

**TORONTO NORTH  
SUPPORT SERVICES**



**LES SERVICES DE SOUTIEN  
DE TORONTO NORD**



# Policies and Procedures Manual

# TABLE OF CONTENTS

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<b>Part One</b>	<b>Introduction</b>	
	<u>Purpose of Manual</u>	6
	<u>Vision and Mission Statement</u>	7
	<u>Values and Beliefs</u>	7
	<u>Organizational Chart</u>	8
	<u>Board of Directors</u>	9
	<u>Overview of Programs</u>	11
<b>Part Two</b>	<b>Human Resources</b>	
	<u><b>Policy 2.1A:</b> Human Resources Policy Development &amp; Administration</u>	16
	<u>Human Resources Terms &amp; Definitions</u>	17
	<u><b>Policy 2.2A:</b> Employment Equity</u>	18
	<u>Procedure 2.2.1B: Employment Equity</u>	19
	<u><b>Policy 2.3A:</b> Hiring</u>	20
	<u>Procedure 2.3.1B: Hiring</u>	22
	<u><b>Policy 2.4A:</b> Police Background Screening</u>	25
	<u>Procedure 2.1.1B: Salary Administration</u>	27
	<u>Procedure 2.1.2B: Mandatory Deductions</u>	28
	<u><b>Policy 2.5A:</b> Benefits</u>	29
	<u><b>Policy 2.6A:</b> Hours of Work</u>	30
	<u><b>Policy 2.7A:</b> Office Hours</u>	31
	<u><b>Policy 2.8A:</b> Attendance</u>	32
	<u>Procedure 2.8.1B: Attendance</u>	34
	<u><b>Policy 2.9A:</b> Accommodation-AODA</u>	36
	<u><b>Policy 2.10A:</b> Holidays</u>	42
	<u><b>Policy 2.11A:</b> Leave of Absence with Pay</u>	43
	<u><b>Policy 2.12A:</b> Leave of Absence without Pay</u>	45
	<u><b>Policy 2.13A:</b> Vacation</u>	46
	<u><b>Policy 2.14A:</b> Human Resources Records</u>	48
	<u><b>Policy 2.15A:</b> Supervision and Performance Management</u>	49
	<u>Procedure 2.15B: Supervision and Performance Management</u>	50
	<u><b>Policy 2.16A:</b> Discipline</u>	52
	<u><b>Policy 2.17A:</b> Termination of Employment</u>	53
	<u><b>Policy 2.18A:</b> Appeal Procedures</u>	54
	<u><b>Policy 2.19A:</b> Outside Employment and Private Practice</u>	55
	<u><b>Policy 2.20A:</b> Expenses</u>	56

<u><a href="#">Policy 2.21A: Orientation, Education and Training</a></u>	57
<u><a href="#">Procedure 2.21.1B: Orientation, Education and Training</a></u>	58
<u><a href="#">Policy 2.22A: Car Insurance</a></u>	60
<u><a href="#">Policy 2.23A: Students and Volunteers</a></u>	61

**Part Three****Professional Conduct**

<u><a href="#">Professional Conduct: Preamble</a></u>	63
<u><a href="#">Code of Ethics</a></u>	64
<u><a href="#">Code of Conduct</a></u>	66
<u><a href="#">Professional Standard: Confidentiality and Respect for Privacy</a></u>	69
<u><a href="#">Professional Standard: Relationship with Clients</a></u>	70
<u><a href="#">Professional Standard: Collegiality</a></u>	71
<u><a href="#">Professional Standard: Relationship with Colleagues</a></u>	72
<u><a href="#">Guidelines for Resolving Workplace Conflicts</a></u>	73
<u><a href="#">Policy 3.1A: Respect in the Workplace</a></u>	76
<u><a href="#">Procedure 3.1B: Respect in the Workplace</a></u>	80
<u><a href="#">Policy 3.2A: Conflict of Interest</a></u>	86
<u><a href="#">Procedure 3.2B: Conflict of Interest</a></u>	87
<u><a href="#">Policy 3.3A: Alcohol and Drug Use</a></u>	88
<u><a href="#">Procedure 3.3B: Alcohol and Drug Use</a></u>	90
<u><a href="#">Policy 3.4A: Smoking</a></u>	91
<u><a href="#">Policy 3.5A: Political Activity</a></u>	92
<u><a href="#">Policy 3.6A: Gifts</a></u>	93
<u><a href="#">Policy 3.7A: Honoraria</a></u>	94
<u><a href="#">Procedure 3.7B: Honoraria</a></u>	95
<u><a href="#">Policy 3.8A: Media Relations</a></u>	96
<u><a href="#">Policy 3.9A: Dress Code</a></u>	97

**Part Four****Safety and Security**

<u><a href="#">Policy 4.1A: Safety and Security</a></u>	100
<u><a href="#">Procedure 4.1.1B: Safety and Security</a></u>	101
<u><a href="#">Policy 4.2A: Joint Health and Safety Committee</a></u>	103
<u><a href="#">Procedure 4.2.1B: Joint Health and Safety Committee</a></u>	104
<u><a href="#">Policy 4.3A: Employee Critical Injuries</a></u>	105
<u><a href="#">Procedure 4.3.1B: Employee Critical Injuries</a></u>	106
<u><a href="#">Procedure 4.1.2B: WSIB</a></u>	107
<u><a href="#">Policy 4.4A: Prevention of Workplace Violence</a></u>	108
<u><a href="#">Procedure 4.4.1B: Prevention of Workplace Violence</a></u>	110
<u><a href="#">Procedure 4.4.2B: Supporting Staff to Manage Aggressive Behaviour</a></u>	116
<u><a href="#">Policy 4.5A: Occurrence Reports</a></u>	118

