

# Employee Handbook

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## Welcome

We are so glad you chose to work for our organization. At Peterborough Family Health Team (PFHT), we believe that our most important job is to deliver quality healthcare utilizing a range of programs and services. You are now part of our quality team of professionals sharing that common goal. The Employee Handbook will introduce you to our organization and includes the information you need to know right away as well as information that will help you understand that you are an integral part of our organization. PFHT is a meaningful place to work. Every staff member is vital to enhancing the patient experience.

After reviewing this handbook, if you have questions or concerns about your position or about working within PFHT, please contact Human Resources. Starting a new job has many challenges and we do not want the new employee orientation process to be one of them. PFHT provides all new employees with an engaging staff orientation featuring various key speakers within the first number of months of employment.

PFHT believes in continuous improvement and meeting the changing needs of our community. At PFHT, every member of the team plays an important role in providing the best care possible for our patients and clients. We believe in you, and we believe that by working together, we can make great things happen.

Please feel free to drop by and say hello anytime.

Sincerely,

A handwritten signature in cursive script that reads "Julie Brown".

Julie Brown  
Interim, Executive Director

## Introduction

Peterborough Family Health Team (PFHT) works collectively with our five Family Health Organizations (FHOs), which includes over 96 family physicians, 12 medical residents and over 110 interprofessional healthcare providers, such as Clerical Staff, Mental Health Clinicians, Nurse Practitioners, Pharmacists, Physician Assistant, Registered Dietitians, Registered Nurses, Registered Practical Nurses, working collaboratively to provide comprehensive primary care across Peterborough City and County in Ontario, Canada.

PFHT is dedicated to expanding access to primary care in our community. Since their creation, PFHT has enrolled over 25,000 new patients and provides care to over 113,000 patients.

Our Mission, Vision, and Values are the cornerstone upon which employee relations are founded. Upon that foundation, the Employee Handbook of PFHT outlines Human Resources (HR) policies, employee benefits, administrative processes, and employee/employer responsibilities.

Every attempt has been made to reflect a supportive and positive employment experience for everyone. PFHT is committed to continue benchmarking with our FHT comparators and the local healthcare community to ensure we remain an employer of choice. PFHT believes that increased employee engagement in the broader strategic directions of the organization contributes to improved care for patients and a greater degree of job satisfaction for employees. Employee input and feedback is encouraged and welcomed through everyday conversations as well as the Employee Council, which meets 4 times per year.

It is important that all employees of PFHT familiarize themselves with the contents of the handbook. Employees can easily revisit the handbook at any time and locate sections of interest by using the navigation pane (Ctrl+F) of Microsoft Word and searching by heading, page number, and/or keyword.

It is important to recognize that our structure creates complexities not normally experienced in the workplace. Health professionals working in the practices have collaborative relationships with the administrative staff, nurses, and physicians – yet many of these colleagues are not employees of PFHT. Every attempt has been made to recognize this reality in a manner that supports a positive, engaging workplace experience.

Our structure also makes communication difficult and demands a concerted effort on everyone's part. Every PFHT employee is given an email address, access to the Internet, FHT Intranet site, and the Team Portal. All PFHT activities, announcements, and events are communicated using these tools. In addition, each discipline has established protocols for regular meetings and communications. All PFHT employees are required to check their email on a regular basis and make use of these various communication vehicles in order to meet their obligation to the goal of effective communication. Primary Cares –



Biweekly News Digest is produced every two weeks and is intended for the primary care clinicians and support staff of PFHT as well as community partner organizations and is an important communication channel. Please check your junk mail folder if you do not receive it within the first 2 (two) weeks of employment.

## What Defines PFHT?

### **Mission**

As a provincial health care leader and community partner, Peterborough Family Health Team coordinates and empowers family practice-centred multidisciplinary teams to provide high quality, evidence-based, primary care to meet the needs of all residents of Peterborough County.

### **Vision**

A leader in the delivery of collaborative family medicine serving the residents of Peterborough County.

### **Core Values**

The organization's core values reflect what is truly important to its people. These are not values that change from time to time, situation-to-situation or person-to-person, but rather they are the underpinning of the FHT's organizational culture and approach to the design and delivery of primary care in our community.

### **High-Quality Patient-Centred Care**

We are committed to high-quality patient-centred care and seek to ensure that every patient's experience is respectful, without prejudice and built on confidence and trust. We believe that patient well-being is a shared responsibility between primary care providers and patients.

### **Universality**

The health and well-being of all residents in our region is the motivation for everything we do.

### **Trust**

We build trust with, and among our employees, health professionals, partners, and patients by listening, respecting diverse opinions, valuing their unique contributions, and delivering on our commitments.

### **Collaboration**

We believe that a multi-disciplinary approach to patient care - with our team members and partners - leads to better patient outcomes and a more positive experience for patients and professionals alike.

### **Innovation**

We seek opportunities to advance best practice in our programs, services, and processes. We value continuous improvement and learning as driver of quality.

### **Transparency & Accountability**

We act fairly, ethically, and openly in all that we do.

## Guiding Principles

We follow five guiding principles that reflect our values, influence our decisions, and shape our actions:

1. **Relationships:** We focus on building strong relationships to support everything we do – on our teams, with our partners and with our patients. We believe that the relationship between primary care providers and patients is the foundation of high-quality patient-centred care.
2. **The Patient Experience:** We believe that the patient experience is influenced by the sum of all of their interactions with primary care. We engage our patients, seeking to understand their experience to improve the delivery of primary care.
3. **Inclusive, Community Lens:** We collaborate and partner with others to leverage our collective strength to provide seamless care to all residents of our community.
4. **Strong Leadership:** We focus on effective, forward-thinking leadership in the governance and administration of our organization.
5. **Responsible Stewardship:** We are responsible and accountable for the financial resources allocated to us and for the trust our residents place in us.

## **Greater Peterborough Health Services Foundation**

### **“Your Family Health Team Foundation”**

The Greater Peterborough Health Services Foundation, known as **GPHSF, Your Family Health Team Foundation**, have been supporting and enhancing patient care across Peterborough for more than 30 years. Originally founded by the Sisters of St. Joseph’s, the Foundation has evolved with the changing landscapes of medicine and formed an alliance with the Peterborough Family Health Team (PFHT) in 2009 to support the growing need for additional funds for patient programs, capital equipment, research, and training to enhance care across the community.

By working with the PFHT Team, the Foundation continues to raise funds to improve primary care.

**GPHSF, Your Family Health Team Foundation**, has granted just over \$330,000 in capital across the 35 locations of PFHT:

- 56 Blood Pressure Monitors - ensuring most accurate blood pressure readings
- 24 Vaccination Refrigerators - for on-site storage ability
- 20 Transport Chairs - supporting patients with mobility issues
- 100 Hearing Amplifying Headsets - for residents in long-term care
- 18 Power Exam Tables - ensuring accessibility and quality of patient care
- 17 AEDs - for emergency medical intervention in case of a sudden cardiac event
- Bilicheck system - to detect neonatal jaundice at Partners in Pregnancy Clinic
- Handheld ultrasound - to offer service on-site at the Partners in Pregnancy Clinic without additional appointment and referrals to hospital
- Providing updated equipment for Ontario Telemedicine Network - enabling patients to see clinicians via satellite that saves on travel time and costs

As PFHT continues to grow in patient services, so too does the Foundation with the support they could provide.

**GPHSF, Your Family Health Team Foundation**, has raised more than \$500,000 since 2009 to support programs including:

- Youth Sports Concussion Program
- INR Program (Stroke Prevention)
- Cardiovascular Health and Wellness
- Mindfulness for Mental Health Program
- Diabetes Prevention
- Senior Care
- FHT to Quit Smoking Cessation Program



- Patient transportation fund – ensuring patients suffering from anxiety and depression have transport to and from appointments

The Foundation is supported by the generosity of donors and community partners to help patients at all stages in life and continues to accomplish the mission that the Sisters of St. Joseph's set in motion more than 30 years ago, bridging gaps in community healthcare. If you would like to support Your Family Health Team Foundation, donations can be made through direct payroll withdrawal, online at [www.gphsf.ca/donate](http://www.gphsf.ca/donate), by calling our office at telephone (705) 740-8074, by mail, and/or in person. You are welcome to stop into the office to speak with us at address 185 King Street, 5<sup>th</sup> Floor, Peterborough ON K9J 2R8.



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## Team Portal

All employees' have access to the PFHT Team Portal. This communication channel provides valuable information on PFHT committees, upcoming education sessions and events, tools and resources, completed FHT policies and forms, FHT branding and visual guidelines, issues of the *Primary Cares* bi-weekly newsletter, interprofessional healthcare provider designated pages, and more. When a new employee begins, the Public Relations Officer (PRO) emails the employee information on how to register for the Team Portal. The PRO will provide additional information on navigating the portal and highlights the designated discipline pages. Any questions about the portal can be directed to the PRO who is always there to assist.

Please note that it is the employee's responsibility to access the PFHT Team Portal on a regular basis as this is the method by which we provide our employees with relevant and updated information.

## Recruitment and Hiring Process

PFHT is committed to recruitment practices that are fair, ethical, equitable, professional, and transparent. Responsibility for recruitment and selection of PFHT employees rests with the Human Resources Manager or designate, physician, and/or the appropriate FHT/FHO Admin and in consultation with the Professional Practice Lead (PPL). Selection will be based on a competitive process that includes screening, interviewing, possible skill testing, checking references, and credentials. It is the responsibility of the Human Resources Manager or designate to ensure the objectivity of any competition panel of interviewers. Connected to our anti-nepotism policy, when a candidate is related to a member of the panel, that member must be removed from any interview or selection process associated with the outcome of the competition.

Successful candidates must provide a police record search and where applicable, a Vulnerable Sector Screening, and evidence of good standing in the appropriate regulatory body for their profession.

Once hired, no employee shall report directly to a relative. It is incumbent on the Human Resources Manager or designate to identify such relationships and ensure appropriate reporting relationships. The same policy may generally apply to students employed by PFHT, recognizing the need for greater flexibility with regard to student opportunities.

All employees must successfully complete their assessment period.

### **Review of Internal Candidates**

The Human Resources Manager, Director of Programs & Services, Clinical Manager, FHO Lead or another staff as designated by the FHO Lead, physician, and if applicable, the Professional Practice Lead will review all internal applicants that responded to the Expression of Interest (EOI).

The EOI is open to internal candidates for a maximum of 5 days before the opportunity may be posted to external candidates on the Careers Section of the PFHT website.

Due to the nature of the job, many elements must be considered prior to an existing interprofessional healthcare provider filling a vacancy. This may include being the correct fit for the position or the potential disruption to PFHT and/or FHO. PFHT generally only encourages internal movement when there is an opportunity to go from a temporary to a permanent position, from Part-time to Full-time, or vice versa.

PFHT values patient centred care and considers the possible effects on a clinic/patient when moving the interprofessional healthcare provider. As a result, one cannot assume they will be the successful candidate.

The successful candidate, whether internal or external, will be chosen by the Human Resources Manager, Director of Programs and Services, and/or Clinical Manager, physician, and in consultation with the Professional Practice Lead based on position requirements, qualifications, relevant experience, training, education, best fit, candidate interview performance, and references. The FHO admin may be consulted at this juncture of the recruitment process. If the Human Resources Manager deems it appropriate, another team member may be invited to be a part of the hiring panel.

Temporary employees are entitled to the same as permanent employees, with the exception of Health and Dental, Long-term Disability (LTD), and Life Benefits.

### **Criminal Records Search**

Employees of PFHT who work directly with patients are required to provide a Vulnerable Sector Screening search obtained from a police service before starting employment with PFHT. Conditional offers of employment may be approved by the Human Resources Manager or designate, where required; however, no employee shall see patients alone until this documentation is provided and found to be acceptable to the Human Resources Manager.

Employees whose job duties allow them spending authority and/or financial accountability are also required to provide a criminal record search.

Documents dated within the preceding three (3) months will be accepted. The cost of this is to be paid for by the employee.

A criminal record does not necessarily preclude employment with PFHT. The final decision on such a matter will be made by the Human Resources Manager or designate and the Executive Director. In all cases, the candidate's/employees confidentiality will be maintained. The criminal record search will be retained on the employee's Human Resources file in a sealed envelope.

### Full Time Equivalent

Regular hours of work for a full-time employee are 7.5 paid hours per day, which includes a 30 minute paid lunch, for a 37.5 hour paid work week. The following chart shows regular hours for employees.

Full Time Equivalent (FTE)	Regular Hours of Work per Week
0.1	3.75
0.2	7.5
0.3	11.25
0.4	15
0.5	18.75
0.6	22.5
0.7	26.25
0.8	30
0.9	33.75
1.0	37.5

### Assessment Period

As you begin your job with PFHT, we will do everything that we can to get you off to a great start and to acquaint you with the advantages and opportunities that you will enjoy as a team member of PFHT.

The first nine (9) months are considered an assessment period for all new staff. During this period, you and PFHT will have an opportunity to get to know one another. We will engage in various assessment processes to evaluate your performance. The assessment processes are designed to identify any areas requiring improvement or training gaps and to discuss any feedback received during this time.

Termination during the assessment period will be in accordance with the minimum provisions of the Ontario Employment Standards Act, 2000 or your contract of employment, whichever provides you with greater entitlements.

## Departures and Retirements

### Resignation

If you intend to resign, you are requested to do so in writing to the Human Resources Manager or designate. Minimum notice of 4 (four) weeks for administrative staff, management, and professional staff is requested. In order to best ensure patient continuity, PFHT encourages longer notice periods where possible.

Any outstanding vacation, eligible statutory holiday pay and lieu time will be included in the final pay cheque. There is no payout value for unused Training and Development, Personal Days, or Sick Time. Similarly, any banks with time taken, but not yet earned will be recovered accordingly.

### **Deemed Terminated**

PFHT may consider you to have terminated your employment under any of the following circumstances:

- a) You are absent from scheduled work for a period of three (3) or more consecutively scheduled working days without notifying your respective Family Health Team of such absence.
- b) You fail to return to work upon termination of an authorized leave of absence without being granted an extension.
- c) You utilize a leave of absence for purposes other than that for which leave was granted. For example, a leave requested to provide care to ill family member actually used to try out another job.

### **Retirement**

PFHT does not have a mandatory retirement policy. Employees who plan to retire are asked to provide as much notice as possible, at a minimum respecting the resignation notice requirements.

Any outstanding vacation, eligible statutory holiday pay and lieu time will be included in the final pay cheque. There is no payout value for unused Training and Development, Personal Days, or Sick Time. Similarly, any banks with time taken, but not yet earned will be recovered accordingly.

### **Casual Employees**

PFHT employs workers in casual positions. These employees work as needed, and as such do not have regularly scheduled hours of work. Therefore, special guidelines are needed to govern how PFHT will assign work and determine casual employees' employment status.

A casual employee is an individual employed by PFHT who works an irregular schedule based on the organization's needs.

The procedures are as follows:

- In order to be eligible, casual employees must work a minimum of 30 hours per calendar year to remain on the casual employee roster.
- PFHT will review the hours worked by all casual staff following the end of each calendar year, and will determine which employees are eligible to remain on the casual employee roster and which will be removed.

- If an employee is removed from the casual employee roster, they will be provided with appropriate notice of the termination of their employment with PFHT.
- If a casual employee has not worked for PFHT within the last six (6) months, PFHT will conduct a total review of the employee's hours worked over the preceding year. If the employee has worked less than 30 hours in that period of time, the employee may be notified that their placement has ended and their employment with PFHT will be terminated.

In terms of availability, casual employees are asked to confirm their availability by April of each year.

The scheduling of casual employees involves the following:

- PFHT makes no guarantee as to the minimum number of hours a casual employee will be scheduled to work in any given period of time.
- Casual employees will be scheduled to work as needed to meet the organization's needs.
- PFHT will notify a casual employee at the earliest available opportunity when a shift becomes available. However, casual employees may be asked to come in to work on short notice as the situation dictates.
- Every effort will be made to distribute the workload evenly among casual staff. However, it may not always be possible to do so.

### Protected Leaves

- Casual employees who are on a protected leave as defined in the Employment Standards Act, 2000 (e.g., pregnancy leave, parental leave, critical illness leave, compassionate care leave etc.) must notify the organization that they are on or intend to take leave.
- If a casual employee notifies the organization that they are on or intend to take a protected leave, the employee will be placed on leave until the earlier of:
  - Employee notifies the organization that they intend to end the leave; or
  - Employee exhausts the available leave time as defined in the Employment Standards Act, 2000.
- While on a protected leave, casual employees will not be expected to adhere to the minimum hour threshold to maintain eligibility.
- Periods of protected leave will not count against an employee if there is a review of their hours worked.

### Mandatory Training

- Casual staff will be given all mandatory training as required by legislation and this is completed on-line within the first 30 days of employment.
- Mandatory training includes WHMIS, AODA, Workplace Violence, Workplace Harassment, Domestic Violence, Occupational Health & Safety, PFHT Privacy Policies, and Computer/Electronic Policies.



- Time spent on mandatory training is considered to be work time. PFHT will provide for any costs associated with mandatory training and staff will be compensated accordingly.
- Casual employees may be invited to attend optional staff training events that are applicable to their position.
- Participation in optional training events is voluntary and casual employees are solely responsible for their time and attendance.
- If the mandatory training has been completed by the employee in a former workplace within the last 12 (twelve) months and the employee can provide proof of completion in the form of a copy of a certificate, this will be accepted as an equivalent and kept in the employee's file.
- For a complete list of mandatory on-line training, please see the Appendix M.

## Public Accountability Policy

The Peterborough Family Health Team (PFHT) is required to follow the Broader Public Sector Accountability Act (BPSAA) and as such is dedicated to operate in accordance with the Broader Public Service (BPS) Directives. This policy is written in accordance to the language and spirit of the Directives as well as adhere to PFHT's Mission, Vision and Values. See Appendix N.

## Hours of Work and Compensation

### Hours of Work

Employee hours of work will be specified in the employment contract as well as the master schedule in the IMS. Schedules, starting times, hours, etc. may be modified as needed to accommodate the needs of the professional and the individual Family Practice, keeping the needs of the patients at the forefront. PFHT must be notified of such change to ensure the IMS system remains accurate.

During scheduled work hours in a family practice in which a patient fails to keep an appointment, professional staff will undertake necessary paperwork, professional development activities, mandatory training, PFHT committee or project work. Employees may elect to exercise their flexibility and utilize their time banks.

All hours of work and time taken are required to be logged in the Information Management System (IMS) by the last day of the two week pay period. Daily statistical data for Clinicians is also to be entered into IMS by the last day of the two week pay period.

As the recording of time is done on an honour system, regular audits will be completed, or done when concerns/complaints are received. If unaccounted variances are discovered, the Human Resources Manager or designate will meet with the employee involved to seek clarification and the employee activity will be verified within the Electronic Medical Records (EMR). Depending on the findings,

consequences may include discipline up to and including termination, depending upon the magnitude of the unaccounted variances.

### Flexitime

Employees are encouraged to maintain a regular work schedule that meets the needs of patients. When necessary to maintain work/life balance and/or patient access and if acceptable to the requirements of the PFHT location, employees may flex their regular schedule. For example, an employee may require a day off during the second week of the pay period. The employee may adjust the hours worked during the other days of the pay period so that their total hours worked in that pay period equals their required hours worked. Flexitime must be recorded in the Information Management System (IMS).

Flexitime is to be used in a timely manner and must never exceed 37.5 hours pro-rated to your FTE. All flex time must be expended prior to the issuance of a Record of Employment for a leave as well as by the end of each calendar year. Time not taken will be lost.

Hours may also be flexed to reflect the regular operating hours of the practice. For example, if the office is closed Wednesday afternoons then the employee may adjust their daily hours on the other days and take Wednesday afternoon off.

The ability to utilize flex time may be suspended on an individual basis should the privilege of flexitime be deemed to be abused.

### Absence

If you are going to be absent from work and/or arrive late for a scheduled shift, you are required to notify your office, giving as much notice as possible. Employees who work in primary care settings should notify the appropriate person at their work location and ensure a plan is in place for notifying patients, if applicable. All PFHT employees are required to record their accurate attendance in the Information Management system.

### Compensation

Employees of PFHT are paid in accordance with the MOHLTC approved salary ranges. PFHT has a bi-weekly payroll system with direct deposit. Payday is on alternate Thursdays for payment up to the previous Friday. Details regarding your hours worked **must** be logged in the IMS prior to processing of the payroll, or payment will not be received until the following pay period. Changes to your banking information should be provided to Human Resources at least one week in advance of the next pay date. It is good practice to ensure you receive a pay in a new account before closing the old account.

**Internal Equity Banding - 2020/21**

Band	Position	Step 1	Step 2	Step 3	Step 4	Step 5
1	Student (No Jobs)	\$ 16.73	\$ 17.23	\$ 17.75	\$ 18.28	\$ 18.83
		\$ 32,624	\$ 33,599	\$ 34,613	\$ 35,646	\$ 36,719
2	Medical Secretary (No Jobs)	\$ 19.37	\$ 19.95	\$ 20.55	\$ 21.17	\$ 21.80
	Program Support	\$ 37,772	\$ 38,903	\$ 40,073	\$ 41,282	\$ 42,510
	Administrative Assistant	\$ 37,772	\$ 38,903	\$ 40,073	\$ 41,282	\$ 42,510
	Receptionist	\$ 37,772	\$ 38,903	\$ 40,073	\$ 41,282	\$ 42,510
3	No Jobs					
4	Lab Technician (No Jobs)	\$ 24.22	\$ 24.95	\$ 25.70	\$ 26.47	\$ 27.26
	RPN - office duties	\$ 47,229	\$ 48,653	\$ 50,115	\$ 51,617	\$ 53,157
	Program Facilitator	\$ 47,229	\$ 48,653	\$ 50,115	\$ 51,617	\$ 53,157
5	FHT/FHO Administrator	\$ 26.72	\$ 27.52	\$ 28.35	\$ 29.20	\$ 30.08
	Public Relations Officer	\$ 52,104	\$ 53,664	\$ 55,283	\$ 56,940	\$ 58,656
	Executive Assistant	\$ 52,104	\$ 53,664	\$ 55,283	\$ 56,940	\$ 58,656
	RPN - Full Scope	\$ 52,104	\$ 53,664	\$ 55,283	\$ 56,940	\$ 58,656
6	RN - office duties	\$ 31.10	\$ 32.03	\$ 32.99	\$ 33.98	\$ 35.00
		\$ 56,150	\$ 58,957	\$ 61,905	\$ 65,000	\$ 68,250
7	Registered Dietitian	\$ 36.53	\$ 37.63	\$ 38.76	\$ 39.92	\$ 41.12
	Registered Nurse (BSCn) - Full Scope	\$ 71,234	\$ 73,379	\$ 75,582	\$ 77,844	\$ 80,184
	Mental Health Clinician	\$ 71,234	\$ 73,379	\$ 75,582	\$ 77,844	\$ 80,184
	Physician Assistant	\$ 71,234	\$ 73,379	\$ 75,582	\$ 77,844	\$ 80,184
	QIDSS	\$ 71,234	\$ 73,379	\$ 75,582	\$ 77,844	\$ 80,184
	Quality Facilitator	\$ 71,234	\$ 73,379	\$ 75,582	\$ 77,844	\$ 80,184
	Coordinator	\$ 71,234	\$ 73,379	\$ 75,582	\$ 77,844	\$ 80,184
8	Pharmacist	\$ 44.33	\$ 45.66	\$ 47.03	\$ 48.44	\$ 49.89
	Finance Manager	\$ 86,444	\$ 89,037	\$ 91,709	\$ 94,458	\$ 97,286
	HR Manager	\$ 86,444	\$ 89,037	\$ 91,709	\$ 94,458	\$ 97,286
	Clinical Manager	\$ 86,444	\$ 89,037	\$ 91,709	\$ 94,458	\$ 97,286
9	Nurse Practitioner	\$ 55.67	\$ 57.34	\$ 59.06	\$ 60.83	\$ 62.66
	Director of Programs and Services	\$ 108,557	\$ 111,813	\$ 115,167	\$ 118,619	\$ 122,187

**Maximum funded for 2020/21**

For full pay grid that includes FHO funded positions, please contact our HR Manager.

## Personnel Records

It is important that your personnel record contain accurate information. It is your responsibility to notify PFHT promptly if there is any change in your family status, name, telephone number, address, bank information, or educational achievements. Employees have a right to review their personnel file. Requests to do so should be forwarded to the Human Resources Manager or designate in writing and access will be given within ten days. Personnel files will not be removed from the administrative office.

## Benefits

### Mandatory Benefits

Legislation requires employee participation in the following benefits: CPP, and EI and EHT. Employee contributions to CPP and EI are deducted from your bi-weekly pay. Your pay stub will also reflect mandatory income tax deductions in accordance with Canada Revenue Agency guidelines and your direction.

## HOOPP

### Pension Plan

PFHT is a registered employer with the Healthcare of Ontario Pension Plan (HOOPP). The HOOPP pension is a defined benefit pension. This means when a member retires, you are paid a set pension amount every month for your lifetime. This amount is based on a formula that takes into account the member's length of service and the best five consecutive years of annualized earnings. PFHT contributes \$1.26 for every \$1 contributed by you. If enrolled, you have the option of maintaining your premium during an approved leave and the employer is required to contribute their share.

It is mandatory for employees FTE .5 or greater to join HOOPP and begin making contributions as of the date of hire. Exceptions include employees currently receiving a HOOPP pension or employees who were employed prior to the start date in the Plan (April 2014) and waived their right to join HOOPP. Employees who have previously waived participation can join the plan at any subsequent date.

Enrolment is not mandatory for employees who work less than .5 FTE. It is up to the employee to decide if they want to join HOOPP or not. Part-time employees who do not enroll immediately may join HOOPP on any subsequent date.

Part-time employees include those less than .5 FTE, contract, temporary, casual, and all other employees not classified as full-time by their employer. It is mandatory for the employer to offer HOOPP to their part-time and non-full time staff.

For HOOP eligibility and any questions you may have, please contact the Human Resources Manager.

### **In-Lieu Benefit Allowance**

Each employee is given an in lieu of benefit allowance, this amount varies dependent upon participation in HOOPP and is based upon each individual's gross salary. This allowance can be used towards the Group RSP Program; purchase of Health and Dental benefits, as well as Long Term Disability & Life coverage (must work more than 20 hours per week to qualify). Any monies not used from the benefit allowance will be paid to the employee so they may purchase their own benefits. The specifics of your in lieu benefit will be discussed and detailed in your individual employment contract.

### **Discretionary Benefits**

Each employee will also be provided with an annual (January 1 – December 31) 'Cafeteria Style' expense budget up to \$2000 pro-rated per FTE and date of hire. If an employee takes a LOA of more than 4 consecutive weeks annually, this entitlement will be pro-rated accordingly once the employee returns to work.

Upon submission of receipts to the Human Resources Manager or designate, the following items will qualify for reimbursement:

- Work related education, including course and conference registration
- Travel (either gas reimbursement or mileage), accommodation and meal expense for education events
- Membership fees
- Additional Liability Coverage
- Resource books

### **Travel and Parking**

Employees who are required by PFHT to use a privately owned vehicle to travel to a location other than their assigned site(s) to perform job functions are reimbursed for mileage at a rate of \$0.52 per kilometer. Travel that is not required by PFHT will require prior approval and can be reimbursed through the discretionary benefit allowance.

Mileage must be calculated so that the employee is not reimbursed for mileage that would normally be required to get from home to the office or from the office to home. Travel between the office and an alternate location is eligible to be reimbursed.

Parking expenses incurred in the course of performing job functions are reimbursed, providing a receipt is submitted. This is considered a taxable benefit.

When traveling for FHT business, the least expensive mode of transportation is to be taken, or if the employee chooses a more expensive form of transportation, only the lesser cost will be reimbursed.

### **Extended Health Care/Dental Benefits – Long Term Disability Coverage**

PFHT has a group benefit plan with the Chambers of Commerce, which is optional for those employees who work more than 20 hours per week. Those employees who have spousal coverage can opt out of the Extended Health and Dental and choose the Long Term Disability & Life coverage only. PFHT highly recommends that employees choose Long Term Disability & Life coverage, but it is not mandatory. If an employee chooses to opt out and provide their signature in agreement, but later indicates that they would like to join, they will be considered a late entrant. The employee will then need to apply and may be declined. The specific details of the plan are attached as Appendix A.

