the sensitivity of the information.*

**4.7.1** LOFT will implement security safeguards to protect PHI against loss or theft, unauthorized access, disclosure, copying, use or modification. LOFT will protect PHI regardless of the format in which it is held and the level of security safeguards will be appropriate and proportional to the level of sensitivity of PHI. The methods of PHI protection will include the following measures:

- a. Physical (e.g. locked filing cabinet, restricted office access)
- b. Organizational ( mandatory annual staff training, confidentiality and user agreements, role-based access to PHI, regular audits of staff practices, 'Clean Desk' policy)



- c. Technological (e.g. passwords and user ID's, encryption of devices, firewalls and virus scanners, automatic backup for file recovery)

**4.7.2** LOFT will have a Privacy Breach Protocol in place so that there is a process to follow in the event where PHI is lost, stolen or accessed by someone without authorization to do so. Privacy Officer will conduct an internal investigation into the privacy breach and take appropriate remedial action. LOFT will also report confirmed privacy breaches to the Information and Privacy Commissioner.

#### **4.8 Principle 8: Openness about Privacy Policies and Practices**

*The principle of openness means that LOFT will make readily available to clients specific information about its policies and practices related to the management of PHI.*

**4.8.1** LOFT is committed to openness and transparency regarding its information and privacy measures. A clear and transparent policy ensures that clients can obtain the information they need to make informed decisions about accessing services. LOFT will take reasonable measures to ensure that staff and clients are appropriately informed of all laws, policies and practices that apply to PHI.

**4.8.2** LOFT will make information regarding its privacy policies as well as measures to reach out for concerns or complaints publicly available in a number of ways, including:

- a. LOFT policy and procedure manual, including privacy policies, will be available in hardcopy at all program sites and electronically accessible online via agency website
- b. Clients on occasion and upon request will be provided pamphlets and brochures detailing LOFT privacy policies and practices
- c. The contact information – the email and phone number – for LOFT Privacy Officer will be distributed to clients and publicly posted on LOFT website
- d. All staff will be thoroughly trained and educated on LOFT privacy policies in order answer any questions regarding this policy and/or how to access its contents

**4.8.3** LOFT staff will be expected to read and understand the contents of this policy. All staff must sign and acknowledge they have read the privacy policy. LOFT staff will also sign a confidentiality statement upon hire and agree to abide to the terms laid out in that statement.

**4.8.4.** LOFT will openly communicate and disseminate information regarding its privacy policies and practices to third-party partners in which the agency conducts service partnerships, agreements and collaborations.

**4.8.5** Where applicable and appropriate, all staff belonging to a professional college (e.g. the College of Social Workers, College of Nurses etc.) will communicate their compliance to these practices and policies as part of their professional membership.

#### **4.9 Principle 9: Individual Access to Personal Health Information**

*The principle of individual access means that upon request, client will be informed by LOFT about the existence, use and disclosure of their PHI and will be given access to that information. Clients will be able to challenge the accuracy and completeness of the information and have it amend it as appropriate.*

**4.9.1** Upon request, LOFT will inform clients of the existence, use and disclosure of their PHI and they will be provided access to that information. Exceptions to the right of access requirement will be in accordance with the law. Examples may include information that could reasonably be expected to result in a risk of serious harm or information that is subject to legal privilege. The reasons for denying or restricting access will be provided by LOFT to the individual requesting access to PHI. LOFT will ask the client to confirm their identity and fill out appropriate form with the request to access PHI. LOFT will respond to access requests within 30 days from date the request has been received and at no cost to the client requesting PHI. The requested information will be made available by LOFT in a form that is generally understandable.

Access to PHI does not apply to all records containing the following types of information:

- a. the record contains quality of care information
- b. the record contains information collected/created to comply with the requirements of a quality assurance program
- c. the record contains raw data from standardized psychological tests or assessments
- d. the record is subject to a legal privilege that restricts disclosure to the requestor
- e. other legislation or court order prohibits disclosure to the requestor
- f. the information in the record was collected/created in anticipation of or use in a proceeding that has not concluded
- g. the information in the record was collected/created for an inspection/ investigation/ similar procedure authorized by law that has not concluded

- h. granting access could reasonably be expected to result in a risk of serious harm to the client or to others
- i. granting access could lead to the identification of a person who was required by law to provide the information in the record
- j. granting access could lead to the identification of a person who provided the information in the record in confidence (either explicitly or implicitly) and it is considered appropriate to keep the name of this person confidential
- k. the request for access is frivolous, vexatious or made in bad faith
- l. the identity or authority of the requestor cannot be proven by the requestor

**4.9.2** LOFT client will be able to challenge the accuracy and completeness of factual information in their record and have an opportunity to amend it as appropriate. When a LOFT client successfully demonstrates the inaccuracy or incompleteness of their record, LOFT will correct all factual information as required. Otherwise, LOFT client may require that a statement of disagreement be attached to the record. Upon request of LOFT client, the corrected factual information or statement will be communicated to third parties to whom the information in question has recently been disclosed.

#### **4.10 Principle 10: Challenging Compliance with the Privacy Policies and Practices**

*The principle of challenging compliance means that LOFT client will be able to address a challenge concerning compliance with the privacy principles to the designated individual accountable for LOFT's compliance.*

**4.10.1** LOFT's Privacy Officer will be responsible for the agency's compliance with privacy principles. LOFT will put procedures in place to receive and respond to complaints or inquiries about policies and practices relating to the handling of PHI. Inquiry and complaint procedures will be explained to LOFT clients.

**4.10.2** LOFT is committed to investigate all complaints, and if justified, take appropriate action including, where necessary, amending current policies and practices.

**4.10.3** LOFT will ensure that challenging compliance process is easily accessible and simple to use and LOFT staff responds to client inquiries in a fair, accurate and timely manner. LOFT will regularly review complaint and dispute resolution processes for its effectiveness, fairness, impartiality, confidentiality, ease of use and timeliness.

## **Procedures**

See program manual.

## Accessibility Policy

### Relevant Legislation

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

### Intent

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

### Definitions

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

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

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

### Policy

#### Training

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

#### Information and Communication Standards

- LOFT will ensure processes for receiving and responding to feedback is accessible to persons with disabilities.

- Upon request, LOFT will provide or make arrangements to provide accessible formats and communication supports.
- Provision of accessible formats and communications supports will be delivered in a timely manner that considers the person's accessibility needs and will be based on consultation with the person making a request.
- LOFT will ensure the public is aware of all accessible formats and communication supports.
- LOFT will ensure that its internet websites and content conform to the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, at Level AA, except in instances of undue difficulty.

### **Client Supports**

LOFT will provide information on its policies and all updates concerning support for clients with disabilities. This information is to be provided to all new clients to ensure all programs, services and opportunities are accessible.

Where requests for information and communications in accessible formats cannot be granted within a reasonable timeframe considering the person's accessibility needs, LOFT will let the client know and provide an alternative format.

### **Employment Standards**

LOFT will notify all staff, prospective staff, and the public about the availability of accommodations to meet accessibility needs. This information and related procedures will also be provided to new staff as soon as possible after they commence employment.

For more details, please visit the program-specific procedures.

### **Accessibility Plan**

LOFT will develop, maintain, and document an Accessibility Plan outlining the strategy to prevent and remove barriers, thereby improving opportunities for persons with disabilities.

The Accessibility Plan will be reviewed and updated yearly.

### **Procedures**

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

## **French Language Services Policy**

### **Relevant Legislation**

The French Language Services Act of Ontario

### **Intent**

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

### **Policy**

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

### **Procedures**

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

Effective March 2018.

# Human Rights, Safety, Responsibilities

## Anti-Oppression and Anti-Racism Policy

### Intent

LOFT sees anti-oppression and anti-racism as informing its approach to diversity, equity, and inclusion and as a critical step in addressing client needs and supporting long-term outcomes. LOFT is committed to listening and responding to concerns, allegations and recommendations from staff or clients. This policy outlines these theoretical frameworks as well as LOFT's commitments to confronting and dismantling oppression.

### Definitions

**Power:** The ability to influence others and impose one's belief. It includes access to information/knowledge, connections, experience and expertise, resources and decision-making that enhances a person's chance of getting what they need to live a comfortable, safe, productive and profitable life.

**Privilege:** The experience of unearned freedoms, rights, benefits, advantages, access and/or opportunities afforded to some because of their group membership or social context.

**Oppression:** The use of power by a dominant group to disempower, silence, or marginalize another social group or category. Oppression can occur intentionally or unintentionally due to unconscious biases. Oppression can be systemic or individual. Systemic oppression consists of practices, policies, laws and standards that disadvantage a particular group or category of people. Individual oppression includes demeaning and oppressive behaviour toward, and treatment of, a particular group or category of people expressed through individual attitudes, beliefs and values.

**Racism:** A form of oppression. It is the use of power to discriminate against another person or group based on race. Racism can be systemic or individual and manifests in 4 forms:

- Internalized racism: Occurs when individuals internalize the negative messages received about one's racial identity.
- Interpersonal racism: Is based on the negative attitudes, beliefs and values that one consciously or unconsciously holds about a racial group.
- Institutional racism: Includes the construction and implementation of policies and protocols that create and reinforce racial disparities.



- Structural racism: When overlapping systems interact to deepen disparities and maintain racial marginalization.

**Anti-Oppression:** Recognizes that systems of oppression exist in our society due to imbalances in power and unearned privileges for certain groups. Anti-oppression attempts to address this by a) challenging individual, social and structural examples of oppression and b) self-reflecting on our own power and privilege within these systems and our complicity in upholding these structures.

**Anti-Racism:** Recognizes racism as a system of oppression and the ongoing process of identifying, challenging and eliminating racism. This includes recognition of the unique structural and historical experiences of oppression shaped by anti-Black racism and anti-Indigeneity.

**Intersectionality:** Recognizes that multiple forms of oppression are intersecting and overlapping and that the impacts are more significant (e.g. the intersections of racism and sexism, or transphobia and ableism).

## Policy

LOFT is committed to:

- Eliminating all forms of oppression in providing programs and services. This creates a safe space that fosters open and respectful inclusion of clients, staff, volunteers, student placements, Board of Directors and external stakeholders.
- Calling for change in inequitable practices and policies that create disparities and systemic barriers for marginalized communities.
- Supporting best practices and the work of champions in the community that work toward the dismantling of oppression.
- Ensuring all staff, volunteers, student placements, Board of Directors receive training and education to uphold these values.
- Educating clients, partners and collaborators about the impact of oppression and how it affects client outcomes.
- Confronting structural oppression by regularly reviewing LOFT's policies and procedures and challenging systems that oppress and marginalize our clients.

## Complaints Resolution (Clients, Family, Care Partners or Others)

### Intent

LOFT Community Services recognizes the rights of our service users, family, care partners or others to communicate a concern or complaint about the care and services that they receive from us. It is the intent of this policy:

- ☐ to specify the conditions which requires LOFT staff to document complaints;
- ☐ to ensure our services are being provided in the best interest of persons served;
- to support and maintain LOFT's reputation and best interest;
- ☐ to protect the safety of persons served and personnel and limit risk; and,
- ☐ to identify trends and facilitate development of responsive action(s) as required.

### Definitions

**Complainant:** a person who brings forward a concern or complaint. This may be the person directly impacted by the issue or someone acting on behalf of that person or an external stakeholder.

**Complaint:** an expression of dissatisfaction or concern that may relate to (a) the provision of service to service user or (b) a failure or refusal to provide services to a service user or (c) professional practice and/or unprofessional conduct or (d) any other specific concern related directly to LOFT Community Services. The concern/complaint may be clinical or non-clinical in nature and may be directed at any member of the organization or the organization as a whole.

### Policy

Aligned with LOFT's Client Bill of Rights and Responsibilities, a person receiving our services has the right to voice concerns and recommend changes without fear of intimidation, coercion, discrimination or reprisal. The action of any complainant to make a complaint will not result in retaliation or a barrier to service.

A complaint can be received either verbally or in writing. Provisions will be made to accommodate access barriers of persons served (e.g., hearing impaired, physical challenges, literacy challenges etc.) to submit a complaint.

## Procedure

1. In the event of a complaint, the complainant is normally encouraged to first approach the person whom the complaint is about in an attempt to resolve the complaint at the source. This should be completed within 48 hours of the event taking place. If the complaint is not resolved to the complainants' satisfaction, the complainant has the right to follow the next steps in this procedure.

***Note: If the complainant does not feel comfortable in raising their complaint with the person directly, the complainant can move directly to Step 2.***

2. The complainant will report their concern to the Director, or their designate within five (5) business days of the event occurring, and should include the following information in respect to their complaint. The complainant will be encouraged to submit their complaint in writing using the Complaint Reporting Form and/or will be supported to document this in writing on the Complaint Reporting Form.
  - Date and time of the event
  - Where did the event occur
  - A description of what happened
  - Names of witnesses, if any
3. Upon receiving a complaint, the Director or their designate will be responsible for responding, investigating and documenting the complaint (See Complaint Documentation Policy) through the following methods:
  - Review of all documentation
  - Meeting in person with the complainant, as applicable
  - Meeting with the person(s) with whom the complaint is directed at, as applicable
  - Initiating a case conference with the complainant and those involved in the complaint, if appropriate
  - Utilizing all appropriate strategies to resolve the concern/complaint and to develop an agreeable solution
  - Review with the complainant all of the steps that are available within the Complaint Resolution Process and advise of their rights to involve other supports as appropriate (i.e., Police, Human Rights Commission, etc.)

- Provide, in writing, confirmation of the resolution to both the complainant and the person(s) involved

**This process will not exceed seven (7) working days from receipt of complaint to resolution.**

4. If a resolution is not reached or the complainant is not satisfied that the complaint has been resolved, the complainant may appeal to the most appropriate Senior Team Director of LOFT Community Services (refer to Program-specific Policy). The Senior Team Director will be responsible for:
  - Reviewing all documentation
  - Meeting with the Director, the complainant and the person(s) involved, as applicable
  - Utilizing all appropriate strategies to resolve the concern/complaint and to develop an agreeable solution
  - Providing, in writing, confirmation of the resolution
  - Informing the CEO if a resolution is not obtained

**A decision at this level will not exceed ten (10) working days.**

5. If a resolution is not reached or the complainant is not satisfied that the complaint has been resolved, the complainant may then appeal to the CEO of LOFT Community Services.

At conclusion of this review by the CEO, the decision of LOFT will be either affirmed or rescinded.

**A decision at this level will not exceed ten (10) working days.**

6. If the complainant is still not satisfied with the decision, they will be informed, in writing, that they can forward their matter to:

Ministry of Health, Health Services Appeal and Review Board  
 151 Bloor Street West, 9<sup>th</sup> Floor  
 Toronto, ON M5S 1S4  
 416-327-8512  
 1-866-282-2179  
[hsarb@ontario.ca](mailto:hsarb@ontario.ca)

## **Conflict of Interest**

Individuals who may have a conflict of interest in the matter cannot be involved in the management of a complaint.

## **Declining Complaints**

At the initial stage of the Complaint Resolution Process and in proper consultation with appropriate personnel, a decision not to deal with a complaint can be made if it is found to be:

- a. Frivolous
- b. Vexatious
- c. Not made in good faith
- d. Misconceived
- e. Lacking in substance
- f. A legal claim has been commenced by any party involved in the complaint
- g. The organization has already dealt with the substance of the complaint in the past

## **Review and Analysis of Complaints**

All complaints will be reviewed, quarterly, at the Senior Management Team level.

Initiation date: January 2022

## Complaints Documentation

### Intent

LOFT Community Services will ensure that all complaints received through its Complaint Resolution Policy are thoroughly and accurately documented. Documenting a complaint includes the following:

- Complaints are documented and recorded in writing whenever possible;
- All complaints are entered into the MSForm; and
- All complaints are reviewed and analysed on a quarterly basis by the Senior Leadership Team on a quarterly basis.