<a href="#"><u>Procedure 4.5.1B: Occurrence Reports</u></a>	119
<a href="#"><u>Procedure 4.1.3B: Office Safety, Security and Fire</u></a>	121
<a href="#"><u>Procedure 4.1.4B: Driving Safety</u></a>	128
<a href="#"><u>Policy 4.6A: Work-Related Grief and Vicarious Trauma</u></a>	132
<a href="#"><u>Procedure 4.6.1B: Work-Related Grief and Vicarious Trauma</u></a>	133
<a href="#"><u>Procedure 4.1.5B: Safe Arrival Protocol</u></a>	134
<a href="#"><u>Policy 4.7A: Emergency Preparedness</u></a>	135
<a href="#"><u>Procedure 4.7B: Emergency Preparedness</u></a>	137
<a href="#"><u>Policy 4.8A: Lock Down</u></a>	139
<a href="#"><u>Procedure 4.8A: Lock Down</u></a>	140
<a href="#"><u>Policy 4.9: Items of Potential Risk</u></a>	142
<a href="#"><u>Policy 4.10: AODA Emergency Procedures, Plans and Information</u></a>	144
<a href="#"><u>Policy 4.11A: Individual Emergency Response Planning</u></a>	147

**Part Five****Operating Guidelines**

<a href="#"><u>Operating Guidelines: Preamble</u></a>	151
<a href="#"><u>Policy 5.1A: Privacy Practices</u></a>	152
<a href="#"><u>Policy 5.2A: Documentation</u></a>	160
<a href="#"><u>Procedures 5.2.1B: Documentation</u></a>	162
<a href="#"><u>Policy 5.3 Quality Improvement</u></a>	164
<a href="#"><u>Policy 5.4A: Client Complaint Protocol</u></a>	166
<a href="#"><u>Procedure 5.4.1B: Client Complaint Protocol</u></a>	167
<a href="#"><u>Policy 5.5A: Medication Support</u></a>	168
<a href="#"><u>Policy 5.6A: Handling Client Funds</u></a>	170
<a href="#"><u>Policy 5.7: Van Use and Maintenance</u></a>	175
<a href="#"><u>Policy 5.8A: Client and Family Involvement</u></a>	176
<a href="#"><u>Policy 5.9A: Anti-Racism, Access, and Equity Framework</u></a>	177
<a href="#"><u>Procedure 5.9.1A: Anti-Racism, Access, and Equity Framework</u></a>	179
<a href="#"><u>Policy 5.10A: AODA- Customer Service</u></a>	180
<a href="#"><u>Policy 5.11A Supervising Student Placements</u></a>	182
<a href="#"><u>Policy 5.12A Involvement of Persons with Lived Experience</u></a>	184
<a href="#"><u>Policy 5.13 Reporting Child Abuse</u></a>	185

**Part Six****Finance**

<a href="#"><u>Guidelines: Expense Claim</u></a>	189
<a href="#"><u>Guidelines: Cash Advance</u></a>	191
<a href="#"><u>Policy 6.1A: Staff Social Fund</u></a>	193

**Part Seven****Technology**

<u><a href="#">Policy 7.1A: Technology</a></u>	195
<u><a href="#">Policy 7.1B: Security</a></u>	204
<u><a href="#">Policy 7.1E: Staff Responsibilities</a></u>	227

**Part Eight****Appendices (see separate documents)**

A	Access Referral Form
B	Privacy Statement
C	Consent Forms
D	Job Descriptions
E	Expense Form
F	Long Distance Call Form
G	Cheque Request Form
H	Cash Advance Form
I	Critical Incident/Occurrence Report
J	Diversity Report
K	OCAN Forms
L	Client Safe Plan
M	Performance Appraisals
N	Code of Conduct
O	Honoraria Form
P	Dealing with Threatening Client Behaviour
Q	Guiding Anti-Racism, Anti-Oppression Principles
R	Emergency Response Binder
S	Post-vention Guideline Following Client Death



# Part One: Introduction

## Purpose of Manual

The Toronto North Support Services Policies and Procedures Manual is written for all staff members. Its main purposes are to:

- Assist with the orientation of all new staff
- Provide a reference for staff in the day-to-day operation of the programs in order to maintain consistency and standards in job performance
- Serve as a record of specific program and administrative decisions
- To provide a foundation on which staff members can exercise their judgment and make sound decisions in doing their work

This manual is divided into the following sections:

1. Introduction
2. Human Resources
3. Professional Conduct
4. Safety and Security
5. Operating Guidelines
6. Finance
7. Technology
8. Appendices

This manual is written for all staff and where possible, guidelines pertain to everyone. Some sections however, are specific to a program and are clearly marked as such.

**For the purposes of this manual, a “staff member” is anyone doing work as directed by Toronto North Support Services, and may be directly employed by Toronto North Support Services or be a contractor, student, or volunteer.**

All policies and procedures in this manual are intended to govern the employment relationship and are revised when changes occur. The directors and Managers of this organization periodically review and update all policies and procedures, with the exception of selected human resources policies which can only be changed with the approval of the Board of Directors. The manual, in its most updated format, is available to staff on the organization’s shared directory (G drive). Staff members are advised when any changes are made to the manual.

All staff members are required to read the manual as part of their orientation to the organization, and to be familiar with its content on an ongoing basis. Staff members are also required to review the manual as a whole on a yearly basis, and to familiarize themselves with new content or changes to the content when these are made.

## Vision and Mission Statement

### Vision Statement

Toronto North Support Services is dedicated to ensuring that individuals with mental illness and those who are homeless receive the same opportunities and entitlements as all other members of society