As the plan is 100% employee funded, the employee will be responsible to provide post dated cheques to cover their benefit premiums for the duration of any unpaid absence. If you qualify and choose not to participate, you will be required to sign a waiver of benefits. If enrolled you are responsible for the premium of payments during an unpaid absence and to inform the Chambers of any changes that may affect your coverage as well as premiums.

Please note that all employees who have benefits through PFHT's plan who retire, resign, or are terminated are eligible to apply to continue to participate in a benefit program through a separate Chamber plan. It is the employees responsibility to contact the Chambers plan immediately to advise them and make the request. This plan is separate and distinct from PFHT's plan.

For all of the details, please contact the Human Resources Manager or see your benefits booklet.

### **Group RSP**

The group RSP plan is 100% employee funded and is completely customized by the employee. This includes selection of the investment of your choice as well as how much to invest. Employees can register for the group RSP at any time and RSP contributions are remitted as part of the payroll process. The benefit of this is at source tax savings as your gross income is reduced by the amount of your investment and therefore, the required tax payable is lessened. The amount of the RSP contribution can be changed at any time by providing the request in writing to the Human Resources Manager or designate prior to the processing of the biweekly payroll.

### Public and Civic Holidays

The Peterborough Family Health Team recognizes the following holidays (maximum 82.5 hours):

New Year's Day	January 1st
Family Day	3rd Monday in February
Good Friday	Friday prior to Easter Sunday
Victoria Day	May 24th or Monday preceding May 24th
Canada Day	July 1st
Civic Holiday	1st Monday in August
Labour Day	1st Monday in September
Thanksgiving Day	2nd Monday in October
Christmas Day	December 25th
Boxing Day	December 26th
<b>PFHT PERK 'Floating Day'</b>	Used at employees discretion

**Source:** <https://www.ontario.ca/document/your-guide-employment-standards-act-0/public-holidays>

PFHT will also recognize any other day proclaimed a holiday by the Government of Canada or Ontario.

a) Employees of PFHT are not permitted or required to work on recognized holidays.

b) Full Time Employees

When the statutory holiday falls on a regular work day, the employee will be given the day off with pay. When the statutory holiday falls on a date the office is closed, i.e., Saturday or Sunday or during the employee's vacation, the employee can designate another day for the holiday. Annual entitlement must not exceed 82.5 hours or 11 days x 7.5.

c) Employees Working .5 FTE to .9 FTE

When a statutory holiday falls on a regular working day, the part time employee will receive the day off with full pay. When a statutory holiday falls on a non-working day the part time employee will be entitled to time off (versus payment) prorated to their FTE to be taken at an alternate time. Annual entitlement must not exceed 11 days x 7.5 x FTE.

d) Employees Working Less than .5 FTE

Employees who work less than .5 FTE will receive an additional 4.23% in lieu of benefits for each hour worked to compensate for statutory holiday pay.

### Sick Days

Employees who work a .5 FTE or higher are permitted up to five (5) paid sick days per calendar year (37.5 hours), pro-rated to FTE and can only be applied on days scheduled to work. Sick days can be carried over to the next year, but do not have a cash value upon termination. An employee may be asked to provide a note from their medical practitioner following an absence of three days. If there is a cost incurred for the note, the employer will reimburse the employee upon verification. Sick time must be recorded in the IMS.

### Personal Days

Employees who work a .5 FTE or higher are entitled up to seven (7) days per year (52.5) hours, pro-rated to FTE, are provided to be used for personal reasons, i.e., for religious holidays or personal/family commitments or sickness where no sick days remain, as well as compassionate time not covered. Personal days can be carried over to the next year, to a maximum of six (6) weeks, but do not have a cash value upon termination. Personal days must be recorded in the IMS.

### Vacation

Vacation entitlement is earned in accordance with years of continuous service with the PFHT. Upon hire, employees may be placed at a higher level depending upon previous related experience as well as difficulty recruiting for the position and will require Executive Director approval. Those who commence at a higher step than Step 1, will increase their initial placement according to the Step/Year table below.

In the calendar year in which you are hired, your vacation is pro-rated from your start date to December 31<sup>st</sup> and then pro-rated to your FTE. Subsequent movement to the next step will occur annually on the anniversary of your hire date until you reach Step 6.

Step 1	Year 1	3 weeks (or 15 days, 112.5 hours, or 6%) prorated to FTE
Step 2	Year 2	4 weeks (or 20 days, 150 hours, or 8%) prorated to FTE
Step 3	Year 3	4 weeks + 2 days (or 22 days, 165 hours, or 8.5%) prorated to FTE
Step 4	Year 4	4 weeks +3 days (or 23 days, 172.50 hours or 8.8%) prorated to FTE
Step 5	Year 5	4 weeks + 4 days (or 24 days, 180 hours or 9.2%) prorated to FTE
Step 6	Year 6	5 weeks (or 25 days, 187.5 hours or 10%) prorated to FTE

Vacation must be used by December 31<sup>st</sup>. A maximum of one week, pro-rated to FTE (5 days/37.5 hours) may be carried forward to use in the next calendar year. In exceptional circumstances an employee may request in writing to the Human Resources Manager or designate permission to carry over additional unused vacation entitlement. Such requests will be based on PFHT operational requirements and evaluated on a case by case basis.



Vacation must be scheduled according to the policies of the practices. Those interdisciplinary health providers that are not integrated with a practice must work in conjunction with their co-workers, when possible, to ensure coverage for emergency referrals. To ensure that PFHT is able to be accountable for our services, access, and operating capacity, any vacation request longer than three (3) consecutive weeks must be submitted in writing to the Human Resources Manager for approval at least thirty (30) days prior to taking holidays. Vacation requests for longer than three (3) weeks will be considered on an exception basis only. The deciding factor will be our ability to meet our patient and operational needs.

Employees who work less than .5 FTE receive their vacation pay as a percentage of pay and is payable with each hour worked and are only entitled to take the number of scheduled days off as the vacation percentage entitles. Vacation time must be recorded in the IMS.

### **Training & Development Hours**

As part of Peterborough Family Health Team's commitment to ongoing learning, Mental Health Clinicians, Nurse Practitioners, Pharmacists, Physician Assistant, Registered Dietitians, Registered Nurses, and Registered Practical Nurses who work a .5 or higher FTE are eligible for up to 10 days (75 hours, pro-rated to FTE) per calendar year for professional development. Professional development time is to be used for training activities, such as attending conferences and/or educational events related to your current position and must be logged in the IMS. Other professional development activities, such as reading, studying and/or webinars from home will be considered on a case by case basis and must be addressed with the Human Resources Manager. For those that work less than .5 FTE, requests will be reviewed on an individual basis.

PFHT will provide professional development opportunities to administrative staff. The frequency, nature, and duration of such activities will be evaluated on an individual basis and will be subject to the approval of the Human Resources Manager. Employees are encouraged to bring their ideas and/or needs forward.

Employees may see professional development as choosing to join an external community association and/or committee. If you plan to represent PFHT within the community, please consult with the Human Resources Manager and/or the Clinical Manager prior to accepting any invitation to ensure it aligns with PFHT's strategic direction.

### **Christmas and New Years**

The majority of family practice offices close for additional days during the period between Christmas and New Year's Day. Two additional paid days (15 hours) pro-rated to FTE (must be a .5 FTE or greater to qualify) will be given annually to be used during this time period.

If the practice does not close, the two (2) days may be scheduled during the period of December 23rd to December 31st in collaboration with the practice/office environment. Any additional time taken during this period can utilize available vacation or lieu time. In the spirit of collaboration, it is expected that



employees will contribute to an equitable distribution of vacation/holiday time. Any Vacation requests that differ from our policies can be brought to the attention of the Human Resources Manager for approval and will be considered on a case by case basis and in direct relation to the operational needs of the specific location

### **Recognition of Service**

As part of PFHT recognition of employee's commitment to the organization, employees who have five (5) or more years of service and are a .5 FTE or greater will receive 7.5 hours to celebrate your birthday off with pay. Employees who have ten (10) years of service will be recognized with a gift to commemorate their dedicated service.

## Leaves and Workplace Absences

We are committed to uphold the Employment Standards Act. For more detailed information beyond the summary within the PFHT Employee Handbook and/or to learn if you are eligible for a leave, please contact the Human Resources Manager, refer to Employment Standards Act at <https://www.ontario.ca/laws/statute/00e41>, or contact the Ministry of Labour at 1-800-531-5551.

### Personal Unpaid Leaves of Absence

You may make a written request for a leave of absence, without pay, stating your reasons for such leave to the Human Resources Manager or designate. This is applicable to non-protected leaves only. The impact of the leave on the affected practice(s) and/or PFHT operations will be taken into account when considering your request. When applying for leave, you must indicate the proposed date of departure and return. The request should be submitted a minimum of two (2) months prior to the intended start date. The final decision on any leave of absence will rest with the Human Resources Manager. All time banks will be pro-rated accordingly once the employee returns to work. The Request for a Leave of Absence Form is available on the Team Portal or may be obtained from the Human Resources Manager.

Any leaves of absence will be subject to the following:

- a) Service-related benefits (i.e., vacation, personal leave) will not be interrupted if the leave is for less than one (1) month. In special circumstances, this may be extended with approval of the Executive Director.
- b) If the leave is in excess of one (1) month, there will be no accumulation of vacation credits during the period of the leave.
- c) You will not be paid for recognized holidays falling within the period of the leave of absence.
- d) The employee will be responsible to provide postdated cheques to cover their benefit premiums for the duration of the absence.
- e) All time banks will be pro-rated accordingly.
- f) Absence from work beyond an approved period of time may be considered as termination of employment.

### Leaves of Absence

**Pregnancy Leave:** A new parent or pregnant employee is entitled to pregnancy or parental leave whether they are full-time, part-time, permanent or contract provided they work for an employer that is covered by the Employment Standards Act, 2000 (ES), commenced employment at least 13 weeks before the date of the child is expected to be born or due date or were hired at least 13 weeks before starting the parental leave. There is a 1 (one) week unpaid waiting period for Employment Insurance

premiums, which is unpaid and PFHT will cover this period up to 95% of the employee's wages. The employee must:

- a) Give written notification at least two weeks in advance of the date of commencement of such leave.
- b) Confirm your intention to return to work four (4) weeks in advance thereof. You will be reinstated to your former position unless the position has been discontinued in which case a job comparable in both salary and responsibility will be offered. Please note that reinstatement to your former position does not necessarily mean returning to the same practice or location.
- c) Be responsible to provide postdated cheques to cover their benefit premiums for the duration of the absence, if applicable.
- d) Continue to accumulate vacation time off during a Pregnancy leave. This is unpaid time off and if staff wish to access this time, they are required to advise the Human Resources Manager in writing with a minimum of 30 days' notice or as soon as possible.
- e) The employee should advise the Human Resources Manager when they will be returning to work. If an employee does not specify a return date, PFHT assumes that the employee will take the maximum allowed number of weeks or any longer period of time that the employee may be entitled to in accordance with legislation.
- f) All time banks will be pro-rated accordingly.

PFHT will provide the maximum number of allowed weeks for this leave under the Employment Standards Act, 2000. For more information on job-protected pregnancy unpaid leave and the required documentation, please contact the Human Resources Manager.

**Parental Leave/Adoption Leave:** New parents have a right to take parental or adoption leave with a child is born or first comes into their care. Birth mothers who do not take pregnancy leave and all other new parents are entitled to a specific number of weeks of parental leave. Parental leave is not part of pregnancy leave and so a birth mother may take both pregnancy and parental leave. The right to parental leave is independent of the right to pregnancy leave. All other new parents must begin their parental leave no later than 78 weeks after the date their baby is born or the date the child first came into their care, custody, and control. Any employee who chooses not to use the maximum amount of leave available shall not have the option of taking any unused leave time later. There is a 1 (one) week unpaid waiting period for Employment Insurance premiums, which is unpaid and PFHT will cover this period up to 95% of the employee's wages.

Once the employee has started maternity or parental leave, the employee must take it all at one time and cannot split the time up.

An employee is eligible for Parental leave if they were employed by PFHT for at least 13 weeks before commencing the leave. The employee will be responsible to provide post-dated cheques to cover their benefit premiums for the duration of the absence and continue to accumulate vacation time off during an unpaid Parental leave. All time banks will be pro-rated accordingly.

PFHT will provide the maximum number of allowed weeks for this leave under the Employment Standards Act, 2000. For more information on unpaid Parental leave and the required documentation, please contact the Human Resources Manager.

**Miscarriages or Still Births:** Under the Employment Standards Act, an employee who has a miscarriage or stillbirth more than 17 weeks before their due date is not entitled to a pregnancy leave, but if an employee has a miscarriage or stillbirth within the 17 week period preceding the due date or at a live birth, the employee is eligible for pregnancy leave. There is a 1 (one) week unpaid waiting period for Employment Insurance premiums, which is unpaid and PFHT will cover this period up to 95% of the employee's wages.

PFHT will provide the maximum number of allowed weeks for this leave under the Employment Standards Act, 2000. For more information on this leave and the required documentation, please contact the PFHT Human Resources.

**Family Medical Leave:** Family medical leave is unpaid, job-protected time off work to care for a family member with a serious risk of passing away within a certain timeframe and the weeks allowed do not have to be taken at the same time.

PFHT will provide the maximum number of allowed weeks for this leave under the Employment Standards Act, 2000. As soon as an employee is aware of such a situation, they are asked to contact the Human Resources Manager for the required documentation.

**Sick Leave:** Employees are entitled for up to a specific number of days per calendar year. Employees must have been employed with the PFHT for at least two (2) consecutive weeks to qualify for this leave. The leave may be taken for personal illness, injury, or medical leave. The days do not have to be taken all at once and employees can take a partial sick day.

An employee must inform the Human Resources Manager that they require a Sick leave before it begins, or as soon as possible. The Human Resources Manager will approve employee requests on a case by case basis.

**Medical Leave:** If an employee is required to take a medical leave for personal illness or personal injury, **Service Canada** is the approver of sickness benefits under Employment Insurance. In this case, the employee is eligible for the **Supplemental Unemployment Benefits (SUB) program** as facilitated by PFHT.

**The following criteria must be met to be eligible for the SUB Program:**

- 1) The SUB Plan is available to all employees who have successfully completed their assessment period and qualify for employment insurance.
- 2) The SUB Plan will supplement EI benefits for periods of unemployment caused by personal illness or injury to the maximum number of weeks allowed in conjunction with the employee EI benefits.
- 3) Documented verification that the employee has applied and is in receipt of EI benefits will be made prior to the SUB payment.
- 4) **The SUB is payable at 95% of the employee's normal weekly earnings while the employee is serving the one-week EI waiting period.**
- 5) The bi-weekly SUB payment, plus the gross amount of EI benefit from this employment will never exceed 95% of the employee's normal weekly earnings.
- 6) All time banks will be pro-rated accordingly.

For questions on the SUB Plan, please contact the Human Resources Manager.

**Bereavement Leave:** This leave will be granted for the purpose of mourning the loss of a member of the employee's family. The entitlement is as follows:

- Five (5) consecutive calendar days: Spouse, common-law spouse, children and parents.
- Three (3) consecutive calendar days: Grandparents, siblings and In-laws.

The employee may request compassionate leave and shall be granted up to the maximum consecutive calendar days, listed above, without loss of pay. These days of leave will normally be confined to the period from the date of death up to and including the date of the funeral. Consecutive days do not include weekends and legislative holidays. Bereavement leaves for those not listed above, will be considered on a case by case basis in consultation with the Human Resources Manager.

In some circumstances, an employee may wish to use of Personal Leave Days to supplement their bereavement leave. PFHT understands that not all employees may be ready to return to work within the time frame listed. In these instances, the employee is encouraged to contact the Human Resources Manager to explore what options may be available at that time.

Employees are advised to contact the Human Resources Manager to inform of their loss and to indicate if details of their situation may be communicated to other staff.

**Emergency Leave/Declared Emergencies:** This unpaid leave of absence is due to an emergency being declared under the Emergency Management and Civil Protection Act (EMCPA) because of the following:

- An order that applies to them made under the EMCPA;
- An order that applies to them made under the Health Protection and Promotion Act;
- The employee must provide care or assistance to their spouse, a parent, step-parent, or foster parent of the employee or the employee's spouse, a child, step-child, or foster child of the employee or the employee's spouse; a grandparent, step-grandparent, grandchild, or step-grandchild of the employee or of the employee's spouse; the spouse of a child of the employee; the employee's brother or sister, or a relative of the employee who is dependent on the employee for care or assistance.

An employee is entitled to take this leave for as long as they are performing the duties of their position as determined by the provisions above. The leave shall end on the day the emergency is terminated or disallowed.

For more information on the Emergency Leave/Declared Emergencies and the required documentation, please contact the Human Resources Manager.

**Reservist Leave:** To be eligible for reservist leave, the employee must have worked for PFHT for at least six consecutive months. Employees are entitled to be reinstated to the same position if it exists or a comparable position, if it does not. Seniority and length over service credits continue to accumulate during the leave.

Employees are entitled under the Employment Standards Act, 2000 to unpaid leave for the time necessary to engage in that operation. In the case of an operation outside Canada, the leave would include pre-deployment and post-deployment activities that are required by the Canadian Forces in connection with that operation. For more information on the Reservist leave and the required documentation, please contact the Human Resources Manager.

**Organ Donor Leave:** The organ donor leave is available to full-time, part-time, permanent, or term contract employees. To qualify for organ donor leave, the employee must:

- Be covered by the Employment Standards Act;

- Have been employed by their employer for at least 13 weeks;
- Undergo surgery to donate all or part of one of the following organs to another person; kidney, liver, lung, pancreas, small bowel.

Generally, organ donor leave begins on the date of the surgery. It may begin on an earlier date, as specified in a certificate issued by a legally qualified medical practitioner. The employee may take leave for a specific number of weeks. The employee is entitled to extend the leave for the specified period of time. The leave may be extended more than once, but the total period of extension has a maximum. The employee must provide the Human Resources Manager with at least two (2) weeks written notice before the start of the leave.

PFHT will provide the maximum number of allowed weeks for this leave under the Employment Standards Act, 2000. For more information on Organ Donor leave and the required documentation, please contact the Human Resources Manager.

**Family Caregiver Leave:** This unpaid, job-protected leave is a specific number of weeks per calendar year per specified family member. Family caregiver leave may be taken to provide care or support to certain family members for whom a qualified health practitioner has issued a certificate stating that they have a serious medical condition. All employees, whether full-time, part-time, permanent, or term contract, who are covered by the ESA, may be entitled to this leave. There is no requirement that an employee be employed for a particular length of time, or that the employer employ a specific number of employees for the employee to qualify for family caregiver leave.

Care or support includes, but is not limited to providing psychological or emotional support, arranging for care by a third-party provider, or directly providing or participating in the care of the family member. The specified family members for whom a family caregiver leave may be taken are:

- the employee's spouse, including same-sex spouse;
- parent, step-parent or foster parent of the employee or the employee's spouse;
- child, step-child or foster child of the employee or the employee's spouse;
- grandparent or step-grandparent of the employee or the employee's spouse;
- grandchild or step-grandchild of the employee or the employee's spouse;
- spouse of a child of the employee;
- brother or sister of the employee; and
- relative of the employee who is dependent on the employee for care or assistance.

The employee does not have to have the medical certificate before they can start the leave, but a certificate must eventually be obtained. If a certificate is never issued, the employee will not be entitled



to the leave. This means that the employee would not be entitled to any of the protections afforded to employees on family caregiver leave.

PFHT will provide the maximum number of allowed weeks for this leave under the Employment Standards Act, 2000. For more information on Family Caregiver Leave and the required documentation, please contact the Human Resources Manager.

**Family Medical Leave:** Family medical leave may be taken to provide care or support to certain family members and people who consider the employee to be like a family member in respect of whom a qualified health practitioner has issued a certificate indicating that they have a serious medical condition with a significant risk of death occurring within a period of 26 weeks. Family caregiver leave is another job-protected leave for employees with certain relatives who have a serious medical condition.

The specified **family members** for whom a family medical leave may be taken are:

- the employee's spouse, including same-sex spouse;
- parent, step-parent or foster parent of the employee or the employee's spouse;
- child, step-child or foster child of the employee or the employee's spouse;
- brother, step-brother, sister, or step-sister of the employee;
- grandparent or step-grandparent of the employee or of the employee's spouse;
- grandchild or step-grandchild of the employee or of the employee's spouse;
- brother-in-law, step-brother-in-law, sister-in-law or step-sister-in-law of the employee;
- son-in-law or daughter-in-law of the employee or of the employee's spouse;
- an uncle or aunt of the employee or of the employee's spouse;
- nephew or niece of the employee or of the employee's spouse;
- the spouse of the employee's grandchild, uncle, aunt, nephew or niece; or
- family medical leave may also be taken for a person who considers the employee to be like a family member. Employees wishing to take a family medical leave for a person in this category must provide their employer, if requested, with a completed copy of the compassionate care benefits attestation form, available from Employment and Social Development Canada, whether or not they are making an application for EI Compassionate Care Benefits or are required to complete the form to obtain such benefits.

PFHT will provide the maximum number of allowed weeks for this leave under the Employment Standards Act, 2000. The specified family members do not have to live in Ontario in order for the employee to be eligible for family medical leave.

**Critical Illness Leave:** Critical illness leave taken to care for a minor child is a specific number of weeks within a 52 week period. Critical illness leave taken to care for an adult is a specific number of weeks.

This leave may be taken to provide care or support to a critically ill minor child or adult who is a family member of the employee for whom a qualified health practitioner has issued a certificate stating:

1. that the minor child is a critically ill minor child, or the adult is a critically ill adult who requires the care or support of one or more family members; and
2. sets out the period during which the minor child or adult requires the care or support.

A 'minor' child means a child, step-child, foster child or child who is under legal guardianship, and who is under 18 years of age. An 'adult' means a person who is 18 years of age or older. Critically ill means that a person's baseline state of health has significantly changed and their life is at risk as a result of an illness or injury and it does not include chronic conditions. All employees who have been employed by Peterborough Family Health Team for at least six consecutive months may be entitled to critical illness leave, whether they are full-time, part-time, permanent or term contract. Family members are considered to be the following:

- employee's spouse, including same-sex spouse;
- parent, step-parent or foster parent of the employee or the employee's spouse;
- child, step-child or foster child of the employee or the employee's spouse;
- brother, step-brother, sister, or step-sister of the employee;
- grandparent or step-grandparent of the employee or of the employee's spouse;
- grandchild or step-grandchild of the employee or of the employee's spouse;
- brother-in-law, step-brother-in-law, sister-in-law or step-sister-in-law of the employee;
- son-in-law or daughter-in-law of the employee or of the employee's spouse;
- uncle or aunt of the employee or of the employee's spouse;
- nephew or niece of the employee or of the employee's spouse;
- spouse of the employee's grandchild, uncle, aunt, nephew or niece; or
- critical illness leave may also be taken for a person who considers the employee to be like a family member.

The employee does not have to have the medical certificate before they can start the leave, but a certificate must eventually be obtained. If a certificate is never issued, the employee will not be entitled to the leave. This means that the employee would not be entitled to any of the protections afforded to employees on critical illness leave.

Family members who take leave from work to provide care or support to a critically ill child may be eligible to receive **Employment Insurance Special Benefits** for caregivers of critically ill minor children who are family members for up to a specific number of weeks. A similar benefit exists for family members who take leave from work to care to critically ill adults for up to a specific number of weeks. An employee must provide notice in writing to the Human Resources Manager prior to the start of the

critical illness leave or as soon as possible. At the same time or later date, the medical certificate must also be provided.

PFHT will provide the maximum number of allowed weeks for this leave under the Employment Standards Act, 2000. Further information on the required details of the medical certificate can be obtained through the Human Resources Manager.

**Child Death Leave:** Child death leave is an unpaid, job-protected leave of absence and it provides several weeks away from work. For the purpose of the leave, a child includes a child, stepchild, foster child, or child who is under the legal guardianship of the employee and is under 18 years of age. Crime refers to an offence under the Criminal Code of Canada other than an offence prescribed by the regulations made under the Canada Labour Code.

All employees employed with the PFHT for at least six (6) months are entitled to several weeks of unpaid leave if their child dies. Employees are required to take their leave during a certain period of time that begins within the week the child dies and this is in accordance with the Employment Standards Act. The employee is not entitled to this leave if the employee is charged with a crime in relation to the death or if it is probable that the child was a party to a crime in relation to their death.

Employees must provide PFHT with written notice before starting the leave or as soon as possible. PFHT will provide the maximum number of allowed weeks for this leave under the Employment Standards Act, 2000. For more information on Child Death Leave and the required documentation, please contact the Human Resources Manager.

**Crime-Related Child Disappearance Leave:** This leave is an unpaid job-protected leave of absence and provides several weeks with respect to the crime-related disappearance of a child. Employees who have been employed by the PFHT for at least six consecutive months are entitled to crime-related child disappearance leave if it is probable that a child of the employee disappeared as a result of a crime. An employee is not entitled to this leave if the employee is charged with the crime or if it is probable, considering the circumstances, that the child was a party to the crime. A 'child' means a child, step-child or foster child who is under 18 years of age. For the purpose of this policy, a crime means an offence under the Criminal Code of Canada.

An employee who takes time away from work because of the crime-related death or disappearance of their child may be eligible for the Federal Income Support for Parents of Murdered or Missing Children grant. For more information on this grant, please speak to the Human Resources Manager.

An employee who takes this type of leave must take the leave in a single time period, although limited exceptions may apply under the Employment Standards Act. If an employee's child is found alive while

the employee is on leave, the employee is entitled to stay on leave for additional days. If an employer's child is found dead, the employee's entitlement to be on leave ends at the end of the week in which the child is found. If it becomes probable that the disappearance of the child is not the result of a crime, the leave must end on the day on which it no longer seems probable. An employee is not entitled to this leave of absence if the employee is charged with the crime or if it is probably that the child was party to the crime.

Employees must provide written notice to the Human Resources Manager before starting the leave or as soon as possible. PFHT will provide the maximum number of allowed weeks for this leave under the Employment Standards Act, 2000. For more information on Crime-Related Child Disappearance and the required documentation, please contact the Human Resources Manager.

**Domestic or Sexual Violence Leave:** This leave is a job-protected leave of absence and provides between several days to multiple weeks in a calendar year of time off to be taken for specific purposes when an employee or an employee's child has experienced or been threatened with domestic or sexual violence. The first five days of leave taken in a calendar year are paid, and the rest are unpaid.

Employees who have been employed with the Peterborough Family Health Team who have been employed by their employer for at least 13 consecutive weeks are entitled to take the leave for the following purposes:

- To seek medical attention for the employee or the child of the employee because of a physical or psychological injury or disability caused by the domestic or sexual violence.
- To access services from a victim services organization for the employee or the child of the employee.
- To have psychological or other professional counselling for the employee or the child of the employee.
- To move temporarily or permanently.
- To seek legal or law enforcement assistance, including making a police report or getting ready for or participating in a family court, civil or criminal trial related to or resulting from the domestic or sexual violence.

An employee is not entitled to this leave if the employee committed the domestic or sexual violence. A 'child' means a child, step-child, child under legal guardianship or foster child who is under 18 years of age. PFHT will ensure that mechanisms are in place to protect confidentiality of records given to the employee or produced by Human Resources that relate to an employee taking domestic or sexual violence leave.

Employees should provide notice in writing to the Human Resources Manager before the start of domestic or sexual violence leave or as soon as possible.

PFHT will provide the maximum number of allowed weeks for this leave under the Employment Standards Act, 2000. For more information on the Domestic or Sexual Violence leave, please contact the Human Resources Manager.

**Jury Duty Leave:** PFHT respects the need for employees to complete jury duty and is committed to making related accommodations for its employees. Those who have been selected for jury duty must provide advance written notice to the Human Resources Manager and should include a copy of the summons to jury duty. Employees will be granted leave pay to serve as jurors and where the jury duty lasts for only part of the day, the employee must return to work for the remainder of the day.

Once the jury leave has been concluded, the employee must provide evidence of the jury leave in the form of documentation from the court clerk confirming the days that the employee participated on the jury. Any employee who must appear in a court of law as a plaintiff, defendant, or witness shall not be eligible for a paid leave of absence. For more information and required documentation, please contact the Human Resources Manager.

An employee may be entitled to more than one leave for the same event. Each leave is separate and the right to each leave is independent of any right an employee may have to the other leave(s). This means that a single absence can only count against one Employment Standards Act leave, even if the event that triggered it is a qualifying event under more than one leave. For further details, please contact the Human Resources Manager.