### Procedure

1. When a complaint is received by either a client, family member, care partner or other, the complainant will be encouraged to submit this in writing using the Complaint Form. If a complaint is made verbally, LOFT may request and support the complainant to make the complaint in writing.
2. When a complaint is received by the Director or their delegate, the complaint will be documented on the **Complaint Capture and Resolution MS Form**.

<https://forms.office.com/r/jpU1zBVgmT>

3. The Complaint Capture and Resolution MS Form along with any other documentation and/or correspondence related to the complaint should be saved in the Director's specific G Drive Folder. Each complaint will receive its own subfolder within the G Drive.
4. Information provided on the MS Complaint Capture and Resolution Form is automatically stored in the back end of the form as an Excel Spreadsheet and records the type of complaint made, the issue(s), the persons involved, whether the complaint was accepted, resolutions and if there is a need for further escalation. This Excel Spreadsheet is securely stored and maintained on the G Drive and accessible by designated staff only for the purpose of analysis, identification of themes or patterns and to inform the Annual Review of program services, practices or policies.

5. If a complaint requires escalation beyond that of the Director of the program, this will be noted on the Complaint Capture and Resolution MS Form. Any correspondence and documentation associated with the escalation will be saved to a folder (G Drive) under the Program Name with a subfolder referencing the complaint number.

## **Related Policies and Procedures**

LOFT's Client Bill of Rights and Responsibilities

Complaint Documentation Policy

Program Specific Policy Manual

Complaint Policy for External Stakeholders

## **Resources/References**

*Health Quality Council of Alberta, Patient Concerns/Complaints Resolution, Provincial Framework 2007*

*Excellent Care for All Act 2010 (Excellent Care for All Act, 2010, S.O. 2010, c. 14 (ontario.ca))*

*Queensway Carleton Hospital, Patient Relations Ombudsman, Complaint Policy – H-030, March 2021*

*CHATS, Complaint Reporting Policy and Client Appeals Policy, December 2019*

Initiation date: January 2022

# **Child Abuse & Child Sexual Abuse**

## **Relevant Legislation**

Section 125 in the places a statutory Child, Youth and Family Services Act, 2017 (CYFSA) obligation on every person who performs professional or official duties with respect to a child and who suspects on reasonable grounds that a child may have suffered abuse, to report it to the Children's Aid Society (C.A.S.). In the case of a child, abuse can include physical harm, sexual abuse, neglect and/or emotional abuse.

## **Intent**

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

## **Definitions**

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

## **Policy**

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

Sexual abuse can include:

- Kissing, sexual contact, fondling or sexual intercourse.
- Bodily harm or threats to harm, assault with a weapon.
- Incest, bestiality and gross indecency.
- Exposing genitals to a child, juvenile prostitution, corrupting children, indecent acts and sexual assault
- Sexual offences against children such as sexual interference, invitation to sexual touching, sexual exploitation of a young person, parent or guardian procuring sexual activity of a child

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

Employees, volunteers and student placements of LOFT Community services will not engage in sexual relations with any clients or residents. A staff, volunteer or student on placement found to have been engaged in sexual relation with a client or resident



will face immediate dismissal from employment, or termination of the contractual relationship with LOFT Community Services.

### **Prevention of Abuse**

- LOFT Community Services will educate and inform all members of management, staff, volunteers, student placements and other persons in order to make them aware of their rights and obligations in relation to abuse and/or children in need of protection. LOFT Community Services will also provide a mechanism whereby any concerned person may make an inquiry or lodge a complaint.
- It is the policy of LOFT Community Services that all new staff, volunteers and student placements must have a Police Reference Check completed as part of the recruiting process.

### **Responsibilities of LOFT**

1. All Directors and supervisors are responsible for monitoring clients/residents for signs and symptoms of sexual abuse. All reports of sexual abuse must be reported immediately to the Chief Executive Officer (CEO), or designate, and cases involving children must also be followed up with a report to C.A.S. by staff who suspects or knows about abuse/neglect.
2. Disciplinary action will be taken up to and including dismissal, if the complaint is substantiated.

### **Responsibilities of Staff**

1. Report any concerns to either your supervisor, or the C.A.S., immediately
  - a. Professional health care service providers and all employees of these service providers have to report any concerns involving children to the C.A.S. immediately, as per Ontario's Child, Youth and Family Services Act, 2017
  - b. See **Child Abuse Duty to Report** section in this manual for additional details around reporting obligations – page 71
2. Keep a written record of your findings including, date(s), time(s), place(s), behaviour(s) and witness(es).
3. Assist in the preparation of a written report of the incident, detailing the nature of the incident, the date(s), time(s), place(s), witness(es), sources of information and the name(s) of those involved.

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

### **Other Notes:**

- Staff, volunteers and student placements must realize that sexual abuse is a serious offence and any complaints will be dealt with quickly and professionally.
- Any notes made in an investigation will not be kept in a staff member's Human Resources file.
- The police or 911 are to be called immediately when a staff, volunteer, student placement or other person's safety is in danger, or where immediate attention is required.
- Section 125 of the CYFAS states that every person who has reasonable grounds to suspect a child is or may need of protection must promptly report any suspicion and the information it is based upon to the C.A.S.
- It is not necessary for you to be certain a child is, or may be, in need of protection to make a report to a society. "Reasonable grounds" refers to the information that an average person, using normal and honest judgement, would need in order to decide to report.
- Sexual assault is an activity which is criminal in nature, and will be dealt with immediately by reporting it directly to either the police/C.A.S. or a supervisor.

### **Complaint Involving a Child**

1. Section 125 of the CYFSA states that the public, including professionals who work with children, must promptly report any suspicions that a child is, or may be, in need of protection to a Children's Aid Society. For the purposes of this policy, a suspicion is defined as:
  - A complaint from the child.
  - Circumstantial evidence, such as cries for help, unexplained physical injury, a statement of a credible eye witness to a recent complaint.
  - A statement of another which is buttressed with detail from the surrounding circumstances and a credible witness who corroborates the statement of another.

Anyone who is unsure as to whether (they) should report that abuse might have occurred is encouraged to seek the advice of colleagues or supervisors, and inquire with CAS who can help assess the issue and where appropriate, provide community references if an investigation is not warranted.

Under the provisions of the Child and Family Services Act, a special obligation to report child abuse is placed on any person who in the course of their professional duties believes on reasonable grounds that a child is being abused or has been abused. This provision specifically includes staff, volunteers or student

placements. Failure to report is a provincial offence. No action shall be taken by LOFT Community Services against a person who institutes his or her own report.

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

2. The person who received a report indicating a child protection concern, or witnessed it, is responsible for calling C.A.S.
3. The CEO or designate will oversee the record of all documentation provided by employees involved in an appropriate format and keep it locked in his or her office.
4. LOFT Community Services will offer to co-operate fully with child protection and/or police authorities that are investigating reports of child abuse. It is the responsibility of the C.A.S. and police to conduct a full and complete investigation.
5. The CEO or designate will contact the child's family following consultation with the Children's Aid Society (and/or investigating police department).
6. The CEO or designate will notify the respondent of the report, unless there are concerns that such notification will impede the progress of the investigation. The staff member is entitled to have representation in any meetings involving this matter.
7. The CEO, in consultation with the Director of Human Resources, may offer the support of a professional counsellor to the respondent (and their family as appropriate.)
8. Where a staff member, volunteer or student placement is accused of child abuse, that person shall normally be removed from work-related duties at the discretion of the CEO, until all investigations and legal proceedings are completed and the CEO or designate is satisfied that the person poses no risk to children. This removal implies no inference of guilt and may be reviewed periodically.
9. All public communication is to be made only by the CEO or designate with due regard to confidentiality of the affected parties and the principle of innocence until guilt is proven.
10. Following the completion of all criminal and/or civil proceedings, LOFT Community Services has the right and obligation to conduct an internal investigation to determine whether the accused person poses a hazard to children or vulnerable persons. The CEO or designate shall appoint a committee of review to conduct an internal enquiry and advise as to whether the respondent shall be reinstated in any duties having to do with children or vulnerable persons. Persons who have been found in a criminal proceeding to have committed sexual abuse of a child shall under no circumstances be given duties where they may be in contact with children. In the case of acquittal of a person charged with sexual abuse of a child

(or where charges have not been proceeded with), LOFT Community Services reserves the right to make an independent determination of the facts and the potential risks posed by the respondent, based on a standard of the balance of probabilities, and erring on the side of protecting children and vulnerable persons.

11. Where a respondent is fully exonerated of the accusation, this determination will be announced publicly.
12. Where a complaint is sustained, a copy of the decision shall be maintained in the respondent's Human Resources file. When a complaint is not sustained, there shall be no record of it in the Human Resources. However, summary documentation of the case shall be maintained in the confidential file of the Human Resources department.

### **Discipline**

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

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

### **Appeal**

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

### **A Complaint Involving an Adult**

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

### **If the Complainant was a Minor at the Time**

2. Where the complaint involves abuse that allegedly occurred when the adult complainant was a child, no report will be made without the consent of the complainant unless there is suspicion that other children are currently being

abused, or the person receiving the report has grave concerns for the safety of other persons. If it appears that other children may currently be abused, the person hearing the complaint will follow the procedures in, "Complaint Involving a Child or Vulnerable Adult."

### **Co-operating with the Authorities**

3. Where a staff member, volunteer or student placement becomes aware that a complaint of sexual abuse may be made, or has been made to the police against an employee, volunteer or student placement, the person who is aware of the complaint will report this immediately to their manager who will inform the CEO or designate. LOFT Community Services will offer to co-operate fully with authorities that are investigating reports of sexual abuse.
4. The respondent will be notified of the complaint by the manager, in consultation with the CEO or designate responsible for the respondent, unless there are concerns that such notification will impede the progress of the investigation.
5. The manager, in consultation with the CEO or designate, will contact the complainant and the respondent (and their families if appropriate), to offer the support of a professional counsellor, but only after investigating authorities indicate that it is acceptable to do so, in order not to interfere with the progress of the investigation.
6. Where a staff member, volunteer or a student placement is accused of sexual abuse, that person shall normally be removed from work-related duties at the discretion of the CEO until all investigations and legal proceedings are completed, and the CEO or designate is satisfied that the respondent poses no risk to vulnerable persons. This removal implies no inference of guilt and may be reviewed periodically.
7. All public communication is to be made by the CEO or designate with due regard to confidentiality of the affected parties and the principle of innocence until guilt is proven.
8. Following the completion of all criminal and/or civil proceedings, LOFT Community Services has the right and obligation to conduct an internal investigation to determine whether the accused person poses a hazard to vulnerable persons. The CEO or delegate shall appoint a committee of review to conduct an internal enquiry and advise as to whether the respondent shall be reinstated. In the case of an acquittal of a person charged with criminal sexual activity (or where charges have not been proceeded with), LOFT Community Services reserves the right to make an independent determination of the facts and the potential risks posed by the respondent based on a standard of the balance of probabilities, and erring on the side of protecting children and vulnerable persons.
9. Where a respondent is fully exonerated of the accusation, this determination will be announced publicly.

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

### **Discipline**

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

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

### **Appeal**

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

### **Procedures**

See program manual.

## Adults and Seniors Abuse

### Relevant Legislation

Criminal Code of Canada: Some of the Criminal Code provisions that may apply in cases of adult or elder abuse include:

#### Financial Abuse

- Theft (s. 322, 328-332, 334)
  - ☐ Theft by holding power of attorney (s. 331)
  - ☐ Stopping mail with intent (s. 345)
  - ☐ Criminal breach of trust (s. 336)
  - ☐ Extortion (s. 346)
  - ☐ Forgery (s. 366)
  - ☐ Fraud (s. 380)

#### Physical Abuse

- Murder (s. 229-231, 235)
  - ☐ Manslaughter (s. 234, 236)
- Assault (s. 265-268)
  - ☐ Assault with a weapon or causing bodily harm (s. 267)
  - ☐ Unlawfully causing bodily harm (s. 269)

#### Sexual Abuse

- ☐ Sexual assault (s. 271-273)
- ☐ Sexual assault with a weapon, threats to a third party or causing bodily harm (s. 272)
- ☐ Forcible confinement (s. 279.2)

#### Psychological Abuse

- ☐ Intimidation (s. 423)
- ☐ Uttering threats (s. 264.1)
- ☐ Harassing telephone calls (s. 372.2 & .3)
- ☐ Criminal harassment (s. 264)

#### Active Neglect

- ☐ Criminal negligence causing bodily harm or death (s. 220-221)
- ☐ Breach of duty to provide necessities (s. 215)

The Criminal Code also includes a provision (s. 718.2) that requires the court to take into account for the purpose of sentencing as aggravating factors evidence that the offence was motivated by age- or disability-based bias, prejudice or hate.

## Intent

All employees, volunteers and student placements will be orientated to this policy on abuse involving an adult.

The Adults and Seniors [Abuse Policy](#) addresses [policies and procedures pertaining to abuse involving an adult](#):

- ☐ [PHYSICAL ABUSE](#)
- ☐ [SEXUAL ABUSE](#)
- ☐ [EMOTIONAL/PSYCHOLOGICAL ABUSE](#)
- ☐ [FINANCIAL/FIDUCIARY ABUSE](#)
- ☐ [NEGLECT](#)

## Definitions

**What is Abuse?** Abuse is any action or behaviour that causes or is likely to cause physical injury or psychological harm, or both, to a person. This includes significant loss or destruction of their property or neglect. Abuse can be identified in several areas: physical, sexual, emotional, verbal, financial, property. Neglect is also a form of abuse.

The following serve as examples of Abuse, but abuse is not limited to these specific examples:

**Physical Abuse:** [Any action of physical force or restraint that is contrary to an individual's health, safety and wellbeing and that may inflict pain on/or injury.](#)

[Examples \(include but not limited to\): Hitting, pinching, slapping, pushing, punching, kicking, burning, shaking, forced confinement, assault, stabbing or cutting, shooting.](#)

**Sexual Abuse.** [Non-consensual touching or activity that is of a sexual nature. Any sexual contact or attention achieved by force, threats, bribes, manipulation, pressure, tricks or violence.](#)

[Examples \(include but not limited to\): Molestation, sexual intercourse or other forms of physical sexual relations, touching of a sexual nature, behavior or remarks of a sexual nature towards another person that is unwanted, sexual assault.](#)



**Emotional/Psychological Abuse.** Infliction of mental cruelty or harassment/bullying, stress or distress caused by the abuse.

Examples (include but not limited to): Insults, intimidation, threats, humiliation, harassment, coercion, imposed social isolation (including shunning, ignoring or lack of acknowledgement), stalking, intimidating phone calls, breaking your possessions, swearing, name calling, shouting, belittling, gossiping or embarrassing another person, spreading rumours, ethnic/cultural/religious/sexual orientation/mental health slurs, threatening or insulting gestures, any behaviour or language that may diminish the sense of personal safety, identity, dignity and self-worth of another individual.

**Financial/Fudicial Abuse.** Any misrepresentation of assets or misuse of an individual's finances.

Examples (include but not limited to): Theft, forgery, extortion, fraud, stopping mail, withholding money, misuse of power of attorney, borrowing money.

**Neglect.** Failure to take action to provide for the care and assistance required for the health and safety of an individual; failure to provide the necessities of life.

Examples (include but not limited to): Failure to provide adequate care, clothing, medical care, hygiene, food, privacy, money.

## Policy

All LOFT Community Services clients have the right to dignity, respect, and freedom from abuse and neglect. LOFT will provide a safe environment that eliminates abuse and the underlying current of abuse that can occur in situations where support is being provided.