### Mission Statement

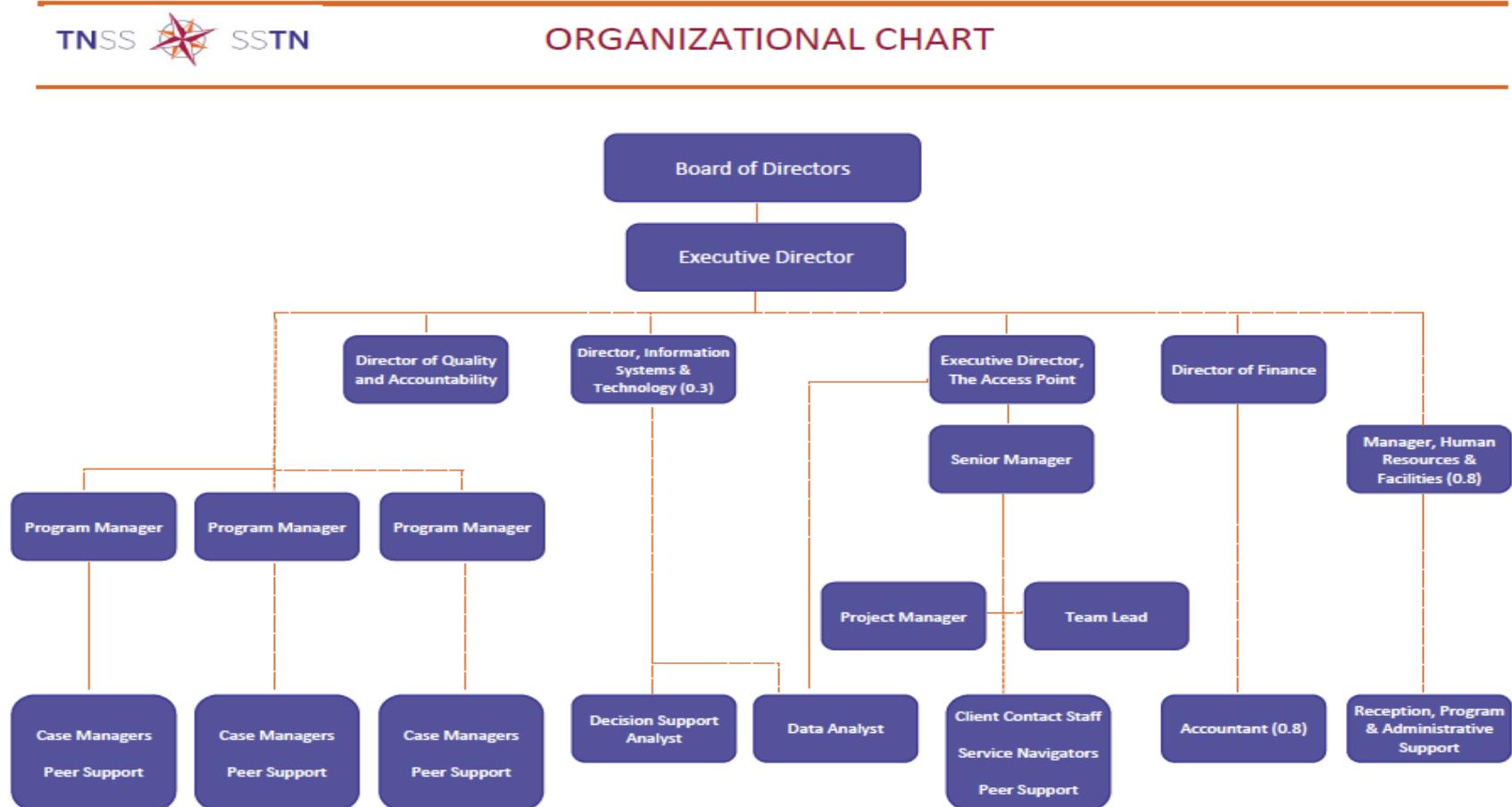
Our mission is to facilitate the recovery of individuals experiencing mental illness or homelessness by providing flexible community-based support and outreach services.

## Values and Beliefs

Toronto North Support Services works to provide its services in accordance with the following values and beliefs:

- **Welcoming:** Individuals experiencing mental illness or homelessness are welcomed and supported to access the array of services and supports that best meet their unique needs. Diversity in all its aspects (e.g., background/history, complexity of needs, language, age, customs, values, sexual orientation, gender, faith/beliefs) is welcomed and respected. Services are provided based on an anti-oppression and trauma-informed framework.
- **Hope for growth, development and recovery:** All people experiencing mental illness or homelessness have the potential to grow, develop and recover in ways meaningful to them.
- **Individualization and flexibility of approach:** Individuals experiencing mental illness or homelessness are all at different phases of recovery and should be able to access services and supports specific to their needs.
- **Self-determination and choice:** Individuals exercise the right to self-determination through access to information, the making of choices and personal growth. People must have control over the decisions that affect their lives and be provided with the information and opportunity to make their own choices.
- **Mutual respect and responsibility:** All people have the right to be treated with respect. Toronto North Support Services believes in the value of mutually respectful relationships between and among service users, staff, volunteers, Board Members and other community stakeholders.
- **Transparency and accountability:** People deserve to understand how we work and to hold us accountable for what we do. We strive to create an environment that promotes open, non-judgmental and respectful communication among all individuals connected with the organization.

# Toronto North Support Services Organizational Chart



## **Board of Directors**

Toronto North Support Services is a charitable not-for-profit organization that has a volunteer board of directors. Board members are recruited to represent the greater community to which Toronto North Support Services is accountable. The Executive Director reports to the board of directors.

The board of directors is comprised of up to twelve persons representing the various stakeholders involved in the development, delivery and receipt of mental health and homeless services. Directors are elected for two-year terms, to a maximum of four terms. The agency has a strong value in having board members who have lived experience of mental illness or homelessness, as well as family members of persons served by the sector.

Recruitment to the board is done as vacancies arise by representatives of the board. At times, depending on the number of upcoming vacancies, an ad hoc recruitment committee is set up, comprised of board members and the Executive Director. Individuals are approached either by a board member or by the Executive Director to strategically fill a need on the board. Interested candidates are interviewed by a board committee in order to determine their interest and to provide them with a sense of the organization's expectations. Staff members are encouraged to bring forward names of individuals who they believe would be contributing board members.

The board of directors meets minimally six times per year, typically on the third Wednesday evening of the month. The officers include the Chair, Vice-chair, Treasurer and Secretary. The Executive Director fills the position of Board Secretary.

The board has two standing committees, the Finance and Audit Committee and the ED Pay and Performance Committee. The Finance and Audit Committee is comprised of the Treasurer, the Director of Finance and Administration and at least two other interested board members. It is chaired by a board member other than the Treasurer. This committee meets four times each year to oversee the ongoing financial responsibilities of the organization and the annual audit process. The Ed Pay and Performance Committee is made up of the Chair of the board and 2 to 4 additional board members. It meets several times per year to approve and recommend to the board the ED's performance plan and compensation.