## Employee Wellness

### Culture of Safety

PFHT is committed to a culture of safety where everyone shares the goal of making our workplace(s) safe and healthy. Such matters are governed by the Ontario Health & Safety Act (OHSA) and its regulations. PFHT will ensure mandatory training is completed by all employees.

We all share the responsibility for occupational health and safety. The concept of an internal responsibility system is based on the principle that the workplace parties themselves are in the best position to identify health and safety problems and to develop solutions.

All employees are required to familiarize themselves with the Occupational Health and Safety Policies of their worksite and to work in a safe and responsible manner. If the Family Health Team (FHT) and Family

Health Organization (FHO) policies exist and meet a greater standard than that of PFHT, the policies of the former takes priority. No employee should engage in activities they believe to be dangerous to themselves or others. Such concerns should immediately be brought to the attention of the Human Resources Manager or designate.

Employees are particularly encouraged to familiarize themselves with the Workplace Violence & Harassment Prevention Policy and take note of the Resolution of Concerns Algorithm and the Incident Reporting & Investigations Form. (See Appendices B,C and D)

PFHT is committed to a work environment free of discrimination, harassment, abuse, violence and/or bullying of any kind. PFHT will not tolerate any form of physical, sexual, emotional, verbal, and/or psychological abuse. Changes to the Occupational Health and Safety Act mandate that employers have a policy on workplace violence and harassment prevention with a response protocol. It is absolutely critical that any incident of violence and/or harassment be reported immediately and documented on the Incident Reporting & Investigations Form as soon as possible from the event occurrence. This policy applies to all employees of PFHT and extends to all professional relationships, including employee/patient relationships, while the employee is representing PFHT.

### **Accidents**

If you have an accident or sustain an injury during normal working hours or while on PFHT business, you must report it to the Human Resources Manager or designate immediately. Health professionals working in the practices will first report any accident to the appropriate staff person at their work location.

### **Illness**

PFHT promotes healthy lifestyle, illness prevention, and chronic disease management among its employees. Employees may be required to provide medical documentation when illness results in frequent or prolonged absences, or requires health-related workplace accommodations.

### **Problematic Substance Use/Addictions**

PFHT supports the recovery of employees with problematic substance use or addictions issues. There will be no penalty for seeking diagnosis and treatment for alcoholism, drug use, or any other addiction. An employee whose job performance is negatively impacted by problematic substance use or addiction may be required to seek treatment in order to continue employment or return to employment following a medical leave. Refusal to accept, or failure to follow a recommended medical treatment plan will be addressed as it affects work performance.

### **Fit for Duty**

This policy was established to provide a safe workplace for all PFHT employees and those whose safety may be affected by the conduct of employees and to protect and maintain the integrity and reputation of PFHT. The policy applies to all employees, volunteers, and contractors and to those located anywhere that PFHT business may be carried out, including during the use of a rental car. Any violation of this policy may be subject to progressive corrective action, up to and including termination of employment.

PFHT is firmly committed to protecting the safety of our employees, contractors, clients, visitors and the public at large. We recognize that impairment caused by extreme fatigue, stress, alcohol, drugs, medication use, misuse, or abuse can adversely impact workplace safety and job performance. All employees are required to report to work fit for duty and remain fit for duty while at work or involved in company business, free from the impairing effects or after-effects of drugs, alcohol, or medication. PFHT will not permit an individual to work if there are reasonable grounds to believe that the person is impaired by fatigue, extreme stress, illness, alcohol, drugs, medication, or any other form of impairing substance.

PFHT recognizes the need to balance safety and security objectives with employees' reasonable expectations of privacy. PFHT will take reasonable measures to ensure that personal information obtained through the application of this policy will be treated sensitively and disclosed on an as-needed basis only. This includes those employees who may be referred to a substance abuse program and/or substance abuse counselling.

For the full policy, please visit the Team Portal or speak with the Human Resources Manager.

### **Employee Code of Conduct**

This policy is intended to provide clarity for employees of PFHT on the standards of integrity and professional conduct. This policy cannot address every situation that employees may encounter and as a result, this policy does not relieve employees of the responsibility and accountability to exercise sound judgment and in circumstances where they are unsure as to the proper course of action, to seek guidance from the Human Resources Manager.

PFHT mandates that all employees, volunteers, students, and contractors abide by our defined mission, values, and guiding principles. The Employee Code of Conduct works in conjunction with relevant legislation and does not exclude or replace the rights and obligations of any individual under provincial or federal law.

This policy applies to all employees, volunteers, contractors and/or students during the course of their employment and/or agreement with PFHT. All interactions, activities, and functions occurring at 185

King Street or off site and at various community locations and/or medical sites are covered by this policy.

Each employee is accountable to support and reflect in their behaviour and communication, the PFHT mission, vision and values. Employees will work together to achieve the highest possible standards to foster and maintain public trust and confidence in the integrity and professionalism of the organization. If you suspect or know of an actual or potential breach of the Employee Code of Conduct, either by yourself or by another individual, you must report your concerns to either the Human Resources Manager or the Director of Programs & Services.

Employees will be free from reprisal from making reports of concerns and PFHT will adhere to the highest level of confidentiality.

For the full policy, please visit the Team Portal or speak with the Human Resources Manager.

### **Chronic Disorders**

PFHT recognizes that chronic disorders of a physical, mental, or emotional nature can have a debilitating effect on an employee's ability to do their job. An employee, whose job performance is negatively impacted by a chronic disorder, may be required to seek treatment in order to continue employment or return to employment following a medical leave. Refusal to accept, or failure to follow a recommended medical treatment plan, will be addressed as it affects work performance.

### **Accommodation and Return to Work**

Employees with physical, mental or emotional disabilities have the right to request workplace accommodation under the Ontario Human Rights Code. Workplace accommodation is a cooperative process and may require detailed medical documentation. Requests for workplace accommodation should be discussed with and subsequently submitted in writing to the Human Resources Manager or designate. PFHT will endeavour to support individuals in their recovery process through appropriate workplace accommodations.

A Functional Abilities Form (FAF) completed by the treating physician will be required for any employee returning to work from an extended leave due to any absence related to their physical and/or mental health. This is to ensure all employees returning to work are able and ready to do so in a way that does not impede their health or the services we provide.

### **Voting on Election Day**

If your schedule interferes with your ability to vote in a federal, provincial, or municipal election, as specified by legislation, appropriate time off will be provided without the loss of pay.



### **Job Sharing**

Job sharing is defined as the voluntary sharing of a permanent position in a structured manner and involves the permanent employee and a term employee who works the remainder of hours not covered by the permanent employee. A job sharing arrangement allows permanent full-time employees to work less than full time hours in their positions while maintaining permanent status. PFHT supports work-life balance for employees and will enable flexibility in work hours for eligible employees where operationally feasible.

Only the permanent full-time incumbent of a position can initiate a request to establish a job share arrangement to reduce the hours of work. Approval of the job share request resides with PFHT and will look at on an individual basis.

### **Unexpected Office Closures**

On occasions where the worksite is closed unexpectedly, for example, due to severe weather, employees will be compensated for their regularly scheduled hours for that day. In all circumstances, personal safety will be the first priority.

For scheduled practice closures over the Christmas season for example, employees may schedule vacation, personal leave days, or make other arrangements to make up the hours.

## **Policies and Responsibilities**

### **Privacy/Confidentiality/Conflict of Interest**

Employees of PFHT are required to work with confidential data related to financial matters, family practices, employees, and patients. It is essential that each employee hold all information in strictest confidence, whether such information is obtained directly or indirectly. Employees of PFHT are governed by the Personal Health Information Protection Act (2004) and must ensure their familiarity with and compliance with the regulations and requirements of that legislation. Registered health professionals are also governed by their professional colleges.

All employees are required to sign the Privacy policies upon hire. Breaches of confidentiality will not be tolerated and could result in loss of employment with PFHT. FHOs may have their own Privacy, Confidentiality and/or Conflict of Interest Policy, and if one does exist the greater standard must be upheld.

PFHT can provide one to one shadowing or program observing for post-secondary students where a field placement or co-op placement is part of their curriculum. It is mandatory for all learners to read and sign our Privacy policy and Conflict of Interest policy along with providing a mandatory criminal records search obtained from a police service before starting employment with PFHT.

We cannot offer one to one shadowing to high school students due to:

- Privacy legislation;
- Nature of patient discussions and confidentiality of information;
- Disruption of group dynamics;
- Patient’s disclosure of information or interactions;

This includes the ‘Take Our Kids to Work’ programs. However, we would like to recognize and support those that may be interested in learning more about positions held within PFHT. If you have a person who would like to learn more about our variety of administrative positions, please contact the Human Resources Manager and they will make arrangements for the individual to meet with the appropriate person connected to their occupations(s) of interest.

### **Professional Standing/Liability Coverage**

If applicable to the profession and position, employees of PFHT are required to submit to the Human Resources Manager or designate confirmation of registration with the appropriate professional college/association on an annual basis as a condition of employment. Liability coverage will be provided by PFHT and proof of such coverage will be provided annually. Employees may be required by their professional body to carry additional insurance and if this is the case, the cost will be borne by the employee. A copy of such documentation will be kept in the employee’s Human Resources file.

### **Information Technology**

Information technology is an essential tool in any efficient and effective workplace. (Appendix H). PFHT encourages maximum utilization of technology to support patient care, communications, and business processes.

All automated equipment provided to employees remains the property of PFHT and/or the primary care practice and is to be used as required for business purposes. PFHT recognizes that automated equipment may, from time to time, be used for non-business purposes. Employees are required to ensure that any non-business usage be conducted with respect for the employer and co-workers in adherence to the Computer and Electronics policy (Appendix H). Such use shall be restricted to breaks and lunch periods. Employees are reminded that PFHT/Practice has the authority to inspect any communications conducted on PFHT/Practice equipment and no records or activity should be considered confidential.

Misuse of automated equipment includes, but is not restricted to:

- Distribution of inappropriate material;
- Viewing of pornography or sexually suggestive materials;
- Personal Internet purchases;

- Excessive time spent on internet searches or non-business related sites, social networking sites, chat rooms; and
- Unauthorized or excessive telephone usage.

Staff using equipment belonging to PFHT, such as laptop computers, cell phones, or audiovisual equipment is reminded of their responsibility to ensure security precautions are in place and to properly maintain such equipment. Staff are expected to follow the appropriate procedures for obtaining, using, and returning any sort of PFHT property. Staff must not leave PFHT property unsupervised when being used off site and must immediately report any loss or damage to their immediate supervisor and/or the authorities, if applicable.

Employees using PFHT cell phones may be responsible for non-business related charges. Employees are expected to use care and judgment to avoid excessive roaming charges in isolated areas or out of country.

Teams may have their own Information Technology and or Security policy, and if so, the greater standard must be upheld.

### Performance Reviews

Performance reviews provide a formal opportunity to communicate feedback regarding performance and PFHT expectations. Performance reviews also provide our employees a formal opportunity to discuss their successes and to communicate their future goals and professional development interests and/or needs.

Professional feedback and on the job development is an ongoing process. The purpose of a review includes the following:

- Provide a method of recognizing individual contributions to the team;
- Build on the strengths of our employees and assist staff with their career path(s) in relation to current and future opportunities;
- Opportunity to assess, develop, maximize team collaboration and efficiencies, and/or synergies; and
- Provision of a formal discussion for staff to elaborate on their successes throughout the year.

Formal reviews will always be conducted prior to the end of a new employee's assessment period. Informal feedback can be sought by an employee from their manager and/or team at any time.

Based on the impact of specific PFHT positions, there are certain leadership roles that complete a 360 Degree review on an annual basis. The 360 review involves feedback from the employee's subordinates, colleagues, manager, and/or Executive Director, and if applicable, Board of Directors

and/or external partners. It is coupled with the employee's self-evaluation and the purpose of this process is to gather multiple objective perspectives to maximize an employee's current and future performance.

PFHT is actively reviewing its performance review process and plans to implement an updated program by 2021.

### **Benchmarking**

Benchmarks are standards for an employee's work that provide a foundation for optimal success and improvement for both the employee and PFHT. Where benchmarks are established and implemented, they provide an accountability framework for the organization and its employees.

PFHT's benchmarks for interprofessional healthcare providers are presented as ratios. The ratios act as guidelines that are meant to capture the direct time allocated to patients in the form of one-on-one appointments and indirect time allocated on behalf of patients. This may include, but is not limited to charting, phone calls, advocacy, community research, and/or patient plan of care.

PFHT has identified the following benchmark ratios for interprofessional healthcare provider:

Mental Health Clinicians:	70:30
Registered Dietitians:	70:30
Nurse Practitioners:	80:20
Registered Nurses:	80:20
Registered Practical Nurses:	80:20
Pharmacists:	80:20

It is important to be aware that benchmarks are a tool for best practices, which is considered to be an ongoing, evolving and responsive process. These benchmarks have been developed in accordance with information provided by various professional associations and other healthcare organizations. We expect that our interprofessional healthcare provider will use their professional judgement in the application of these suggested ratios and that these may reasonably vary and fluctuate from time to time, based on the needs of PFHT patients.

### **Resolution of Concerns**

It is expected that day-to-day problems or issues will be resolved at your practice site. Where resolution cannot occur within your practice site, the Director of Programs & Services, and the Human Resources Manager or designate, and/or the Executive Director may be required to assist in coming to a resolution. Please see Appendix D for Resolution of Concerns and Communications Protocols.

### **Progressive Discipline**

The Peterborough Family Health Team reserves the right to discipline or discharge employees in accordance with good management practice. PFHT adheres to the principles of progressive discipline. Depending on the severity, consequence and frequency of a disciplinary matter, the following process will be followed:

- 1) Verbal warning
- 2) Written reprimand
- 3) Suspension or termination

In extreme circumstances, the first and second steps may be waived. Examples of unacceptable behaviour include, but are not limited to: theft, insubordination, dishonesty, intoxication, falsification of records, including the IMS, improper conduct, disclosure of confidential information about the PFHT and/or its staff, confidential information about our patients, including patient identity, repeated absenteeism or lateness, and consistently being unavailable for work.

### **Absence from Practice**

The work of PFHT demands that employees work to achieve the broad objectives of primary care reform. This necessarily involves participation in learning opportunities and engagement in the strategic priorities set out by the Board of Directors.

Employees are expected to attend PFHT meetings for purposes of information sharing and updates on organizational matters. This may include participation in planning or advisory committees related to such matters as Human Resources policies or Occupational Health and Safety. Opportunities to participate in meetings and activities help to build individual and team strengths and support the human resources values of collaboration and professionalism and respect.

Where it is reasonable to do so, PFHT will facilitate participation via internet, conference calling, or other electronic means to reduce the need for travel time. Employees will be expected to make every effort possible to attend mandatory meetings to keep up-to-date on PFHT as an organization, performance expectations, patient care, and possible trends in practice. The exceptions for not being able to attend mandatory meetings could include acceptable reasons such as personal illness, personal emergency, attending another employer commitment, and/or previously approved vacation.

Where an employee's attendance at the practice is considered to be problematic and efforts to resolve the issue at the practice level have been unsuccessful, the Human Resources Manager or designate may need to intervene. The structure of PFHT demands good communication and joint problem solving strategies. In some instances, the Resolution of Concerns Protocol may be helpful (Appendix D).

### Scent Free Workplace

Medical evidence clearly shows that chemically scented products are harmful to the health of sensitive individuals. There are an increasing number of individuals who have environmental sensitivities and exposure to the ingredients or chemicals in scented products has been blamed for symptoms that are typically reported as headaches, dizziness, nausea, fatigue, weakness, insomnia, upper respiratory symptoms, skin irritation, confusion and/or difficulty with concentration.

Due to the serious health concerns' arising from exposure to chemically scented products, PFHT acknowledges its responsibility in providing a healthy environment for its employees, service providers, patients, and guests.

The use of **chemically** scented products will not be allowed within our facilities at any time. In order to achieve a Scent Free Workplace, the following items must be refrained from use. This list is not exhaustive and may be changed accordingly, but currently includes:

- Perfume
- Cologne or aftershave
- Air fresheners and deodorizers
- Candles
- Potpourri
- Highly scented body lotions and creams
- Highly scented flowers
- Highly scented hair products
- Highly scented hair shampoos and conditioners
- Highly scented soaps
- Highly scented laundry products
- Industrial and household chemicals

If an employee works from a different location than PFHT head office at 185 King Street and a related policy exists, the greater standard must be upheld. If you have environmental sensitivities, please contact the Human Resources Manager who will address each request on an individual basis and make every effort to provide accommodation to ensure that you are working in a scent free environment.

### Media Relations Process

PFHT believes in open and honest communications with the media. PFHT will endeavor to provide prompt and forthright answers to media inquiries, in addition to the timely release of information that is of public interest or importance, where it is not limited by its obligation to uphold the protection of patient privacy in compliance with the Personal Health Information Act (PHIPA). Any and all statements made concerning PFHT should be regarded as public statements and are governed by this process.

All general media inquiries are to be directed to the Public Relations Officer (PRO) who is responsible for communication of the organization. The PRO will explore recent media publications, themes and trends to ensure they have a strong understanding of the topic at hand.

Designated spokesperson for PFHT is the Executive Director. Should the Executive Director not be able to address the media the following people will stand in their place to represent the organization: the Medical Director for any clinical matter or the Director of Programs & Services for any organizational questions.

Media may reach out when create a feature on a specific topic and require a quote or insight from a subject matter expert. For example, there could be an editorial/feature on nutrition and a Registered Dietitian is requested by the media. These requests are directed to the PRO who will then reach out to the Clinical Manager or designate to connect with the media. The Clinical Manager or designate may refer the media inquiry to a specific PFHT staff member taking their position and experience level into consideration.

Key messages will be provided to each person who addresses the media. These messages will be created by the PRO to support and guide the conversation of a PFHT representative to ensure messaging aligns with PFHT and its goals.

All requests for information from the media will take priority for the PRO and a follow-up call to media will happen promptly. PFHT recognizes and appreciated the timelines journalists may have and will strive to meet those in a timely fashion. Media cannot request information about any of the patients of PFHT or the Family Health Organizations as this is private and confidential information and cannot be released without the patient's permission.

All news media requests to photograph, videotape or interview patients, team members or physicians are to be directed to the PRO. A dated and signed consent form must be obtained from all patients or the patient's immediate family, prior to the patient being interviewed, photographed or videotaped. The consent then is securely filed with the PRO at PFHT. Please note, this consent form will also be signed when PFHT is using patient photographs, videotape recording or conducting interviews for promotional reasons.

News media wishing to film, photograph or conduct interviews of any persons, including but not limited to team members, patients, family members, volunteers, physicians at PFHT or in the Family Health Organizations must be approved in advance through the PRO.

### Social Media Policy

The purpose of this policy is to govern the use of social media by PFHT employees so that they understand what is appropriate and inappropriate in their use of social media and the potential impact on PFHT. Social media includes, but is not limited to Facebook, Twitter, Instagram, YouTube, LinkedIn, blogs, electronic newsletters, online forum and other sites and services that permit users to share information with others in a contemporaneous manner.

PFHT recognizes the significant value of utilizing various social media applications to strategically engage the community in our services and programs. Our goal is to engage everyone in professional and relevant dialogue related to the care available through primary health teams. PFHT has specific procedures which apply to the professional and personal use of social media when referencing to PFHT or its employees, patients, partners, or other stakeholders. For clarification on this policy as seen in Appendix P, please contact the Public Relations Officer.



## Appendix A: Chamber Benefit Summary

- **Employee Life Insurance (Option: 1X)**

One Times Annual Earnings

Note: Life benefit capped at \$25,000 (additional insurance can be purchased)

- **Accidental Death & Dismemberment (Option: 1X)**

One Times Annual Earnings

Note: Accidental Death & Dismemberment benefit capped at \$25,000

- **Long-Term Disability (Option: L3)**

Benefits from the 121st day of disability up to age 65. "Disability" means employees are unable to perform all regular duties of their own job during the first 24 months, then unable to perform any gainful job, could become qualified for Long-Term Disability.

- **Dependents Life Insurance**

Spouse: \$10,000 / Each Child: \$5,000

- **Extended Health (Option: E84)**

70% coverage of prescription drugs listed on the ASSURE National Formulary

50% coverage of prescription drugs NOT listed on the ASSURE National Formulary

100% coverage of all other eligible benefits

Prescription drug benefits are paid using the ASSURE drug card system and have a \$50,000 / person per calendar year maximum.

- **Dental (Option: D8)**

\$25.00 / \$50.00 calendar year deductible

80% coverage of Basic services

80% coverage of Endodontic and Periodontal procedures

- **Benefit Maximum of \$1,500.00 per person per calendar year**

A more detailed benefit booklet is available upon request. The EHC and Dental rates are set rates based upon single or family coverage and the LTD/Life rates fluctuate based upon age and income.

## Appendix B: Workplace Violence & Harassment Prevention Policy

### Purpose

PFHT has zero tolerance for workplace violence and harassment. The purpose of this policy is to ensure that employees of Peterborough Family Health Team (PFHT) have a work environment that is free of violence or harassment of any kind, whether it arises from another employee or any other individual visiting the workplace, or interacting with staff.

Employees should be aware of, and understand that acts of violence or harassment are considered a serious offence for which necessary action will be imposed. Those individuals subjected to acts of violence and/or harassment are encouraged to access any assistance they may require in order to pursue a complaint. Individuals are advised of available recourse if they are subjected to, or become aware of, situations involving violence and/or harassment. Specific measures will be taken to prevent and/or minimize the incidents of violence and/or harassment.

### Scope

This policy applies to all full-time, part-time, temporary, contract, and casual PFHT workers, which includes all employees, health care professionals, students, and volunteers who provide services to PFHT. The policy also applies to all patients, family members, visitors, or any individual working on behalf of and/or affiliated with PFHT. Other perpetrators of violence and/or harassment will be subject to whatever measures are reasonable to ensure a healthy and safe work environment for all employees.

### Key Definitions

**Harassment:** Harassment is engaging in a course of vexatious comments or conduct against an individual or group that is known or ought to have been known to be unwelcome. Harassment may be based on one or more of the prohibited grounds set out in the Ontario Human Rights Code or it may be any course of inappropriate conduct or comments, which makes a reasonable person feel uncomfortable, embarrassed, offended, or intimidated and/or results in a poisoned working or learning environment. Prohibited grounds set out in the Ontario Human Rights Code are as follows:

- Age
- Ancestry Citizenship
- Colour
- Creed (religion)
- Disability
- Ethnic origin
- Family status
- Gender Identity/Expression

- Marital Status (married, single, widowed, divorced, separated or living in a conjugal relationship outside of marriage, whether in a same sex or opposite sex relationship)
- Place of Origin
- Race
- Receipt of public assistance (in housing only)
- Record of offences (in employment only)
- Sex (including sexual harassment, pregnancy and breastfeeding)
- Sexual orientation

While harassment is usually defined as resulting from a pattern or course of behaviour, one act may be so egregious that it constitutes harassment on its own.

Harassment is **not** any reasonable action by management in the course of managing the workplace. Examples of this include, but are not limited to transfer, demotion, disciplinary action, counsel or dismissal of an employee in a reasonable manner. Harassment is not a decision, based on reasonable grounds and facts, not to promote or grant another benefit in connection with an employee's employment or performance. Harassment does not include ongoing evaluations of an employee's performance at work, which may include reasonable criticism of performance and/or may result in reasonable changes to a person's assignment as a result of an evaluation. It is important to be aware of the fact that workplace sexual harassment is also workplace harassment.

Harassment is not a difference of opinion or minor disagreements between co-workers, consensual banter, or consensual relationships. Two or more workers bantering back and forth is not harassment if everyone involved is in agreement. However, if any worker feels uncomfortable with this behaviour, expresses their discomfort, and the behaviour continues, or if the other worker(s) involved should have known the person was uncomfortable, the behaviour does constitute harassment.

Harassment does not exist where workers become involved romantically or are in a sexual relationship as long as the relationship is consensual. If one of the workers changes their mind and the other person persists in trying to continue the relationship, this is considered harassment.

**Workplace Sexual Harassment:** Engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity, or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome. It is making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant, or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

**Sexual Harassment:** Sexual harassment is a type of discrimination based on sex and it is engaging in a course of vexatious comment or conduct that is known or ought to be known to be unwelcome. Some examples of sexual harassment are include asking for sex in exchange for a benefit or a favour, repeatedly asking for dates and not accepting “no” for an answer, demanding hugs, making unnecessary physical contact, including unwanted touching, using rude or insulting language or making comments toward women or men, calling people sex-specific derogatory names and making sex-related comments about a person’s physical characteristics or actions.

**Domestic Violence:** A person who has a personal relationship with a worker who physically harms, attempts, or threatens to physically harm that worker in the workplace. This person could be a current or former spouse, current or former intimate partner, or a family member. In these situations, domestic violence is considered workplace violence.

**Workplace Violence:** The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker; an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; or 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 violence is actual, threatened, or attempted conduct intended to likely cause injury, harass, threaten, intimate, bully, or otherwise harm another person. Examples of workplace violence include, but are not limited to:

- Harsh and excessive criticism of a personal and non-constructive nature;
- Spreading rumours designed to harm a person’s reputation or put the person in a negative light;
- Spying or stalking;
- Ridiculing a person on the basis of physical appearance, beliefs or personal characteristics;
- Name calling and teasing;
- Pushing, shoving, elbowing, jostling and other acts of physical intimidation; and
- Unwelcome practical jokes.

There are four (4) categories of workplace violence, which include:

<b>Type 1 (Criminal Intent)</b>	Committed by perpetrator who has no relationship to the workplace, i.e., burglary by stranger.
<b>Type 2 (Client, Patient, Visitor, or Customer)</b>	The perpetrator is at the workplace and becomes violent toward a worker or another patient or visitor.
<b>Type 3 (Worker-to-Worker)</b>	The perpetrator is an employee or past employee of the workplace.
<b>Type 4 (Personal Relationship)</b>	The perpetrator has or has had a relationship with an employee, i.e., domestic violence.

**Workplace:** Any location where any worker is carrying out a work-related function. Examples of possible workplaces for the PFHT include multi-site office environments, PFHT sponsored conference or training site, worker accompanied patient transport, and patient residences or community settings.

**Workers:** PFHT workers are full-time, part-time, contract or temporary employees, volunteers, students, and/or contractors.

**Threat (Verbal or Written):** A threat is a communicated intent to inflict physical or other harm on any person or to property by some unlawful act. A direct threat is a clear and explicit communication distinctly indicating that the potential offender intends to do harm.

**Vexatious Behaviour:** This is humiliating or abusive behaviour that lowers a person's self-esteem or causes torment. It is also behaviour that exceeds what the person considers to be appropriate and reasonable in the performance of their work.

**Near Miss:** An act of striking out, but missing the target.

**Workplace Bullying:** These are repeated and persistent negative acts towards one or more individuals, which involve a perceived power imbalance and create hostile work environment.

**Critical Injury:** For the purpose of this policy, the Ministry of Labour considers a workplace injury critical if it places life in jeopardy, produces unconsciousness, results in substantial loss of blood, involves the fracture of a leg or arm, including a wrist, hand, ankle or foot, involves the amputation of a leg, arm, hand, foot or multiple fingers or toes, consists of burns to a major portion of the body, and/or causes the loss of sight in an eye.

**Complainant:** A person who has made a complaint about another individual who they believe committed an act of violence or harassment against them.

**Respondent:** A person whom another individual has accused of committing an act of violence or harassment.

### **Policy Statement**

PFHT is committed to providing a respectful, supportive, healthy, safety, and violence-free working environment. Any act of workplace violence or harassment committed by or against any PFHT employees, health care professionals, volunteers, students, or contractors is unacceptable conduct that will not be tolerated.

This policy applies to all activities that occur within the workplace, offsite on work-related business, work-related social function(s), work-related travel, work-related conversations in person or over the phone, social media platforms, and during patient care home visits. The policy includes all forms of direct and indirect communication. All incidents, whether informally or formally reported, are taken seriously and dealt with appropriately and where possible, confidentially. In determining the appropriate response, PFHT may find it is necessary to seek assistance from local law enforcement.

### **Procedures**

PFHT has developed a Workplace Violence Program that implements this policy. It includes measures and procedures to protect workers from workplace violence and harassment, a means of summoning immediate assistance, and a process for workers to report incidents or raise concerns. These measures are designed to ensure that this policy is supported throughout all aspects of the organization.