LOFT Community Services has a *Zero Tolerance policy* for client abuse and neglect. Abuse and neglect are not tolerated in any circumstance by anyone and may result in termination of employment and/or criminal charges. Any deviation from this standard will not be tolerated.

Any report of abuse will be taken seriously. LOFT will investigate all alleged, suspicious or witnessed cases of abuse in accordance with all legislative requirements including involving the Police and the criminal justice system as required.

## **Signs of Abuse**

### **Signs and symptoms of physical abuse**

- ☐ Cuts
- ☐ Bruises
- ☐ Burns
- ☐ Grip marks
- ☐ Black eyes
- ☐ Unusual pattern or location of injury
- ☐ Fearfulness
- ☐ Depression
- ☐ Anxiety
- ☐ Withdrawal from regular activities and social contact

### **Signs and symptoms of sexual abuse**

- ☐ Pain, itching or bruises around breasts or genital area
- ☐ Torn, stained or bloody underclothing
- ☐ Sexually transmitted diseases
- ☐ Vaginal or anal bleeding
- ☐ Depression, withdrawal from regular activities, fear, anxiety

### **Signs and symptoms of emotional/psychological abuse**

- ☐ Depression
- ☐ Fear
- ☐ Anxiety
- ☐ Behaviour changes when a caregiver or significant other enters or leaves the room

### **Signs and symptoms of financial/fiduciary abuse**

- ☐ Unpaid bills
- ☐ No money for food, clothing, or medication
- Unexplained withdrawal of money from someone's bank account
- Family member or representative refuses to spend money on the adult's behalf
- ☐ Possessions disappear
- ☐ Family member or another person forces an adult to sign over Power of Attorney against their own will

(Source: <https://www.fraserhealth.ca/health-topics-a-to-z/adult-abuse-and-neglect/signs-and-symptoms-of-adult-abuse-and-neglect#.YVdtHprMKUk>)

## **Reporting Abuse**

### **Confidentiality and Protection for Reporters**

In the interest of protecting those we support, all staff, volunteers and students who witness or are given a report of abuse are required to report the witnessed/alleged abuse to their Director. Confidentiality and privacy will be maintained throughout the process of investigation.

LOFT Community Services will not tolerate any harassment, threats, or intimidation arising from a report of abuse.

### **Reporting Abuse Process**

LOFT Community Services has a *Zero Tolerance policy* for client abuse and neglect. Clients must be reminded on at least an annual basis of their right to report abuse at any time to LOFT frontline staff and/or the Director of their respective program. Where a LOFT employee suspects on reasonable grounds that a client is being abused, including any report of abuse by a client, it is mandatory that the suspected abuse be reported immediately to their supervisor.

Human Resources must be notified immediately where a staff member, volunteer or placement student is accused of abuse and that person shall normally be removed from work-related duties at the discretion of Senior Director and Human Resources, until all internal investigations and/or legal proceedings are completed and the Senior Director is satisfied that the person poses no risk to clients. This removal implies no inference of guilt and may be reviewed periodically.

Where staff suspects on reasonable grounds that a client is being abused, they must consider whether or not there is immediate risk of harm to the client in determining next course of action. If immediate risk of harm is present then 911 should be called immediately, Director and Senior Director notified immediately and critical incident completed within one business day.

In cases where there is not immediate risk of harm, the staff reporting the suspected abuse and supervisor must document in detail all of the details around the suspected or witnessed abuse within two business days. Senior Director must be notified of any instances or alleged instances of abuse involving immediately after details of the event(s) are documented. Senior Director must respond to reported abuse within five business days of receiving the report.

There are certain things to consider in determining next steps. It is important to remember, if the client is mentally capable they have the right to live at risk, refuse help and make their own decisions. Even if you do not agree with the decision and/or

lack of action, you have to respect that clients have rights. This can often be hard to accept, knowing you want the client to live in a safe and healthy environment; however, clients have the right to choose to live with risk. If the suspected abuse constitutes a criminal act within the Criminal Code of Canada, staff and Director should provide client with education on their rights to report the crime to police and offer support in doing so if they decide to do so. Staff and Director should also discuss other options available to stop the abuse or increase client safety and support in accessing any resources to support in these areas.

If the client is not capable of getting help or does not have the mental capacity to make a report or call for assistance, then consideration should be made for bringing the concern around suspected/witnessed abuse to police if the abuse constitutes a criminal act within the Criminal Code of Canada and there is significant risk of harm to the client. Such decisions must be approved by your Senior Director prior to reporting to police. Staff and Director must consider all options available to address any risks to client safety and support in accessing any resources needed as part of safety planning.

### **When is it mandatory to report elder abuse?**

Reporting elder abuse is mandatory when an older adult resides in a Long-Term Care Home or a Retirement Home and elder abuse is suspected or has occurred. The law requires reporting by anyone who knows or has reasonable grounds to suspect that a resident has been, or might be, harmed by any of the following:

- ☐ improper or incompetent treatment or care,
- ☐ abuse of a resident by anyone,
- ☐ neglect of a resident by a staff member or the owner of the home,
- ☐ illegal conduct,
- misuse or fraud involving a resident's money, or
- ☐ misuse or fraud involving public funding provided to the home (long-term care homes only).

This obligation to report applies to everyone except residents of the home. Members of regulated health care professions, social workers, and naturopaths must report even if the information is otherwise confidential.

Older adults with developmental disabilities are also protected with mandatory reporting legislation. Agencies providing services and supports to persons with developmental disabilities are mandated to immediately report the alleged, suspected or witnessed incident of abuse to the police as it may constitute a criminal offence.

(Source: <http://www.eapon.ca/what-is-elder-abuse/legislation-reporting/>)

Revised January 2022.

## **Diversity, Equity and Inclusion**

### **Intent**

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

### **Definitions**

#### **Health Equity**

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

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

(Health Equity Impact Assessment workbook, LHINs)

#### **Diversity**

The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique and recognizing our differences. These can be along demographic dimensions, such as race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. They can also encompass experiential diversity, including education, interests and experiences, and cognitive diversity, such as how a person thinks, problem-solves and makes decisions.

It is the exploration of these differences in a safe, positive and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

(University of Oregon, 1999; [Harvard Business Review](#), 2018)

## **Equity**

The concept of equity states that accommodations are needed to create a level playing field because of diverse needs and experiences. Equity requires removing barriers and privileges to ensure that programs, services, supports and opportunities are accessible to all regardless of factors such as race, gender identity, or belief system. It ensures everyone has the specific resources and accommodations they need, and these resources may be more, less or different from others based on diversity dimensions.

Equity is different from equality, whereby everyone receives the same resources regardless of their diverse needs.

## **Inclusion**

Inclusion occurs when a person feels welcome at LOFT and can be determined by perceptions of fairness, respect, a sense of value and belonging. Inclusion appreciates the full range of diverse backgrounds and experiences the staff, clients and consumers, volunteers, and other stakeholders bring and creates spaces where all can bring their authentic self and feel safe.

([Deloitte](#), 2013)

## **Policy**

### **LOFT's Commitment to Staff**

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

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

### **LOFT's Commitment to Clients**

LOFT services will be designed and delivered in a manner that is sensitive and relevant to the diversity of the persons served and the service area. Assessment of a client's needs includes addressing all factors that relate to the context in which the

person lives, as well as the barriers they may face and is based on the strengths, needs and preferences of the individual. All of these unique characteristics are taken into consideration.

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

### **Client Responsibilities to Staff and Peers**

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

### **Organizational Commitment**

LOFT completes a Health Equity Impact assessment annually as part of our accreditation.

LOFT reviews data, relevant work plans and the impact assessment annually to enhance the overall evidence base for equity-based interventions that can be fed back into the planning, policy or program development process.

# **Human Rights and Anti-Discrimination**

## **Relevant Legislation**

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

## **Intent**

### **Organizational Commitment**

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

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

## **Definitions**

Not applicable to this policy.

## **Policy**

### **Application**

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

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

This Policy applies at every level of the organization and to every aspect of the workplace environment and employment relationship, including recruitment, selection, promotion, transfers, training, salaries, benefits and termination. It also



covers rates of pay, overtime, hours of work, holidays, and shift work, discipline and performance evaluations.

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

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

## **Protected Grounds**

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

- Age
- Creed (religion)
- Sex (including pregnancy and breastfeeding)
- Gender Identity
- Family status (such as being in a parent-child relationship)
- Marital status (including the status of being married, single, widowed, divorced, separated, or living in a conjugal relationship outside of marriage, whether in a same sex or opposite sex relationship)
- Disability (including mental, physical, developmental or learning disabilities)
- Race
- Ancestry
- Place of origin
- Ethnic origin
- Citizenship
- Colour
- Receipt of public assistance (in housing only)
- Record of offences (in employment only)
- Sexual orientation
- Association or relationship with a person identified by one of the above grounds
- Perception that one of the above grounds applies.

## **Prohibited Behaviour**

The following behaviour is prohibited by this Policy:

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

**Bullying:** refers to any acts or verbal comments that could psychologically, mentally, emotionally, or physically hurt or isolate a person in the workplace. It includes repeated incidents or a pattern of behaviour intended to intimidate, offend, degrade or humiliate a particular person or group of people, or the assertion of power through aggression. Relative to harassment, bullying does not necessarily occur based on OHRC protected grounds. Examples of bullying include:

- Excluding or isolating someone socially
- Undermining or deliberately impeding a person's work
- Making jokes that are 'obviously offensive' by spoken word or e-mail
- Assigning unreasonable duties or workload which are unfavourable to one person (in a way that creates unnecessary pressure)
- Blocking applications for training, leave or promotion

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

Examples of harassment include:

- Epithets, remarks, jokes or innuendos related to an individual's race, sex, disability, sexual orientation, creed, age, or any other ground.
- Display or circulation of offensive pictures, graffiti or materials, whether in print form or via e-mail or other electronic means.
- Singling out an individual for humiliating or demeaning "teasing" or jokes because they are a member of a protected group.
- Comments ridiculing an individual because of characteristics, dress etc. that are related to a ground of discrimination.

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

For incidents of sexual harassment refer to LOFT's separate [Sexual Harassment Policy](#).

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

## **Roles and Responsibilities**

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

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

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

## **Procedures**

See program manual.

Revised January 2018

# **Sexual Harassment**

## **Relevant Legislation**

Ontario Human Rights Commission (OHRC) and Occupational Health and Safety Act (OHSA).

## **Intent**

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

## **Definitions**

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

Sexual harassment can include:

- Making sexual advances where an individual knows, or ought to know that the advances are unwelcome.
- Sexual solicitation or an advance made by an individual in a position to confer, grant or deny a benefit or advancement to another individual.
- Reprisal or a threat of reprisal for the rejection of a sexual solicitation or advance where the reprisal is made or threatened by an individual in a position to confer, grant or deny a benefit or advancement to the person
- Unwanted, persistent or abusive sexual attention

- Sexually oriented remarks or behaviour which create a negative or 'poisoned' environment
- Distribution of materials or pictures of a sexual nature which potentially could be construed as offensive.
- Displaying sexist, pornographic or derogatory pictures.
- Unnecessary physical contact such as patting or pinching.

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

## Policy

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

### Responsibilities of Management

1. All Managers, Directors and supervisors are obliged to prevent, and failing that, to respond to any and all complaints. Any person who feels that they have been sexually harassed, or who sees another person being sexually harassed can make a complaint to the Program Director, Services Director or Chief Executive Officer (CEO). The agency may also make a formal complaint if it found that offensive material is being circulated, or the actions of suppliers or others who have contact with LOFT is found to be offensive.
2. On receipt of a complaint, a member of management is responsible for immediately informing the Manager of Human Resources or designee, and for assisting in the investigation and the resolution of the complaint.
3. During the investigation of a complaint, the responsible member of management and/or Manager of Human Resources or designee will interview the parties and any witnesses separately, document all findings, and render a summary of the complaint as soon as possible. Signed statements from those involved may be required. All information will be treated as confidential.
4. If the complaint is substantiated, some form of disciplinary action will be taken. If complaints are not substantiated, there will be no negative consequences drawn and no record of complaint will appear on any person's file.

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

to have sexually harassed or to have intentionally made a false accusation may receive a warning, reprimand or be excluded from services and programs.

### **Responsibilities of Employees**

1. Make your discomfort and disapproval known immediately. Ask them to STOP, or tell them that their behaviour is unwelcome. Some people may not understand what they are saying or doing is wrong.
2. Write down what happened as it will help you to remember the details later, if required. Keep a written record of the alleged nature of the harassment, date(s), time(s), place(s), behaviour(s) and witness(es).
3. Speak to a supervisor, a Program Director, Services Director, Manager of Human Resources, or the CEO. They can advise you on how to proceed with the complaint.
4. Assist in the preparation of a written report of the complaint, detailing the nature of the incident, the date(s), time(s), place(s), witness(es), and the name(s) of those involved.

### **Confidentiality**

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

### **Procedures**

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

agree with the informal agreement that has been reached, or finds that the unwelcome behaviour persists, a formal complaint may be lodged. Since LOFT desires to resolve these complaints as soon as possible, time frames have been established to move the complaint along. Therefore:

1. A complaint shall be filed in writing to the responsible supervisor (e.g. Program Director, Services Director, Manager of Human Resources) within 10 calendar days of the incident.
2. The Manager of Human Resources or designee will acknowledge receipt of the complaint in writing to the complainant, and will investigate the complaint within 10 calendar days of its receipt and render a recommendation as to its resolution. This will be communicated to both parties and the CEO.
3. The complainant shall be assured of an environment free from intimidation, threat, discipline or unfair evaluation as a result of filing the complaint.
4. In extenuating circumstances and upon application to the Manager of Human Resources, a complaint may be filed up to six (6) months from the incident giving rise to the complaint.
5. A complaint may be withdrawn at any time during under this policy. However, LOFT may continue to pursue complaints independently, if circumstances warrant it.

### **Appeals Procedure**

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

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

OR

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

Other Notes:

- It must be emphasized that sexual harassment is a serious offence and any complaints will be dealt with quickly and professionally, while maintaining confidentiality and sensitivity during the process. Sexual harassment is prohibited on the part of all those employed by, or those who have a contractual agreement, or privileges with LOFT Community Services.
- Any notes made in an investigation will not be kept in an employee's Human Resources file.

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

### **Other Forms of Harassment**

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

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



# Workplace Violence & Harassment Prevention

## Relevant Legislation

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

## Intent

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

LOFT will endeavour to prevent violence and harassment and to take immediate action when it is thought to have occurred. All members of the LOFT community share the responsibility for keeping the organization free of this type of behaviour. This obligates LOFT to educate and inform all employees, volunteers and student placements in order to make them aware of their duties and rights in order to protect them from violence in the workplace. Violence and harassment which take's place outside the premises of LOFT Community Services and has a negative effect on relationships in the work environment will be covered by this policy, to the extent of what is reasonably possible.

## Definitions

**Workplace Violence definition:** The exercise of physical force by a person against a worker in a workplace that causes physical injury to a worker or an attempt to exercise physical force against a worker in a workplace that could cause physical injury to a worker. This could also be a statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

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

## Policy

### There are four types of Workplace Violence

#### Type I- External

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

### Type II- Client/Consumer

- Involves person receiving care/services
  1. client to worker
  2. worker to client
  3. client to client\_

### Type III- Employee Related

- Can involve anyone who has an employment relationship (all LOFT staff; volunteers; contract workers)
  1. worker to worker
  2. supervisor to worker or worker to supervisor
  3. contract workers or volunteer workers

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

- Relationship violence that occurs at the workplace
- Loved one or family member that commits a violent act against a worker

### **Domestic Violence**

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

### **Responsibilities of Employees**

- Understand and comply with the policy. Attend all necessary training sessions as required by LOFT.
- Keep the workplace environment free from any form of violence and harassment by ensuring that policy is enforced and any incidents are reported.
- Advise JHSC of any concerns that you may have in regards to violence and harassment in the workplace.