In addition, the board has several ad hoc committees that are struck in order to work on specific projects. These committees are time limited and allow the organization to take advantage of the varied expertise of Board Members. Staff and/or clients can be asked to participate on ad hoc committees, depending on the nature of the topic.

The Executive Director and Director of Finance and Administration regularly attend board meetings, although they are not voting members of the Board. They are present to inform the process, represent the staff and to provide minute taking. When matters pertaining to them personally are discussed, they are asked to leave the room. All staff members are encouraged to bring matters forward which may be of concern to them or to the board, by speaking to the Executive Director.

The board of directors has training as a standing item on their agenda. Staff members and clients are periodically asked to present their program or some aspect of it to the Board of Directors as part of a regular meeting. There are several purposes for this:

- To help board members better understand the work of the organization
- To provide an opportunity for staff and board members to meet
- To keep the lines of communication open between staff and board members by giving each an opportunity to ask questions of the other

The Annual Meeting is another important opportunity for board members to be exposed to the work of the organization. Annual meetings are typically open to all stakeholders of the organization, and participation by clients and staff is encouraged and supported.

## **Overview of Programs**

Toronto North Support Services is a community-based, multi-service agency providing mental health and homeless programs to adults in Toronto.

Our work is client-centred. We believe in the inherent ability of those experiencing mental health challenges or homelessness to make positive changes in their lives and we are honoured to be a part of that process.

We offer a variety of programs aimed at those experiencing mental illness and/or homelessness. It should be noted that, with some exceptions for specific populations, our services are accessed through the coordinated access system for community mental health services in Toronto called The Access Point. 416 640-1934 or at [www.theaccesspoint.ca](http://www.theaccesspoint.ca)

All of our services are offered free of charge.

## **Toronto North Support Services has three divisions that provide a variety of programs, including:**

1. Mental Health case management services for individuals living in North York West, North York Central and North Toronto Sub-Regions, including:
  - A. Adult Case Management
  - B. French language Case Management – (Passages)
  - C. Emergency Department Diversion at Humber River Hospital (ARCS)
  - D. Supports within housing in partnership with LOFT Community Services and Good Shepherd Non-Profit Homes (Mental health and Justice, Weston Rd)
  - E. Supports for Tamil Speaking Seniors (Pathways)
2. Multi-disciplinary Case Management services for individuals who struggle with mental illness and are or have recently experienced homelessness
  - A. Multi-Disciplinary Outreach Team (M-DOT)
  - B. ED Diversion for homeless individuals (CATCH)
  - C. Intensive Case Management for complex clients referred from M-DOT and CATCH (MATCH)
3. Coordinated Access to community mental health services in the City of Toronto
  - The Access Point

### **1. Mental Health Case Management**

#### **a. Adult Case Management**

We provide an intensive case management service aimed at helping adults recover from mental health challenges. We believe in the Recovery philosophy of service and employ principles of Harm Reduction and Housing First to assist people to make the changes that they desire for themselves. Typically this is accomplished by meeting in a community setting with a Case Manager who helps with setting goals, finding resources and navigating the various systems (health, income, housing, etc.) in a person's life.

#### **Eligibility:**

- 16 years of age or older, **and**
- Living in the area bounded by Steeles Avenue, the Humber River, Eglinton Avenue and Victoria Park Avenue, **and**
- Experiencing mental health issues that seriously impact their lives

Referrals are received from The Access Point at **1-888-640-1934** or online at [www.theaccesspoint.ca](http://www.theaccesspoint.ca)

### **b. French Speaking Mental Health Case Management - Passages**

Passages is a French-language case management program provided in partnership with CMHA-Toronto and the Centre francophone. It provides support to French speaking adults who are experiencing mental illness. Case Managers help clients set personal goals, find health, income, legal and housing supports, as well as social and vocational opportunities.

#### **Eligibility:**

- 16 years and older
- Live in Toronto
- Prefer or needs services in French

Referrals are accepted through active outreach to French speaking communities, from The Access Point or from the two partnering organizations.

### **c. Emergency Department Diversion – ARCS**

Toronto North Support Services is a partner agency in the delivery of emergency department diversion case management services in the North York West and North York Central sub-region areas of Toronto. Led by North York General Hospital and Cota, ARCS provides transitional supports to individuals who present at either the NYG emergency department, or the Humber River Hospital emergency department with a mental health complaint that doesn't require admission.

The goals of the program are to provide clients with a quick link to community mental health services, thereby shortening their ED stay and providing some more appropriate follow-up in the community.

#### **Eligibility:**

Individuals who present at either of the two hospital emergency departments with a mental health and/or addictions complaint, who are not admitted but would benefit from connection to community services.

Referrals are made directly by hospital staff in the two ED's. For more information, contact the ARCS Manager at Cota.

### **d. Supports Within Housing**

#### **Mental Health and Justice**

The Mental Health and Justice Initiative is a partnership of agencies that support and house individuals who have mental health challenges, were involved in the criminal justice system and homeless on referral. Toronto North Support Services provides case management to clients once they've been housed, helping them recover from mental illness, retain their tenancy and learn new life skills.

**Eligibility:**

Referrals for this program are only accepted from designated sources, which include:

- Mental Health Court Support Programs
- Mental Health and Justice Intensive Case Management Programs
- Law and Mental Health Program (CAMH) and Forensic Assessment Consultation and Treatment Program (FACT – Whitby Mental Health Centre)
- Short-term residential crisis support beds (i.e. Safe Bed Program)
- Pre-Charge diversion crisis response/outreach services
- Courts/Jails including Probation and Parole

**Weston Rd. Supportive Housing:**

The agency provides housing support to 15 individuals at the Weston Rd. Supportive Housing project through partnerships with LOFT Community Services and Good Shepherd Non-Profit Homes. LOFT and Good Shepherd provide the ‘landlord’ functions while we provide supports through a case management relationship in order to maximize the tenants’ chances of successful community integration.

**e. Community Support for Tamil Seniors**

**Pathways for Seniors Program**

The Pathways for Seniors program is a community support program for Tamil-speaking seniors. The program provides two weekly wellness and health promotion drop-in groups, as well as individualized case management for seniors experiencing age-related disabilities including depression, anxiety and dementia. Staff also provide input and guidance to family members who are at risk of caregiver burnout.