### **Violence Risk Assessment**

PFHT conducts risk assessments of the work environment to identify potential risks that could impact the organization and the health and safety of employees and will institute measures to eliminate or control any identified risks to employee safety. The following factors are considered during the assessment:

- Past incidents of violence and/or harassment;
- Violence and/or harassment that is known to occur in similar workplaces;
- Circumstances in which work takes place, including the type of work and conditions of work;
- Interactions that occur in the course of performing work; and
- Physical location and layout of the workplace.

A risk assessment may include reviews of records, security reports, employee incident reports, staff perception surveys, health and safety inspection reports, first aid records, or other related records.

Areas that will be considered and may contribute to risk of violence include, but are not limited to contact with the public, exchange of money, receiving doors, and working alone or at night.

The Human Resources Manager and Joint Health and Safety Committee address risk assessment and provide a written report to the Executive Director. The Human Resources Manager will disclose information to workers who are likely to encounter a known person with a history of violence in the performance of their job duties or if there is a potential risk of workplace violence as a result of interactions with the person with a history of violence. However, PFHT will only disclose personal information that is deemed reasonably necessary to protect the worker from physical harm.

The Human Resources Manager will appoint an internal or external person to investigate all reported incidents of that fall under this policy. All complaints will be taken seriously and objectively investigated fully and with a high level of confidentiality.

### **Roles and Responsibilities**

**Management:** It is the responsibility of PFHT management and/or those in a leadership role to provide the resources, support, and oversight necessary to implement this policy and the program in a fair, ethical, objective, timely, and consistent manner. Management will take correct action with anyone under their direction who subjects another individual to violence and/or harassment and will ensure that workers are properly trained and equipped to protect themselves. Management will encourage employees to report complaints or incidents immediately.

**Workers:** The PFHT encourages all workers to **Speak Up**.

It is the responsibility of all workers to act in compliance with this policy and the program. All workers are encouraged to raise any concerns about workplace violence and to report any violent incidents or threats to the Human Resources Manager. Workers are also encouraged to report issues in their non-work life that may impact the worker's or other worker's safety, i.e., domestic violence. If the police are required, their investigation will take priority and workers are expected to fully co-operate with the police.

Workers will work together in a professional, collegial manner and resolve issues free from violence, incorporating the PFHT Communication Protocol - Clinical and/or the PFHT Communication Protocol – Human Resources. (See Appendix D)

Workers will complete on-line training provided by the PFHT to minimize and/or eliminate violence and/or harassment or the risk of violence upon hire and then annually.

**Joint Health and Safety Committee:** The JHSC is responsible to provide consultation about the development, establishment, and implementation of this policy. The JHSC provides consultation and recommendations to the employer to develop and establish training in workplace harassment reporting

and investigations, take part in an annual review of this policy, be aware that the results of any report created in the course of an investigation are not considered a report as defined under subsection 25(2) of the OH&S Act and will not be shared with the JHSC (s.32.07(2)).

### **Types of Complaints**

**Informal Complaints:** If there are concerns about speaking directly to the person committing the offensive behaviour or if the offender does not stop the behaviour after the matter has been raised, workers are advised to seek advice from the Human Resources Manager or Director of Programs & Services for the purpose of informally settling the matter. Where the alleged harasser is a patient, the primary physician and FHO Administration should also be contacted.

**Formal Complaints:** If the informal route for resolution is not successful or it is not appropriate, the PFHT fully supports its workers in filing a formal complaint utilizing the Incident Report Form. Upon completion, this form shall be provided to the Human Resources Manager, FHO Administration, and/or the Director of Programs & Services. If the respondent is a patient, the primary physician should also be contacted.

### **Malicious Complaints**

A person who submits a complaint in good faith has not violated this policy even if the complaint cannot be proven. An employee cannot be disciplined for submitting a complaint in good faith. Falsely alleging workplace harassment knowingly or with malicious intent is considered a violation of the policy and the complainant may be subject to disciplinary action up to and including termination. If the complainant is a worker and the complaint is found to be malicious, the investigation results and discipline will be recorded in PFHT's personnel records.

### **Discipline**

Acts of workplace violence will not be tolerated and will be responded to with appropriate disciplinary action, up to and including termination, based on a thorough and objective investigation of the incident and the surrounding circumstances in a way that accords with PFHT progressive disciplinary procedures. Such disciplinary action may include immediate termination for acts of physical assault, even if the person committing the act has not committed previous acts of violence.

### **Worker Right to Refuse Unsafe Work**

Workers have the right to refuse unsafe work, including situations where they believe they are in danger of workplace violence. An employer cannot fire or discipline a worker for refusing unsafe work or for asking them to address a health and safety issue. An employer cannot penalize an employee for following workplace health and safety laws as this would be considered an unlawful reprisal. However, this should not be the first and automatic response to an unsafe working condition.



A worker who identifies an unsafe working condition must first, if time permits, report the situation to their direct manager or Physician, FHO Administration, and Health & Safety Representative. At the first opportunity, the employee is also required to contact PFHT Human Resources Manager or designate, and FHO Administration. The worker is required to work in conjunction with their direct manager and/or physician to find solutions to reduce and/or eliminate the workplace risk before it becomes an immediate danger.

During these types of situations, workers are also required to be aware of their standards of practice as established by their professional college or regulatory body and to apply these standards of practice, as applicable.

Workers cannot be threatened, dismissed, disciplined, intimidated, or coerced for complying with the worker refusal process.

### **Actions for Threatening Behaviour of Patient and/or Visitor**

When a situation cannot be de-escalated and an employee and/or affiliate feel unsafe or a patient is in physical and/or mental distress, protocol is to be followed. Front reception staff of the Virtual Care Clinic Services (VCCS)/INR Clinics at 185 King Street, 5<sup>th</sup> Floor will press the ALERT button on the phone in the reception area. This ALERT notifies all administrative by automatically turning on the intercom and allowing the front office conversations to be heard over certain office phones. Administrative staff will immediately come to the reception area because using the ALERT indicates that there is a serious patient/visitor issue.

The VCCS nurse also has a portable white door alarm and this is in the exam room that they work from daily. When the front button of the alarm is pressed by the nurse, a loud doorbell sound is emitted and the front reception staff of the VCCS/INR Clinics and the office staff close to the exam room will hear the sound and immediately come to the room to assist and/or call 911, if necessary.

Appointments for the VCCS with the nurse are between 15 to 30 minutes in length. As a precaution, the front reception staff notes how long a patient has been in the exam room with the nurse. If there are any concerns and where appropriate, they will check on the nurse and patient to ensure that there are no issues. If there are no issues, the front reception staff returns to their desk and if assistance is required, supervisory staff will be contacted and/or 911 called, if necessary.

### **Different Medical Office Locations - Threatening Behaviour of Patient and/or Visitor**

When an employee and/or affiliate are working out of another medical office location, the office will have their own emergency procedures that should be followed. These offices may also have panic buttons to be used when an employee and/or affiliate believe the personal safety of themselves and/or others is at risk. The panic button will signal to staff to come immediately to the reception area because

there is a serious patient/visitor issue. Employees and/or affiliates should make themselves aware of emergency office procedures from the location they work from, upon hire.

### **9 Steps - Reporting Procedures**

1. In situations where the violent act or threatened violent act is serious, workers should call 911 immediately. In sites where panic buttons are installed or the phone has an 'alert' option, either and/or both should be utilized.
2. Workers must report all threats and/or attempted or actual violence to their direct manager/physician and/or to the PFHT Human Resources Manager or designate.
3. The manager/physician or Human Resources Manager or designate will take immediate action to resolve any situation that involves violent behaviour and to ensure the safety of workers.
4. The manager/physician and/or Human Resources Manager or designate will ensure the complainant and any other workers receive first aid or medical aid, as required.
5. If the respondent is a patient, the Human Resources Manager or designate will notify the patient's attending physician.
6. The complainant must complete the Incident Reporting Form.
7. If the complainant refuses to complete or sign the Incident Reporting Form, the manager, Physician, FHO Administration, and/or Human Resources Manager or designate will complete the form to the best of their knowledge.
8. The failure of the complainant to complete the Violent Incident Report Form will not preclude the PFHT from investigating or dealing with the alleged violent incident. However, it may restrict the PFHT's range of possible actions in this regard. Due diligence is always expected and required.
9. Incidents that constitute criminal acts will be referred to the police or another appropriate policing agency. Workers are expected to fully co-operate with all external investigations.

### **Notice of an Injury that is not Critical**

If a worker needs medical attention or is unable to do their work, due to an accident, explosion, fire, or incidence of workplace violence, the Human Resources Manager must report it to the Health and Safety Committee or Health and Safety Representative. The notification must be submitted in writing within 4 days of the incident.

### **Notice of an Injury that is Critical Injury**

Employers must notify the Ministry of Labour by telephone and in writing when any person is critically injured or killed at their workplace from any cause. This includes people who are not workers, for example visitors or customers. If someone is critically injured or killed at PFHT workplace, the following procedures must occur:

1. **Call 911** in an emergency and if needed, obtain first aid or medical aid.
2. Call or advise the Human Resources Manager or designate, i.e., Director of Programs & Services, or Executive Director.
3. The Human Resources Manager or designate will call the Ministry of Labour's Health and Safety Contact Centre.
4. The Human Resources Manager will inform the Joint Health and Safety Committee members, Executive Director, and Director of Programs and Services.
5. The Executive Director will inform the Board of Directors.
6. PFHT Human Resources Manager must notify the Ministry of Labour, in writing, within 48 hours of the incident.

### **Investigating Incidents**

The Human Resources Manager or Director of Programs & Services will designate an internal or external person to investigate all reported incidents of violence and harassment. The complainant and the respondent will be advised of the investigation. The investigation will be conducted in a fair, respectful, objective, and timely manner. The length and level of the investigation will depend on the nature and seriousness of the allegations. Generally, the investigation will consist of the following:

- Conducting interviews with the complainant, respondent, and any witnesses.
- Informing the respondent of the details of the complaint and obtaining their response in writing.
- Determining whether an act of violence and/or harassment actually occurred.
- Recommending appropriate remedies, penalties, or disciplinary action.

Depending on the outcome of the investigation, PFHT reserves the right to implement a paid administrative leave to the respondent. The intent of the paid leave is to allow for a valid and thorough investigation. During the paid leave the respondent is obligated to attend all interviews required by PFHT. The respondent is also free to seek legal advice and include legal representation within the investigation process. If the respondent is a patient, the investigation will focus on the possible cause of the act of violence and/or harassment and the level of responsibility of the patient, including the patient's cognitive ability to understand their action.

All information obtained will not be disclosed unless the disclosure is necessary for the purpose of investigating or taking corrective action with respect to the incident or complaint, or is otherwise required by law. All documents related to the complaint and/or incident of workplace violence and/or harassment, including but not limited to the written complaint, witness statements, investigation notes and reports, and documents related to the complainant, will be maintained by the investigator separate from personnel files.

The investigator shall determine whether there is:

1. Sufficient evidence to substantiate that workplace violence and/or harassment has occurred and/or that this policy was contravened; or
2. Insufficient evidence to substantiate that workplace violence and/or harassment has occurred and/or that this policy was contravened.

Both the complainant and the respondent will be notified in writing of the result of the investigation and of any corrective action that has been taken or that will be taken to minimize or eliminate violence and/or harassment.

### **Recommended Corrective Action**

If it is decided by the investigator, Human Resources Manager, Director of Programs & Services and/or designate that there has been a violation of this policy by an employee, the following conditions should be considered when determining the correction action:

1. Impact of the incident on the complainant
2. Nature of the incident
3. Period of time and frequency of the incidents
4. Vulnerability of the complainant

The following corrective actions may be considered depending on the particular incident and the factors outlined above:

- Sincere apology with witness present;
- Training for individuals and/or all employees;
- Referral to an Employee Assistance Program;
- Reassignment or relocation;
- Report to a professional body;
- Suspension (with or without pay);
- Termination of employment or contractual relationship; and
- Legal action.

### **Recommended Corrective Action Where Respondent is a Patient**

Where the Respondent is a patient, all reasonable measures will be taken to ensure a positive environment for workers including, but not limited to the following recommendations to the physician as provided by PFHT:

- Requiring that the patient be accompanied by a family member when visiting the workplace;
- Issuing verbal or written warnings;
- Imposing conditions which the patient must agree to follow in order to continue receiving care;
- Issuing a trespass warning letter or trespass order;

- Discharging the patient and will no longer provide care; or
- Providing the optional choice of an employee transfer.

In addition, the health care team will conduct an assessment of the patient and the patient's plan of care to determine appropriate measures, including educational programs, materials, and resources for workers to provide help in maintaining a positive work environment.

### **Corrective Action Where the Respondent is Neither a Worker nor a Patient**

If the respondent is not a worker or a patient, PFHT will take whatever measures are reasonably available to ensure the safety of its workers.

### **Correction Action Where the Respondent is a Family Member**

Domestic or family violence can incur in the workplace, but also during an employee's commute to and from work, while working from home or in the community at work-related events. The Human Resources Manager will intervene when they believe there is reason to suspect that the employee is at risk and/or the behaviours of the family member disrupt the day to day operations of PFHT.

Family violence can include harassing calls, texts, emails, threats, inappropriate workplace visits, and violent confrontations. In these cases, PFHT will provide supports to the employee through referral to the Employee Assistance Program, community programs that include legal, psychological, housing, and social supports, and the development of a safety plan. If the Respondent is not a worker or a patient, PFHT will take whatever measures are reasonably available. The PFHT Human Resources Manager may also work with the employee to develop a safety plan.

### **Personnel Files Where Respondent is a Worker**

A formal letter of the complaint is required and a copy of the letter will be placed in both the complainant's personnel file and the respondent's personnel file.

The details of the complaint, the investigation process and information collected will not be placed in either the complainant or the respondent's personnel file. When the investigation reveals harassment has occurred, the incident and the discipline that is imposed on the respondent will be recorded in a separate file.

In the event that the complaint was made in bad faith, meaning that the complaint had absolutely no basis and the complainant deliberately and maliciously filed the complaint, that person will be subject to the same remedies as set out within this policy under Correction Action and Discipline. A record of the incident will be placed in the complainant's personnel file.

### **Confidentiality**

Strict confidentiality is required to properly investigate an incident and to offer appropriate support to all parties involved. Any individual who becomes aware of an incident of violence and/or harassment should not disclose the details of the incident to any third party without prior consultation with the PFHT. Gossiping about an incident seriously undermines the privacy of all parties involved and will not be tolerated.

The PFHT will strive to maintain confidentiality in its handling of any complaint in an attempt to protect the privacy of all individuals. Management will not disclose the name of a complainant or the circumstances of the complaint to anyone except where disclosure is necessary to investigate the complaint, required to take corrective action, or required to disclose complaint information by law.

### **Assurance Against Retaliation**

This policy encourages workers to **Speak Up** about any concerns about violence and/or harassment in the workplace. Complainants must not be penalized nor subjected to any prejudicial treatment as a result of making a complaint in good faith. Witnesses must not be subject to any negative repercussions as a result of participating in an investigation. Any retaliation by the Respondent or anyone acting on behalf of the Respondent against the Complainant or any witnesses is strictly prohibited and will result in appropriate disciplinary action.

### **Legal Rights**

There is nothing in this policy that prevents a worker who has been a target of violence and/or harassment from pursuing legal action, including a claim under the Ontario Human Rights Code.

### **Investigation Record Keeping**

The documents corresponding to the investigation will be kept on file by the Human Resources Manager in a secured location, for a period of seven years from the date of the incident.

### **Adherence to Best Practices**

#### **Incident Investigation**

- Listen to the employee, and ensure that they provide a full account of the incident(s).
- Ensure that you treat the matter seriously, using a professional manner and avoid discounting their difficulties in coming forward and telling the story.
- Legal counsel may be sought where it appears that the situation may require legal action.
- Obtain a written, signed and dated statement from the claimant.
- Ensure that the employee is free from retaliation as a result of them coming forward.
- Ask the employee if there is a resolution that can be reached.

- Inform the employee that they may wish to file a complaint with the authorities, depending on the type of accusation and the seriousness of the accusation.

### **Conduct an Investigation into the Incident**

- Conduct your investigation immediately after learning of the complaint and/or accusation.
- Ensure that the investigation remains confidential and that all information gathered during the investigation remains confidential.
- Information should be shared only where necessary and with appropriate parties. They must also be informed of the need to remain confidential.
- Investigate all claims seriously and document all information appropriately.
- Contact the authorities, where appropriate.

### **Interviewing the Complainant**

- Obtain a full account of the incident, and document all details provided.
- Determine any potential pattern involved or if the incident was a singular occurrence.
- Determine if the incident was influenced by any contextual factors.
- Identify any reporting relationships or hierarchical structures that may have influenced the incident(s).
- Determine a timeline of events associated with the incident, what the job duties of each party were at the time of the incident, and their expected locations at the time.
- Examine the potential of a charge made under false pretenses and any motivating factors that may be involved. Work to rule out these potential elements.
- Inform the complainant that a thorough investigation will take place.
- Obtain a written, signed and dated statement from the claimant. Ensure that the employee is free from retaliation as a result of coming forward.

### **Interviewing the Accused**

- Obtain a written, signed, and dated statement from the claimant.
- Describe the details of the accusation and ask for clarification on any discrepancies between the two stories.
- Identify any reporting relationships or hierarchical structures that exist between the parties.
- Determine a time-line of events associated with the incident, the job duties of each individual at the time of the incident, and their locations.
- Determine any potential for retaliation/reprisal and inform the accused that this will not be tolerated in any form.
- Document all pertinent details of the interview, including observations of behaviour displayed during their account of the incident.

### **Interviewing Witnesses**

- Obtain written, dated, and signed statement from witnesses, if applicable.
- Ensure that the employee is free from retaliation as a result of them coming forward.

### **Working Towards Possible Resolution(s)**

- Where a transfer to a different office is either requested or required, ensure that it does not create a negative impact on their employment.
- Where disciplinary action is required, determine the level of discipline based on the severity of the incident, previous action taken in similar circumstances, the employees' previous history, and the frequency of the behaviour/incidents.
- Review, revise, re-communicate company policy. Communicate the consequences of policy violation.
- Place documentation of the complaint, investigation, rulings, discipline imposed, and any actions taken into envelopes marked 'confidential' within the employee's individual files.
- Meet with the individuals to provide details of the actions being taken in response to the findings of the investigation.
- Follow-up in the future to determine if there has been acceptable resolution, no forms of reprisal, and that complainant is able to function normally as the best version of themselves within the workplace.



## Appendix C: Workplace Violence & Harassment Incident Reporting & Investigations Form

<b>PART 1: Incident Details</b> (To be completed by individual reporting incident.)		
Date of report		
Reporter's name		
Location of incident		
Date of incident		
Time of incident		
Complainant full name		
Relationship		
Contact information		
Additional witnesses	Name	Contact Information
Injuries and damage	Yes	No
Were there any injuries or property damage reported?		
Medical attention/first aid obtained?		
Any time missed from work as a result of the incident?		
If "YES" to any of above provide details of injuries, property damage, treatment and/or repairs.		

**PART 2: Description of Incident** (To be completed by party reporting incident.)

**In your own words, please provide detailed description of the incident based on what you experienced or was reported to you and any other pertinent information.**

**Describe immediate actions taken, i.e., contacted Manager, Physician, FHO Administration, Human Resources Manager, told respondent to stop behaviour, Called 911:**

**PART 3: Investigation Interviews** (To be completed by Investigator.)

Interviews with complainant, alleged respondent and/or witness shall be conducted where possible. Where such interviews are not conducted, this report shall indicate why they were not conducted.

Name of person interviewed	
Event role (victim, respondent or witness)	
Person conducting the interview	
Date of interview	

**Interview Notes**

**PART 4: Other Pertinent Information** (To be completed by Investigator.)

Identify pertinent information possibly including but not limited to:

- Police report
- Violence risks and controls from risk assessment
- Past incidents
- Employee training

**PART 5: Investigation Conclusions** (To be completed by investigator.)

**Based on the evidence revealed on investigation, it is the opinion of the investigator that:**

<b>Reported incident of</b> (circle one)	workplace violence	workplace harassment	workplace sexual harassment
<b>was</b> (circle one)	adequately substantiated	not adequately substantiated	fabricated with malicious intent

**Additional Comments from Investigator**

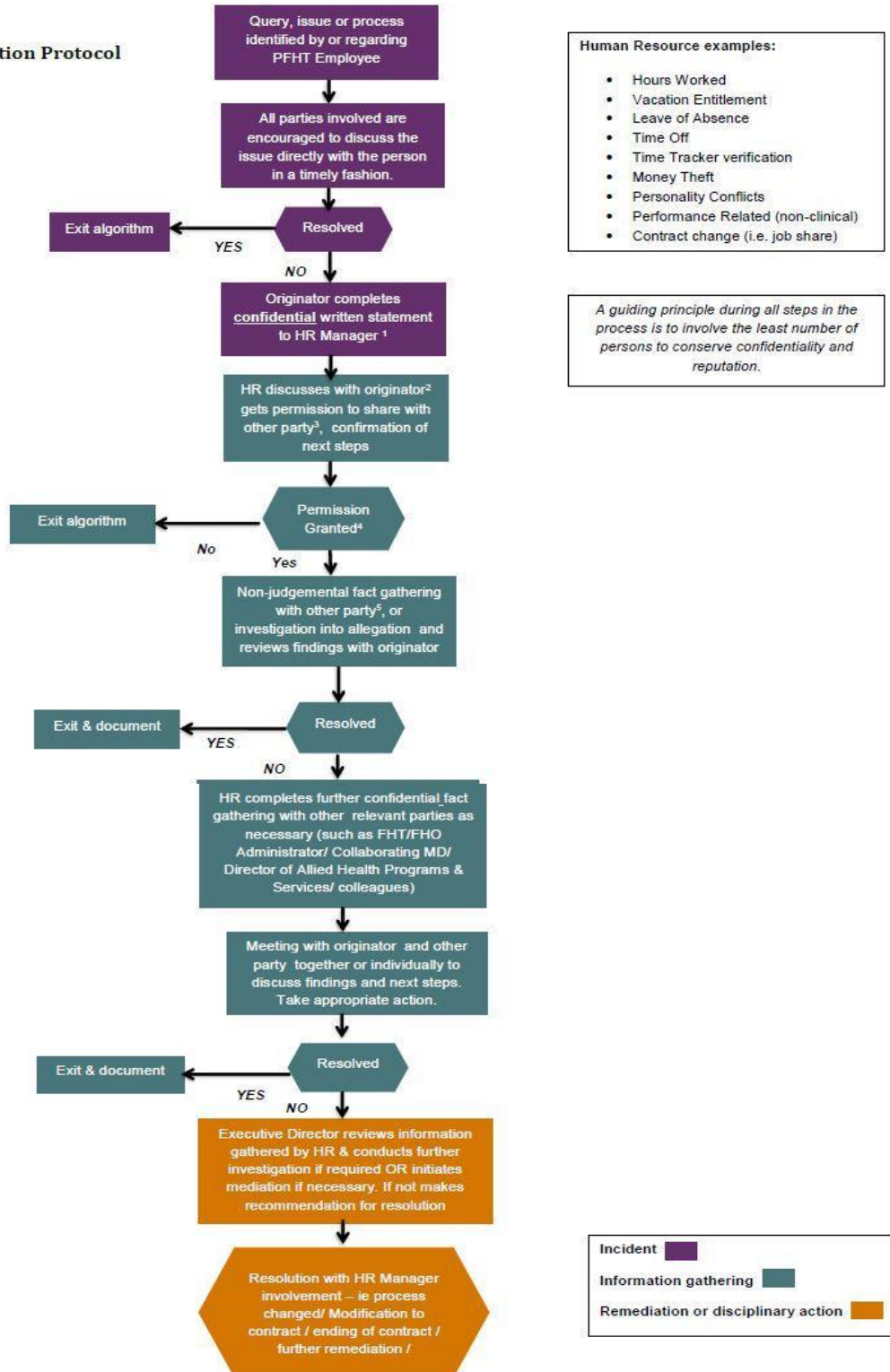
<b>PART 6: Corrective and Preventive Actions (To be completed by investigator.)</b>			
<b>Actions</b>	<b>Responsible</b>	<b>Target Date</b>	<b>Completion Date</b>

<b>PART 7: Conducted Communication of Results Meeting</b>			
<b>Party</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
Investigator			
Complainant			

## Appendix D: Resolution of Concerns

### PFHT Communication Protocol

#### Human Resources



#### Human Resource examples:

- Hours Worked
- Vacation Entitlement
- Leave of Absence
- Time Off
- Time Tracker verification
- Money Theft
- Personality Conflicts
- Performance Related (non-clinical)
- Contract change (i.e. job share)

*A guiding principle during all steps in the process is to involve the least number of persons to conserve confidentiality and reputation.*



<sup>1</sup> If the query or issue is regarding the HR Manager, the written statement is submitted to the Executive Director. If the concern is about the Executive Director, or the Medical Director the Chair of the Board will assume the role of the Executive Director.

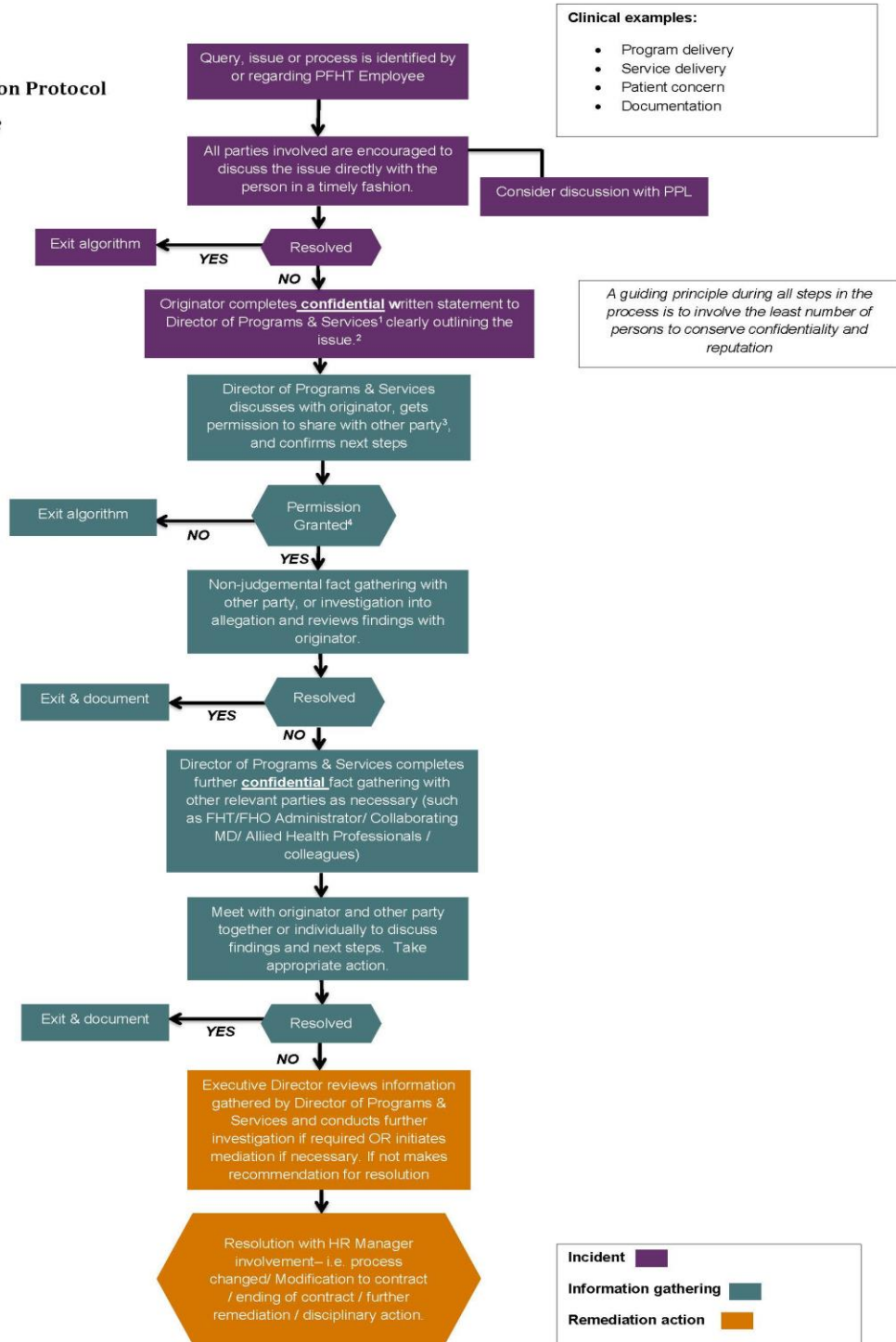
<sup>2</sup> The complainant will be offered additional support throughout the process by a neutral party if required.