### **Responsibilities of Employer**

- Post a copy of this policy in the workplace and review it on annual basis.
- Conduct workplace risk assessments and reassess as necessary.

- Inform employees of any risks associated with threats, violence or history of violence that may impact their work environment.
- Report incidents of workplace violence to JHSC within four (4) days if a worker involved had received medical attention or is unable to perform their job due to the incident. Such incidents must also be reported to WSIB.
- Report death and critical injuries to the Ministry of Labour, police (if necessary), JHSC, Human Resources and C.E.O. A detailed report must be sent to all parties within 48 hours outlining all the details. Refer to OH&S Act for particulars in submitting this report.
- Implement corrective actions after any incidents where possible.

### **Reporting Workplace Violence and Harassment**

- Complaints or concerns should be reported to the Program Director and JHSC in writing and be signed providing the following information: nature of complaint, date, persons involved and witnesses (if applicable).
- For further complaint reporting details refer to the Complaints Procedure policy found in Chapter 5 of the Human Resources Policy and Procedure Manual.

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

### **Procedures**

See program manual.

# **Complaints Procedure for External Stakeholders**

## **Intent**

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

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

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

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

## **Definitions**

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

## **Procedure**

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

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

Complainants are informed that they have the option of escalating their complaint to a more senior staff person if they are dissatisfied with treatment or outcomes.

Complainants are also provided with clear, understandable reasons for decisions made regarding their complaint.

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

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

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

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

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

☐ Name the problem

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

☐ Own the complaint

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

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

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

☐ Apologize

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

#### ☐ Resolution

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

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

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

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

#### ☐ The Future

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

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

#### **Reporting on Complaints:**

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

## **Whistleblower Policy for Board and Staff**

### **Intent**

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

### **Policy**

#### **Duty to Report**

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

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

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

#### **Acting in Good Faith**

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

## No Retaliation

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

## Procedures

### Compliance Officer

LOFT's Compliance Officer for the purpose of this policy is the Vice President, Operations. The Compliance Office is responsible for investigation and resolving all reported complaints and allegations under this policy and is required to report to the CEO on all complaints of misconduct and retaliation. If, due to the nature of the complaint, the CEO is not the appropriate person to receive the report, the Compliance Officer will report to the Board Chair.

Individuals who are not comfortable making their report to the Compliance Officer may file an anonymous report to Integrity Counts (an independent third-party Whistle-blower administrator). A report can be filed at [integritycounts.ca/org/loftcs](https://integritycounts.ca/org/loftcs) or at 1-866-921-6714.

#### Contact Detail

Compliance Officer	<a href="mailto:nzebarjad@loftcs.org">nzebarjad@loftcs.org</a>
Senior Director, People and Culture	<a href="mailto:abaraka-clarke@loftcs.org">abaraka-clarke@loftcs.org</a>
CEO	<a href="mailto:hmcDonald@loftcs.org">hmcDonald@loftcs.org</a>
Board Chair	<a href="mailto:maryjosmith39@gmail.com">maryjosmith39@gmail.com</a>

### Reporting of Misconduct

A report of misconduct or suspected misconduct is to be made in writing or by email to the LOFT Compliance Officer.

Some useful detail to include:

- ☐ Date, time and location
- ☐ Names of person(s) involved
- ☐ The general nature of your concern
- ☐ How you became aware of the issues
- ☐ Possible witnesses
- ☐ Other information that you have to support your report



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

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

### **Reporting of Retaliation**

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

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

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

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

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

### **Appeal Process**

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

## Child Abuse Duty to Report

### Relevant Legislation

Reporting is covered in Section 125 in the Child, Youth and Family Services Act (CYFSA).

### Intent

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

### Definitions

The CYFSA defines *a child in need of protection* and clearly specifies how you can identify these children in sections 125 (1) – see below in policy.

### Policy

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

The Child and Family Services Act, 2017, clearly defines the obligations of professionals who work with children with respect to reporting child abuse. As will be outlined, it is the responsibility of professional staff to report suspected child abuse directly to the appropriate Children's Aid Society.

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

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

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

#### LEGISLATION – CHILD, YOUTH AND FAMILY SERVICES ACT

The following is taken from the Child, Youth and Family Services Act, 2017:

## **Section 125 (1) of the CYFSA**

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

To identify a child in need of protection, please refer to the following:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by the person having charge of the child or caused by resulting from that person's;
  - i) failure to adequately care for, provide for, supervise or protect the child.
  - ii) pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's;
  - i) failure to adequately care for, provide for, supervise or protect the child.
  - ii) pattern of neglect in caring for, providing for, supervising or protecting the child
3. The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.
4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.
  - 4.1 The child has been sexually exploited as a result of being subjected to child sex trafficking.
  - 4.2 There is risk that the child is likely to be sexually exploited as a result of being subjected to child sex trafficking.
5. The child requires treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide the treatment or access to treatment, or where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, the treatment on the child's behalf.

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

- i) anxiety
- ii) depression
- iii) withdrawal
- iv) self-destructive or aggressive behaviour
- v) delayed development

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

7. The child has suffered emotional harm of the kind described in subparagraphs 6 i, ii, iii, iv, or v and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, the treatment to remedy or alleviate the harm.
8. There is a risk that the child is likely to suffer emotional harm of the kind described in 6 i, ii, iii, iv or v resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having the charge of the child.
9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v and the child's parent or the person having charge of the child does not provide services or treatment, or, where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, the treatment to prevent harm.
10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide the treatment, or access to the treatment, or where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, the treatment to remedy or alleviate the condition.
11. The child's parent has died or is unavailable to exercise custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

12. The child is less than 12 years old and has killed or seriously injured another person, or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence, and the child's parent or the person having charge of the child does not provide services or treatment, or access to services or treatment, or, where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment.
13. The child is less than 12 year old has had on more than one occasion injured another person, or caused loss or damage to another person's property with the encouragement of the person having charge of the child , or because of that person's failure or inability to supervise the child adequately.

### **Ongoing Duty to Report CYFSA s. /125 (2)**

The duty to report is an ongoing obligation. Even if you know a report has already been made about a child who is under 16, you must make a further report to that society if there are additional reasonable grounds to suspect the child is, or may be, in need of protection from abuse and/or neglect.

### **Person Must Report Directly CYFSA s. /125(3)**

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

### **Special Responsibilities of Professionals and Officials, and the Penalty for Failure to Report CYFSA s. /125 (5), (8) and (9)**

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

Under the provisions of the Child and Family Services Act, a special obligation to report child abuse or neglect is placed on any person who in the course of their professional duties believes on reasonable grounds that a child is being abused/neglected or has been abused/neglected. Any professional or official who fails to report a suspicion is liable on conviction to a fine up to \$5,000, if they obtained information over the course of their professional duties.

A professional who is concerned that a 16-17 year old is, or may be, in need of protection may, but is not required to, make a report to C.A.S. The offense/penalty provisions don't apply in the case of 16-17 years olds, even though Ontario raised the age of protection from 16-18 in 2018.

### **Professionals Affected CYFSA s. /125(6)**

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

- Health care professionals including physicians, nurses, dentists, pharmacists and psychologists.
- Teachers and school principals.
- Social workers and family counselors
- Religious officials
- Operators or employees of a child care centre or home child care agency
- Youth and recreation workers (not volunteers)
- Peace officers and coroners
- Solicitors
- Service providers and employees of service providers;
- Any other person who performs professional or official duties with respect to a child.

### **Professional Confidentiality CYFSA s. /125 (10), (11)**

It should be noted that: in Ontario the duty to report suspected child abuse overrides the privilege of confidentiality (including that of doctors and the Personal Health Information Protection Act, 2004) and specifically overrides any provisions that would otherwise prohibit someone from making a disclosure. Only lawyers may not divulge “privileged” information about their clients.

### **Protection from Liability CFSA s. /125 (10)**

The CYFSA provides that no action for making the report will be instituted against a person who makes a report unless the person acts maliciously or without reasonable grounds for the suspicion.

### **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, other staff, 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. Religious or cultural items (e.g. kirpans) are not considered weapons and should be regarded accordingly.

## **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.

## **Acknowledging Bias When Assessing Risk**

Due to institutional and structural racism, Indigenous and Black communities in mainstream systems are frequently subject to bias and stigmatization and vulnerable

to negative stereotypes that depict them as volatile or violent. Although safety is of utmost importance, LOFT recognizes that individual biases can influence perceptions of danger, and therefore strives to be fair when assessing and responding to potentially risky situations.

## **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 an 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, and 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 Management

## Relevant Legislation

Not applicable to this policy.

## Intent

Not applicable to this policy.

## Definitions

Not applicable to this policy.

## Policy

### A. Remediation

- Staff are to follow LOFT's expected Incident Management process
- Refer to Remediation section of this policy in Section C, below, for details.

### B. Reporting

#### 1. Incident categories

- **Minor:** anxiety, suicidal ideation, dispute, theft, vandalism, unwanted guest, an injury requiring first aid, any incident requiring outside help or which staff believe is serious enough to record
- **Critical:** medication errors, use of seclusion, use of restraint, incidents involving injury, communicable diseases, infection control, aggression or violence, use and unauthorized possession of weapons, wandering, elopement, vehicular accidents, biohazardous accidents, fire, unauthorized use and possession of a legal or illegal substance, abuse, neglect, attempted suicide, sexual assault, overdose, complaint concerning operation, physical or safety standards in our programs considered by staff to be of a serious nature, allegations of racist behavior, allegations and accusations of abuse or mistreatment of clients against staff, volunteers, outside agency staff, temporary care providers or foster parents, an incident which has the potential for immediate media contact, a disaster such as a bomb threat on LOFT premises, anticipated/expected death
- **Sentinel:** unexpected death

Complaint concerning operational, physical or safety standards in our programs that are considered by staff to be of a serious nature.

## 2. Documentation

- All incidents are to be documented through the client information system by opening a new History Item within 24 hours of the incident:

Documented By: [REDACTED]

Subject: Disclosure of Suspected Abuse [REDACTED]

Incident Date: 5/30 [REDACTED]

Incident Time: 12:00 PM [REDACTED]

Incident Type: Unknown [REDACTED]

☒ Incident Report

Who Was Involved:

[REDACTED]

Actions Taken:

Writer spoke to [REDACTED]

Incident Details:

Writer met with [REDACTED]

- **Critical** and **sentinel** incidents should also be communicated immediately to the immediate program Director and Senior Director by email and a follow up phone call when required
- The Senior Program Director will communicate the incident to the CEO if required
- Incidents which involve allegations of racism, staff misconduct, a physical injury to staff or any serious threatening behaviour towards staff should also be sent to the Manager of Human Resources.
- Incidents which involve damage to the house, fire, theft of property or and matters which might have implications for LOFT's insurance coverage should be directed to the Director of Finance.

## 3. Debriefing

- Documented incidents are automatically sent for approval to the respective Program Director
- The Program Director must approve the action taken by the staff or suggest improvements.
- Critical incidents are also .h in the same History Item where the original incident was documented.
- Refer to Debriefing information in this policy, Section C, below.

## **4. Review of Incidents**

- Summary reports are available through feTch to analyze trends and patterns.

## **C. Explanation of Critical Incident Prevention, Debriefing and Remediation**

### **1. Prevention of Critical Incidents**

Critical incidents can often be prevented by utilizing the following measures, some of which are included in each client's Plan of Care/Crisis Plan:

- Adhere to the incident-reporting guidelines outlined in this policy in Section B, above.
- Identify clients who have a history of verbal or physical aggression so that staff can be prepared to provide the best individual responses to de-escalate situations before they even happen.
- Ensure all clients, staff and partners are aware of LOFT's Anti racism statement at point of hire or commencement with service.
- Ensure all staff have access to the client's Crisis Plan/Plan of Care.
- Develop an emergency action plan regarding the site's physical location (e.g., exits) so staff know what to do when they need assistance.
- Ensure that clients are not isolated and have frequent interactions with staff.
- Programs should have systems in place to identify a) community staff member's and b) residential staff member's location (e.g., text groups, Outlook calendar).
- Have staff use the "buddy system" as required.
- Lock all medications or other valuables in a secured area where identified as problematic, and when possible.
- Require that staff attend annual professional training in crisis prevention and intervention techniques.

### **2. Debriefing of Critical Incidents**

Critical incident debriefings for clients and staff are designed to promote the emotional processing of crisis events as well as to support positive coping mechanisms for future experiences.

- Individuals involved in the incident are provided debriefing options.
- Facilitator (e.g., staff, Director, HR, external resource) introducing themselves and confidentiality being carefully explained.

If internal debriefing is performed, these steps should be included:

- The individual is asked to describe what happened during the incident from their own perspective.
- Identify impact.
- The facilitator and the individual discuss stress reaction and responses, as well as coping strategies.
- Identify additional needs and resources.
- Identify who is responsible for any follow up.

### **3. Follow-up/Remediation After a Critical Incident**

- After debriefing, amend the Plan of Care, if required, to reflect long-term interventions and further monitoring.
- If the cause of the incident cannot be uncovered and/or fully-addressed during or shortly after the incident, investigate further as a means to future prevention.
- Revisit, evaluate and reassess prevention planning, as required
- Make follow-up recommendations (e.g., provide resources, assign a different caseworker if current caseworker is uncomfortable after an incident, etc.)

### **Resources**

Review your Program's Policy Manual for site-specific procedures

Revised February 2022

## **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.

## **Medications**

### **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 their 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 (e.g., 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 and 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 their 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,
4. Document the medication order within the client's file. If it is telephone order, please indicate this.
5. 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.

The benefits of PRN ("as-needed") medications - such as over-the-counter anti-inflammatory medications – will also be reviewed annually by a licensed pharmacist.

## **Procedures**

See program manual.

Revised February 2022.

# 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 trainer;
- 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, or likely to face health disparities, in a pandemic situation – and 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.

## Medical Emergencies

### Relevant Legislation

None relevant to this policy.

### Definitions

**Crisis:** A crisis is a time-limited response to a life event that overwhelms a person's usual coping mechanisms in response to situational, developmental, biological, psychological, socio-cultural and/or spiritual factors (*Source: Caplan, 1964; Ontario Ministry of Health and Long-Term Care, 1999*).

**Medical emergency:** A medical emergency is an acute injury or illness that poses an immediate risk to a person's life or long-term health, sometimes referred to as a situation risking "life or limb". These emergencies may require assistance from another qualified person, as some of these emergencies, such as sudden-onset delirium, cardiovascular (heart), respiratory, and gastrointestinal issues cannot be dealt with by the victim themselves.

**Mental health crisis:** A crisis is any situation that puts a person at risk of harming themselves or others and/or puts them at risk of being unable to care for themselves or function in a healthy or safe manner for themselves and their community.

**Paraverbal communication:** Paraverbal communication refers to the messages that we transmit through the tone, pitch, and pacing of our voices. It is how we say something, not what we say. Paraverbal messages account for approximately 38% of what is communicated to someone. A sentence can convey entirely different meanings depending on the emphasis on words and the tone of voice.

**Reflective listening:** In reflective listening, the listener tries to clarify and restate what the other person is saying. The benefits of reflective listening are that it can increase the listener's understanding of the other person, help the other person clarify their thoughts, reassure the other person that someone is willing to attend to their point of view and wants to help them express thoughts and feelings.

## **Intent**

LOFT promotes client and staff safety, welfare and dignity by assuring that staff are aware of and oriented regarding crisis procedures, legal responsibilities and resources.