**Eligibility:**

For case management services, the program accepts Tamil speaking seniors living in North York West, North York Central and North Toronto Sub-Regions who are experiencing age-related difficulties or mental illness. The drop-in is open to all Tamil-speaking seniors. Referrals are also received from The Access Point.

**2. Multi-disciplinary Case Management Services**

**a. The Multi-Disciplinary Outreach Team (M-DOT)**

The Multi-Disciplinary Outreach Team (M-DOT) is a specialized team of providers from various organizations that delivers services to the most vulnerable individuals on the street and in shelters. It is funded by the City of Toronto through their Streets to Homes program stream, and is delivered in partnership with LOFT Community Services. The team is made up of Case Managers, a Registered Nurse, a Housing Worker and two part-time Psychiatrists who connect with people on the streets and in the ravines. The team helps their clients find housing, manage symptoms and meet other basic needs such as receiving medical attention, income supports, or addictions services.

**Eligibility:**

Clients of this program are referred to Toronto North Support Services directly by the Streets to Homes program at the City of Toronto. For more information on the Multi-Disciplinary Outreach Team or to discuss a potential referral, please call Streets to Homes at **416-338-4766** or the M-DOT office at **647-777-0130**.

**b) CATCH**

Coordinated Access to Care for the Homeless (CATCH) is a partnership with St. Michael's Hospital and Inner City Health Associates to ensure that homeless individuals are connected with needed health and mental health resources using an immediate short-term support model. Toronto North Support Services Case Managers work with a team of physicians and psychiatrists to help homeless people with complex needs gain access to housing and other services. There is an emphasis on redirecting individuals to the most appropriate clinic for their needs and thereby reducing further emergency department and inpatient visits. CATCH provides transitional services and refers those needing longer term service to other programs such as MATCH or an ATC team.

**Eligibility:**

This service is available to homeless adults who are having trouble accessing medical or mental health services in the downtown area.

For more information about the CATCH program, please call the CATCH Coordinator at **1-877-482-4595** or visit their website at [www.catchtoronto.ca](http://www.catchtoronto.ca).

**c) MATCH**

MATCH was funded in 2014 to provide ongoing intensive supports to individuals referred from the M-DOT and CATCH teams who need continued involvement of a wrap-around team. The two referring programs are both rapid access, transitional programs while MATCH provides longer term follow-up. The MATCH team consists of Case Managers, a part-time RN and a part-time psychiatrist. After hours support is provided evenings and weekends. Emphasis is placed on making a good connection with the client before the transfer from the referring team is completed.

**Eligibility:**

This service accepts referrals from M-DOT and CATCH but also declares vacancies to The Access Point for individuals who are homeless and have significant mental health and addiction issues.

For more information about MATCH call the MATCH office at **647-777-0130**, or to make a referral contact The Access Point at **1-888-640-1934** or online at [www.theaccesspoint.ca](http://www.theaccesspoint.ca)



# Part Two: Human Resources

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.1A</i>
<b>Subject:</b>	<i>Development and Administration</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>March 2019</i>	<b>Next Revision Date:</b>	<i>March 2020</i>

## Human Resources Policy: Development and Administration

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The Executive Director is responsible for the development of the organization's human resources policies. The Board of Directors is responsible for ratifying select policies, which may impact upon risk levels to the organization.

Human resources policies comply with employment, workplace health and safety, and other related legislation as is applicable in Ontario.

# Human Resources Terms & Definitions

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<b>"Organization"</b>	<i>means Toronto North Support Services</i>
<b>"Corporation"</b>	<i>means Toronto North Support Services</i>
<b>"Board"</b>	<i>means the Board of Directors of Toronto North Support Services as provided for in the Organization's bylaws</i>
<b>"Chair"</b>	<i>means the senior executive officer of the Toronto North Support Services' board as outlined in the Organization's bylaws. Commonly referred to as the "Chairman"</i>
<b>"Executive Director"</b>	<i>means the chief executive officer of the Organization</i>
<b>"Full-Time Employees"</b>	<i>means employees of the Organization who work thirty-five (35) hours per week</i>
<b>"Overtime"</b>	<i>means hours worked in excess of an individual employee's regular working hours in any given week</i>
<b>"Lieu Time"</b>	<i>means paid time off work as compensation for overtime worked, instead of a cash payment</i>
<b>"Flexible Hours"</b>	<i>means hours worked but not tied to regular office hours or regular work days</i>
<b>"Probationary Period"</b>	<i>means the first three months of an employee's employment or first three months in a new position</i>
<b>"Contract Employee"</b>	<i>means a staff member with a time-limited employment agreement, whose hours of work, working conditions, benefits, duration of tenure, and period of review are determined at the time of hiring and by the particular assignment</i>
<b>"Regular Term Employment Agreement"</b>	<i>means the employment relationship is one of continuous service and intended to last for an indefinite period of time, with no specified or foreseeable end to the relationship</i>

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.2A</i>
<b>Subject:</b>	<i>Employment Equity</i>	<b>Effective:</b>	<i>October 2006</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>October 2006</i>
<b>Last Revision Date:</b>	<i>March 2019</i>	<b>Next Revision Date:</b>	<i>March 2020</i>

## Policy: Employment Equity

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It is the policy of Toronto North Support Services to provide equal opportunity to all employees and applicants for employment. No person is to be discriminated against in employment because of race, ancestry, place of origin, citizenship, creed, political or religious affiliation, gender, sexual orientation, age, marital status, family status or physical or mental ability.

This policy applies to all terms, conditions, and privileges of employment including hiring, probation, training, placement, employee development, promotion, transfer, compensation, benefits, educational assistance, layoff and recall, employee facilities, termination and retirement.