<sup>3</sup> If at any point there is a legal risk to the organization the Executive Director will be briefed by the HR Manager, the Executive Director will then brief the Board (no permission required).

<sup>4</sup> If the issue is related to Health & Safety, Harassment or any other legislated right, PFHT is obligated to investigate per the legislation and the concern cannot remain anonymous. Executive Director and Board will be briefed.

<sup>5</sup> If the other party is a non FHT Employee, HR will involve the FHT/FHO Administrator. If the concern is regarding the FHT/FHO Administrator, the FHO Lead Physician will assume the role of the FHO personnel.

**PFHT Communication Protocol**  
*Clinical – APPENDIX B*



<sup>1</sup> If the query or issue is regarding the Director of Programs & Services, the written statement is submitted to the Executive Director.  
<sup>2</sup> If at any point there is a legal risk to the organization the Executive Director will be briefed by the Director of Programs & Services, the Executive Director will then brief the Board (no permission required)  
<sup>3</sup> If the other party is a non FHT Employee, HR will involve the FHT/FHO Administrator. If the concern is regarding the FHT/FHO Administrator, the FHO Lead Physician will assume the role of the FHO personnel  
<sup>4</sup> If the issue is related to Health & Safety, Harassment or any other legislated right, PFHT is obligated to investigate per the legislation and the concern cannot remain anonymous. Executive Director and Board will be briefed.

## Strategies for Reducing Conflict

### Process Conflicts:

- Ask yourself, “How much control do I have over this process?”
- Identify the root cause of the problem and analyze the improvement opportunity.
- Talk first to the owner of the process.
- Describe the current problem and get agreement.
- Suggest a workable solution and action plan.
- Follow-through on the plan and give recognition to the owner of the process.

### Role Conflicts:

- Ask yourself, “Exactly how do I perceive my role in relation to others involved in this issue?”
- Take responsibility for clarifying your role with others involved.
- Be prepared to change your perception of your role.
- Show your willingness to be flexible in achieving your organization’s goals.
- Stay positive. View any role change in terms of the opportunities it presents.

### Interpersonal Conflicts:

- Ask yourself, “How much do my personal biases and prejudices affect this relationship?”
- Write down three behaviours that you could change in order to reduce the conflict in this relationship. Commit to following through on these changes for at least three months.
- Ask the other person involved how you could defuse the existing conflict. Encourage feedback that might seem brutally honest.
- Put yourself in their position. How do you think they view your commitment to reducing conflict in your relationship? Why?
- Make a list of 5 strengths that you see in the other person. Then list 5 ways that improving this relationship would benefit you.

### Direction Conflicts:

- Ask yourself, “Am I clear on the direction or vision?”
- Clarify the discrepancy so that it can be easily described in neutral words and take action.
- Ask permission to address the discrepancy with the other person in a friendly, non-confrontational way and gain agreement.
- Use “I” and “we” messages rather than “you” messages.
- If there is a difference in values, always go with the higher value.
- Make authentic commitments.

### External Conflicts:

- Ask yourself, “How much control do I have over the factor?”
- Choose to fight battles that are worth the price.
- Put your energy into things you “can do” rather than complain about what you “can’t do.”
- Maintain perspective or a sense of purpose. Talk to someone you trust.

## Appendix E: Integrated Accessibility Standards Regulation - Customer Service Policy

### Purpose

All goods and services provided by Peterborough Family Health Team (PFHT) will follow the principles of dignity, independence, integration, and equal opportunity. Our policy meets the requirements of the customer service standards included in the Integrated Accessibility Standards Regulation (IASR) under the Accessibility for Ontarians with Disabilities Act, 2005. It applies to the provision of goods and services to the public or other third parties, not to the goods themselves. This policy applies to all employees, associates, contractors, students and volunteers.

### Key Definitions

**Assistive Device:** Technical aid, communication device, or other instrument that is used to maintain or improve the functional abilities of people with disabilities. Personal assistive devices are typically devices that customers bring with them, such as a wheelchair, walker, or a personal oxygen tank, and that might assist in hearing, seeing, communicating, moving, breathing, remembering, or reading.

**Disability:** As defined by the Accessibility for Ontarians with Disabilities Act, 2005, and the Ontario Human Rights Code, refers to:

- Any degree of physical disability, infirmity, malformation, or disfigurement that is caused by bodily injury, birth defect, or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device;
- A condition of mental impairment or a developmental disability;
- A learning disability, or dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- A mental disorder; or
- An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

**Support Person:** In relation to a person with a disability, another person who accompanies them in order to help with communication, mobility, personal care, medical needs, or access to goods and services.

**Guide Dog:** Please see the PFHT Service & Therapeutic Animal Policy. (Appendix J)

**Service Animal:** Please see the PFHT Service & Therapeutic Animal Policy. (Appendix J)



## **Procedures**

### **Provision of Services to Persons with Disabilities**

PFHT will make every reasonable effort to ensure that its policies, practices, and procedures are consistent with the principles of dignity, independence, integration, and equal opportunity by:

- Ensuring that all customers receive the same value and quality;
- Allowing customers with disabilities to do things in their own ways, at their own pace when accessing services, as long as this does not present a health and safety risk;
- Using alternative methods when possible to ensure that customers with disabilities have access to the same services, in the same place and in a similar manner;
- Taking into account individual accommodation needs when providing services; and
- Communicating in a manner that takes into account the customer's disability.

## **Assistive Devices**

### **Customer's Own Assistive Devices**

Persons with disabilities may use their own assistive devices as required when accessing goods or services provided by the company.

In cases where the assistive device presents a health and safety concern or where accessibility might be an issue, other reasonable measures will be used to ensure the access of goods and services, up to the point of undue hardship.

### **Provision of Assistive Devices**

A wheelchair is available on a first come, first served basis and upon request, to help customers access our services. If there is any other assistive device that a customer requires and makes this known to staff, PFHT will obtain this device through our office goods supplier as soon as possible.

### **Guide Dogs and Service Animals**

Please see the PFHT Service & Therapeutic Animal Policy. (Appendix J)

## **Support Persons**

If a customer with a disability is accompanied by a support person, PFHT will ensure that both persons may enter the premises together and that the customer is not prevented from having access to the support person. In situations where confidential information might be discussed, consent will be obtained from the customer before any potentially confidential information is mentioned.

### **Notice of Disruptions in Service**

Service disruptions may occur for reasons that may or may not be within the control or knowledge of PFHT. In the event of any temporary disruptions to facilities or services that customers with disabilities rely on to access of services, reasonable efforts will be made to provide advance notice. In some circumstances, such as in the situation of unplanned temporary disruptions in the event of an emergency, advance notice may not be possible.

If a notification needs to be posted, the following information will be included unless it is not readily available or known:

- Services that are disrupted or unavailable;
- Reason for the disruption;
- Anticipated duration; and
- Description of alternative services or options.

### **Notifications**

When disruptions occur, PFHT will provide notice by:

- Posting notices in conspicuous places, including the main entrance to 185 King Street, 1<sup>st</sup> Floor and PFHT entrance, 5th Floor, and PFHT website;
- Contacting patients who have booked appointments;
- Verbally notifying patients when they make a reservation or appointment, where applicable; or
- By any other method that may be reasonable under the circumstances.

### **Training**

Training will be provided to every PFHT employee, associate, contractor, student and volunteer.

Regardless of the format, training will cover the following:

- Review of the purpose of the Accessibility for Ontarians with Disabilities Act, 2005;
- Review of the requirements of the customer service standards;
- Instructions on how to interact and communicate with people with various types of disabilities;
- Instructions on how to interact with people with disabilities who use assistive devices, require the assistance of a guide dog or other service animal, or require the use of a support person (including the handling of admission fees);
- Instructions on how to use equipment or devices that are available at our premises or that we provide that may help people with disabilities;
- Instructions on what to do if a person with a disability is having difficulty accessing services; and
- Policies, procedures, and practices of PFHT pertaining to providing accessible customer service to customers with disabilities.

### **Training Schedule**

PFHT will provide mandatory training upon orientation. Training will be provided to new employees, volunteers, contractors, students and volunteers. Revised training will be provided in the event of changes to legislation, procedures, and policies.

### **Record of Training**

The Human Resources Manager will keep a record of the initial training and the mandatory annual on-line training that will include the name of the individual and the date on which the training was completed.

### **Notice of Availability and Format of Documents to Customers**

PFHT shall notify customers that the documents related to the customer service standards are available upon request and in a format that takes into account the customer's disability. Notification will be given by posting the information in a conspicuous place within the PFHT office, PFHT website, and any other reasonable method.

This policy and its related procedures will be reviewed as required in the event of legislative changes or changes to organizational procedures.

### **Feedback Process**

Clients who wish to provide feedback on the way the PFHT provides services provides to people with disabilities can do so through email to [feedback@peterboroughfht.com](mailto:feedback@peterboroughfht.com); in writing to PFHT 185 King Street, Suite 500, Peterborough, Ontario K9J 2R8; by verbal feedback to reception; to their clinician; or by completing a patient feedback form.

All feedback will be directed to the Human Resources Manager or designate. Clients can expect to hear back within 2 (two) business days. Complaints will be addressed according to the organization's regular complaint management procedures.

### **Modifications to any PFHT Policy**

Any policy of PFHT that is perceived to show a lack of respect by not promoting the dignity and independence of people with disabilities will be modified or removed from the Employee Handbook.

## Appendix F: Privacy Policy

### Purpose

Peterborough Family Health Team (PFHT) and the Family Health Organizations (FHO) are committed to providing all residents of our community with a high-quality, seamless care experience built upon the foundation of primary care. We<sup>1</sup> will enhance quality of life for residents and health care professionals by leading the development of an integrated and effective health care system. As part of our mission, we are committed to promoting patient<sup>2</sup> privacy and protecting the confidentiality of the health information we hold.

Our physicians and interdisciplinary health professionals are each health information custodians (HIC) under the Personal Health Information Protection Act, 2004 (PHIPA). For the purposes of privacy obligations, PFHT, FHO and our Team Members<sup>3</sup> are agents. All of the agents abide by this policy and reflect a shared commitment to protecting personal health information.

Please be aware a FHO may have additional policies/procedures reflecting the expectations of the organization and the greater standard must be followed. If a FHO does not have additional policies/procedures the obligation will be to these policies and procedures.

Our Privacy Policy is an articulation of the privacy practices and standards to guide Team Members, who work closely and may be agents of the HIC.

### Principle 1 – Accountability for Personal Health Information

PFHT and our FHOs are responsible for any personal health information we hold. There is a designated Privacy Officer for PFHT and for each FHO. The Privacy Officer is accountable for compliance with this Privacy Policy and compliance with PHIPA. The designated Privacy Officers are as follows:

<p><b>Robert O’Brien</b> <b>Peterborough Family Health Team</b> 185 King Street, 5<sup>th</sup> floor Peterborough, ON K9J 2R8 (705) 749-1564 ext. 314</p>	<p><b>Dr. Kylene McReelis</b> <b>The Peterborough Clinic FHO</b> 26 Hospital Drive, Peterborough, ON K9J 7C3 (705) 743-2040</p>	<p><b>Kathy Grantham</b> <b>The Medical Centre FHO</b> 707 Charlotte Street, Peterborough, ON K9J 7B3 (705) 743-6222</p>
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<sup>1</sup> Throughout this policy the terms “our”, “we”, and “us” refer to the Peterborough Family Health Team and Family Health Organizations as we work in conjunction with each other regarding privacy policies and those policies related.

<sup>2</sup> We have used the term “patient” throughout the policy. It is possible that we hold PHI about individuals who are not Peterborough Family Health Team patients, and the privacy policy would apply equally to those individuals.

<sup>3</sup> Throughout this policy the term “Team Member(s)” include those working for and employed by the Peterborough Family Health Team

<p><b>Elaine Gerelus</b> <b>Peterborough Community FHO</b> 170 Simcoe Street, Peterborough, ON K9H 2H7 (705) 742-3639</p>	<p><b>April Lawton</b> <b>Greater Peterborough FHO</b> 304 Bellevue Street, Peterborough, ON K9H 5G1 (705) 743-7101</p>	<p><b>Bethann Handley</b> <b>Chemong FHO</b> 150 Strickland Street, Lakefield, ON K0L 2H0 (705) 875-7990</p>
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Please note that the Privacy Officer for PIPC is Dr. Joan Himann.

PFHT and FHOs demonstrate commitment to privacy by implementing privacy policies and procedures to protect the personal health information we hold and by educating Team Members and any others who collect, use or disclose personal health information on our behalf about their privacy responsibilities.

All Team Members and those who act on our behalf must abide by PHIPA, this policy and any applicable rules of professional conduct.

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

We collect personal health information for purposes related to direct patient care, administration and management of our programs and services, patient billing, administration and management of the health care system, statistical reporting, meeting legal obligations and as otherwise permitted or required by law.

When the personal health information, which has been collected by PFHT and FHOs, is to be used for a purpose not previously identified, the new purpose will be identified prior to use. Unless the new purpose is permitted or required by law, consent will be required before the information can be used for that purpose.

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

PFHT and FHOs require consent in order to collect, use, or disclose personal health information. However, there are some cases where we may collect, use or disclose person health information without consent as permitted or required by law. For example, PFHT and FHOs do not require consent for using or disclosing information for billing, risk management, quality improvement purposes, or to fulfill mandatory reporting obligations.

PFHT and FHOs assume that a patient's request for treatment constitutes implied consent for specific purposes, unless expressly instructed otherwise.

A patient is not obligated to give consent and a patient may withdraw consent at any time, but the withdrawal cannot be retrospective. The withdrawal may also be subject to legal or contractual restrictions and reasonable notice.

If a physician leaves one of the related Family Health Organizations and Peterborough Family Health Team, their patients will be notified and will have a choice whether to transfer their health records in accordance with the College of Physicians and Surgeons of Ontario rules.

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

PFHT and FHOs limit the amount and type of personal health information we collect to that which is necessary to fulfill the purposes identified. Information is collected directly from the patient, unless the law permits or requires collection from third parties. For example, from time to time we may need to collect information from patients' family members or other health care providers.

Personal health information may only be collected within the limits of each Team Member's role. Team Members should not initiate their own projects to collect new personal health information from any source without being authorized by the appropriate Privacy Officer.

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

Personal health information will not be used or disclosed by us for purposes other than those for which it was collected, except with the consent of the patient or as permitted or required by law.

Personal health information will be retained by the HIC only as long as necessary for the fulfillment of those purposes and used within the limits of each Team Member's role. Furthermore, Team Members may not read, look at, receive or otherwise use personal health information unless they need to know as part of their position, nor shall the Team Member share, talk about, send to, or otherwise disclose personal health information to anyone else, unless that activity falls within the "circle of care"<sup>4</sup>. Team members must adhere to the guidelines provided by the Provincial College overseeing their profession. Personal health information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous safely and securely.

#### **Principle 6 – Accuracy of Personal Health Information**

PFHT and FHOs take reasonable steps to ensure that the information we hold is as accurate, complete, and up to date as is necessary to minimize the possibility that inappropriate information may be used to make a decision about a patient.

#### **Principle 7 – Safeguards for Personal Health Information**

PFHT and FHOs have put in place safeguards for the personal health information we hold, which include:

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<sup>4</sup> We have used the term circle of care to refer to the medical and Interdisciplinary Health Professionals that are part of the patients care.

Physical safeguards (such as locked filing cabinets and rooms);

Organizational safeguards (such as permitting access to personal health information by Team Members on a "need-to-know" basis only); and

Technological safeguards (such as the use of passwords, encryption, and audits).

We require anyone who collects, uses, or discloses personal health information on our behalf to be aware of the importance of maintaining the confidentiality of personal health information. This is done through the signing of confidentiality agreements, privacy training, and contractual means.

We take steps to ensure that the personal health information we hold is protected against theft, loss and unauthorized use or disclosure. The details of these safeguards are set out in Safeguards for Patient Information Guidelines.

Care is used in the disposal or destruction of personal health information, to prevent unauthorized parties from gaining access to the information.

#### **Principle 8 – Openness about Personal Health Information**

Information about PFHT and FHO policies and practices relating to the management of personal health information are available to the public, including:

Contact information for a Privacy Officer, to whom complaints or inquiries can be made;

The process for obtaining access to personal health information we hold, and making requests for its correction – details outlined within the Access and Correction Policy;

A description of the type of personal health information we hold, including a general account of our uses and disclosures; and

A description of how a patient may make a complaint to Peterborough Family Health Team, Family Health Organization or to the Information and Privacy Commissioner of Ontario.

#### **Principle 9 – Patient Access to Personal Health Information**

Patients may make written requests to have access to their records of personal health information, in accordance with our Access and Corrections Policy – Release of Patient Information. All requests will be completed in conjunction with PFHT and the Privacy Officer for the FHO to which the patient is rostered.

We will respond to a patient's request for access within reasonable timelines and costs to the patient, as governed by law. PFHT will take reasonable steps to ensure that the requested information is made available in a format that is understandable.

Patients who successfully demonstrate the inaccuracy or incompleteness of their personal health information may request that their information be amended. In some cases instead of making a correction, patients may ask to append a statement of disagreement to their file.

**Please Note:** In certain situations, PFHT and our FHOs may not be able to provide access to all the personal health information we hold about a patient. Exceptions to the right of access requirement will be in accordance with law. Examples may include information that could reasonably be expected to result in a risk of serious harm or the information is subject to legal privilege.

### **Principle 10 – Challenging Compliance with Peterborough Family Health Team and Family Health Organization Privacy Policies and Practices**

Any person may ask questions or challenge our compliance with this policy or with PHIPA by contacting PFHT's Privacy Officer at (705) 749-1564 ext. 314. If the question is regarding a Family Health Organization employee, the request will be redirected to the appropriate Privacy Officer.

We will receive and respond to complaints or inquiries about our policies and practices relating to the handling of personal health information. We will inform patients who make inquiries or lodge complaints of other available complaint procedures.

PFHT and FHOs will investigate all complaints. If a complaint is found to be justified, PFHT or FHOs will take appropriate measures will be taken to respond. The Information and Privacy Commissioner of Ontario oversees our compliance with privacy rules and PHIPA. Any individual can make an inquiry or complaint directly to the Information and Privacy Commissioner/Ontario by writing to or calling. The address is 2 Bloor Street East, Suite 1400, Toronto, Ontario M4W 1A8, phone is 1 (800) 387-0073, and email is [www.ipc.on.ca](http://www.ipc.on.ca).



## Appendix G: Privacy Breach Protocol

### Purpose

This policy is part of the Privacy Policy. It applies to the Peterborough Family Health Team (PFHT), Family Health Organizations (FHO) and all Team Members<sup>5</sup>.

### Report

All privacy breaches must be reported immediately to one of the Privacy Officers (For list of Privacy Officers, view Privacy Policy). For any questions, contact PFHT's Privacy Officer:

**Robert O'Brien**  
**Finance & Technology Manager, Privacy Officer**  
Peterborough Family Health Team  
185 King Street, 5<sup>th</sup> Floor  
Peterborough, ON K9J 2R8  
705-749-1564 ext. 314

### Privacy Breach

A privacy breach happens whenever a person contravenes a rule under the *Personal Health Information Protection Act, 2004* (PHIPA) or our privacy policies. The most obvious privacy breaches happen when patient information is lost, stolen or accessed by someone without authorization. Examples include:

- A fax with patient information is misdirected
- An unencrypted laptop with health information saved on the hard drive is stolen
- A courier package is not delivered to the correct address
- An unencrypted USB key with patient information is lost
- A patient reads another patient's health record on a computer while waiting in a clinic room
- A test result is filed in the wrong patient's health record
- Someone talks about a patient with a friend
- Health records to be disposed of are recycled and not shredded
- Out of curiosity, a Team Member reviews a neighbour's health record
- Health information is given to the media
- A Team Member makes a copy of an ex-spouse's health record without the permission of the patient
- A Team Member posting on social media about a caseload/patient (even if a name is not included)

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<sup>5</sup> Throughout this policy the term "Team Member(s)" include those working for and employed by the Peterborough Family Health Team

## **Privacy Breach Protocol**

The following steps will be taken by the Privacy Officers (or delegate) if they believe there has been a privacy breach:

### **Step 1: Respond immediately by implementing the privacy breach protocol**

- Ensure appropriate Team Members within the Peterborough Family Health Team and the applicable Family Health Organization are immediately notified of the breach, including the Privacy Officers and the physicians whose patients are potentially affected by the privacy breach.
- Address the priorities of containment and notification as set out in the following steps.

### **Step 2: Containment - Identify the scope of the potential breach and take steps to contain it**

- Retrieve the hard copies of any personal health information that has been disclosed.
- Ensure that no copies, both printed and electronic, of personal health information have been made or retained by the individual who was not authorized to receive the information and obtain the person's contact information in the event that follow-up is required.
- Determine whether the privacy breach would allow unauthorized access to any other personal health information (e.g. an electronic information system) and take whatever necessary steps are appropriate (e.g. change passwords, identification numbers and/or temporarily shut down a system).
- Notification of any privacy breach must be made to the IPC/O, as per Bill 119.

### **Step 3: Notification - Identify those individuals whose privacy was breached and notify them of the breach**

- At the first reasonable opportunity, any affected patients (or others whose personal health information has been affected) will be notified.
- The type of notification will be determined based on the circumstances (such as the sensitivity of the personal health information, the number of people affected, and the potential effect the notification will have on the patient(s)).
  - For example, notification may be by telephone or in writing, or depending on the circumstances, a notation made in the patient's file to be discussed at his/her next appointment.
- Provide details of the extent of the breach and the specifics of the personal health information at issue.
- Give written notice to the regulatory college of the individual who has committed, or is suspected of committing, a breach.
- Advise affected patients of the steps that have been or will be taken to address the breach, both immediate and long-term.

#### Step 4: Investigation and Remediation

- Conduct an internal investigation into the matter. The objectives of the investigation will be to
  - Ensure the immediate requirements of containment and notification have been addressed.
  - Review the circumstances surrounding the breach.
  - Review the adequacy of existing policies and procedures in protecting personal health information.
  - Address the situation on a systemic basis.
  - Identify opportunities to prevent a similar breach from happening in the future.
- Change practices as necessary.
- Ensure Team Members are appropriately re-educated and re-trained with respect to compliance with the privacy protection provisions of PHIPA and the circumstances of the breach and the recommendations of how to avoid it in the future.
- Continue notification obligations to affected individuals as appropriate.
- Notify the IPC/O and/or legal counsel.
- Consider any disciplinary consequences with Team Members or contract issues with independent contractors or vendors that follow from the privacy breach.
- Provincial fines for offences under PHIPA will include maximum fines of:
  - \$100,000 if the offense if committed by a person; and
  - \$500,000 if the offense if committed by a corporation.

## Appendix H: Computer and Electronics

### **Purpose**

The Peterborough Family Health Team (PFHT), Family Health Organizations (FHO) and Team Members are agents as defined by Ontario's Personal Health Information Protection Act (PHIPA) and the physicians and clinicians are Health Information Custodians as defined by PHIPA. The following policy governs the use of computer resources including desktop, laptop, software and hardware to ensure the safe keeping of all patient health information. Please be aware a FHO may have additional computer/electronic policies/procedures reflecting the expectations of the organization and the greater obligation must be adhered to.

All Team Members working/employed within PFHT and the FHO are expected to act in accordance with the computer policy when utilizing any computer resources provided by PFHT and the FHO. The following guidelines and procedures have been established to ensure our computer environment, including Electronic Medical Records (EMR) is safe, secure and utilized in an ethical and legal manner. Violations of this policy will be treated like any other wrongdoing and may be subject to discipline, up to and including dismissal.

### **Network, EMR and VPN Accounts**

The IT Coordinator of PFHT and related position at each FHO will assign all computer accounts to the Interdisciplinary Health Professionals (IHP). A unique login and temporary password will be assigned with the users<sup>6</sup> account.

Information technology resources accessible through the use of a network computer and Login ID are the property of PFHT and each FHO. The computing resources, which include; work station, notebooks, printers, servers, emails, electronic files, networks, software, software licensing, and electronic records are limited to business during the business hours or as arranged.

All Team Members of PFHT and the FHO are held responsible for the security of their accounts and therefore infractions involving their account may result in discipline. If for any reason a user believes that an unauthorized user has learned their password they are required to obtain a new password immediately by contacting the IT Coordinator or related position identified at the FHO.

The following is proper use of Computing Resources and security of accounts:

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<sup>6</sup> We refer to the term "user" throughout this policy and define user as the person who uses or operated the computer and information technology software.

- Passwords should not be made up of common names, words or date sequences that could easily be identified (e.g. pet or children names, birth dates, etc.);
- To maintain confidentiality, users do not share patient files with unauthorized users or allow unauthorized users to view patient files;
- Users shall not export any patient data from the EMR without the expressed consent of the family physician or clinician of the patient<sup>7</sup>;
- USB sticks **must** be encrypted and files within need to be password protected if any patient information is contained on the external hardware;
- Users may not introduce any downloaded information to their computers via USB ports, as this could potentially introduce malware;
- Users may only log into their own account and may not log in using another person's credentials;
- Users shall not access patient files unless they are required to do so in order to fulfill the duties of their job;
- Users shall not access patient files other family physicians and clinicians unless they are required to do so in order to fulfill the duties of their job;
- Users shall lock their computer when not at their workstation and when they exit their system each evening;
- Users shall log out of their network at the end of each work day ;
- Users shall turn their computers off on weekends;
- Users shall not leave patient files or multiple patient files open on the monitor that may be in public view;
- Users shall **only** use trusted and secure wireless accounts and networks; and
- A privacy screen may be requested by a user if placement of their computer is such that patients or guests can inadvertently view the screen.

### Email/Internet Use

The email accounts given to the Team Members of PFHT and FHOs are property of the PFHT and the correlating FHO and therefore the following information is to guide a user when accessing an email account.

1. Staff members are to use the following guidelines when communicating with patients by email:
  - a. Information that **CANNOT** be shared:
    - i. Patient health information
    - ii. Individual care information
  - b. Information that **CAN** be shared:
    - i. Peterborough Family Health Team Programs
    - ii. Appointment times and reminders (time & location only, clinic name or program cannot be mentioned)
    - iii. General health promotion

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<sup>7</sup> We have used the term "patient" throughout the policy. It is possible that we hold PHI about individuals who are not Peterborough Family Health Team patients, and the privacy policy would apply equally to those individuals.

- iv. Pictures of patient conditions when specifically requested by a Specialist or Doctor that is anonymous (no PHI can accompany the picture)
    - v. Other administrative purposes
  2. The Team Member must always consider that emails are subject to FIPPA requests therefore discretion is to be used prior to distributing an email message.
  3. The appropriate disclaimer associated to the organization is to be use within the signature of the email stating the following:

This email and any attachments are for the sole use of the intended recipient(s) and may be confidential. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.
  4. Users will ensure the email is sent to the appropriate and correct person prior to pressing “send”.
  5. Team Members are expected to conduct themselves professionally and ethically when transmitting, receiving and storing information via email.
  6. The Internet must not be used for any illegal or unlawful purposes, including but not limited to, copyright infringement, obscenity, pornography, libel, slander, fraud, defamation, plagiarism, harassment, forgery, impersonation, illegal gambling, and computer tampering.
  7. The Privacy Officers have the ability to review team member’s emails if inappropriate use if suspected.

### **Virus Protection**

It is important that all computers have up-to-date virus protection on their computers and that it is enabled at all times. It is recommended that you do a full computer scan twice a year. If you think that you have a virus on your computer, you will need to have it checked immediately before connecting to PFHT and FHO Networks or EMR.

### **Malware**

Malware is software that can be downloaded onto a person’s computer that will cause damage or disable computers and computer systems. If there is malware on a Team Members device, the creator of the malware (virus) will have access to the network. This can be damaging as our networks host Personal Health Information.

### **Ransomware**

Ransomware is a type of malware that is designed to block access to a computer system until a sum of money is paid.