## **Policy**

The following are guidelines to assist staff at LOFT Community Services to intervene supportively, safely, effectively through an anti-oppressive, harm reduction lens with clients who are experiencing a medical or mental health emergency. This policy should be reviewed annually and at onboarding.

## **Procedures**

### **A) General Guidelines**

1. Remain calm, adjust your body language, posture and keep a safe distance.
2. Observe the individual(s), environmental safety and risk factors quickly and thoroughly to determine whether you are dealing with a mental health or physical crisis and the safety of intervention.
3. Acquire, where viable, the assistance of a colleague or a client.
4. If the situation calls for dealing with outside supports, be clear and concise when outlining your needs with 911 operators and first responders.
5. Avoid physical contact and physically restraining clients, as per LOFT policy.
6. If safe, staff should remain with or near the individual(s) to support them and to assist them in dealing with processing the crisis situation after the event has occurred
7. Determine whether the presence of others is supportive to the resolution of the situation or if they should be asked to vacate the area.
8. The Director must be informed of all crisis situations and what measures were taken for resolution and/or remediation by completing an Incident Report.

## **B) Mental Health Crisis or Personal Expressions**

### **I. Guidelines:**

1. Remain calm.
2. Remove onlookers, as they may often fuel the fire of a situation. Crisis intervention can be more effective one-on-one than in a group setting.
3. Be aware of your body language, ensuring that your posture and gestures are as nonthreatening as your spoken words.
4. Ensure that your paraverbal communication (such as vocal inflection) is consistent with the words you use.
5. Be clear, direct, and respectful in what you say and how you say it. Do not provide complex choices.
6. Use reflective listening and questioning, as well as silence.

### **II. Stages of Mental Health Crises:**

If an individual is experiencing a mental health crisis, observe the situation to determine the stage of the crisis and the interventions required. Please also review LOFT's **Incident Management Policy** for more detailed information regarding prevention, remediation and debriefing of major incidents.

#### **1. Agitation**

If the individual is agitated - but not physically threatening - approach calmly yet cautiously. Maintain a safe distance.

#### **2. Verbal Escalation**

If the individual is verbally escalating (e.g., shouting), set reasonable limits with them. Inform the individual of the impact of their behaviour and offer other options. These options can include relocating the individual to a safe space and reviewing their Care Plan and/or Crisis Plan.

#### **3. Expressions of Violence**

If the individual reports experiencing a tendency towards violence, or is threatening violence, take this **very** seriously and observe in the following manner:

- Do they say or appear that they cannot control their impulses?
- Do they say or appear that though they may lose control?

- Are they talking about the source of the thoughts (e.g., situation, person, etc.)?
- Have they stated that they have an intended plan?
- Do they seem to recognize other methods of dealing with the situation?

If the individual can talk through their crisis, do so with them in a supportive manner, but also set limits. Look at alternative strategies such as disengaging and re-approaching or providing alternate staff.

#### **4. Intense Crisis**

If the intensity of the situation is increasing, ensure that a wide area of space is provided and that the other residents and staff are out of danger's way. If you believe there is a serious threat to yourself or others, leave the situation and call 911.

**NOTE: ALWAYS KEEP IN MIND: SAFETY FIRST!**  
**If you or a partner/colleague feel uncomfortable, extract yourself and others from the situation IMMEDIATELY.**

#### **5. Violent Behaviour**

If the client is violent, do what you can to clear the area redirecting everyone present to leave the area. Call 911 to request police assistance and the mental health crisis team.

#### **6. Suicidal**

All suicidal talk, threats, behavior or gestures are initially to be treated seriously. If staff observe changes to behavior and are concerned about suicidal intent, they need to be able to ask and/or answer the following questions:

- "Are you thinking about ending your life?"
- "Do you have a suicide plan?" (Note: every plan must be taken seriously.)
- Find out if they have the means or resources to carry out the plan (e.g., pills, knife, razor blades, cigarette lighter, balcony, etc.)
- Pay attention to the method they have mentioned. In general, the more lethal the method the more serious the plan.
- Consider precipitating factors that you may be aware of, such as a prior incident or your knowledge of and experience with the person.
- Does the person appear to be hopeless or directly express hopelessness?
- You may ask the individual if they have a supportive network to turn to and what kind of support they want.
- Have they mentioned the source of their feelings?

### **III. Using Hospital/Professional Interventions:**

If the individual is ambivalent or unable to access support, seek consultation with mental health or medical professionals, such as a Mobile Crisis Team, or on-site professional supports. If required, transport the person to the hospital by ambulance or by other transportation of client's choice (e.g., taxi). Consult with in-house Program supports, e.g., Program Director, on-call staff.

If an individual in the house is posing a threat to themselves or to others, interventions are not successful and the person refuses to seek help, it may be necessary to have the client taken to the hospital for a psychiatric assessment.

If brought to the hospital, the client will be assessed within 72 hours. However, this does not mean that they will necessarily be kept for 72 hours. The admitting doctor can release the client at any time if the client is not seen as certifiable under the Mental Health Act.

There are several ways individuals can be hospitalized under the Mental Health Act:

- 1) Form 1:** If the client has been seen by their Psychiatrist or Doctor 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 police to bring the client to a hospital for an assessment.
- 2) Form 2:** Staff can go to a Justice of the Peace to give a sworn affidavit of the events and history of that client, and prove that the client is of serious and imminent danger to themselves or others. The Police can be called and they can transport the client to the hospital for an assessment if they witness that the client is of serious danger to themselves or others because of a mental illness.
- 3)** If the client is re-certified under a **Form 3**, they will be kept for up to two weeks.
- 4)** Based on individual ORB Guidelines or Community Treatment Orders.

### **C) Physical Health Crisis:**

Physical health emergencies could include – but are not limited to – someone unable to get up from a fall, a severe cut or allergic reaction, loss of consciousness, stroke, cardiac event, medication misuse, or extreme confusion.

Programs at LOFT Community Services keep documentation of physical needs and histories, lists of people to notify in case of an emergency, and updated records of who is trained in CPR and other first aid measures.

In cases of emergencies requiring medical attention, use the following procedures:

1. Administer first aid.
2. Contact 911 for emergency intervention and transport.
3. For clients, follow up with hospital emergency by telephone and inform them of the individual's impending arrival and the nature of the emergency. Leave your name and number with hospital staff in case they need to speak with you again. For staff, call the emergency contact listed in their records.
4. For any situation that requires first aid from staff (except minor cuts, etc.) the individual should be seen by the person's primary care practitioner the next day. Strongly encourage the individual to seek follow-up medical advice.
5. An incident report must be completed immediately. Refer to **Incident Management Policy** for details.
6. Follow-up remediation for the client and debriefing for staff may be required.

#### **D) Death of A Client:**

- If there is an unexpected death of a client, call 911 and follow first aid and CPR protocols
- Contact the Director (Coordinator or on-call Director, in absence of the Director).
- Please refer to your Program's **Incident Management Policy, Medical Emergencies Policy and Procedures**, and **Death of Client Procedures** for details.

## **Resources**

- Review Program-specific **Medical Emergencies Policy and Procedures** for more detailed information
- LOFT Policy Manual – **Dangerous Situations**
- LOFT Policy Manual - **Incident Management Policy**
- LOFT Communicable Diseases Policy Manual – **SECTION III: Standard Precautions**

Revised February 2022

# 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 they are 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 a 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 and are not held for religious or cultural purposes, 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 your gas company rightaway.

#### **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, physically and psychologically safe, 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.







## **Bomb Threats**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

LOFT Community Services maintains and ensures a safe and healthy environment for our employees, clients and volunteers and is prepared to respond to emergency situations that present a risk to employees, clients and affiliates, property and/or service interruptions.

### **Definitions**

Not applicable to this policy.

### **Policy**

All bomb threats received at LOFT will be treated as serious threats and will result in the following procedures being enacted by staff and residents. After a bomb threat has been received, no staff or residents are to touch light switches or use wireless devices, unless use of a wireless device is the ONLY method of contacting emergency personnel. In this case, every effort must be made to use only devices whose safety can be reasonably verified and staff must wait until leaving the building before using the device.

### **Procedures**

If bomb threat is received by phone:

1. Staff member answering phone will remain calm and pay as close attention as possible to the following, using the Bomb Threat Checklist posted at each workstation and available in the Program's Policy Manual:

- a. Quality of the voice of the caller
  - b. Any background noise
  - c. All details mentioned by the caller
  - d. Any other information that can be heard over the phone
2. A staff member will call 911 and inform emergency personnel that a bomb threat has been received. They will follow the instructions from emergency personnel and communicate these instructions to in-charge staff, or "On-Call" staff if after hours, and all staff on duty.
3. The responding staff will ensure that the information is disseminated. Either by 1) making an announcement over the public announcement (PA) system, if one is available, or 2) designating individuals to circulate the information.
4. The staff member who received the call will complete the BOMB THREAT CHECKLIST included as an addendum to the Bomb Threat Policy and Procedures in your Program's Policy Manual.
5. If evacuating the building, note the presence of any suspicious items and their locations in order to inform emergency personnel. Individuals must NOT touch any suspicious items, and instead ensure that no residents or other staff touch the item.
6. All staff and residents will follow the instructions of emergency personnel and remain outside the building until instructed by emergency personnel that they may re-enter the premises.
7. If the situation cannot be resolved in a timely manner, a full evacuation plan will be enacted (please refer to the site-specific Evacuation Plan Policy in your Program's Policy Manual).

If bomb threat is received by mail, courier, email or text:

1. Staff member receiving the message must avoid handling the suspicious object as much as possible.

2. Staff member will call 911 and inform emergency personnel that a bomb threat has been received. They will follow the instructions from emergency personnel and communicate these instructions to in-charge staff, "On-Call" staff if after hours, and all staff on duty.
3. The responding staff will ensure that the information is disseminated. Either by 1) making an announcement over the public announcement (PA) system, if one is available, or 2) designating individuals to circulate the information.
4. As staff are exiting the building, note the presence of any other suspicious items and their locations in order to inform emergency personnel. Staff must NOT touch any suspicious items, and instead ensure that no residents or other staff touch the item.
5. If evacuating the building, note the presence of any suspicious items and their locations in order to inform emergency personnel. Individuals must NOT touch any suspicious items, and instead ensure that no residents or other staff touch the item.
3. If situation cannot be resolved in a timely manner, a full evacuation plan will be enacted (please refer to the site-specific Evacuation Plan Policy in your Program's Policy Manual).

## **Additional Resources**

Please refer to your Program's Policy Manual for site-specific **Emergency Preparedness Procedures** and other relevant emergency preparedness details.

# **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**

### **Media Relations**

#### **Relevant Legislation**

No 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, homelessness and supportive housing. The Agency commonly receives unsolicited media inquiries on a wide range of topics. While the media, and in particular digital media, can be a powerful way of relaying LOFT's messages to the public, they must be handled with care and consideration.

Journalists can be persistent in their quest for an immediate interview for a story. They may also approach staff members instead of going through formal channels.

The most innocent of statements made to a reporter by a staff member has the potential to be misinterpreted, resulting in significant damage to LOFT's reputation. To avoid this, all media spokespeople for LOFT will receive proper training on how to handle the media ahead of time and will be expected to know 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 Senior Director of Development and Communications.

#### **Definitions**

Media – a medium of communication (such as newspapers, radio, television, and social media) that is designed to reach or influence people widely.

#### **Policy**

Media – a medium of communication (such as newspapers, radio, television, and social media) that is designed to reach or influence people widely.

#### **Contacts Initiated by Media**

If contacted directly by the media for interviews, materials or information, program staff are to refer the inquiry immediately to their Program Director and the Senior Director of Development and Communications. Staff SHOULD NOT talk with reporters, even in an “off-the-record” situation without direction from the Senior Director of Development and Communications.

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 Senior Director of Development and Communications, staff may respond by stating *“I’m not the staff person responsible to speak on behalf of the Agency. Please send your request to [comms@loftc.org](mailto:comms@loftc.org) or call 416-979-1994 ext. #2054.”*

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.

### **Media Inquiries from Other Agencies**

There may be situations where the media is involved in a joint initiative with other agencies or partners. This media policy applies in these types of situations too.

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

All news releases and invitations to the media to cover events involving LOFT Community Services must be made through the Senior Director of Development and Communications who will communicate to the CEO. They 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 Senior Director of Development and Communications.

When a staff member is authorized to speak on behalf of LOFT, they will receive assistance from the Development and Communications team to prepare for the occasion. It is important for them to be prepared for the subject at hand, to be fully aware of LOFT’s internal policies on confidentiality, 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 Senior Director of Development and Communications and the CEO to ensure that any subsequent media coverage 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 or opinion pieces. 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 as representatives of 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, the Senior Director of Development and Communications, and the CEO for approval in advance of the submission date.

All external communications pieces, whether they are being submitted to a media outlet or not, should be treated as a media relations piece.

## **Film Companies, Photographers, Videographers, and Independent Film Makers**

From time to time LOFT program staff may be contacted directly by a film company, photographer, videographer, or independent film-maker wishing to film LOFT staff, clients or the interior or exterior of LOFT properties.

These professionals may ask to do this for a variety of reasons, including as part of a documentary, or other types of video, for private or public distribution, or the videographer's portfolio. Regardless of the purpose, program staff are to refer the call immediately to their Program Director and the Senior Director of Development and Communications. No type of filming or photography may take place without the express permission of the Senior Director.

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.

## **Social Media**

### **Relevant Legislation**

No applicable to this policy.

### **Intent**

LOFT Community Services recognizes the importance of the internet and digital media in shaping the public's perception of our organization and the issues that are important to us. We live in an increasingly digital world and we're committed to supporting honest, transparent, knowledgeable and respectful communication through digital media platforms.

LOFT uses and manages its social media accounts and website 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 principles that underlie our mission: compassion, collaboration, and community delivered with dignity, innovation and excellence.

### **Definitions**

Not applicable to this policy.

### **Policy**

#### **Responsibility for LOFT-sponsored Sites**

LOFT makes use of Facebook, Instagram, LinkedIn, YouTube and Twitter for social media communications, WordPress for our official LOFT website, and from time to time other social media may be added. Staff may use WhatsApp for communicating

with clients. The LOFT website and all social media are managed by the Development and Communications Department.

The Senior Director of Development and Communications is responsible for all web and social media accounts. Establishing a LOFT presence on any public social network must be authorized beforehand by the Senior Director of Development and Communications.

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. LOFT may include links to partner agencies' websites to its website's pages and vice-versa when communicating about its partnerships and programs.

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, libellous, 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 Senior Director of Development and Communications in consultation with the CEO and the Privacy Officer

### **Negative Comments or Posts**

In order to ensure respectful and positive dialogue, any item for posting on LOFT's digital media channels will be submitted to the Development and Communications Department. The Development and Communications 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 and Communications Department know by emailing [comms@loftcs.org](mailto:comms@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.

## **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 Senior Director, Development and Communications.

## **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 with the exception being professional networking sites such as LinkedIn.

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**

It is not appropriate for LOFT staff to “add” clients to their social media accounts. Staff should not initiate or accept connection 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 “adding” employees they manage to their social media accounts. As well, staff are discouraged from “adding” their managers or supervisors to their social media accounts. All LOFT employees are encouraged to maintain their professionalism and respect boundaries online.

For professional social media websites, such as LinkedIn, connection requests can be accepted or denied at the discretion of the staff.

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.

## **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.

Digital media platforms are a public space. The information published on our website is available for the world to see. 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 professional 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 reevaluated 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 their 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.
3. Special consideration on barrier and vulnerabilities faced by marginalized communities such as systematic discrimination will be made while completing assessments.

### **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 their 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**

## **Relevant Legislation**

Not applicable.