Toronto North Support Services seeks to create a climate of understanding and mutual respect so that each person feels valuable as a part of the organization and is able to contribute fully to the development and well-being of the Toronto North Support Services community.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Procedure #:</b>	<i>2.2A</i>
<b>Subject:</b>	<i>Employment Equity</i>	<b>Effective:</b>	<i>October 2006</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>October 2006</i>
<b>Last Revision Date:</b>	<i>March 2019</i>	<b>Next Revision Date:</b>	<i>March 2020</i>

# Procedure: Employment Equity

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## Employment Equity Principles and Responsibilities

The organization will ensure that its employment policies and practices, including those that deal with staff hiring and recruitment, are in compliance with the Ontario Human Rights Code and AODA that recognizes every person's right to equal treatment, without discrimination or harassment.

The organization will review its policies, practices and employment systems on an ongoing basis to ensure that they are free from unintended rules or procedures that wrongly discriminate against any individual.

Staff members will receive training on human rights and employment equity practices, as related to their responsibilities in the organization.

The organization will have an anti-discrimination policy in place and will respond promptly to address any discrimination or harassment issues. Any individual who believes that they themselves or a co-worker are experiencing discrimination under the organization's policies or practices is encouraged to notify their Manager immediately.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.3A</i>
<b>Subject:</b>	<i>Hiring</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>October 2006</i>
<b>Last Revision Date:</b>	<i>March 2020</i>	<b>Next Revision Date:</b>	<i>March 2021</i>

## Policy: Hiring

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Toronto North Support Services follows a structured hiring process following the recruitment and selection of the best qualified candidates for positions. Appointments to and within Toronto North Support Services will take into consideration:

- Education, experience, knowledge, skills and/or professional or technical credentials
- Suitability as evidenced by personal traits and characteristics
- Performance as demonstrated by past work record
- Interviews and reference checks

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Procedure #:</b>	<i>2.3.1B</i>
<b>Subject:</b>	<i>Hiring</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>October 2006</i>
<b>Last Revision Date:</b>	<i>March 2020</i>	<b>Next Revision Date:</b>	<i>March 2021</i>

# Procedures: Hiring

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## Employment Authority

**Executive Director:** The employment of the Executive Director is the sole responsibility of the Board of Directors and the Executive Director reports to the Chair of the Board or their designate.

**Managers:** The selection, recruitment and employment of Managers is the responsibility of the Executive Director.

**Program and Administrative Staff:** Once a vacant position has been confirmed by the Human Resources Manager, the selection and recruitment of candidates is the responsibility of the Manager or Director. All notes related to candidates interviewed will be retained for 2 years.

## Posting of Positions

All vacant positions will be posted internally so that employees who may wish to apply can do so. If an internal and an external candidate are equally qualified, preference will be given to the internal candidate.

## Recruitment

Toronto North Support Services recognizes the need to recruit in a manner that ensures that the staff group is diverse and representative of the communities served. A candidate's race, culture, gender, languages spoken, sexual orientation, physical ability and age are all to be considered assets in the hiring process if a candidate brings greater diversity to the agency.

Toronto North Support Services will post information about the availability of accommodations for applicants with disabilities in its recruitment process. Job applicants who are individually selected for an interview will be notified that accommodations for material to be used in the process are available, upon request. TNSS will consult with any applicant who requests an accommodation in a manner that takes into account the applicant's disability. Successful applicants will be notified about Toronto North Support Services' policies for accommodating employees with disabilities as part of their offer of employment.

## **Employee Support**

TNSS will inform employees of the policies used to support employees with disabilities, including policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability. TNSS will provide this information to new employees at orientation or as soon as practicable after they begin their employment and provide updated information to all employees whenever there is a change to existing policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability.

For details on employment accommodation for people with disabilities, refer to the *Accommodation in Employment for Persons with Disabilities* policy 2.9A.

## **Accessible Formats and Communication Supports for Employee**

Upon an employee's request, TNSS will consult with the employee to provide or arrange for the provision of accessible formats and communication supports for information that is needed in order to perform the employee's job, and information that is generally available to employees in the workplace.

TNSS will consult with the employee making the request in determining the suitability of an accessible format for communication support.

## **Treatment of Resumes**

All resumes and documentation/notes related to the interview process are to be treated as confidential and stored under lock and key. Copies of resumes may be made for reference during the interview process but must be collected at the end of the interview. Information relating to a specific candidate may be shared with people outside of the Organization only with the express permission of that candidate.

## **Interview Process**

In the case of the position of Executive Director, the Board of Directors shall establish a hiring process to establish application criteria, review resumes, determine the interview process and schedule appointments. All unsuccessful candidates interviewed will be notified.

For all other positions, it is the organization's practice to have a minimum of two interviewers present. The hiring Manager will select another Manager to interview and consult with prior to selecting the successful candidate. A copy of questions asked and notes pertaining to the candidates' responses will be taken during the interview and retained for two years.

## **Reference Checking**

Once a candidate is being considered, they will be asked for three references, two of which should be individuals who have directly supervised the candidate. Written references supplied by the candidate can be accepted but do not replace the need for a minimum of two verbal references.

## **Conditions of Employment**

Employment is conditional upon a prospective employee's agreement to adhere to the policies and procedures of the organization. All staff members must familiarize themselves with, and sign off on, the organization's

code of ethics, prevention of workplace violence policy, respect in the workplace policy, code of conduct and the end users technology policy. All other policies are covered in the organization's policies and procedures manual, which is distributed at orientation and must be reviewed by the employee at that time.

An employment agreement confirming the job requirements, job description and employment arrangements including starting date, salary, benefits, etc. must be signed by the Executive Director or their designate and a copy must be given to the employee. In the case of the position of Executive Director, the employment agreement must be signed by the Chair or their designate.

All staff members are employees of the Organization and are therefore bound by the Organization's constitution, bylaws, official policies and procedures.

The probationary period is three (3) months. At any time during the probationary period, both the employee and the employer have the right of release, conditional only upon the Organization providing to the employee two (2) weeks' notice in writing or two weeks' severance pay in lieu of notice. Notice to the Organization shall be given in writing to the Executive Director or in the case of the Executive Director by notice in writing to the Board. No notice of termination or severance pay in lieu of notice is required if an employee is terminated with cause in accordance with the Ontario Employment Standards Act.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.4A</i>
<b>Subject:</b>	<i>Police Background Screening</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>March 2019</i>	<b>Next Revision Date:</b>	<i>March 2020</i>

## Policy: Police Background Screening

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Effective August 1, 2005, all staff, as well as students and volunteers who have contact with clients, must consent to police background screening. This screening consists of two components – a Criminal Record Check and a Local Police Information Search. The purpose of this process is to ascertain whether potential or existing employees, as well as any volunteers or students providing direct service to clients, have a criminal history which could potentially make them unsuitable for certain positions of trust.