### Internet and Bandwidth Usage

The Internet is used by Team Members of the PFHT and the FHO on a daily basis, and depending on the type of work being done it can affect the bandwidth. As bandwidth is defined as the transmission capacity of an electronic communications device or system and the speed of the transfer<sup>8</sup>, and the more the Internet is used the slower bandwidth will be.

When the Internet is used for the following personal reasons the network that host the EMR shall not be used and Team Members must understand that it is done on personal time and discretion is used for sites that are visited. The following are considered personal use of the Internet and should only occur during the Team Member's personal time on their personal device and not that of the organization:

- Browse websites
- Check personal emails
  - The use of personal online accounts (Gmail, Yahoo, Facebook, Twitter, etc.) being checked/used during the Team Member's **personal** time on the Team Member's **personal** device, will depend upon the FHO the Team Member is associated with. If you accessing a FHO network you must abide by their policy.
- Review social media sites such as but not limited to:
  - Facebook
  - Twitter
  - LinkedIn
  - Flickr
  - Instagram
  - Pinterest
  - Tumblr

In addition to social media, team members are forbidden to post any patient information or circumstances through social media.

When the Internet is used to stream multimedia such as music or movies the amount of bandwidth being used increases which can cause other hardware and software programs, such as the ones used for Electronic Medical Records, to slow down.

Due to the negative impact that streaming and downloading, Team Members are not to stream anything unrelated to their position/duty and only download software that is approved by the IT Coordinator or related position at each FHO. If there is reason to believe that internet usage is being abused PFHT and the correlating FHO serve the right to review browsing history. Misuses may result in disciplinary action.

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<sup>8</sup> Bandwidth definition as define by <http://www.dictionary.com/browse/bandwidth>

### Storing of Documents on Computer - Letters

It is a common practice for clinicians to write different types of letters for patients, such as updates on certain conditions, requesting information, etc. however, any letter is consider to have Personal Health Information (PHI) and security measure must be taken.

When producing a letter on a computer using any type of software there is a potential for a breach of PHI. To ensure full security of the PHI **clinicians must password protect all patient letters**. This additional layer of software security will protect the PHI even if someone gains access to the clinician's computer.

Please note, if file cannot be password protected, the clinician must either 1) use a program with this feature or 2) delete the file/document. No file containing PHI is to be stored on any computer or electronic storage device unless it is password protected.

### The Do's & Don'ts for Computer/Electronic use:

Do	Don't
<ul style="list-style-type: none"> <li>• Contact your IT coordinator immediately if a virus is suspected</li> <li>• Ensure computer is password protected</li> <li>• Turn off computer/laptop on weekends</li> <li>• Log off <b>every night</b> and when you are away from your device longer than five (5) minutes</li> <li>• Ensure your password is unique</li> <li>• Encrypt USBs and password protect the files stored on that USB</li> <li>• <b>ONLY</b> use trusted and secure wireless accounts and networks</li> <li>• Use the appropriate disclaimer within the signature of your emails</li> <li>• Ensure email is sent to the appropriate and correct person prior to hitting send</li> </ul>	<ul style="list-style-type: none"> <li>• Install new software without approval from appropriate personnel</li> <li>• Stream anything online (i.e. radio station, video games, movies) unless it is being used for work/educational purposes (i.e. group programs, related to your respected profession)</li> <li>• Share your password with anyone</li> <li>• Click links from an unknown sender</li> <li>• Log into another team members account</li> <li>• Leave patient files or multiple patient files open on the monitor that is in public view</li> <li>• Share patient health information through email</li> <li>• Use the internet for any unlawful purposed, including but not limited to harassment, forgery, impersonation, illegal gambling and computer tampering.</li> </ul>



## Appendix I: Access and Corrections

### Purpose

The Peterborough Family Health Team (PFHT) and Family Health Organizations (FHO) are agents of a Health Information Custodians<sup>9</sup> (HIC) and a HIC is responsible for patients' health records (including the electronic health record). However, the information in the health record belongs to the patient and the patient has a right of access to that information and the right to direct PFHT, the FHO and the HIC to share that information or not share that information with others, subject to some exceptions.

This policy addresses five (5) activities:

- Patient<sup>10</sup> requests for access to their own health records (“access”);
- Patient requests to correct their own health record (“correction”);
- Requests to share information with other organizations or health care providers with express consent or implied consent (“circle of care”);
- Requests to transfer patient files to a new health care provider or organization (“transfer”); and
- Third party requests for a copy of a patient’s health record (“release of information”) such as from lawyers, insurance companies and police.

### Consent and “Authorized Persons”

When consent is required under this policy, the following authorized persons may give consent:

1. The patient, if the patient is capable
  - a. **Please note for capable patients under the age of 16:** If a patient is capable and also under the age of 16, the patient may consent AND the patient’s parent or person who has lawful custody may also consent. BUT the parent or person with lawful custody may not consent if the information to be disclosed relates to “treatment” (as defined under the Health Care Consent Act, 1996) about which the child has made their own decision or “counseling” (as defined under the Child and Family Services Act) about which the child participated on their own. (That means if a child consented to the care on their own – a parent cannot consent to the release of that information on behalf of the child). **If there is a disagreement between a capable child and the parent about the release of information, the capable child’s wishes prevail. If team members have questions about consent for children, please ask one of the Privacy Officers.**

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<sup>9</sup> A HIC may refer to a physician or clinician and is based on the professional recording health related items of the patient.

<sup>10</sup> We have used the term “patient” throughout the policy. It is possible that we hold personal health information about individuals who are not patients or who are former patients and this policy applies in those cases as well. Requests for access may also come from a patient’s substitute decision-maker or “authorized person” as identified in this policy.

2. A substitute decision-maker, if the patient is incapable. Please refer to section 26 of PHIPA which lists the hierarchy of individuals/agencies that can act as substitute decision-makers:
  - The individual’s guardian, or the person or guardian of property, if the consent relates to the guardian’s authority to make a decision on behalf of the individual.
  - The individual’s attorney’s authority for personal care or attorney for property, if the consent relates to the attorney’s authority to make a decision on behalf of the individual.
  - The individual’s representative appointed by the Consent and Capacity Board, if the Representative has authority to give the consent.
  - The individual’s spouse or partner.
  - A child or parent of the individual, or a children’s aid society or other person who is lawfully entitled to give or refuse consent in the place of the parent.
  - A parent of the individual with only a right of access to the individual.
  - A brother or sister of the individual.
  - Any other relative of the individual.
  
3. The estate trustee, in the case of a deceased patient
  - a. We verify the identity of the estate trustee by reviewing the notarized “Certificate of Appointment of Estate Trustee with a Will” or “Certificate of Appointment of Estate Trustee without a Will”. A copy of this certificate of appointment must be kept by the HIC. If the deceased patient does not have an estate trustee, consent can be obtained from the person who has assumed responsibility for the administration of the deceased person’s estate – if documented in writing.

When consent is required, patients may withhold or withdraw consent. If patients decide to withhold or withdraw consent, that decision will be documented in their health record.

If the patient requests restrictions on the use of and disclosure of their health record, then the applicable team member (typically, their health care provider, and/or a privacy officer) meets with the patient to discuss what is restricted and how this can be done. Restricted information can be put in a “lockbox” and the HIC, Privacy Officer or designate needs to explain the repercussions of making this choice. See the Lockbox Policy for information about how patients may choose not to share information with other Organizations and Health Care Providers.

### **Copies Versus Originals**

Because family physicians and other interdisciplinary health providers, such as mental health clinicians, dietitians, pharmacists and more are the custodians of the health record, originals of health records are not given to patients or released to other health providers or third parties (except in rare situations if

originals are required by law). In most situations, only copies are released. Patients may ask to view original documents as set out below. Please note, there is a cost that is associated when patients request to see their record.

## Procedures

### 1. Informal Patient Access

From time to time, the HIC will agree to give part of a patient's health record to a patient directly without engaging in a formal request for access under this policy. For example, sometimes a patient needs a list of medications or a copy of particular test results. The HIC decides whether to release this information informally and who can do that on the patient's behalf (e.g. front line or administrative team members). Usually a chart note will be made to document what the patient received. Also, it is good practice to stamp "Patient Copy" to alert that a document has been released to the patient directly.

### 2. Patient Access to Information

With limited exceptions, the HIC is required by law to give patients<sup>11</sup> access to their records of personal health information within 30 days (subject to a time extensions up to an additional 30 days if necessary and with notice to the person making the request).

#### a. Written Requests

- i. Patient requests for their own information should be made in writing. Team members should encourage patients to use the Patient Request for Access to Health Records form.
- ii. If a request for access is made to the health care provider, they should direct the patient to the process for release of records. PFHT or the FHO may assist the patient with locating the desired information/document in the record. Because records may be difficult to read and interpret and may mislead or alarm a patient, patients will be encouraged to review the records with their family physician/HIC (or a delegate) so the information can be explained.
- iii. If a patient wishes to read the original health record, someone must be present to ensure the records are not altered or removed. Patients may not make notes on their original health record or remove originals from the health record or otherwise alter their health records. If a patient requests a copy of a health record, copies may be given and fees may be applied as per policy.
- iv. The original of the written request for access shall be placed with the patient's records and must contain the following:

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<sup>11</sup> Patients and "authorized persons" as defined in this policy may be given access to health records.

- A description of what information is requested
  - Information sufficient to show that the person making the request for access is the patient or other authorized person
  - The signature of the patient or other authorized person and a witness to the signature
  - The date the written request was signed
- v. A notation shall be made in the record (e.g. a handwritten note) stating:
- What information or records were disclosed
  - When the information or records were disclosed
  - By whom the information or records were disclosed

**b. Telephone Requests**

Only limited information should be given out over the telephone to a patient, as it may not be possible to verify that patient's identity. **Refer to Safeguards Guidelines prior to disclosing any information.**

**c. Walk-in Requests**

A signed consent is required for access to a patient's record. Patients may be requested to return at a later date to pick up authorized information.

**d. Denying Patient Access to Health Records**

In certain situations, PFHT, the FHO or HIC may choose not to provide a patient with access to all or part of a health record. Exceptions to the right of access requirement must be in accordance with law and professional standards. Reasons to deny access to a health record (or part of a health record) may include:

- The information is subject to a legal privilege that restricts disclosure to the individual
- The information was collected or created primarily in anticipation of or for use in a proceeding (and that proceeding and any appeals have not been concluded)
- The information was collected or created in the course of an inspection, investigation or similar procedure authorized by law or undertaken for the purpose of the detection, monitoring or prevention of a person's receiving or attempting to receive a benefit to which the person is not entitled under law (and the inspection or investigation have not been concluded)
- If granting access could reasonably be expected to:

- Result in a risk of serious harm to the treatment or recovery of the individual or a risk of serious bodily harm to the individual or another person
- Lead to the identification of a person who was required by law to provide information in the record
- Lead to the identification of a person who provided information explicitly or implicitly in confidence (if it is appropriate to keep that source confidential)

Patients must be told if they are being denied access to their own health records. In such cases, patients have a right to complain to the Information and Privacy Commissioner of Ontario and must be told of this right and how to reach the Commissioner's office.

### 3. **Correction of Health Records**

PFHT, FHO and the HIC have an obligation to correct personal health information if it is inaccurate or incomplete for the purposes it is to be used or disclosed.

A patient may request that their health information be corrected if it is inaccurate or incomplete. Such requests must be made in writing and must explain what information is to be corrected and why.

PFHT or the FHO must respond to requests for correction within 30 days (or seek an extension). Corrections are made in the following ways:

- Striking out the incorrect information in a manner that does not obliterate the record or if striking out is not possible:
  - Labelling the information as incorrect, severing it from the record, and storing it separately with a link to the record that enables the HIC or appropriate health care provider to trace the incorrect information; or
  - Ensuring there is a practical system to inform anyone who sees the record or received a copy that the information is incorrect and directing that person to the correct information.

The record will not be corrected if:

- The record was not originally created by the HIC and the HIC does not have the knowledge, expertise or authority to correct the record; or
- The record consists of a professional opinion which was made in good faith.

Where PFHT, FHOs or the HIC chooses not to correct a record, the patient must be informed in writing. The patient will have the choice to submit a statement of disagreement. If the patient submits such a statement, it will be scanned onto the health record and released any time the information that was asked to be corrected is released.

**Where the HIC chooses not to correct a record, patients have a right to complain to the Information and Privacy Commissioner of Ontario.**

#### **4. Release of Information for Health Care Purposes**

##### **a. Express Consent**

Should a patient wish their other health care providers working externally to PFHT or the FHO to have access to the patient health record, the patient can provide a written statement of consent to this effect (release of information):

The following is the process for releasing health records to a third party Organization relying on a patient's express consent:

1. Record the date of the request in the health record
2. Advise the patient's primary health care provider of the request
3. If release of information to the third party Organization is authorized by the HIC:
  - a. Select and photocopy/print requested specific information
  - b. Do not photocopy/print the entire health record unless required
  - c. Prepare an official cover letter that will accompany the released information
  - d. Send out/mail-out requested information
  - e. Scan the letter of request, patient's consent, and a copy of the covering letter and save in the patient's health record.
  - f. Costs associated with release of information will be invoiced by PFHT/FHO.
4. If the request is incomplete, unclear or contains an invalid consent or is otherwise not authorized by the HIC, PFHT or the FHOs:
  - a. Inform the patient who made the request of the problem in writing (or in person or by phone as appropriate), such as:
    - The request is not sufficient to identify the patient.
    - The request is unclear or unspecific.
    - The request does not have the required consent.
    - The date the patient's consent was signed is greater than 90 days from the date the request was received.

- b. Document the date, time of the call, name of the person with who contact was made, a brief summary of the conversation and comments made by requester.

**b. Implied Consent – Circle of Care**

The HIC may also release information to a patient’s other Organizations for health care purposes (within the “circle of care”) without the express written consent of the patients as long as it is reasonable in the circumstances to believe that the patient wants the information shared with other health professionals. However, no information will be released to other Organizations if a patient has stated they do not want the information shared.

The following is the process for releasing health records to a third party health care provider replying on a patient’s implied consent:

1. Record the date of the request in the health record
2. Advise the patient’s health care provider of the request
3. If release of information to the third party health care provider is authorized by the HIC, PFHT or the FHOs:
  - a. Select and photocopy/print requested specific information
  - b. Do not photocopy/print the entire health record unless required
  - c. Prepare an official cover letter that will accompany the released information
  - d. Send out/mail-out requested information
  - e. Record the verbal request for information
  - f. Costs associated with the release of information will be invoiced by PFHT/FHO
4. If the request is incomplete, unclear or the HIC has been advised by the patient not to disclose relying on implied consent, or the request is otherwise not authorized by the HIC:
  - a. Inform the patient who made the request of the problem in writing (or in person or by phone as appropriate), such as:
    - The request is not sufficient to identify the patient
    - The request is unclear or unspecific
    - The request does not have the required consent
  - b. Document the date, time of the call, name of the person with whom contact was made, a brief summary of the conversation and comments made by the requester.

**5. Transfer of Patient Records**

If a patient is moving to another organization and wishes the HIC's files to be transferred, the patient should be encouraged to see their new provider and sign a consent form with them for the release of information. If this is not possible, however, the patient may sign a copy of the Release of Medical Information form. Clinical health records are transferred only with a written request signed by the patient (or patient's authorized person). A verbal request is not sufficient to transfer health records.

Originals of records are never sent as they are the property of the Health Information Custodian and must remain accessible to PFHT, FHOs and team members. Please note, there is a cost associated when patients request to transfer their record.

When a Release of Information form comes in to transfer patient records, team members should pull the patient's health care record, place the transfer request on the front and put it in the appropriate package. The HIC is responsible for responding to the request as soon as possible by either:

- Writing a summary of the patient's pertinent medical history; or
- Directing team members regarding the relevant information to copy from the patient's health care record.

A copy of the Request of Medical Information form should be filed/scanned in the patient's health care record with the date of transfer marked on this form.

When mailing the file, the envelope will be to the attention of the provider and marked "Confidential".

**6. Third Party Requests for Release of Information**

Should a patient wish their lawyer, insurance company, employer, landlord or other such persons or agencies to have access to the patient health record, the patient must provide a written statement of consent to this effect, which will be directed to the patient's primary health care provider. The HIC, PFHT and FHO will not process verbal third party requests for release of information to anyone who is not a health care provider. These requests must be made in writing. No information will be released without the express consent from the patient or the authorized person (unless permitted or required by law. See below "Permitted or Mandatory Release of information"). Third party requests not accompanied by appropriate consent will be returned with an official letter, outlining proper and complete consent requirements.



Any third party requests for release of information shall include:

1. The name, address and telephone number of person/agency requesting the information.
2. The full name, address and date of birth of the person about whom the information relates.
3. A specific description about the type and amount of information to be released.
4. A consent for release of information form signed by the patient (or patient's authorized person) and this consent form must not be older than 90 days from the date of the request.

The following is the process for releasing health records to a third party with consent of the individual patient:

1. Record the date of the request in the health record.
2. Advise the patient's primary health care provider of the request.
3. If release of information to the third party is authorized by the HIC, PFHT or FHO:
  - a. Select and photocopy/print requested specific information
  - b. Do not photocopy/print the entire health record unless required
  - c. Prepare an official cover letter that will accompany the released information
  - d. Send out/mail-out requested information
  - e. Scan the letter of request, consent, and a copy of the covering letter and save in the patient's health record
4. If the request is incomplete, unclear or contains an invalid consent or is otherwise not authorized by PFHT or the FHO:
  - a. Inform requester of the problem in writing (or in person or by phone as appropriate), such as:
    - The request is not sufficient to identify the patient.
    - The request is unclear or unspecific.
    - The request does not have the required consent.
    - The date the patient's consent was signed is not recent; while legally still accurate, you may ask why it has taken a length of time for it to be provided.
  - b. Document the date, time of the call, name of the person with who contact was made, a brief summary of the conversation and comments made by the requester.

#### **Permitted or Mandatory Release of Information**

PFHT, FHOs and the HICs working within may release personal health information to a third party if "permitted or required by law". A list of mandatory disclosures is included at the end of this policy.

Any time a mandatory disclosure is considered, the patient's health care provider (and as necessary the Privacy Officer) is to be informed PRIOR to reporting. Legal advice may be sought.

### **Police/OPP/RCMP**

There is a natural tendency to want to cooperate with the police and assist them in their investigation. However this must be balanced against patients' right to privacy and the right to confidentiality of their personal health information.

The fact that a patient is suspected of being a victim of a crime or suspected of having committed a crime is not a recognized reason for breaching the patient's right to confidentiality. However, there is a recognized exception ("discretion to warn") to patient confidentiality where there is a significant risk of serious bodily harm to someone (either the patient or someone else) **and if it is genuinely believed that disclosing information to police could eliminate or reduce that risk.**

Personal health information will only be released to police upon the presentation of one of the following documents:

- A consent for release of information form signed by the patient or authorized person
- A valid court order (or other legal document) requiring the release of information to the police
- A coroner's writ requiring the release of information to the police

Each document must be reviewed carefully before information may be disclosed to police (to ensure the disclosed is **permitted or required** by law). This review should be done by the appropriate team member, such as the patient's health care provider, Health Records team member, a risk manager and/or the privacy officer before any information is released. The documentation from the patient, police, court or coroner will be scanned into the chart. Legal advice should be sought as necessary.

### **Children's Aid Society (CAS)**

Health professionals have a mandatory duty to report a "child in need of protection" to the CAS under the Child and Family Services Act. Information may be sent to the CAS to explain the reason for the report.

Where the CAS is the legal guardian of a child, the CAS should be treated as any other parent or guardian would be in response to a request for access to or disclosure of the health records. Any documentation from CAS claiming authority to release information to the CAS must be reviewed carefully before information may be disclosed (for the section of the legislation giving the legal authority that the release of information is **permitted or required** by law). This review should be done by the patient's primary health care provider, Health Records team member and/or one of the privacy officers

before any information is released. The documentation from CAS will be scanned into the chart. Seek legal advice as appropriate.

#### **Other Authorities**

Certain legislation gives government agencies and others authority to review patient records (such as immigration, the Ministry of Health and Long-Term Care, workplace safety and insurance and others). Any documentation from an agency claiming legal authority to release information to the agency must be reviewed carefully before information may be disclosed (for the section of the legislation giving the legal author that the release of information is **permitted or required** by law). This review should be done by the patient's primary health care provider and/or the privacy officer before any information is released. The documentation from the agency will be scanned into the chart.

#### **Lawyers**

Most lawyers' letters require patient consent for the release of information to a lawyer. **Do not release information to a lawyer without patient consent unless you have some other documentation to state that you are required by law to disclose the information.** Any documentation from a lawyer claiming legal authority to release information to the lawyer must be reviewed carefully before information may be disclosed (in most cases the lawyer is asking for the record – not advising the patient's primary healthcare provider or the Family Health Team that they are required by law to release the record). This review should be done by the patient's HIC and/or the Privacy Officer before any information is released. The documentation from the lawyer will be scanned into the chart.

#### **Communicable Disease**

The Health Protection and Promotion Act require certain organizations to report all communicable diseases to the local Public Health Unit. Reporting is done by the patient's health care provider or delegate as soon as possible after the diagnosis is made.

### Mandatory Disclosures

Quick Reference	What information must be disclosed	Who must disclose	To whom disclosure must be made	Authority
Child in Need of Protection	Information about a “child in need of protection” (e.g. suffering, abuse or neglect). Only information that is reasonably necessary to make the report should be shared. Ongoing information sharing after the report has been made should only be done with express consent or as permitted or required by law (such as a court order for the patient health record).	All health professionals who work with children	Relevant Children’s Aid Society	Child and Family Services Act, ss. 72(1) and 72(2).
Sexual Abuse	Where there are reasonable grounds to believe a health care professional has sexually abused a patient, details of the allegation, name of health care professional and name of the allegedly abused patients <ul style="list-style-type: none"> <li>● The patient’s name can only be provided with consent</li> <li>● You must include your name as the individual filing report</li> </ul>	All regulated Organizations	Registrar of the suspected health care professional’s regulatory College	Regulated Health Professions Act, Schedule 2, ss.85.1, 85.3. See also, Social Work and Social Service Work Act, ss. 43 and 44
Safe Driving	Name, address and condition of a person (over the age of 16) who has a condition that	Organizations	Registrar of Motor Vehicles	Highway Traffic Act, s. 203(1)

	may make it unsafe for them to drive			
Air Crew	Information about flight crew members, air traffic controllers or other aviation license holders who have a condition that may impact their ability to perform their job in a safe manner (likely to constitute a hazard to aviation safety)	Organizations and optometrists	Medical advisor designated by the Minister of Transportation	Aeronautics Act, s. 6.5(1)
Seaman	Information about a seaman	Organizations	If requested by the seaman's employer	Merchant Seamen Compensation Act, s. 48
Railway Workers	Information about patients who work in the railway industry who have a condition that may put the safety of rail travel at risk	Organizations and optometrists	A railway designated Organization	Railway Safety Act, s. 35(2)
Fraud	Information about health care fraud (including an ineligible person receiving or attempting to receive an insured service; an ineligible person obtaining or attempting to obtain reimbursement by OHIP for money paid for an insured service; or an ineligible person in an application, return or statement made to OHIP or the General Manager giving false information regarding their residency)	Organizations and registered nurses in the extended class	General Manager of OHIP	Health Insurance Act, s. 43.1(1) and Health Fraud Regulation, s. 1

Queue Jumping	Information about an individual offering to pay, confer, charge or accepting a benefit in exchange for improved access to health care	Organizations and registered nurses in the extended class	General Manager of OHIP	Commitment to the Future of Medicare Act, ss. 17(1) and 17(2) and General Regulations, s. 7(1)
Reportable or Communicable Disease	Information about a patient who has (or may have) either a “reportable” or “communicable” disease. The report should include the patient’s: <ul style="list-style-type: none"> <li>● Name and address in full,</li> <li>● Date of birth in full,</li> <li>● Sex, and</li> <li>● Date of onset of symptoms</li> </ul>	Organizations and registered nurses in extended class	Medical Officer of Health of the appropriate health unit	Health Protection and Promotion Act, s. 26 and Reporting Regulations, s. 1(1)
Communicable Disease	Name, address of a patient receiving care and treatment for a communicable disease but who is neglecting or refusing to comply with the treatment regime	Organizations and registered nurses in the extended class	Medical Officer of Health	Health Protection and Promotion, s. 34(1)
Rabies	Animal bites or animal contact that may result in humans contracting rabies	Organizations and registered nurses in the extended class (and other persons with information about animal bites)	Medical Officer of Health	Health Protection and Promotion Act and Communicable diseases Regulation, s. 2(1)

Immunizations	Instances of adverse reactions to immunizations	Organizations, nurse, and pharmacists	Medical Officer of Health of the appropriate health unit.	Health Protection and Promotion Act, s. 38(3)
Immunizations	Information about a child whose eyes have become reddened, inflamed or swollen within two weeks of birth possibly due to a communicable disease. Report must be in writing and include: <ul style="list-style-type: none"> <li>• The name, age and home address of child (or if not at home, where the child can be located)</li> <li>• The conditions of the eye that were observed</li> </ul>	Organizations or other health care professionals who have attended the birth of a child	Medical Officer of Health	Health Protection and Promotion Act, s. 33(1) and Communicable Disease Regulation, s. 1 para. 2
Birth	Births	Organizations and midwives (or nurse if neither of the above are present at birth)	Registrar General	Vital Statistics Act, ss. 8, 9.1 and General Regulation, ss. 1(1) and 19(1)
Death	Facts surrounding the death of an individual in prescribed circumstances (e.g. violence, negligence or malpractice).  Information requested for the purpose of an investigation.	Any person with information about the circumstances of the death	Coroner or designated Police Officer	Coroners Act, s. 10(1)

Death	Deaths	Organization and registered nurse in the extended class	Registrar General	Vital Statistics Act, s. 21(1) and General Regulation, ss. 35(2) and 35(3)
Occupational Assessments	Reasonable conclusion of an occupational illness	Organizations who conduct medical examinations or supervise clinical tests for workplace safety	The worker's employer, the joint health and safety committee and the Provincial Organization	Occupational Health and Safety Act and the Designated Substances Regulation, ss. 29(2), 29(3), 29(6) and 29(7)
WSIB	Information requested by the WSIB about workers claiming benefits under the Workplace Safety and Insurance Act	All Organizations	Workplace Safety and Insurance Board (WSIB)	Workplace Safety and Insurance Act, s. 37(1)
Self-report of Offence	Information if you yourself are found guilty of an offence to include <ul style="list-style-type: none"> <li>● Your name</li> <li>● The nature and description of the offence</li> <li>● The date you were found guilty of the offence</li> <li>● The name and location of the court where you were found guilty of the offence</li> <li>● The status of any appeals</li> </ul>	All regulated Organization	Registrar of your regulatory College	Regulated Health Professions Act, Schedule 2, ss. 85.6.1(1) – (3)



Self-report of Professional Negligence or Malpractice	<p>Information if you yourself are found guilty of professional negligence or malpractice to include</p> <ul style="list-style-type: none"> <li>● Your name</li> <li>● The nature and description of the finding</li> <li>● The date the finding was made</li> <li>● The status of any appeals</li> </ul>	All regulated Organizations	Registrar of your regulatory College	Regulated Health Professionals Act, Schedule 2, ss. 85.6.2(1) – (3)
Employer Report if end of Professional Relationship	A written report, within 30 days, regarding revocation, suspension, termination, or dissolution of health care professionals' privileges, employment or practice for reasons of professional misconduct, incapacity or incompetence	Employer or person who offers privileges to a member	Registrar of the college of the regulated health care professional	Regulated Health Professionals Act, Schedule 2, s. 85.5(1), 85.5(3)

## Appendix J: Service and Therapeutic Animal Policy

### Purpose

This policy has been established to ensure all individuals who require the use of service animals receive reasonable accommodation and access to our health services. PFHT makes every reasonable effort to ensure that all procedures and practices are consistent with the principles of dignity, independence, and equal opportunity, in accordance with the customer service standards under the Accessibility for Ontarians with Disabilities Act, 2005.

### Scope

This policy applies to all PFHT full-time, part-time, permanent, and/or contract employees, patients, students, and volunteers.

### Key Definitions

**Service Animal:** An animal that has been specially trained to assist people with disabilities, such as helping these individuals function with greater self-sufficiency, prevent injuries, and summon help in an emergency. Service animals can include dogs, cats, birds, and other trained animals.

**Guide Dog:** Highly trained working dog that has been trained at one of the facilities listed in Ontario Regulation 58 under the Blind Persons' Rights Act, to provide mobility, safety, and increased independence for people who are blind.