## **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

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 their 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 their 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:

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

## Before Travelling

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

- Obtain prior approval where required (see Travel –Approval Requirements)
- If there is a change in itinerary, this should be reported to the approver as soon as possible
- Secure passports, visas, immunizations and medications as appropriate before travel
- The approver should be consulted to ensure that travel arrangements include accommodations for any special needs.
- Participation in frequent flyer or other loyalty programs is permitted provided that the most cost-effective accommodations or method of travel is used. Loyalty points can be redeemed at the user's 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. Accommodations**

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) 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. A no cost team recognition will occur.
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 ce 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.
- (g) To encourage participation and remove barriers to access for businesses owned by marginalized communities, a commitment will be made to source bids from organizations owned by underrepresented groups.

### **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 they, 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 CAD\$500,000
CEO:	Up to CAD\$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 they are the recipient (e.g. Travel Expense Reports). Such disbursements must be authorized by their superior.
- Temporary signing authority may be designated to an individual at the same level or above for a specified period of time. A written memo authorizing the designation must be sent to Finance in advance of the planned absence.
- Certain staffs are specifically empowered to authorize routine budgeted expenditures which would otherwise exceed their signing authority level. These specific authorizations are applicable only to the positions and items identified below:

Position	Type of Purchase	Up to Limit of
CEO and Director of Finance	Remittance of payroll and payroll deductions	CAD\$2,000,000 per pay period
Director of Finance	Remittance of benefit contributions	CAD\$300,000 a month
Senior Director, Administration and Transformation & Privacy officer or Director of Finance	Utilities	CAD\$100,000 any one bill
Senior Director, Administration and Transformation & Privacy officer	Repairs and Maintenance	CAD\$100,000

### **Purchases over \$3,000**

Purchases over \$3,000 require a purchase order ticket.

### **Purchases over \$5,000**

Purchases that are over \$5,000 but under \$30,000 require competitive prices from three sources through written quotations, tenders or proposals.

Purchases over \$30,000 but under \$100,000 require competitive prices from three sources through written quotations, tenders or proposals. For construction work [see note c), below] public or invitational tender from at least three contractors/trades.

Expenditures of \$100,000 or more require public tender for construction work in all cases, or competitive bids from at least six sources.

- a) Generally accepted public and invitational tendering practices must be followed and documented on file.
- b) In the context of replacing a capital item, “construction work” means work where the complexity of the work and the need for modifications to existing building components or structures would normally require specialized trades. In these circumstances, a tender package with specifications and detailed descriptions of the work involved would be required to ensure trades tender bids on the same basis.
- c) In circumstances where six bids can not be obtained, a minimum of three bids will be obtained. If three bids can not be obtained, approval is required from the CEO (and/or the respective government official for government grants/funding).
- d) The purchaser will document which quote has been accepted and the reasons that quote was successful. All documentation should be kept for audit purposes.

## **6. Credit Card Purchases**

For ease and convenience, LOFT will provide credit cards to Senior Directors and Program Directors. The CEO and Director of Finance can approve exceptions to this rule.

Employees should:

- a) Not make any personal purchase with the company credit card.
- b) All receipts will be submitted with the monthly credit card bill.
- c) Include a brief description and business purpose for the expenditure (i.e. description of W5 – who, what, where, when and why).
- d) If appropriate, include a brief description with the receipt (the purchase was made for which program or property, grant, meeting with...for..., etc...)
- e) Obtain their supervisors approval for these expenses.
- f) Submit all receipts within 10 days of receiving the monthly credit card bill.



Employees, who do not submit their receipts in a timely manner, make personal purchases or do not submit all their receipts will be asked to return their credit card and it will be cancelled.

## **7. Violation of Policy**

Employees who violate this policy may be subject to disciplinary actions.

## **8. Cheque Signing Policy**

All cheques and electronic transfers require two signatures:

Cheques or Electronic Transfers less than CAD\$10,000 can be signed by any two of the following:

- CEO
- Director of Operations
- Director of Finance
- Accounting Manager
- Financial Planning and Analysis Manager
- Financial Analyst

Cheques or Electronic Transfers greater than CAD\$10,000 requires one of the following signatures:

- CEO
- Director of Operations
- Director of Finance

The other signatures may be:

- Accounting Manager
- Senior Financial Analyst
- Financial Analyst

## **9. Contract and Agreements**

Often services are acquired under terms of a contract or written agreement. A contract is a written agreement between LOFT and a supplier, person or corporation that creates an obligation to purchase or supply specified goods or services for an agreed upon monetary sum for a specified term. It may include, but is not limited to, contracts, agreements, licenses, permits, and legal and financial transactions. Where possible contracts:

- should include a clause that outlines the time and notice requirements to end the contract early,
- and should avoid automatic renewal without specific notice.

Any employee with signing authority outlined below shall not sign any contract or agreement, where by doing so, that person is placed in a conflict of interest position or gives the appearance of being so.

All contracts, with or without financial withdrawal penalty, must be reviewed by the CEO or Senior Director and any contracts that exceed a value of \$100,000 (dollars per year x contract years) must be reviewed internally by two persons at the Senior Director level or above. All contracts must be signed by the CEO.

All original contracts must be forwarded to the Finance Department for filing. In addition, a copy of the contracts should be kept in a permanent departmental file of the originating department for reference.

## **Procedures**

See program manual.

## **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: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

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

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

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

Program Director Name: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

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

\_\_\_\_Orientation

\_\_\_\_Annual Review

---

***Copy of this form must be put in employee'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.

# **Fundraising Practices**

## **Fundraising Oversight**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

To provide an overview of fundraising accountability at LOFT.

### **Definitions**

Not applicable to this policy.

### **Description**

The Board of Directors recognizes that the continued trust of donors, government funders, clients, staff and the wider community is essential to the ongoing work of LOFT, and that effective policy governance practices must be in place.

The Board governs through policies that set the strategic direction and operating principles for LOFT. Operational and administrative responsibilities are delegated to the CEO within the general limitations, guidelines and expectations established by Board policy. The CEO reports to the full Board.

The Director of Development and Communications reports to the CEO and is responsible for the design, leadership, development and delivery of the fundraising program at LOFT Community Services through a network of volunteers, staff and community supporters.

LOFT is accredited by the Image Canada Standards Program in five areas: Board Governance, Financial Accountability and Transparency, Fundraising, Staff Management and Volunteer Involvement.

## Donor Bill of Rights

# A DONOR BILL OF RIGHTS

### DEVELOPED BY:



**PHILANTHROPY** is based on voluntary action for the common good. It is a tradition of giving and sharing that is primary to the quality of life. To assure that philanthropy merits the respect and trust of the general public, and that donors and prospective donors can have full confidence in the not-for-profit organizations and causes they are asked to support, we declare that all donors have these rights:

## I

To be informed of the organization's mission, of the way the organization intends to use donated resources, and of its capacity to use donations effectively for their intended purposes.

## II

To be informed of the identity of those serving on the organization's governing board, and to expect the board to exercise prudent judgment in its stewardship responsibilities.

## III

To have access to the organization's most recent financial statements.

## IV

To be assured their gifts will be used for the purposes for which they were given.

## V

To receive appropriate acknowledgement and recognition.

## VI

To be assured that information about their donations is handled with respect and with confidentiality to the extent provided by law.

## VII

To expect that all relationships with individuals representing organizations of interest to the donor will be professional in nature.

## VIII

To be informed whether those seeking donations are volunteers, employees of the organization or hired solicitors.

## IX

To have the opportunity for their names to be deleted from mailing lists that an organization may intend to share.

## X

To feel free to ask questions when making a donation and to receive prompt, truthful and forthright answers.

ADOPTED IN 1993 • COPYRIGHT AFP, AHP, CASE, GIVING INSTITUTE 2015 • ALL RIGHTS RESERVED

## **Fundraising Practices**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

To ensure that LOFT fundraising staff adhere to the highest possible standards of practice.

### **Definitions**

Not applicable to this policy.

### **Policy**

LOFT hires fundraising staff who are members of the Association of Fundraising Professionals (AFP), or who are aware of, and agree to abide by the AFP Code of Ethical Principles and Standards. New hires who are not AFP members are not required to join, however the Senior Director of Development and Communications will maintain an active membership as a representative for the team.

All fundraising activities conducted by or on behalf of LOFT Community Services must be carried out in a manner that is bound by LOFT's own Code of Conduct and Ethics policy. In keeping with AFP standards, fundraising activities must:

- Be truthful.
- Accurately describe the organization's activities.
- Disclose the organization's name.
- Disclose the purpose for which funds are requested.
- Disclose the organization's policy with respect to issuing Official Income Tax receipts including any policy on minimum amounts for which a receipt will be issued.
- Disclose, upon request, whether the individual or entity seeking donations is a volunteer, employee, or contracted third party.

### **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details, please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).

# AFP Code of Ethical Principles



## CODE OF ETHICAL STANDARDS

### ETHICAL STANDARDS (Adopted 1964; amended Oct 2014)

The Association of Fundraising Professionals believes that ethical behavior fosters the development and growth of fundraising professionals and the fundraising profession and enhances philanthropy and volunteerism. AFP Members recognize their responsibility to ethically generate or support ethical generation of philanthropic support. Violation of the standards may subject the member to disciplinary sanctions as provided in the AFP Ethics Enforcement Procedures. AFP members, both individual and business, agree to abide (and ensure, to the best of their ability, that all members of their staff abide) by the AFP standards.

#### PUBLIC TRUST, TRANSPARENCY & CONFLICTS OF INTEREST

##### Members shall:

- 1 not engage in activities that harm the members' organizations, clients or profession or knowingly bring the profession into disrepute.
- 2 not engage in activities that conflict with their fiduciary, ethical and legal obligations to their organizations, clients or profession.
- 3 effectively disclose all potential and actual conflicts of interest; such disclosure does not preclude or imply ethical impropriety.
- 4 not exploit any relationship with a donor, prospect, volunteer, client or employee for the benefit of the members or the members' organizations.
- 5 comply with all applicable local, state, provincial and federal civil and criminal laws.
- 6 recognize their individual boundaries of professional competence.
- 7 present and supply products and/or services honestly and without misrepresentation.
- 8 establish the nature and purpose of any contractual relationship at the outset and be responsive and available to parties before, during and after any sale of materials and/or services.
- 9 never knowingly infringe the intellectual property rights of other parties.
- 10 protect the confidentiality of all privileged information relating to the provider/client relationships.
- 11 never disparage competitors untruthfully.

#### SOLICITATION & STEWARDSHIP OF PHILANTHROPIC FUNDS

##### Members shall:

- 12 ensure that all solicitation and communication materials are accurate and correctly reflect their organization's mission and use of solicited funds.
- 13 ensure that donors receive informed, accurate and ethical advice about the value and tax implications of contributions.

- 14 ensure that contributions are used in accordance with donors' intentions.
- 15 ensure proper stewardship of all revenue sources, including timely reports on the use and management of such funds.
- 16 obtain explicit consent by donors before altering the conditions of financial transactions.

#### TREATMENT OF CONFIDENTIAL & PROPRIETARY INFORMATION

##### Members shall:

- 17 not disclose privileged or confidential information to unauthorized parties.
- 18 adhere to the principle that all donor and prospect information created by, or on behalf of, an organization or a client is the property of that organization or client.
- 19 give donors and clients the opportunity to have their names removed from lists that are sold to, rented to or exchanged with other organizations.
- 20 when stating fundraising results, use accurate and consistent accounting methods that conform to the relevant guidelines adopted by the appropriate authority.

#### COMPENSATION, BONUSES & FINDER'S FEES

##### Members shall:

- 21 not accept compensation or enter into a contract that is based on a percentage of contributions; nor shall members accept finder's fees or contingent fees.
- 22 be permitted to accept performance-based compensation, such as bonuses, only if such bonuses are in accord with prevailing practices within the members' own organizations and are not based on a percentage of contributions.
- 23 neither offer nor accept payments or special considerations for the purpose of influencing the selection of products or services.
- 24 not pay finder's fees, commissions or percentage compensation based on contributions.
- 25 meet the legal requirements for the disbursement of funds if they receive funds on behalf of a donor or client.



# Issuing Charitable Tax Receipts

## Relevant Legislation

Canada Revenue Agency (CRA) guidelines at:  
<https://www.canada.ca/en/services/taxes/charities.html>

## Intent

As a Canadian registered charity, LOFT Community Services is authorized to issue to its donors official receipts for income tax purposes. In doing so, LOFT complies fully with all applicable Canadian tax laws and regulations.

These rules change from time to time, and if there are discrepancies between this policy and current CRA policy, the interpretation of CRA will govern.

## Definitions

**Donation:** a voluntary transfer of property without valuable consideration to the donor.

**Fair Market Value (FMV):** CRA defines fair market value as “the highest price, expressed in dollar amount, the property would bring, in an open and unrestricted market, between a willing buyer and a willing seller who are both knowledgeable, informed, and prudent, and who are acting independently of each other.”

**Gifts-in-kind:** Gifts-in-kind, also called non-cash gifts, are gifts of property. They cover items such as artwork, equipment, securities and cultural and ecological property. This includes tangible personal property.

## Policy

LOFT issues tax receipts in compliance with CRA guidelines. In order to do so, LOFT requires donors to provide their legal name and valid mailing address. When gifts are made by credit card, LOFT may also require the donor to provide a current telephone number.

## Who Receives the Receipt

A charitable receipt will only be issued in the name of the actual donor. If the donation is from an individual the receipt will be issued in the name of the individual. If the donation is from a corporation, the donation will be issued in the



name of the corporation.

An individual will not be issued a receipt for a gift from a trust or a company, even when the individual is the sole owner of the trust or company.

### **Gifts of Cash**

LOFT issues tax receipts for gifts of cash of \$10.00 or more, and will issue receipts for gifts under \$10.00 upon request. This includes cash donations made by credit card or by cheque. This information is provided to donors at the time the gift is made, and is included on all direct mail response forms.

Gifts made in other than Canadian currencies are receipted according to their value in Canadian dollars at time of deposit in LOFT's bank.

Cash donations/cheques received from Foundations or other registered charities are only tax receipted at the request of the donor.

### **Gifts in Kind**

In order to issue a charitable tax receipt for a gift-in-kind, LOFT must be able to objectively establish the Fair Market Value (FMV) of the gift, and must be able to confirm that the gift was received.

LOFT is responsible for reporting the FMV of a gift in kind on the official tax receipt. In order to determine the FMV, a proof of purchase or an independent appraisal is required for items valued over \$1,000.

LOFT will issue a charitable receipt for new items donated by an individual when the item is accompanied by a receipt of purchase.

When a business donates inventory, the business is required to indicate the FMV in writing, and LOFT will confirm the valuation using third party sources including online or printed catalogues. LOFT is permitted to issue a tax receipt provided there is no material benefit to the business such as promotion or advertising.

LOFT does not, as a rule, issue tax receipts for used items of clothing, furnishings or other tangible personal goods. Donations of used furniture with a FMV over \$1,000 may be tax receipted if the donor requests a receipt, the recipient program has need of the item and the FMV can be verified from objective sources.

**Gifts of securities:** Gifts of securities are considered to be gifts-in-kind. Such donations are assigned the value at the time the gift is received in LOFT's brokerage account. Whenever possible a gift of securities is sold immediately upon receipt by LOFT's broker and funds are transferred to LOFT to be used for the purposes intended by the donor.

**Donation of Services:** A contribution of service, that is, of time, skills or efforts, is not property and, therefore, does not qualify as a gift or gift in kind for purposes of issuing official donation receipts.

**Issuing Receipts:** LOFT-issued tax receipts are only valid if signed by an individual authorized by LOFT to acknowledge donations. As a general rule, this includes the Senior Director of Development, Senior Director of Finance, or the CEO.