Toronto North Support Services adheres to the Ontario Human Rights Code. The use of information regarding outstanding criminal charges and/or criminal code convictions for which a pardon has not been granted does not contravene the Ontario Human Rights Code.

Potential new employees, volunteers and students must agree to the police record check at the commencement of their relationship with the organization. Toronto North Support Services will cover the cost of this background screening for all new candidates, whether potential employees, volunteers or students.

### Background Screening Process

**Step 1** - During the interview phase, all candidates are to be informed that should they be considered as a final candidate, police background screening will be completed on them with their consent.

**Step 2** – Offers of employment, oral and written, will be made conditional pending favorable results of police background screening.

**Step 3** – The Human Resources Manager will initiate the online background screening process with our third party employment verification vendor (BackCheck). The candidate will receive an e-mail directing them to myBackCheck.com where they will be responsible for filling out an online profile, which includes identity verification.

The candidate must consent to the pre-employment screening via the online process before the checks are conducted. Refusal to consent to this process will eliminate the candidate from the selection process.

**Step 4** – A confirmation will be sent to the Human Resources Manager when the candidate has completed the online profile.

**Step 5** - Results of the police background screening will be sent to the Human Resources Manager within 24-48 hours of the candidate completing their online profile and submitting it to BackCheck.

**Step 6** – If the results of the background screening are “Clear”, the Human Resources Manager will notify the hiring Manager that the candidate is approved to begin employment.

The process for “Not Clear” results is outlined below.

**Step 7** - Final written offer will be prepared (if one has not already been delivered to the candidate).

## **Positive Criminal Record Checks**

In the event that a police background screen comes back as “Not Clear”, a meeting between the employee/candidate and the Executive Director and/or Human Resources Manager will be arranged immediately to discuss the information received from the police and provide the candidate the opportunity to disclose any offenses (of which the accuracy must then be verified by BackCheck). This does not preclude the candidate from employment/placement with the organization, nor is it necessarily cause for terminating an employment relationship. The Executive Director/Human Resources Manager will consider the nature of, and circumstances surrounding, the charge(s) and/or conviction(s). They will determine whether a “bona fide” reason for refusal of employment/placement or termination of the employment relationship exists on a case-by-case basis. Careful consideration will be made of:

- The nature of, and number of offence(s)
- The candidate’s age at the time of conviction(s)
- The length of time elapsed since the conviction(s)
- The rehabilitation and other efforts made by the candidate
- The candidate’s employment record and references
- The relevance of the criminal conviction to the specific duties of the position for which the candidate is being considered
- The potential risk to clients
- Any other relevant factors deemed appropriate

A decision is made by the Executive Director/Human Resources Manager regarding the candidate’s eligibility for employment/placement based on the assessment of the information received. If it is determined that the potential staff, volunteer or student is unsuitable for employment/placement, no offer of employment or placement will be made, or the conditional offer will be withdrawn. Failure to disclose information or to meet and discuss a positive reference check will preclude an offer of employment/placement or will result in the termination of a conditional offer.

## **Confidentiality**

Any information received by Toronto North Support Services as a result of police background screening or in a follow-up meeting will remain strictly confidential. It will be destroyed upon the termination of the staff member/volunteer in accordance with internal file retention policies. The results of police background screening are privy only to the Human Resources Manager and administration, the Executive Director and the appropriate Manager.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.1.1B</i>
<b>Subject:</b>	<i>Salary Administration</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>March 2019</i>	<b>Next Revision Date:</b>	<i>March 2020</i>

## Procedure: Salary Administration

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The Executive Director reviews salary ranges, including benefit allowances, and makes recommendations to the Board of Directors. The Board of Directors has sole responsibility for determining the salary and benefits allowance for the Executive Director. Salary ranges will be reviewed annually and adjusted if necessary and where possible.

Movement through the range is not automatic. It is based on length of service and a satisfactory performance appraisal ([see Appendix O](#)).

All employees will be paid in 24 semi-monthly installments. Payment will be made by direct deposit on the 15<sup>th</sup> and the last day of the month, or the Friday preceding these.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.1.2B</i>
<b>Subject:</b>	<i>Mandatory Deductions</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>March 2019</i>	<b>Next Revision Date:</b>	<i>March 2020</i>

## Procedure: Mandatory Deductions

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The following are mandatory deductions for all employees:

- Income Tax (Tax)
- Canada Pension (CPP)
- Employment Insurance (EI)

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.1.2B</i>
<b>Subject:</b>	<i>Benefits</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>March 2019</i>	<b>Next Revision Date:</b>	<i>March 2020</i>

## Policy: Benefits

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The Organization provides the following benefits coverage to eligible employees who work a minimum of twenty-one (21) hours per week, after completion of three months of continuous employment.

**The following benefits are 100% employer paid:**

- Life Insurance
- Accidental Death & Dismemberment (AD&D)
- Extended Health and Dental

**The following benefit is 100% employee paid:**

- Long-Term Disability Coverage (LTD)

A booklet detailing the coverage is available upon request from the Human Resources Manager.

After three months of employment, employees qualify for enrolment in our retirement savings plan (RSP).

Contributions to the retirement savings plan are made by the employer on behalf of the employee and are a taxable benefit. The contribution rate is set by the Board of Directors and is reviewed periodically.

Employees may choose to make additional deposits to the plan and may withdraw their contributions at any time. All contributions made by the employer while in the employ of the Organization must not be withdrawn.

Employees who can show proof of Health and Dental coverage by a spouse or partner may choose to waive these benefits in exchange for a higher RRSP contribution. In such cases, the agency contributes an additional amount to the employee's RRSP plan, determined from time to time by the Board of Directors.