**Service Animal:** A service animal for a person with a disability if the animal can be readily identified as one that is being used by the person for reasons relating to the person's disability, as a result of visual indicators such as the vest or harness worn by the animal or if the person provides documentation from a member of one of the following regulated health professional colleges confirming that the person requires the animal for reasons relating to the disability:

- College of Audiologists and Speech-Language Pathologists of Ontario;
- College of Chiropractors of Ontario;
- College of Nurses of Ontario;
- College of Occupational Therapists of Ontario;
- College of Optometrists of Ontario;
- College of Physicians and Surgeons of Ontario;
- College of Physiotherapists of Ontario;
- College of Psychologists of Ontario; or
- College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario.

**Therapeutic Animal:** An animal that provides emotional support and comfort to individuals with psychiatric disabilities and other mental impairments. A therapy animal is not given public access rights under the Accessibility for Ontarians with Disabilities Act, 2005.

### **Policy Statement**

PFHT is committed to fostering an atmosphere, which removes and prevents barriers that impact the accessibility of individuals with disabilities. Therefore, it is the policy of the PFHT that service and therapeutic animals assisting individuals with disabilities are permitted within PFHT offices.

### **Procedures**

#### **Service Animals**

- Patients of the PFHT are permitted to be accompanied by their guide animals or service animals in all areas that are open to the public, unless the animal is prohibited by law.
- If the animal is prohibited by law, the PFHT will take reasonable measures to ensure the patient has access to the health services required.
- If it is not readily apparent whether the patient has a disability that requires a service animal and that an animal that has entered our clinics is a service animal, employees have the responsibility to ask the person for verification. Persons who require a service animal have an identification card signed by the Attorney General of Canada that can be shown upon request, or can provide a letter from a medical practitioner or nurse practitioner confirming that the person requires a service animal.
- There may be circumstances where a patient is accompanied by a service animal and this must be balanced with the health and safety needs of other patients and/or employees. In such cases, accommodation measures will be established. An example of this type of situation is where patients and/or employees may have a severe allergy.

#### **Therapy Animals**

- It may not be readily apparent that a person has a disability requiring a therapy animal and that an animal is a therapy animal. PFHT has a right and responsibility to ask for verification from the patient. Verification should be authorized by a Clinician and support that the animal's presence is safe and healthy for patients and employees.
- The number of organizations certifying therapy animals is currently quite limited and this may result in a range of behaviours by therapy animals which, in some instances, may pose issues respecting the health and safety of patients and employees or which may be unduly disruptive to the provision of health services at appointment. Employees have a right to manage any such issues in a respectful and appropriate manner.

- Patients requiring the assistance of therapy animals must provide appropriate notice if they are planning to bring their therapy animal to any of our appointment. This is for the purpose of ensuring that the Clinician can conduct a proper assessment.
- If the patient requires the assistance of a therapy animal, the needs and safety of the employee, patient, and other patients, will be considered when determining their access.
- If it is not suitable for the therapy animal to participate in the appointment, the organization will find alternate solutions to accommodate the patient's needs.

#### **Dog Owners' Liability Act, 2005**

- If there is a conflict between a provision of this legislation or of a regulation under this or any other act relating to banned breeds, such as pit bulls, and a provision of a by-law passed by a municipality relating to these breeds, the provision that is more restrictive in relation to controls or bans on these breeds prevails.
- Staff will respectfully explain that the service animal must be removed from the public area due to a municipal by-law and make alternate arrangements or provide the service outside the public area.

#### **General Guidelines**

- If the animal is not a service or therapy animal, PFHT will not allow the animal to come into any appointment.
- Patients accompanied by a service animal or therapy animal are responsible for maintaining care and control of that animal at all times.
- If there is a health and safety concern for another patient, such as a severe allergy to the service or therapy animal, all reasonable efforts to meet the needs of all individuals will be made, including creating distance between the two patients or eliminating in-person contact. Pursuant to the company's obligations under the Human Rights Code and the Occupational Health and Safety Act, each customer's accommodation needs will be considered on a case-by-case basis, up to the point of undue hardship.
- Both PFHT and the patient must ensure the patient and service or therapy animal are never separated while receiving our health service.
- Employees should never touch, pet, or talk to the service or therapy animal.
- Employees must ask the patient for permission to provide the service or therapy animal with water or anything else.

## Appendix K: Home Visit, Off Premises and Working Alone Policy

### Purpose

Employees and affiliates of Peterborough Family Health Team (PFHT) may be asked to perform home visits and/or work alone off premises or within an office. The procedures describe the responsibilities and actions to be taken by employees or affiliates to protect themselves in the event they must work alone or in isolation. PFHT actively encourages employees and affiliates to comply with this policy to ensure thorough precautions have been taken to keep everyone safe during visits to patient's homes, working off premises, and/or working alone.

### Scope

This policy applies to all PFHT employees and/or affiliates.

### Key Definitions

**Working Alone:** For the purpose of this policy, working alone means the performance of any work function by an employee and/or affiliate who is the only person working at a location at any time and is not directly supervised by the employer or another person designated as a supervisor.

**Emergency:** An incident causing serious injury, loss of life, or damage to property.

**Safety:** The prevention of physical injury to employees and/or affiliates and the prevention of physical injury to other persons arising out of or in connection with activities in the workplace.

**Near Miss:** An unplanned event that has the potential to cause, but does not actually result in human injury, environmental or equipment damage, or an interruption to normal operations.

**Working in Isolation:** Working in circumstances where assistance is not readily available in the event of injury, ill health, or emergency.

### Policy Statement

PFHT strives to provide a safe work environment for its employees and/or affiliates and takes all reasonable and practical measures to eliminate or minimize injury or incident risks associated with the nature of the work performed when employees and/or affiliates work alone. Employees and/or affiliates must be aware of the potential challenges and risks that may be presented at the patients' home for their own safety and the safety of the patient. PFHT expects that the employee and/or affiliate assess the risk based on their personal tolerance level, knowledge, sound judgement, and the PFHT Home Safety Screener Form. Employees and/or affiliates may cancel or end any type of home visit or off premise assignment when they feel unsafe and/or at risk.

## **Procedures**

### **Home Visit Safety Screener:**

Before visiting a patient in their home, the provider should check the document section of the patient's Electronic Medical Records (EMR) to confirm whether a Home Visit Safety Screener form has been completed or updated with comments. If a Home Visit Safety Screener form has not been done in the past year or the patient has moved, the provider or delegate (i.e., administrative support) should phone the patient to complete a new Home Visit Safety Screener form and save it as a document in the patient's chart.

If a Home Visit Safety Screener cannot be completed (i.e., patient is hard of hearing) then the provider should use their best judgement as to whether they can safely visit the home. If the provider decides to visit the home without first conducting the required documentation, they should complete the Home Visit Safety Screener in within 24 hours and add it to the patient's chart.

A full assessment of the conditions for conducting a home visit will include addressing the following questions before the visit in order to minimize any risks that may be present:

### **Length of Time Working Alone:**

Is it reasonable for the employee to be alone?

What is a reasonable length of time for the employee to be alone?

How long with the employee be alone to complete the visit?

What time of day will the employee be alone?

### **Communication:**

What forms of communication are available for the employee and/or affiliate during the home visit?

These can include land line of home owner, employee and/or affiliate personal cell for text or calling, or data use for email.

The emergency communication procedures to follow at any time an employee and/or affiliate feels unsafe.

### **Type of Work:**

Does the patient have a history of violent or emotional outbursts, substance abuse, or any other indicators that they may pose a risk of the employee and/or affiliate to conduct the home visit safely?

Is there adequate training provided for the employee to conduct the home visit safely?

Is there adequate personal protection equipment available, if applicable?

If the building is locked, how will emergency services access the building in the event of an emergency?

For additional information, it is mandatory that employees and/or affiliates read, understand, and adhere to the guidelines outlined in Safety Tips for Home Visits - Off Premises and Working Alone as seen further in this policy.

Following the completion or review of the Screener, if the home environment is deemed to be unsafe, the patient should be seen in a clinic, or if possible, 2 (two) providers are able to visit the home together.

If this is not possible to visit the patient and the cannot come to the clinic, the employee and/or affiliate must make the Clinical Manager or designate aware of the home conditions and determine how to provide accommodation to meet the needs of the patient.

Employees and/or affiliates must have a working mobile phone with them at all times and follow the protocol where a text is sent to a designated co-worker, colleague and/or supervisor prior to entering the home and a second text sent upon reaching their vehicle safely. Access the vehicle, lock the door immediately, and leave the location.

Upon completion of a home visit, the provider will update the Home Visit Safety Screener, if there were any potential risks to safety that warrants documentation.

**Privacy Awareness:**

If visiting more than one patient in a trip, the provider will not bring Personal Health Information (PHI) of one patient into another patient's home. All PHI should be locked in the trunk of the car, preferably before reaching the destination. The Personal Health Information of all patients should be returned to the workplace at the end of each day.

The provider will be cognizant that others in the home may overhear discussions of a personal health nature and will first ensure that the patient is comfortable with this fact before disclosing any personal health information. The following safety tips should be followed for home visits and working alone.

**Before Scheduling and Preparing for Appointment:**

- Complete or review the Home Visit Safety Screener form, if it is a new visit or the home has not been visited in the last 3 months;
- Schedule appointments earlier in the day so they will end before dark;
- Locate the address on a map and be aware of the route to take;
- Ensure the vehicle is in good repair;
- Keep an extra car key in case of loss or locking your car keys in the vehicle;

- When you enter your car, lock it immediately and do not wait in your car for any reason. Leave immediately;
- Utilize the protocol where another staff is informed of your home visit before it takes place and after it is finished, to ensure your personal safety;
- Do not wear expensive jewelry, bring a laptop, or other electronic device with personal health information;
- Never leave the Personal Health Information unattended in your car and/or visible from the view of your car window;
- If you must bring Personal Health Information with you during a home visit, lock it in the trunk of your car and ensure it is not visible from your car window;
- If the home visit is at the end of the day;
- Leave your purse or other items of value in the locked trunk of your car. Alternatively, do not bring these to the home visit.

**What to Bring to a Home Visit:**

- Fully charged cell phone;
- Accurate address and directions to home;
- Briefcase/bag for use as a seat or shield;
- Indoor closed toed, comfortable shoes; and
- Work ID badge.

**Upon Arrival, You Must:**

- Locate your cell and ensure that there is cellular service;
- Park in a well-lit, legal parking space;
- Back into when parking to allow for quicker exit;
- Do not leave any valuables unlocked, unattended, or visible within your car;
- Only take the necessary ID and keys. Keep them on your person as opposed to a bag where you may not be able to find them in a hurry;
- Call the patient and reschedule if there are concerns of safety that prevents you from leaving the car. Reasons could include a dangerous animal, suspicious nearby activities, or an unsafe neighborhood.

**While in the Home:**

- Reschedule the patient visit and leave if people in the home exhibit aggressive or inappropriate behavior;
- Look for signs of alcohol, drugs, weapons or other hazardous material, leaving the home if there is any question of your personal safety;
- Staff is allowed to ask the client not to smoke during the home visit;



- If you feel unsafe for any reason, including exposure to a serious, contagious illness, you can leave the home visit immediately with an explanation to the patient and alternative options for health care;
- Ensure that there is a reactionary response space between you and the patient at all times;
- Position yourself in the home in a manner that allows a quick exit if required, while still being able to provide professional services to your patient;
- Use your own discretion when offered food or drink, keeping in mind alcohol is not permitted;
- Never turn your back on a patient or any person of concern; and
- Ensure access to a nearby exit at all times.

**When Ending the Visit and Leaving the Home, you will:**

- Adhere to your schedule. If staying late with a patient, a worker will notify the workplace spotter who has been made aware of their schedule through text or call;
- Ensure none of your belongings are left in the patients home; and
- Keep car keys in your hand before exiting the home.

**Documentation After a Visit:**

- Notes should be shredded after being transcribed into the EMR;
- Update the Home Visit Safety Screener, if necessary; and
- Inform your supervisor and/or Human Resources Manager of any incidents of concern, necessity to end the home visit, or threat to your personal safety.

**Working Alone Safely:**

Employees are not permitted to work alone, except when the following criteria are met:

- The employee and/or affiliates feels comfortable working alone with the patient;
- The Home Visit Safety Screener form has been completed if it is a new visit; and
- It is not the patient's first visit to the clinic and there are no concerns related to safety.

**Working Alone – Working with Patients**

When working alone, health care employees and/or affiliates and/or administrative employees may face risk of workplace violence for multiple reasons including:

- Isolated work with patients or clients in examination rooms;
- Nature of certain medical procedures that can make patients nervous;
- Patients may be agitated and/or worried based on their reason for coming to the clinic;
- Patients may become agitated when they cannot be provided with an immediate appointment given the physicians' schedule;

- Patients may become volatile if they are not prescribed the exact medication they request if a physician believes another medication would be more effective; and
- Patients may become angry if the doctor is unable to complete a government form due to PFHT policy.

### **De-escalating Aggression**

An aggressive or passive response to anger might result in an escalation of the situation. Employees and/or affiliates to be aware of themselves and how they are presenting to patients who appear angry by maintaining eye contact, a clear, calm voice, and showing attentiveness. Your posture should be non-threatening, relaxed, and open.

Be aware of the patient, observing changes in behaviour or other signs of escalation or de-escalation, and react accordingly. It is important to present as caring and willing to help, rather than as an authority figure and representative of the organization. After their anger has been de-escalated, patients should be encouraged to explore options to meet their unmet needs and to address issues.

### **Actions for Threatening Behaviour of Patient and/or Visitor**

When a situation cannot be de-escalated and an employee and/or affiliate feel unsafe or a patient is in physical and/or mental distress, protocol is to be followed. Front reception staff of the Virtual Care Clinic Services (VCCS)/INR Clinics at 185 King Street, 5<sup>th</sup> Floor will press the ALERT button on the phone in the reception area. This ALERT notifies all administrative by automatically turning on the intercom and allowing the front office conversations to be heard over certain office phones. Administrative staff will immediately come to the reception area because using the ALERT indicates that there is a serious patient/visitor issue.

The VCCS nurse also as a portable white door alarm and this is in the exam room that they work from daily. When the front button of the alarm is pressed by the nurse, a loud doorbell sound is emitted and the front reception staff of the VCCS/INR Clinics and the office staff close to the exam room will hear the sound and immediately come to the room to assist and/or call 911, if necessary.

Appointments for the VCCS with the nurse are between 15 to 30 minutes in length. As a precaution, the front reception staff notes how long a patient has been in the exam room with the nurse. If there are any concerns and where appropriate, they will check on the nurse and patient to ensure that there are no issues. If there are no issues, the front reception staff returns to their desk and if assistance is required, supervisory staff will be contacted and/or 911 called, if necessary.

### **Different Medical Office Locations – Threatening Behaviour of Patient and/or Visitor**

When an employee and/or affiliate are working out of another medical office location, the office will have their own emergency procedures that should be followed. These offices may also have panic buttons to be used when an employee and/or affiliate believe the personal safety of themselves and/or others is at risk. The panic button will signal to staff to come immediately to the reception area because there is a serious patient/visitor issue. Employees and/or affiliates should make themselves aware of emergency office procedures from the location they work from, upon hire.

### **Incident Documentation**

After the situation has been resolved, the incident is to be documented using the Workplace Violence & Harassment Incident Report/Investigations form and a copy is to be provided to the Human Resources Manager for review, evaluation, and debriefing with those employees and/or affiliates involved in the incident. The incident report should be written with a factual and objective approach.

### **Zero Tolerance**

PFHT employees and/or affiliates have the right to be treated with dignity and respect at all times. Individuals should be able to work in their roles without being verbally and/or physically abused in anyway. Anyone found abusing an employee and/or affiliates in person, through email, social media or written correspondence, and/or on the telephone will no longer be allowed to access PFHT services and programs.

If applicable, the patient and/or visitor will be asked to leave the premises and remain away from the premises for a period of one full year. After this period, the patient and/or visitor can contact the Human Resources Manager to request access to PFHT services and programs again.

### **Calling 9-1-1**

If a patient is in physical and/or mental distress, employees and/or affiliates are to Call 911 and request paramedic services. Ensure that you provide the accurate address and telephone number to the 911 responder. Answer their questions as fully as possible and do not hang up the phone until the paramedics arrive and take over the care of the patient.

If at any time, an employee and/or affiliate feels that their personal safety is being threatened or that of another patient or visitor, they are to Call 911 immediately and request the police. Do not hesitate to contact the police, using your best judgement.

### **Notification of Unknown Whereabouts of Employee and/or Affiliate**

PFHT Human Resources Manager will initiate the emergency recovery protocol upon notification that an individual:

- Has not attended a patient visit(s);
- Has not returned to the office;
- Has not returned to their home at the regularly scheduled time spotter; or
- Has not been communicating with their designated workplace while on home visit(s)

The employee and/or affiliate contact information will be maintained by the Human Resources Manager and include the following:

- Name and Title
- Home Address
- Telephone Number
- Cell Phone Number
- Vehicle Make, Model and License Plate Number

The Human Resources Manager will document the following:

- Time a staff member was reported missing by a staff who was informed of their schedule, patient, family member, friend, and/or co-worker.
- The details of when the individual was last seen or heard from and by what method.
- Immediately attempt to contact the employee and/or affiliate.
- Report all information gathered and what actions have been taken to the Clinical Manager and Executive Director.
- Contact the missing person's emergency family contact.
- When appropriate, the Peterborough Police Service will be contacted by the Human Resources Manager in consultation with the Clinical Manager and Executive Director.

#### **Employer Responsibilities**

- Reducing risk by developing and implementing procedures for working alone, including procedures as part of the PFHT Workplace Violence & Harassment Prevention policy;
- Encourage workers to consistently comply with safe work procedures, best practices, and documentation;
- Review and revise procedures every 2 years or sooner, if circumstances change in a way that poses a risk to the safety of employees and/or affiliates working alone or in isolation;
- Conduct a hazard assessment to identify existing or potential hazards arising from conditions and/or circumstances at work;
- Consider reasonable alternatives to individuals working alone;

- Provision of training for workers on how to recognize and avoid potentially violent and/or unsafe situations;
- Limiting the time of day that home visits can be completed.
- Investigate all accidents or incidents with the Joint Health & Safety Committee and take all reasonable steps to prevent a reoccurrence.
- When appropriate, reassess policies and procedures and make health and safety related changes to mitigate risk.

#### **Employee and Affiliate Responsibilities**

- Complete a Home Safety Screener Form for each new visit and update, as appropriate;
- Take reasonable precautions to look after their own safety in according with PFHT training;
- Comply with the protocol for check-in procedures with a staff before and after home visits;
- Discuss any concerns about working alone with your supervisor and/or Human Resources Manager;
- Commit to continues improvement by providing feedback and potential solutions to address any hazards that you may face while working alone and/or in isolation
- Commit to the safety of your patients impacted by your work;
- Comply with PFHT all health and safety policies and procedures;
- Ensure Human Resources has up-to-date information for your personal telephone and/or cell, residence address, make, model and license plate of your vehicle;
- Ensure Human Resources has the accurate name of emergency contact telephone and/or cell number(s);
- Ensure constant situational awareness by actively observing what and who is around you at all times;
- Listen to your intuition and act with your best judgement;
- Document and report accidents, injuries, near misses, incident of concern, and/or any risk to personal safety.

## Appendix L: Home Visit Safety Screener Form

**Please read instructions before completing form:**

This screener can be completed by anyone part of the circle of care for the patient and should be completed before the first home visit, and updated, as needed. For example, if there is an increased risk or patient behavior concern, the Home Visit Safety Screener should be updated within 24 hours of the visit observing these concerns. If the home environment is deemed to be unsafe the client should be seen in clinic or two workers may visit the home together. Please read the Home Visit, Off Premises & Working Alone Policy before completing screener.

<b>Name of Patient:</b>	<b>DOB:</b>
<b>Location</b>	
Full Address:	
Directions to home:	
<ul style="list-style-type: none"> <li>Is the address visible from the road? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	
Are the roads safe to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please specify: <input type="checkbox"/> Building <input type="checkbox"/> Condo <input type="checkbox"/> House	
<ul style="list-style-type: none"> <li>Special instructions to enter or specific door code?</li> </ul>	
<ul style="list-style-type: none"> <li>Is there visitor parking? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	
<ul style="list-style-type: none"> <li>Elevator or stairs?</li> </ul>	
<ul style="list-style-type: none"> <li>Is the address visible from the road? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	
<ul style="list-style-type: none"> <li>Is the driveway / walkway clear of snow and debris? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	
<ul style="list-style-type: none"> <li>Where is it best for a Healthcare Provider to park?</li> </ul>	

<b>Internal Environment</b>	
Pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> <li>If so, what kind of animal?</li> <li><input type="checkbox"/> Secured      <input type="checkbox"/> Not Secured (Ask to secure pet)</li> </ul>
	<ul style="list-style-type: none"> <li>Where is pet located?</li> </ul>
Is there Supplemental Oxygen in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> <li>Does anyone smoke in the home?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> <li>If yes, request patient not smoke during visit.</li> <li>Are there open flames in the home?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> </ul>
Is there any use of vaporized medicine or street drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there firearms in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> <li>Will firearms be safely secured by locking them away?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> </ul>
Is there a working home telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, where is the phone located?
<b>Patient and Others in the Home</b>	
	Who else lives in the home?
	Who else may be present during the visit (family, caregivers, and tenants)?
	Is there anyone in the home who may not want us to come visit you? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:
	Are there concerns about aggressive behaviour with people who are in the home during the visit or may arrive at the home during the visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:

Safety Clarification
In your opinion, is there anything we should be aware of before coming to your house that may cause concerns for either your safety or our safety? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:
If declining visit, provide reason(s):
Who is alternative person or organization conducting visit?

Visiting Worker Comments	
Notify your supervisor and/or the Human Resources Manager immediately, if you believe that any of your concerns warrant notification and/or you believe that you were unsafe before, during or after visit.	
Date	Comment



## Appendix M: Training Policy

### Purpose

The purpose of this policy is to promote compliance with all relevant legislation and facilitate employees and patient safety by listing the Mandatory Education requirements that must be met by all Peterborough Family Health Team (PFHT) employees, students, volunteers, and on-site contractors.

### Scope

All full-time, part-time and casual employees of PFHT (clinical and non-clinical), students (paid and unpaid), volunteers, and on-site contractors must meet the Mandatory Education requirements outlined in this policy.

### Procedure

The List of Mandatory Training will be approved by the Executive Director (ED). The list will include the names of required courses, the deadlines for initially completing these courses, and the timelines for renewing the required education.

The Human Resources Manager will take the lead in communicating any additions or deletions to the List of Mandatory Training to all employees, students, volunteers and on-site contractors, as required. Adequate time will be allowed for the completion of any newly required courses.

### Responsibilities

**New Employees:** During orientation, new employees receive the training policy and an overview of the procedures related to maintaining compliance with Mandatory Education. New employees are responsible for:

- Completing Mandatory Education requirements within the specified timeframe.
- Using the time provided during general and clinical orientation to complete Mandatory Education requirements.

**Human Resources Manager:** The HR Manager is responsible for monitoring and reporting the compliance of their employees with this policy along with the following:

- Ensure that employees who have failed to complete a course within the required timeframe are placed on an unpaid leave of absence until the training is complete.
- Ensure students are informed of this policy, including the list of Mandatory Education. The Human Resources Manager must be informed that an employee is planning to bring in a student before the student starts so that the necessary paperwork, including training can be deployed to the student.

- If a student has completed the same training within the last year and the Human Resources approves this proof of training, the student will not need to take the PFHT mandatory training.
- Students complete the required courses within the required timeframe.
- Students who have not completed the required courses within the timeframe, both initial and ongoing, are not assigned shifts until these courses are complete.
- Inform volunteers of this policy including the list of Mandatory Education.
- Ensure that volunteers complete the required courses within the required timeframe.
- Schedule volunteers only after all Mandatory Education have been completed.
- Ensure all on-site contractors have the proper required training.

**Return to Work:** Mandatory education must occur within **thirty (30) days** of an employee's return to work date.

**Training Schedule:** Where possible, the following schedule will be maintained for mandatory training. This is intended to alleviate the burden of having to complete all the training at the same time. Each cycle will take approximately 2 hours to complete. The following will occur on an annual basis and will be documented.

**February**

- Privacy Policy
- Computer/Electronic Use Policy

**April**

- AODA
- Workplace Violence and Harassment and Domestic Violence Policy

**June**

- WHMIS
- Occupational Health & Safety

**November**

- Job specific training (i.e., Sharps training)
- Infection Prevention & Control Training

**Notifications:** Employees will receive email reminder notifications 30, 14, 7, and 1 day prior to the expiry of all mandatory education and training. These notifications will be a reminder for employees to schedule their education prior to their expiry date.

**Consequence of Non-Compliance:** The day prior to the expiry of the employee's mandatory education and training, the HR Manager will contact the employee to determine the status of the education. If the

education is not complete by the date required, the Human Resources Manager is responsible for placing the employee on an Unpaid Leave of Absence.

**Extenuating Circumstances for Non-Compliance with the Mandatory Education Policy:** Should extraordinary extenuating circumstances be encountered which present a barrier to compliance with this policy, the employee must contact the Human Resources Manager to explain before the deadline takes place. Extraordinary extenuating circumstances may include personal accident, injury, or family emergency.

**Accommodation:** Education will be customized to meet accommodation needs, as appropriate. Should alternate methods of training be requested or required, a mutually agreed-upon delivery means will be provided.

**Compensation:** Where scheduling and job duties permit, employees are encouraged to use work time to complete mandatory education as appropriate. Mandatory education is not considered overtime.

#### **Mandatory Training List**

##### **Employees: Non-Clinical Employees**

- Workplace Violence, Workplace Harassment, and Domestic Violence - on hire, then yearly
- Occupational Health & Safety – on hire, then yearly
- WHMIS – On hire, then yearly
- AODA – On hire, then yearly
- PFHT Privacy Policies – On hire, then yearly
- PFHT Computer/Electronic Policies – on hire, then yearly
- Keep it Professional - Telephone, Email, and Social Media Etiquette Training – On hire

##### **Employees: All Clinical Employees**

- Workplace Violence, Workplace Harassment, and Domestic Violence - on hire, then yearly
- Occupational Health & Safety – On hire, then yearly
- WHMIS – On hire, then yearly
- AODA – On hire, then yearly
- PFHT Privacy Policies – On hire, then yearly
- PFHT Computer/Electronic Policies – On hire, then yearly
- Infection Prevention & Control Training – On hire, then every 3 years
- Personal Protective Equipment – On hire
- Sharps Training – On hire

### **Students and Volunteers**

- Workplace Violence, Workplace Harassment, and Domestic Violence - On hire, then yearly
- Young Worker H&S or Occupational Health & Safety (depending on age) – On hire
- WHMIS – On hire
- AODA – On hire
- PFHT Privacy Policies – On hire
- PFHT Computer/Electronic Policies – On hire
- Infection Prevention & Control Training – On hire
- Personal Protective Equipment – On hire
- Sharps Training – On hire

### **On-Site Contractors:**

- Required to complete all legislated mandatory training provided by their primary employer prior to fulfilling duties, whether paid or unpaid, at PFHT.

**Exceptions:** If an employee has completed the same training in the last 1 (one) year period and it is acceptable to the Human Resources Manager, the employee will not need to complete the PFHT mandatory training. Proof of the prior training will need to be provided by the employee to the Human Resources Manager.

### **Mandatory Training List**

#### **Employees - Non-Clinical Employees:**

- Workplace Violence, Workplace Harassment, and Domestic Violence - on hire, then yearly
- Occupational Health & Safety – on hire, then yearly
- WHMIS – On hire, then yearly
- AODA – On hire, then yearly
- PFHT Privacy Policies – On hire, then yearly
- PFHT Computer/Electronic Policies – on hire, then yearly
- Keep it Professional - Telephone, Email, and Social Media Etiquette Training – On hire

#### **Employees - All Clinical Employees:**

- Workplace Violence, Workplace Harassment, and Domestic Violence - on hire, then yearly
- Occupational Health & Safety – On hire, then yearly
- WHMIS – On hire, then yearly
- AODA – On hire, then yearly
- PFHT Privacy Policies – On hire, then yearly
- PFHT Computer/Electronic Policies – On hire, then yearly
- Infection Prevention & Control Training – On hire, then every 3 years

- Personal Protective Equipment – On hire
- Sharps Training – On hire

**Students and Volunteers:**

- Workplace Violence, Workplace Harassment, and Domestic Violence - On hire, then yearly
- Young Worker H&S or Occupational Health & Safety (depending on age)
- WHMIS
- AODA
- PFHT Privacy Policies
- PFHT Computer/Electronic Policies
- Infection Prevention & Control Training
- Personal Protective Equipment
- Sharps Training

**On-Site Contractors:**

- Required to complete all legislated mandatory training provided by their primary employer prior to fulfilling duties, whether paid or unpaid, at PFHT.