## **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).

## **Donor Privacy**

### **Relevant Legislation**

Personal Information Protection and Electronic Documents Act (PIPEDA)(13 April,2002)

### **Intent**

LOFT Community Services respects donor privacy. We protect donor personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information donors provide will be used to deliver services and to keep donors informed and up to date on the activities of LOFT Community Services, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts. If at any time a donor wishes to be removed from any of these contacts they can simply contact LOFT by phone at 416-979-1994 ext. #2033 or via e- mail at [fundraising@loftcs.org](mailto:fundraising@loftcs.org), and we will gladly accommodate their request.

### **Policy**

#### **Our Commitment**

LOFT Community Services is committed to protecting the privacy of the personal information of its service users, employees, donors, potential donors, volunteers and other stakeholders. We value the trust of those with whom we deal, and of the public, and recognize that maintaining this trust requires that we be transparent and accountable in how we treat the information that you choose to share with us.

During the course of our various programs and activities, we frequently gather and use personal information. Anyone from whom we collect such information should expect that it will be carefully protected and that any use of or other dealing with this information is subject to consent. Our privacy practices are designed to achieve this.

We meet all legislative requirements with respect to privacy. We adhere to the privacy guidelines and have adopted the Ethical Fundraising and Financial Accountability Code of Imagine Canada (formerly the Canadian Centre for Philanthropy). We comply with the Donor Bill of Rights developed by the Association for Healthcare Philanthropy, Council for Advancement and Support of Education, American Association of Fund Raising Counsel and the Association of Fund Raising Professionals. We employ professional fund raising staff who adhere to the AFP Code of Ethical Principles and Standards of Professional Practice.

## **Defining Personal Information**

Personal information is any information that can be used to distinguish, identify or contact a specific individual. This information can include an individual's opinions or beliefs, as well as facts about, or related to, the individual. Exceptions: business contact information and certain publicly available information such as names, addresses and telephone numbers as published in telephone directories, are not considered personal information.

Where an individual uses his or her home contact information as business contact information as well, we consider that the contact information provided is business contact information, and therefore is not subject to protection as personal information.

## **Privacy Practices**

Personal information gathered by our organization is kept in confidence. Our personnel are authorized to access personal information based only on their need to deal with the information for the reason(s) for which it is obtained. Safeguards are in place to ensure that the information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered. We also take measures to ensure the integrity of this information is maintained and to prevent its being lost or destroyed.

We collect, use and disclose personal information only for purposes that a reasonable person would consider appropriate in light of the circumstances. We routinely offer individuals we deal with the opportunity to opt not to have their information shared for purposes beyond those for which it was explicitly collected.

## **Website and Electronic Commerce**

When you visit the LOFT Community Services website ([www.loftcs.org](http://www.loftcs.org)), you do so confidentially and securely. We are committed to protecting your personal identifiable information (PII). As part of this commitment, our privacy policy is based upon the values set by the Canadian Standards Association's Model Code for the Protection of Personal Information and Canada's Personal Information Protection and Electronic Documents Act.

Aggregate information (overall number of visitors, peak traffic times, most visited sections, etc.) is recorded, however this information is not connected to individual user sessions.

If you choose to make an online donation to LOFT Community Services through our website, you will be redirected to our online donation software an outside supplier hosted on a secure server, where you will be asked to provide personal information

necessary to process your donation and provide you with an official receipt for income tax purposes.

LOFT has selected Blackbaud to provide this service because we are satisfied that your personal information and payment details will be protected by security safeguards that are appropriate to the sensitivity level of the information. We take all reasonable precautions to protect your Personal Information from any loss or unauthorized use, access or disclosure. Your information will never be sold or traded.

Our donor CRM and online donation platforms are hosted by Blackbaud, a globally recognized software, website hosting, and payment processing provider. Blackbaud's software products – including Raiser's Edge NXT, and Luminate Online – are used by many of the largest non-profit organizations in the world for fundraising, payment processing, and contact record management. Blackbaud's software securely stores your personally identifying information, provides legal compliance for email communications, and records user interactions across the website. The software records transactional information for payment processing as required. You may opt-out of communication from LOFT and/or request that your contact record be deactivated at any time.

### **Updating of Privacy Policy**

We regularly review our privacy practices for our various activities, and update our policy. Please check [www.loftcs.org/accountability](http://www.loftcs.org/accountability) on an on-going basis for information on our most up-to-date practices.

### **Contact Information**

Questions, concerns or complaints relating to LOFT's privacy policy on the treatment of personal information should be directed to our Privacy Officer: Haim Sechter, Senior Director, Sr. Director, Administration and Transformation, LOFT Community Services, at [hsecher@loftcs.org](mailto:hsecher@loftcs.org).

Further information on privacy and your rights in regard to your personal information may be found on the website of the Privacy Commissioner of Canada at [www.privcom.gc.ca](http://www.privcom.gc.ca).

### **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).

## **Donor Anonymity**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

To ensure that LOFT abides by the wishes of donors regarding anonymity.

### **Definitions**

Not applicable to this policy.

### **Policy**

LOFT respects the right of donors to remain anonymous.

Although a donor's legal name and valid mailing address must be collected and recorded in order to issue a charitable tax receipt, donors have the right to request that their name not be published.

All donation forms, online giving forms, direct mail response cards and any other printed or electronic form used by LOFT to collect information regarding a donation, includes a check box enabling the donor to request anonymity. If there is no check box, or you would like to change your anonymity preferences you may reach out to [fundraising@loftcs.org](mailto:fundraising@loftcs.org), or call 416-979-1994 ext. #2033 at any time. All requests for anonymity are recorded in LOFT's donor database and the names of donors requesting anonymity are never made public or included in any donor listings.

Unless the donor specifically indicates otherwise, a donor's request for anonymity affects only the public acknowledgement of their gift. Private or personal acknowledgement, including thank you letters, event invitations, stewardship meetings, etc., is provided to an anonymous donor in exactly the same manner in which it is provided to all other donors.

### **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).

## **Donor Lists**

### **Relevant Legislation**

PIPEDA

### **Intent**

To ensure that LOFT abides by the wishes of donors regarding the sharing, renting or selling of donor lists.

### **Definitions**

Not applicable to this policy.

### **Policy**

LOFT does not sell, rent, exchange or share its donor lists.

### **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).

## **Donor Communication**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

To ensure that LOFT abides by the wishes of donors and prospective donors regarding the frequency and manner of communication.

### **Definitions**

Not applicable to this policy.

### **Policy**

LOFT honours all donors' and prospective donors' requests regarding the manner in which they are communicated with, and abides by the expressed wishes of constituents to:

- Limit frequency of contact.
- Not be contacted by telephone or other technology.
- Receive printed material concerning the organization.
- Discontinue contact.

In addition, every effort will be made to ensure that printed material mailed to the address preferred by the recipient and will use the form of name preferred by the recipient. To change your contact information, or communication preferences at any time, please email [fundraising@loftcs.org](mailto:fundraising@loftcs.org) or call 416-979-1994 ext. #2033.

### **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).



## **Independent Advice**

### **Relevant Legislation**

Not application to this policy.

### **Intent**

To ensure that the donors best interests are respected at all times.

### **Definitions**

Not applicable to this policy.

### **Policy**

If a donor proposes to make a Major or Planned Gift and/or LOFT has any reason to believe the proposed gift might significantly affect the donor's financial position, taxable income, or relationship with other family members, LOFT will encourage the donor to seek independent expert advice before finalizing the gift.

If a LOFT staff member is asked for advice by a donor, the staff member may answer to the best of his or her ability while also stating to the donor that LOFT does not provide professional advice, and encouraging the donor to speak to their own personal financial and/or estate planning advisors.

### **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).

## **Payment of Fundraisers**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

To ensure that LOFT fundraising activities are mission-driven.

### **Definitions**

Not applicable to this policy.

### **Policy**

LOFT does not, directly or indirectly, pay to individuals or entities fundraising on its behalf finders' fees, commissions or percentage compensation based on contributions.

### **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).

# **The Use of Stories and Images for Fundraising Purposes**

## **Relevant Legislation**

Not applicable to this policy.

## **Intent**

To ensure that LOFT treats every staff, client and LOFT community member with respect.

## **Definitions**

In referring to a client's image, this policy covers both still photographs and moving images.

## **Policy**

When LOFT uses client stories or images for the purpose of raising LOFT's profile, promoting LOFT programs or for fundraising purposes, such use will in no way exploit the client. LOFT is sensitive in describing those it serves, whether in graphics, images or text, and fairly represents their needs and how such needs will be addressed.

### **Permission to Use Stories and Images**

Client stories and images are important for conveying the story and impact of LOFT's work. LOFT will not use a client's image or story without the client's express permission. Clients have the right to decide what parts or elements of their own story they wish to share and what parts they wish to remain confidential. In addition, clients have the right to have their story presented using their full name, their first name only, their initials or a pseudonym.

Permission to use a client's image or story is to be obtained in writing on an official LOFT Consent and Release Form.

This policy applies to any LOFT representative asking a client for his/her story or image, including staff, interns, students and volunteers, when that person has the intention of sharing the story or image with others.

### **Withdrawing Permission**

A client may withdraw permission for the use of stories or images at any time.

Withdrawal of permission must be done in writing, including by email, either by the client or by the client's worker or other LOFT staff member working with that client.

Upon receiving a written withdrawal of permission, LOFT will act as quickly as possible to remove the client's stories and/or images from its website, Facebook page, and any other electronic media. In addition, LOFT will not use the client's story or image in any future electronic or hard-copy publications.

It is understood that already existing publications like brochures, newsletters or annual reports, containing the client's story or image will remain in use. It is also understood that where an electronic version of the publication exists, the electronic version will not be edited or altered.

## **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).

## **Documentation and Recordkeeping**

### **Relevant Legislation**

Not applicable to this policy.

### **Definitions**

Not applicable to this policy.

### **Description**

LOFT adheres to all legal and regulatory requirements regarding documentation and recordkeeping as set out by Canada Revenue Agency, Personal Information Protection and Electronic Documents Act and IFRS – International Financial Reporting Standards.

Physical donor records are kept separate from other administrative records in locked cabinets and digital donation records are kept in a secure database. Both can be accessed only by Development Department staff members. The Development Office remains locked at all times a Development staff member is not present.

## **Gift Acceptance Policy**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

To provide a guideline for the acceptance of charitable gifts.

### **Definitions**

Not applicable to this policy.

### **Policy**

LOFT accepts gifts that are consistent with its mission, purposes and priorities.

The LOFT development staff is authorized to accept all gifts of publicly trading securities and cash, and gifts of property other than real estate.

Gifts of property other than real estate that are not considered marketable or that the donor does not wish LOFT to sell, and that are not of use to LOFT or its service users, will not be accepted.

Gifts of real estate are subject to the discretion of the Board of Directors.

LOFT does not accept gifts that violate the terms of its corporate charter, jeopardize its charitable status, are for purposes outside the mission of LOFT, will be difficult to administer or that may result in any obligation or liability.

### **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).

## Donation of Gift Cards or Certificates

### Relevant Legislation

Canada Revenue Agency (CRA) guidelines at:  
<https://www.canada.ca/en/services/taxes/charities.html>

### Intent

LOFT accepts gift certificates for use in acquiring goods or services to be used in charitable activities, or to be provided to its clients for their personal use. LOFT can also accept gift certificates to be used in fundraising events such as auctions or raffles when such events are official sanctioned by LOFT.

As a Canadian registered charity, LOFT Community Services is authorized to issue official receipts for income tax purposes for the eligible amount of donated gift certificates under specific circumstances.

Please note that, if the donor identifies a specific individual client who is to receive the gift certificate, this is not considered a charitable donation and no tax receipt will be issued.

This policy is intended to cover the issuing of tax receipts only. The use and monitoring of gift certificates is covered under the LOFT Expenses Policy.

### Definitions

**Gift Certificate:** a certificate with a clearly stated monetary value that entitles the recipient to purchase goods and/or services in the issuer's establishment.

**Gift Card:** a card that has a clearly ascertainable monetary value that entitles the recipient to purchase goods and/or services in the issuer's establishment. Whenever possible LOFT encourages the use of electronic gift cards for donation purposes to facilitate tracking and streamline the documentation required as per the below procedures.

**Holder:** the person who has acquired the gift certificate. The holder cannot be the issuer.

**Issuer:** the person (individual, retailer, business) that creates a gift certificate or a gift card redeemable for goods and/or services from that person. An issuer cannot be a holder.

For purposes of this policy, “gift certificate” and “gift card” will be referred to collectively as “gift certificate”.

## **Policy**

LOFT issues donation receipts in compliance with CRA rules and guidance. In order to issue an official donation receipt for a gift certificate, Development must be in possession of proof of value of the certificate. When the gift certificate is donated by the issuer, Development must also be in possession of proof of its use. LOFT will issue an official donation receipt for a donated gift certificate in the following situations:

### **A Cash Donation for the Purchase of Gift Certificates**

When a donor makes a cash donation and indicates that it is to be used for the purchase of gift cards or certificates, the tax receipt is issued in response to the cash donation.

A Gift Certificate is donated by the Holder. When a donor has purchased a gift certificate (s), the donor then being the holder, and donates the gift certificates to LOFT, the following procedures must be followed in order to issue a taxreceipt.

### **Proof of Value**

When the cash value of the gift certificate is printed on the certificate, Development must receive a photocopy of the front and back of the gift certificate that clearly showing the cash value and the gift certificate registration number.

If the cash value is not printed on the certificate, Development must be provided with a store receipt that clearly shows the certificate registration number and the cash value, as well as a photocopy of the front and back of the gift certificate showing the certificate registration number.

When the holder does not have proof of the value of the gift certificate, this proof must be obtained from the issuer by taking the certificate to the issuing store and obtaining a store receipt showing the certificate registration number and value. This is to be done either by the donor themselves or by the staff member who has received the certificate. This store receipt must be provided to Development along with the photocopy of the front and back of the certificate clearly showing its registration number.

When the donor has indicated that a gift certificate is intended for the personal use of clients or programs, the program must provide Development with a copy of the Gift Certificate Acceptance Sheet signed by the client(s) in accordance with LOFT Expenses Policy.



## **A Gift Certificate is Donated by the Issuer**

LOFT does not provide tax receipts to the issuer of a gift certificate.

## **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).

## **Treatment of Restricted or Designated Gifts**

### **Relevant Legislation**

Not applicable to this policy

### **Intent**

In accepting a restricted or designated gift, LOFT is making its commitment to use the gift in accordance with the donor's wishes.

### **Definitions**

A "restricted" or "designated" gift is considered to be a gift for which the donor has given specific directions on how it will be used.

### **Policy**

LOFT accepts restricted or designated gifts provided such gifts are consistent with LOFT's charitable mission and purposes and do not place any undue burden of administration or oversight on the organization.

Gifts that are restricted or designated for the general operation of a specific LOFT program will be accepted provided that program has need of charitable support, and if the program does not, Development staff will contact the donor to suggest an alternative use of the gift that is in keeping with the donor's particular interest or motive in giving.

If the restriction or designation placed on a gift requires that LOFT undertake any new or additional program, project or activity, even though these may fall within LOFT's mission and purposes, such a gift can only be accepted with approval of LOFT senior staff.

If the gift is a bequest, staff will have this conversation with the Estate Trustee or other appropriate representative.

## **Naming of Buildings, Parts of Buildings & Spaces**

### **Relevant Legislation**

Not applicable to this policy

### **Intent**

LOFT Community Services sets out conditions under which buildings, parts of buildings or spaces may be named in honour of individuals or organizations.