**NOTE:** If an employee has completed the same training in the last 1 (one) year period and it is acceptable to the Human Resources Manager, the employee will not need to complete the PFHT mandatory training. Proof of the prior training will need to be provided by the employee to the Human Resources Manager.

## Appendix N: Public Accountability Policy

### PURPOSE

The Peterborough Family Health Team (PFHT) is required to follow the Broader Public Sector Accountability Act (BPSAA) and as such is dedicated to operate in accordance with the Broader Public Service (BPS) Directives. This policy is written in accordance to the language and spirit of the Directives as well as adhere to PFHT's Mission, Vision and Values.

### SCOPE

- A. To provide a framework of accountability to guide the effective oversight of public resources.
- B. To set out rules and principles for the reimbursement of expenses to ensure fair and reasonable practices.
- C. To ensure transparency and communication to the public about expenses.

### PRINCIPLES

This directive is based on three key principles, which ensures that all PFHT expenditures align with the intent of the BPSAA and the values of the organization:

- A. **Accountability:** PFHT must be accountable for public funds. All expenses must support organizational objectives.
- B. **Transparency:** PFHT must be transparent to all stakeholders. The rules for incurring and reimbursing expenses are clear, easily understood, and available to the public.
- C. **Value for money:** Taxpayer dollars are used prudently and responsibly.

### POLICIES AND PROCEDURES

#### 1. GENERAL GUIDELINES

- The expense rules apply to any person in the organization making or approving an expense claim.
- In order to ensure compliance, claimants are required to abide by the current management approved accountability framework (section 2), under which authority for approvals are established.
- Written approval (with the exception of discretionary expenses) following the accountability framework is required before any arrangements are made.
- Expenses for a group can only be claimed by the most senior person present.
- Good record keeping practices must be maintained for verification and audit purposes.
- The expense rules will be posted on PFHT's website, so they are available to the public.

**2. ACCOUNTABILITY FRAMEWORK**

**a. APPROVAL FOR EXPENSES (NON DISCRETIONARY)**

<b>Claimant</b>	<b>Approver</b>
Employee	HR Manager, Finance Manager, Director of Programs and Services or Executive Director
Management	Executive Director (if ED unavailable, Finance Manager & Director of Programs and Services)
Executive Director	Board

**b. PROCESS FOR APPROVAL**

A request from the claimant, in writing by email, to the approver should outline:

- 1) Details of the request
- 2) Cost
- 3) Dates
- 4) Justification of the request

The approver will review the request based on the approval process, merits and budget.

Once a decision is made, a response will be sent back to the Claimant

**3. CLAIMS PROCESS**

Claimants are considered to be any person making a claim under the terms of this policy. This includes all staff, Board, Advisory, or Committee members; and all others engaged in any form of work for the organization. When submitting a claim for an expense, claimants must abide by the following procedures:

- a. Ensure appropriate approval have been obtained before any expenses are incurred, following the Accountability Framework
- b. After the expense(s) have been incurred, all claimants must fill out and submit an Expense Report Form, along with appropriate original and itemized receipts (credit card slips are not sufficient)
  - I. Original receipts (strongly preferred) or copies of the original receipts are needed for PFHT staff and wherever possible for non-PFHT claimants
  - II. If the information above is not available or is not possible, submit a written explanation with the claim to provide the approver with adequate information for decision-making
- c. Submit Expense Claims within 60 days of the event, unless otherwise pre-authorized, and mandatory by the end of the quarter or fiscal year end.

- d. Repay any overpayments – this is considered a debt owing to PFHT.
- e. If leaving employment with PFHT, submit any claims for expenses before leaving.

#### **4. APPROVAL PROCESS**

When granting approval on an expense, approvers must abide by the following:

- a. Taxpayer dollars are used prudently and responsibly with a focus on accountability and transparency
- b. Expenses for travel, meals, and hospitality support organization objectives
- c. Plans for travel, meals, accommodation and hospitality are necessary and economical with due regard for health and safety
- d. Only legitimate expenses incurred during the course of business are reimbursed
- e. Approval is granted only for claims that include all appropriate documentation
- f. Approvers are prohibited from approving their own expenses – this includes instances where claimants' expenses are incurred by their approver

#### **5. MANAGERIAL DISCRETION**

Managerial Discretion is the administrative authority to make decisions with some degree of flexibility, while following the intent of this policy.

When exercising discretion, the rationale must be documented and filed with the claim.

Managerial Discretion must be consistent with the BPSAA Directives, be able to be properly explained and documented, be fair and equitable, reasonable, and appropriate.

When a situation arises and discretion needs to be exercised, approvers should consider whether the request is:

- a) Able to stand up to scrutiny by the auditors and members of the public
- b) Properly explained and documented
- c) Fair and equitable
- d) Reasonable
- e) Appropriate

It is the responsibility of both the approver and the claimant to work out appropriate arrangements which would meet the test of being fair and equitable.



## **6. TRAVEL**

### **General Requirements**

Where possible and practical, travel should be planned in advance in a manner which avoids unnecessary travel costs. The mode of transportation (Air/Rail/Bus/Rental Car/Personal Vehicle) should be based on the most economical and practical way to travel. Excessive Mileage should be avoided where practical by renting a vehicle.

If airfare is required, prior approval is mandatory and only economy class will be reimbursed

Employees using their own vehicle to travel will be reimbursed at the PFHT approved Kilometer Rate per the employee handbook.

A monthly car allowance may be available to management staff in accordance with the terms and conditions of their employment contract.

Travel between an employee's home and their usual place of work is considered a personal expense and will not be reimbursed

It is permissible for staff to add on vacation days to travel, however this must be approved in advance of the travel. Any additional expenses related to vacation components of travel, including higher rates of airfare based on departure/return dates will be the sole responsibility of the employee.

## **7. PARKING**

PFHT has multiple office locations throughout the city and county. Each location has a different cost relating to parking (ranging from no cost to a monthly fee). This creates an imbalance where one employee effectively earns less for the same position because they work at a different location within PFHT. To ensure equality and fairness, PFHT will pay for the parking of all employees. The paid parking is a taxable benefit.

## **8. ACCOMMODATION & MEALS**

- a) Employees are to seek approval for hotel accommodation (if outside of discretionary funds)
  - I. Reimbursement for accommodation will be for single accommodation in a standard room + taxes
  - II. Reasonable parking and telephone/internet costs will be recognized for reimbursement
  - III. Where an employee makes private arrangements to stay with family or friends, an allowance of \$30 per claim is allowed.
  - IV. Costs for Alcohol and personal entertainment will not be reimbursed

- b) Meal costs will be reimbursed when
- I. It is recognized that from time-to-time, when on PFHT business, it is necessary for employees to incur costs for meals. Meal reimbursement rates are based on the following OPS (Ontario Public Service) per diem guidelines:
    - 1) Breakfast - 10.00
    - 2) Lunch - 12.50
    - 3) Dinner - 22.50
  - II. Meals expense for a group of employees can only be paid and claimed by the most senior person. The most senior employee in attendance shall pay the bill to ensure proper expense authorization occurs.
  - III. Meal Expenses may not be claimed where a registration fee already provides for meals
  - IV. Expenses must be accompanied by an original receipt (or copy) to support claims
  - V. Alcoholic beverages are NOT permitted.

## **9. HOSPITALITY**

Hospitality will not be offered solely for the benefit of employees, volunteers, board members and stakeholders in accordance with BPS Directives. Hospitality, where offered, must be modest and appropriate. For greater clarity, PFHT may provide meals to employees, volunteers, board members and stakeholders who contribute their meal period while engaged in training or providing service to PFHT and this shall not be considered hospitality.

## **10. EXPENSES NOT ELIGIBLE FOR REIMBURSEMENT**

- 1) Alcoholic refreshment charges
- 2) Penalties for traffic or parking violations
- 3) Expenses of a personal nature (entertainment, movie rentals, dry cleaning, and other sundries)
- 4) Charges for the use of recreational/fitness facilities
- 5) Season Tickets to cultural or sporting events
- 6) Access to private health clinics
- 7) Professional advisory services for personal matters (i.e. tax or estate planning)
- 8) Charges incurred by a family member
- 9) Donation to charities
- 10) Event charges for the benefit of any political party
- 11) Non-Business related activities occurring solely for the benefit of staff (office social events, and holiday parties)
- 12) Expenses of external consultants and other contractors relating to hospitality, incidental or food expenses including the following: meals, snacks, beverages gratuities or personal phone calls

## **11. SERVICE AWARDS**

PFHT values the contributions, knowledge and experience of long-term employees. In appreciation of this dedicated service and as an incentive to maintain seasoned employees, PFHT recognizes employees as they reach the 10 year milestone anniversary of employment. In recognition of their tenure, the employee will be provided with a gift card valued at \$200.

## **12. POSTING**

This policy will be made public on PFHT's website.

## Appendix O: Whistleblower Policy

### Purpose

The purpose of this policy is to provide guidance for all current and former Peterborough Family Health Team (PFHT) employees, affiliates volunteers, students, and Board members regarding the communication of occurrences or concerns, with respect to issues of integrity, honesty, professional ethics, financial operations, and/or clinical matters. PFHT encourages and facilitates the ability of an individual to report misconduct and/or wrong doing within the organization and to provide assurance that those who report this activity in good faith will be protected from reprisals and/or victimization.

### Key Definitions

**Whistleblower Event:** This is triggered, if any one of the following incidents occurs:

- Accounting, auditing, or other financial reporting fraud or misrepresentation;
- Violations of federal or provincial laws that could result in fines or civil damages payable by PFHT, or that could otherwise significantly harm PFHT reputation or public image;
- Unethical business conduct in violation of any PFHT policies and/or Code of Conduct;
- Gross mismanagement or omission or neglect of duty;
- Danger to the health, safety, or well-being of employees, affiliates, students, volunteers, Board members, and/or the general public;
- Breach of fiduciary duty and/or abuse of trust;
- Knowingly direct an employee, affiliate, volunteer, student and/or Board member to commit a wrong doing as defined by this policy;
- Concealment of any of the above or any breach of this policy.

**Allegation:** Action of bringing forth information related to potential wrongdoing.

**Complainant:** The individual bringing forth the allegation of potential wrongdoing, also referred to as the Whistleblower.

**Respondent:** The individual against whom the complainant is alleging the wrongdoing

**Vexatious:** Lacking or insufficient evidence and serving only to cause annoyance and/or inconvenience to the respondent.

**Whistleblower or Complainant:** Individual who makes an allegation of what is perceived to be wrongdoing and/or unethical behaviour.

### **Policy Statement**

PFHT is committed to protecting our employees, affiliates, students, volunteers, and Board members who, in good faith, report concerns related to wrong doing and/or unethical activities, actions and/or behaviours. PFHT will not tolerate reprisals, harassment, discrimination and/or victimization of the persons) reporting evidence of an activity that violates our ethical standards of behaviour, Canadian or Provincial laws and regulations, accounting, auditing, fraudulent reporting or placing the safety and well-being of employees, affiliates, students, volunteers, patients and/or general public at risk.

### **Procedures**

All allegations will be treated in a confidential manner. The Human Resources Manager will review the allegation and assign the investigation process to the most appropriate individual or external agency. This decision will be made based on the position of the individual who is alleged to have committed the wrongdoing. For example, if the allegation is about the Executive Director, the investigation will be assigned to the Board Chair. If it is about the Director of Programs & Services, the investigation would be assigned to their Executive Director.

The Human Resources Manager will continue to support the primary investigator as required, including linking with any external agencies that may be involved in the investigation. Where possible, the process will follow the communication protocol.

If the complainant reasonably believes that a policy, practice, or activity of PFHT is in violation of law, a written complaint must be filed by that employee with the Executive Director and/or Board Chair.

1. All allegations should be promptly reported to Human Resources Manager or designate. Reports can be submitted through the following methods:
  - Written and delivered to the Human Resources Manager at 185 King St., 5<sup>th</sup> Floor, Peterborough ON K9J 2R8;
  - Mailed to the Human Resources Manager, 185 King St., 5<sup>th</sup> Floor, Peterborough ON K9J 2R8;
  - Emailed to [hr@peterboroughfht.com](mailto:hr@peterboroughfht.com); or
  - By telephone 705-749-1564, ext. 303.
2. Allegations of crimes against people or property, such as assaults, rape, burglary, should be immediately reported to the police by the complainant.
3. Should the name of the person making an allegation have to be identified, the organization will treat reprisals towards this individual seriously and take appropriate disciplinary action given the circumstances.

4. Allegations, which are determined to be vexatious, false, or malicious after investigation, will be treated seriously and appropriate disciplinary action, will be taken, if warranted.
5. Organization will not attempt to knowingly conceal evidence and/or information relating to matters covered under this policy.

### **Response Protocol**

Investigation of any allegation should begin within 5 business days of the report and be completed within 30 days from the date of initial report. The Human Resources Manager may enlist the assistance of one or more employees and outside legal, accounting or other advisors, as may be appropriate to conduct the investigations.

Once a Whistleblowing event/occurrence or concern is brought forward to the appropriate individual, an investigation will commence. The designated individual may enlist the assistance of one or more employees and outside legal, accounting or other advisors, as may be appropriate to conduct the investigation.

A report will be prepared by the designated individual and any legal or other action will be taken as appropriate. Whistleblower events will be treated as confidentially as possible and with due care.

The result of the Whistleblowing event investigation will be shared with the Whistleblower. This will not include details of any disciplinary action, which will remain confidential to the individual concerned.

If there are expenses associated with the investigation, the primary investigator is responsible for speaking with the appropriate senior leader to determine how the funding will be covered.

All information related to the investigation and the recommendations linked to the investigation will be documented utilizing the Investigations Allegation Investigation Summary Report. (See end of policy)

### **Zero Tolerance for Reprisals**

The Whistleblower will not be discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against and/or face reprisals as a result of communicating a genuine Whistleblower event. Any PFHT employee found to be in violation of this policy maybe subject to termination of employment. Similarly, any PFHT Board member found to be in violation of this policy may have their relationship with PFHT terminated.

### **Investigation**

The position of the respondent of an allegation will dictate who will be included in the investigation of the allegation, or whether an outside firm will be retained to investigate. All allegations will be reviewed based on the information provided and the type/complexity of the issue. The investigation will be completed by one or more of the following processes:

1. Investigated internally by the organization ;
2. Referred to external financial auditors; or
3. Investigated by an independent external organization.

The support of all employees is necessary to achieving compliance with various laws and regulations. An employee will be protected from retaliation and is encouraged to bring forward the alleged unlawful activity, policy, or practice to the attention of the PFHT, which will investigate to determine the need for an external intervention and/or investigation.

Where necessary, PFHT would endeavour to create physical distance between employees. For example, this would be the case where the whistleblower and respondent worked in the same office. PFHT would examine providing accommodation of an alternate work space.

If the initial review of the allegation determines that no investigation is warranted, the decision and reasons for the decision will be communicated to the complainant in writing in instances where they are identified.

**Whistleblower Allegation Investigation Summary Report**

<b>Date of Event:</b>		<b>Date Allegation Received:</b>	
<b>How Allegation Received:</b> <input type="checkbox"/> Letter <input type="checkbox"/> Telephone  <input type="checkbox"/> Email		<b>Initial Reviewer Name:</b>  <b>Title:</b> <b>Ext:</b>	
<b>Complainant Name:</b>  <b>Contact Information:</b>  <input type="checkbox"/> Anonymous		<b>Respondent Name(s) &amp; Title:</b>	
<b>Issue Category</b>	<input type="checkbox"/> Workplace Conduct	<input type="checkbox"/> Occupational Health & Safety	<input type="checkbox"/> Third Party Relationships
	<input type="checkbox"/> Legal/Legislative Compliance	<input type="checkbox"/> Privacy information and/or health information	<input type="checkbox"/> Hospital Asset
<b>Allegation Summary</b>			
<b>Findings Summary</b>			
<b>Actions Taken (including measures and dates enforced)</b>			



<b>Recommendations</b> <i>(Policy/procedure changes, process changes, preventative measures to be implemented etc.)</i>	<b>Description</b>	<b>Completed By</b>	<b>Date to be Completed</b>	<b>✓</b>
<b>Response</b>	<b>To Complainant Date:</b>	<b>Leadership if required Date:</b>	<input type="checkbox"/> <b>Response not required</b>	
<b>Date Prepared:</b>          <b>By Name/Title:</b>		<b>Date Submitted:</b>		

## Appendix P: Social Media Policy

### Purpose

The purpose of this policy is to govern the use of social media by Peterborough Family Health Team (PFHT) ensuring that employees, affiliates, volunteers and/or students understand what is appropriate and inappropriate in their use of social media and the potential impact on PFHT.

### Scope

This policy applies to all PFHT employees, affiliates, volunteers and/or students who contribute or reply to any post on social media.

### Key Definitions

**Social Media:** For the purpose of this policy, ‘social media’ should be understood in its broadest interpretation, including but not limited to Facebook, Twitter, Instagram, YouTube, LinkedIn, blogs, electronic newsletters, online forum and other sites and services that permit users to share information with others in a contemporaneous manner.

### Policy Statement

PFHT recognizes the significant value of utilizing various social media applications to strategically engage the community in our services and programs. Our goal is to engage everyone in professional and relevant dialogue related to the care available through primary health teams.

### Procedures

The following procedures apply to professional use of social media on behalf of PFHT as well as personal use of social media when referencing to PFHT or its employees, patients, partners, or other stakeholders.

1. Employees should be aware of the effect their actions may have on the PFHT’s image as well as their own. The information that employees post or publish may have a ripple effect that can last a long time and negatively affect the organization.
2. Employees should be aware that PFHT may observe content and information made available by employees through social media. Employees should use their best judgment in posting material to ensure that it is neither inappropriate nor harmful to PFHT or its employees, patients, partners, or others stakeholders.
3. Although not an exclusive list, some specific examples of prohibited social media conduct include posting content, commentary, or images that are proprietary, defamatory, libelous,

pornographic, salacious, sexist, racist, harassing, and/or discriminatory that can create a hostile, non-inclusive work environment.

4. Employees are not to publish, post, or release any information that is considered confidential or not public knowledge. If there are questions about what is considered confidential, employees should check with the Director of Programs & Services, Human Resources Manager, or the Finance and IT Manager immediately.
5. If employees encounter a situation that threatens to become antagonistic while using social media, employees should disengage from the dialogue in a polite manner and seek the advice of the Human Resources Manager or designate immediately.
6. If employees publish content on personal social media accounts that involve work or subjects associated with PFHT, a disclaimer should be used, such as “The postings on this site are my own and do not necessarily represent Peterborough Family Health Team’s positions, strategies, or opinions.”
7. Social media is not a substitute for internal organization communications or customer service. PFHT kindly asks that if an employee discovers online forums or groups that have formed to discuss the organization, its employees or services, to bring this to the attention of the Human Resources Manager.
8. Employees must adhere to relevant professional college standards at all times.
9. When in doubt, do not post. At the end of the day, the employee will be responsible for what they share through social channels so exercise caution and common sense.
10. Subject to applicable law, personal online activity that violates the PFHT Social Media Policy or any other company policy may subject an employee to disciplinary action, which may include termination.
11. All communications should adhere to the visual guidelines.

## Appendix Q: Employee Code of Conduct Policy

### Purpose

This policy is intended to provide clarity for employees of the Peterborough Family Health Team (PFHT) on the standards of integrity and professional conduct. This policy cannot address every situation that employees may encounter and as a result, this policy does not relieve employees of the responsibility and accountability to exercise sound judgment and in circumstances where they are unsure as to the proper course of action, to seek guidance from the Human Resources Manager.

PFHT mandates that all employees, volunteers, students, and contractors abide by our defined mission, values and guiding principles. The Code of Conduct works in conjunction with relevant legislation and does not exclude or replace the rights and obligations of any individual under provincial or federal law.

### Scope

This policy applies to all employees, volunteers, contractors and/or students during the course of their employment and/or agreement with PFHT. All interactions, activities, and functions occurring at 185 King Street or off site and at various community locations and/or medical sites are covered by this policy.

### Key Definitions

**Conflict of Interest:** Any situation where an individual's private interests are or may be reasonably appear to be, incompatible or in conflict with their duties and responsibilities as PFHT employee.

**Professionalism:** The conduct, aims, or qualities that characterise or mark a profession or a professional person.

**Integrity:** The quality of being honest and having strong moral principles and/or moral uprightness.

**Morals:** The holding or manifesting high principles for proper conduct.

**Ethics:** A system of accepted beliefs that control behaviour, especially morals.

### Policy Statement

Each employee is accountable to support and reflect in their behaviour and communication, PFHT mission, vision and values. Employees will work together to achieve the highest possible standards to foster and maintain public trust and confidence in the integrity and professionalism of the organization.

### **Procedures**

Employees will follow the PFHT mission, vision, core values, and guiding principles.

**Mission:** As a provincial health care leader and community partner, PFHT coordinates and empowers family practice-centred multidisciplinary teams to provide high quality, evidence-based, primary care to meet the needs of all residents of Peterborough County.

**Vision:** A leader in the delivery of collaborative family medicine serving the residents of Peterborough County.

### **Core Values**

**High-Quality Patient-Centred Care:** We are committed to high-quality patient-centred care and seek to ensure that every patient's experience is respectful, without prejudice and built on confidence and trust. We believe that patient well-being is a shared responsibility between primary care providers and patients.

**Universality:** The health and well-being of all residents in our region motivates everything we do.

**Trust:** We build trust with, and among our employees, health professionals, partners, and patients by listening, respecting diverse opinions, valuing their unique contributions, and delivering on our commitments.

**Collaboration:** We believe that a multi-disciplinary approach to patient care - with our team members and partners - leads to better patient outcomes and a more positive experience for patients and professionals alike.

**Innovation:** We seek opportunities to advance best practice in our programs, services, and processes. We value professional development and learning as driver or quality.

**Transparency & Accountability:** We act fairly, ethically, and openly in all that we do.

**Values:** The organization's core values reflect what is truly important to its people. These are not values that change from time to time, situation-to-situation or person-to-person, but rather they are the underpinning of PFHT's organizational culture and approach to the design and delivery of primary care in our community.

### **Guiding Principles**

There are five (5) guiding principles reflect our values and shape our actions:

**Relationships:** We focus on building strong relationships to support everything we do – on our teams, with our partners and with our patients. We believe that the relationship between primary care providers and patients is the foundation of high-quality patient-centred care.

**The Patient Experience:** We believe that the patient experience is influenced by the sum of all of their interactions with primary care. We engage our patients, seeking to understand their experience to improve the delivery of primary care.

**Inclusive, Community Focus:** We collaborate and partner with others to leverage our collective strength to provide seamless care to all residents of our community.

**Strong Leadership:** We focus on effective, forward-thinking leadership in the governance and administration of our organization.

**Responsible Stewardship:** We are responsible and accountable for the financial resources allocated to us and for the trust our residents place in us.

### **Organizational Expectations**

An employee's conduct shall not impede or prevent others from carrying out their duties. All employees, volunteers, contractors and/or students will:

1. Be informed of and adhere to PFHT policies and procedures;
2. Meet their job standards by applying their best effort, knowledge, skills, time, and energy to carrying out their duties and responsibilities;
3. Act in accordance with the PFHT values of integrity and transparency, respect, equal access and diversity, personal and team accountability and collegiality;
4. Behave professionally at all times, refraining from undermining colleagues, co-workers and/or direct reports, impeding their ability to be the best version of themselves as a PFHT employee.
5. Provide exceptional customer service to patients, colleagues, visitors, and community partners;
6. Participate in the relevant performance evaluation process;
7. Promote and support a healthy and safe work environment, this includes reporting to work fit for duty and able to perform job duties safely and effectively in accordance with the PFHT policy;
8. Take reasonable steps to protect confidential information in accordance with the Freedom of Information and Protection of Privacy policy and procedure and the Personal Information Protection Act;
9. Act with integrity including giving due credit to the contribution of others;

10. Maintain professional skills and knowledge and keep up-to-date in respective areas of expertise, including annual mandatory professional development according to the related vocational governing association and/or college;
11. Utilize good judgment in avoiding or dealing with conflicts of interest in accordance with PFHT policies and professional best practices;
12. Present themselves in a professional manner including appropriate dress and personal appearance in keeping with the nature of the work they perform and the public image of PFHT;
13. Not make public disparaging remarks verbally and/or in writing about PFHT leadership, colleagues, and community partners, including through the use of any form of social media;
14. Refrain from using PFHT property or assets for anything other than legitimate PFHT business;
15. All supervisors and/or those in a leadership role must personally comply with and ensure that employees are aware of and act in compliance with the Code and related policies.

An employee who demonstrates behaviour that does not comply or is inconsistent with the standards of professionalism contained in this document may be subject to disciplinary action and/or termination. Failure to comply with this policy could result in reputational damage, legal action and/or financial loss.

### **Reporting**

If you suspect or know of an actual or potential breach of the Employee Code of Conduct, either by yourself or by another individual, you must report your concerns to either the Human Resources Manager or the Director of Programs & Services. Employees will be free from reprisal from making reports of concerns. When reporting concerns, you should include the following information:

- Breach or violation (i.e., conflict of interest, breach of law, unethical behaviour, fraudulent activities, illegal actions);
- Cite the violated PFHT policy;
- Employees involved in concern;
- Dates and times of witnessed concern; and
- If applicable, other witnesses of concern.

Please note that malicious or fraudulent reports are considered a violation of the Employee Code of Conduct and will be handled accordingly.

### **Confidentiality**

PFHT understands that reporting concerns can be difficult. If you are unsure of the best way to report or make complaints related to potential or actual breaches of the Employee Code of Conduct, you are encouraged to confidentially consult with the Human Resources Manager.

PFHT will do everything it can to protect the privacy of any individual who reports a concern, and commits to treating those implicated in potential breaches fairly, objectively, and with respect. PFHT will protect the privacy of those involved as long as doing so remains consistent with the enforcement of this policy and adherence to the law. Neither the name of the person reporting the facts or the circumstances surrounding them will be disclosed to anyone, unless such disclosure is necessary for an investigation or disciplinary action.

Any disciplinary action will be determined by PFHT and will be proportional to the seriousness of the behaviour concerned.

### **Enforcement**

Willful contravention of the Employee Code of Conduct is a serious breach of expectations and could result in immediate termination for just cause.

Outcomes and enforcement of the Employee Code of Conduct will be based on the seriousness of the violation, as well as any failure to cooperate in any investigation, and could include, but is not limited to coaching, counselling, performance management, progressive discipline, unpaid suspensions, last chance agreements, and termination of employment.

Where applicable and appropriate, PFHT will refer a matter to the local police and all parties are expected to co-operate fully with an investigation.



## Employee Acknowledgement

I, (Print First/Last Name) \_\_\_\_\_ acknowledge that I have read and fully understand the content of the PFHT Employee Handbook and agree to abide by the terms and conditions outlined in this handbook. A copy of this acknowledgement will be placed in my personnel file.

By initialling beside the policies listed below, I further acknowledge that I have had an opportunity to ask questions with respect to my obligations as a PFHT employee. I acknowledge that I have read, understand, and agree to abide by PFHT policies.

1. **Workplace Violence and Harassment Prevention**
2. **Integrated Accessibility Standards Regulations (AODA)**
3. **Privacy Policy**
4. **Privacy Breach Protocol**
5. **Computer and Electronics** \_\_\_\_\_
6. **Access and Corrections** \_\_\_\_\_
7. **Service and Therapeutic Animal** \_\_\_\_\_
8. **Personal Workplace Safety (Home Visits)** \_\_\_\_\_
9. **Mandatory Training** \_\_\_\_\_
10. **Public Accountability** \_\_\_\_\_
11. **Whistleblower** \_\_\_\_\_
12. **Social Media** \_\_\_\_\_
13. **Employee Code of Conduct** \_\_\_\_\_

I understand that if I violate the PFHT rules, policies, and/or procedures, I may face disciplinary action up to and including termination of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date