The underlying principle of any naming is that the person(s) or organization(s) for whom the space will be named and LOFT Community Services should both be honoured by the naming of the building, part of building or space.

### **Policy**

Persons or organizations that may be honoured by the naming of a building, part of building or space include:

- a) Persons or organizations that have contributed to the life and mission of LOFT Community Services through voluntarism or other dedicated services.

OR

- b) Persons or organizations that, through their contributions of capital or other assets, enable LOFT Community Services to further its mission.

The name may refer to a foundation, individual, family or similar unit or to a respectable commercial or business unit.

In the case of naming in recognition of philanthropy, the guiding principle shall be that the gift received will represent at minimum between 20% and 50% of the cost of the named building, part of building or space. The terms and conditions of such a naming will be set out in a written agreement signed by both LOFT and the donor or donor representative.

The autonomy of LOFT shall be safeguarded at all times. The attribution of a name does not imply or confer any involvement or oversight into the operations of LOFT Community Services.

It is the intention of LOFT Community Services to respect the donor's intent. If, however, circumstances change so that the entire amount of the gift is not received by LOFT, LOFT may at its option remove the donor's name from the named space, or any part therein or thereon where the donor's name appears, and/or reduce the

name or form of recognition from that set out in any written agreement and/or offer the donor an alternative naming opportunity and benefits commensurate with the donor's level of giving.

In the event that a named building, part of building or space is renovated, sold or its use changes in any other way that affects the naming and form of recognition contemplated in the gift agreement, LOFT will inform the donor if possible, and will make every effort to find an optional way to continue appropriate recognition of the donor. This may include naming of an alternate building, part of building or space, or the installation of a suitable recognition plaque.

Ultimate authority to accept or decline any proposal on the name of a building rests with the Board of Directors. The naming of parts of buildings and spaces may be done at the discretion of senior management.

Ultimate authority to discontinue the designated name of a building, part of a building or space, or to transfer the name to another building, part of a building or space rests with the Board of Directors.

Notwithstanding any other provision of this policy, no naming will be approved or existing name continued that will call into question the integrity, reputation or public image of LOFT Community Services.

## **Gifts to the Investment Fund**

### **Relevant Legislation**

Not applicable to this policy

### **Intent**

To confirm LOFT's ability to accept charitable donations to the Investment Funds and the terms and conditions thereof.

### **Definitions**

The "Investment Fund" refers to LOFT's capital and discretionary funds.

### **Policy**

LOFT accepts gifts to its Investment Fund, the purpose of which is to ensure the long-term financial health and stability of the organization.

Gifts can be designated by the donor to be added to the Investment Fund. In general, unrestricted or undesignated gifts made by will are also added to the Investment Fund.

LOFT does not generally accept gifts that require the establishment and management of a separate investment fund or a separately endowed fund. This type of gift would only be considered if the size of the gift warranted the creation of such a separate fund, and acceptance of the gift would require board approval.

LOFT does not have a separately constituted endowment fund.

## **Use of Bequests**

### **Relevant Legislation**

Not applicable to this policy

### **Policy**

Unrestricted and undesignated gifts received as bequests are understood to be an expression of the donor's commitment to the future of LOFT and its work, and as such will be added to the Investment Fund. When receipt of an unrestricted or undesignated bequest coincides with a special or significant immediate need for funding, a recommendation may be made to the Board that the bequest donation be used as capital, project or operating funding rather than adding it to the Investment Fund.

## **LOFT Community Services Volunteer Guide**

Thank you for volunteering your time in supporting our mission to help people achieve their optimal health and well-being in the community.

Volunteering at LOFT shows that the wider community values the health and well-being of our clients. Your actions help to instill and support the sense of hope that is essential to recovery.

### **LOFT's Volunteer Policy**

LOFT strives to support and recognize volunteers like you for your valuable contributions. This guide and the policies outlined here are designed to ensure that volunteers are protected in their interactions with LOFT staff and clients.

These policies apply to all volunteers who contribute their time and services on behalf of and at the direction of LOFT in fulfilling its mission.

Volunteers under 18 years of age must be accompanied by a parent or guardian.

### **Volunteer Recruitment**

LOFT's volunteer program is open to all individuals interested in participating.

Successful applicants must be able to demonstrate a commitment to LOFT's mission and may only be placed if their needs as volunteers match LOFT's needs. Volunteer recruitment is at LOFT's discretion.

### **Volunteers and LOFT Staff**

LOFT engages volunteers to enhance the role of paid staff, not as a replacement. Each volunteer will be assigned a Contact Person who is a staff member with responsibility in the area, program or project in which the volunteer is working.

Your Contact Person is responsible for your on-the-job training and supervision and will be available to offer support and advice as needed. The Contact Person is also responsible for scheduling you and logging your volunteer time.

You are responsible for providing the Contact Person with accurate information about your availability and committing to the schedule agreed upon. If you are unable to attend to an agreed upon shift, please let your Contact Person know as soon as possible.

Make sure you check in with your Contact Person at the beginning and end of each work shift. Your Contact Person can provide advice and guidance as needed.

## **Orientation and Training**

LOFT continually recruits new volunteers. Initially, an appointment time is set for each volunteer during regular working hours. This meeting will include an overview of LOFT's work, a discussion of your volunteer interests and motivations, and an outline of the volunteer opportunities available.

You will be given an orientation package with contact information and documents to fill out and bring on your next visit to LOFT.

You will receive thorough training in your volunteer role. You will be trained by the Contact Person or another designated person either "on-the-job" or in a dedicated training session, depending upon your volunteer role.

## **Equity and Diversity**

LOFT welcomes diverse individuals as volunteers reflecting our diverse client population. LOFT policies, procedures and programs demonstrate respect for the values and diversity of all people. All programs are developed acknowledging the diversity of the persons served by LOFT.

We ask that all our volunteers engage all people with respect for their uniqueness and dignity and treat all people with fairness and courtesy. We also ask volunteers to be sensitive to diversity and to avoid discriminating on any grounds as set out in the Ontario Human Rights Code. If you have questions or concerns about this issue, please see the Human Rights policy which is included in your orientation package.

## **Confidentiality and Data Protection**

Respecting the privacy of our clients, donors, staff, volunteers and of LOFT Community Services itself is a fundamental value of LOFT.

LOFT is bound by the Personal Health Information Privacy Act (PHIPA) and the Personal Information Protection and Electronic Documents Act (PIPEDA).

As a volunteer you are required to review and follow the LOFT Confidentiality Policy in your orientation package.

## **Occupational Health and Safety**

It is our goal to ensure that LOFT Community Services maintains a safe and healthy environment for our employees, clients and volunteers.



LOFT follows the Internal Responsibility System, where everyone involved within LOFT is responsible to identify and report any actual or potential hazard or incident. The complete LOFT Health and Safety Policy is available at each site.

LOFT Community Services' Health and Safety program is governed by the Occupational Health and Safety Act (OHSA), the Workplace Safety Insurance Act (WSIA), and LOFT's own policies and procedures.

## **Problem Solving and Complaints**

If you have a problem with a client, staff member, or another volunteer, you should discuss it with your Contact Person.

If the issue is not resolved, or the complaint is about your Contact Person, it should be taken to the Director.

## **Expenses**

You may be reimbursed for pre-approved, actual out-of-pocket expenses incurred while volunteering for LOFT. Make sure you first get approval from your Contact Person before incurring the expense.

## **Screening and Police Reference Checks**

LOFT requires that all new volunteers who will have ongoing direct contact with residents or clients complete a Police Reference Check (PRC) under the Vulnerable Sector Screening Program as part of the selection process. The volunteer is responsible for the cost of this screening.

LOFT recognizes and appreciates the level of trust that our residents and clients place in our staff and volunteers. The requirement for a PRC is part of our commitment to protect the safety and well-being of vulnerable individuals within the community we serve, and to comply with the requirements of government funders.

## **Volunteer Recognition**

Recognizing the invaluable contributions of our volunteers is a fundamental aspect of our commitment to fostering a positive and appreciative environment. In alignment with best practice, acknowledging our volunteers strategically contributes to the retention of current members and the attraction of new ones. This practice not only emphasizes the vital roles each volunteer plays but also communicates genuine gratitude for their efforts, ultimately enhancing volunteer morale and productivity.

Implementation of Volunteer Recognition:

LOFT will follow best practices outlined by Volunteer Canada. Frequent expressions of

thanks, both formal and informal, are actively encouraged to maintain a positive atmosphere (a card, an acknowledgement at holiday events as examples).

Diversity in recognition methods and timeliness are key principles. Our approach spans from informal gestures, such as verbal appreciation and small treats, to more formal events like awards presentations, dinners, and guest speaker invitations. This diversity ensures that our recognition efforts occur regularly and are tailored to each volunteer, reflecting the sincerity of our appreciation for their specific contributions.

Focus on the Individual:

LOFT will prioritize recognizing the individual rather than just the outcome of their work. This approach, as suggested by Volunteer Canada, involves crafting recognition messages that center on the person, highlighting their unique impact on our organization. The appropriateness of the recognition form aligns with the volunteer's contribution level, with simpler acknowledgments for shorter service periods and more elaborate ceremonies for significant milestones.

Acknowledging contribution of volunteers will take place both at program level as well as through organizational wide communications and activities: for example, saying thank you to volunteers on social media or celebrating them during the Annual General Meeting. In addition to this, recognizing program specific contributions, the program teams will engage volunteers as applicable, formally and informally during the entire length of relationship.

Uniqueness in recognition is actively encouraged within our organization. We emphasize the importance of understanding our volunteers on an individual level, taking the time to tailor our recognition efforts to align with everyone's preferences. This personalized approach ensures that our acknowledgments are meaningful and impactful.

## **Additional Volunteer Policies**

These policies have been developed to enhance LOFT's relationship with its valued volunteers, and to provide clarity and guidance on important topics. You will be given copies of the additional policies listed below at your initial orientation and asked to sign and return them to LOFT at your next visit:

1. Confidentiality Policy for Volunteers
2. Volunteer Code of Conduct
3. Volunteer Conflict of Interest Policy

Specific roles may require that you sign additional policies, e.g. Computer Use Policy.

You will also be asked to review the following policies, which will be provided in your orientation package.

- Human Rights
- Workplace Violence & Harassment Prevention
- Sexual Harassment
- Social Media

If you would like information about other LOFT policies, the General Policy Manual is available online at <https://www.loftcs.org/who-we-are/accountability/> by clicking Loft General Policy Manual.

## Confidentiality Policy for Volunteers

Respecting the privacy of our clients, donors, staff, volunteers, and of LOFT Community Services itself is a basic value of LOFT. Client information is protected by law under the Personal Health Information Protection Act (PHIPA), and donor information is protected by law under the Personal Information Protection and Electronic Documents Act (PIPEDA).

Information on LOFT's adherence to both Acts is available at [www.loftcs.org/who-we-are/accountability/](http://www.loftcs.org/who-we-are/accountability/) and clicking on the link "LOFT General Policy Manual."

Individuals are asked to read and sign this policy at the time they become active LOFT volunteers, and once per year thereafter.

### Definition of Personal Information

Personal information is any information that can be used to distinguish, identify, or contact a specific individual. This information can include an individual's opinions or beliefs, as well as facts about, or related to, the individual. Business contact information and certain publicly available information such as names, addresses and telephone numbers as published in telephone directories, are not considered personal information.

### Confidential Information

Volunteers do not have access to confidential client information under any circumstances.

Personal and financial information about donors and/or other volunteers is confidential and is not to be disclosed or discussed with anyone. Print or electronic documents containing such confidential information are not to be left in the open or unintentionally shared.

Volunteers may be exposed to business or financial information about LOFT which is confidential, privileged, or proprietary in nature. Such information must be kept confidential both during and after volunteer service.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including limiting or terminating volunteer involvement.

### ACKNOWLEDGEMENT

I have read, understand and accept the LOFT Volunteer Confidentiality Policy.

---

Volunteer Signature

---

Date

## Volunteer Code of Conduct

LOFT expects volunteers to conduct themselves and the work they do on LOFT's behalf in a manner that honours LOFT's values and does not harm public trust and confidence in LOFT.

### Policy

Volunteers must treat with respect all clients, staff and fellow volunteers with whom they interact while volunteering with LOFT. Volunteers will not discriminate against any person or persons by reason of age, creed (religion), gender (including pregnancy and breastfeeding), sexual orientation, gender identity, family status (such as being in a parent-child relationship), marital status (including the status of being married, single, widowed, divorced, separated, or living in a conjugal relationship outside of marriage, whether in a same sex or opposite sex relationship), disability (including mental, physical, developmental or learning disabilities), race, ancestry, place of origin, ethnic origin, citizenship, colour, political affiliation, or by association or relationship with a person identified by one of the above grounds or the perception that one of the above grounds applies.

Volunteers will not seek or accept gifts, payments, services, or other valuable privileges from any person, organization or group that is engaged or seeks to become engaged with LOFT in any way.

Volunteers must maintain the highest standard of confidentiality regarding information obtained directly or indirectly through their involvement with LOFT and adhere to LOFT's Confidentiality Policy for Volunteers at all times.

Unless expressly designated by the CEO to do so, a volunteer does not speak on behalf of LOFT. It is not appropriate for a volunteer to express an opinion publicly unless it is an opinion pertaining specifically to their personal experience as a LOFT volunteer. When a volunteer expresses an opinion privately on a subject related to LOFT's work, it is incumbent upon them to make clear that this is a personal opinion and not the opinion of LOFT.

Volunteers will remain cognizant of and sensitive to the vulnerability of individuals served by LOFT. When interacting with clients, volunteers will conduct themselves in a professional manner and will maintain appropriate boundaries at all times. It is not acceptable for a volunteer to socialize with a client outside the program or to give or receive a gift or favour to or from a client, without the knowledge and approval of the Contact Person. It is not appropriate for a volunteer to provide personal or financial advantage to a client.

### ACKNOWLEDGEMENT

I have read, understand and accept the LOFT Volunteer Code of Conduct.

---

Volunteer Signature

---

Date

# **Volunteer Conflict of Interest Policy**

## **Definition**

A conflict of interest is any decision-making situation where the private interests of a volunteer conflict with the best interests of LOFT. This can involve the volunteer, a close family member, or friend, directly or indirectly giving or receiving a personal benefit, gain, privilege, or advantage through an insider relationship. In such situations independent judgement and objectivity are threatened.

## **Intent**

The goal of this policy is for all inside parties to operate at arm's length with all outside parties with which LOFT does business.

## **Policy**

Volunteers must remain conscious of possible conflicts of interest and must report any real or potential conflict of interest to their Contact Person immediately.

Volunteers and staff will avoid any arrangements or circumstances, including personal relationships, which may compromise the judgement and the ability of staff or volunteers to act honestly, in good faith and in the best interests of LOFT.

Similarly, volunteers will avoid any personal relationships with clients that may compromise the judgement and ability of the volunteer to act honestly, in good judgement, and in the best interests of LOFT.

Volunteers are bound by the LOFT Volunteer Confidentiality policy. Further, any disclosure or use of information related to LOFT for the benefit, advantage or profit of the volunteer or an outside concern is prohibited.

Volunteers will not directly refer clients and/or their families to any private professional practices in which the volunteer may be engaged.

Volunteers will not accept gifts, fees, honoraria or personal benefits or advantages from any outside source doing business or seeking to do business with LOFT. Volunteers will not accept gifts, fees, honoraria or personal benefits or advantages from LOFT clients, or the friends or family of clients, when those gifts are intended to influence the Volunteer in any way.

In an exception to the above, a volunteer may accept a gift of nominal value when it is given in recognition of a job well done.

## **ACKNOWLEDGEMENT**

I have read, understand and accept the LOFT Volunteer Conflict of Interest Policy.

---

Volunteer Signature

---

Date