*Notwithstanding the above, withdrawals allowable by Revenue Canada (i.e. first time home buyers option and Lifelong Learning Plan) or by court-ordered payments (e.g. division of assets decreed by divorce) are permissible.*

Staff who work less than 35 hours per week are considered part-time employees and are required to share in the cost of premiums, pro-rated to hours worked, for health and dental benefits only. Contract employees are eligible for a partial benefits package after three months of continuous employment as assigned in the contract. The package includes health and dental benefits only; LTD, life insurance, AD&D and RSP benefits are not included.

The Organization provides sub-plans (top-up provisions) to supplement employment insurance sick benefits and Workplace Safety & Insurance Board payments. While the employee is in receipt of benefits, the Organization will top up to 70% of salary for a maximum of fifteen weeks absence due to illness or injury.

Toronto North Support Services acknowledges there are several recognized leaves of absence in the Employment Standards Act Ontario, 2000. If an employee uses up their accrued vacation, provides the required statutory notice and meets the eligibility criteria to be approved for Employment Insurance benefits and provides proof of the weekly benefit, then the organization will provide a top up to 70% of the employee's average weekly wage for up to a maximum of 15 weeks while the employee is in receipt of EI benefits. All other benefit conditions will continue to apply and as with other leaves of absence, the employee will be responsible for monthly payments of LTD.

Employees of the Organization are covered by the Workplace Safety Insurance Board. The premiums are fully paid by the Organization. All aforementioned benefits, with the exception of LTD, are provided to employees until the age of 70 to the extent permitted by the Organization's insurance carriers. LTD coverage ceases after the age of 65.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.6A</i>
<b>Subject:</b>	<i>Hours of Work</i>	<b>Effective:</b>	<i>April 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
<b>Last Revision Date:</b>	<i>March 2019</i>	<b>Next Revision Date:</b>	<i>March 2020</i>

## Policy: Hours of Work

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A regular full-time workweek will consist of forty hours, thirty-five of paid work time with an hour for lunch each day. Two 15-minute paid breaks per day are encouraged.

All staff members are expected to work a regular eight-hour work day as determined by the program in which they work, from 9:00am to 5:00pm unless their specific program has identified alternative hours (e.g. 8:00am to 4:00pm or 11:00am to 7:00pm). Employees may be required to work additional hours above the scheduled eight-hour day to meet client needs. All lieu time must have the approval of the Manager, and wherever possible, this should be obtained prior to an employee working the extra hours. The employee shall receive the equivalent number of hours off as compensation for every approved hour worked in excess of the scheduled or contracted hours in a week. Lieu time cannot be accumulated beyond seven hours, unless at the discretion of the Manager.

As part of certain positions, employees may be required to provide crisis coverage after hours, on a rotational basis. Lieu time may not be carried over to the next fiscal year (the fiscal year begins on April 1<sup>st</sup>).

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.7A</i>
<b>Subject:</b>	<i>Office Hours</i>	<b>Effective:</b>	<i>April 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
<b>Last Revision Date:</b>	<i>April 2019</i>	<b>Next Revision Date:</b>	<i>April 2020</i>

## Policy: Office Hours

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All program staff members are expected to come into their program office (Railside Rd., Front St. or Yonge St.) on a regular basis to document client-related activity, log their schedule in Outlook, pick up their mail, and attend program and committee meetings and supervision when scheduled. Although program staff members are able to schedule office time when it is most convenient and efficient for their schedule, they are expected to do so on most work days. Recognizing that there will be days when client service makes this impossible, occasional exceptions are made based on client need.

Some staff members will require more structure in order to help them meet job requirements. Identifying when a staff member would benefit from a more defined schedule is a joint responsibility of the employee and their Manager. When a problem is identified, the Manager will work with the staff member to develop a schedule that protects specific times for specific activities (e.g. documenting on client contacts at the end of each day, at the office.)

Staff members whose duties require them to work mainly within one of the organization's offices will work their scheduled hours, as determined by department needs, their employment agreement and arrangement with their Manager.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.8A</i>
<b>Subject:</b>	<i>Attendance</i>	<b>Effective:</b>	<i>April 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
<b>Last Revision Date:</b>	<i>April 2019</i>	<b>Next Revision Date:</b>	<i>April 2020</i>

## Policy: Attendance

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All staff members are responsible for completing and submitting their bi-weekly timesheet in the payroll system. Their Manager must approve all time and attendance.

Specifics concerning sick leave, vacation, and overtime may be individualized in an employee's contract. It is essential that the assigned Manager approve all variances in an employee's work schedule prior to being absent from work.

Employees who are injured while working must contact their Manager and/or a member of the management team immediately. Employees will be required to fill out a WSIB Claim form with their Manager. They should also complete an Occurrence Report within the prescribed timeframe and may need to contribute the employer report with their Manager or HR Manager.

### Vacation/Sick/Personal Day Policy

Staff members must make a request to their Manager when they are going to be away from work due to illness, personal day or vacation. In addition, staff members need to let reception and their Manager know who will be covering for them during their time away.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Procedure #:</b>	<i>2.8.1B</i>
<b>Subject:</b>	<i>Attendance</i>	<b>Effective:</b>	<i>April 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
<b>Last Revision Date:</b>	<i>April 2019</i>	<b>Next Revision Date:</b>	<i>April 2020</i>

## Procedure: Attendance

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### Vacation

In order to take vacation time, staff members must submit a request for the time off in the ADP payroll system in advance. After approving the request, the Manager will inform the staff of their approval through the notification system in ADP.

At that point staff members are required to:

1. Email Reception with the dates they will be away and the names of the staff members covering for each of their clients
2. Give their Manager point form notes on the status of each client along with the names of the staff members covering while they are away
3. Change their voicemail to indicate the dates they will be away, the date they will be returning and an alternate number to call for assistance
4. Turn on the out-of-office assistant on their email to indicate the same

### Personal Days

Managers should approve personal days in advance, however it is recognized that this may not always be possible due to unexpected personal emergencies. In the case of personal days, staff members are required to:

1. Inform their Manager that they are away as early as possible
2. Complete the request in ADP
3. Change their voicemail to indicate that they will be away, the date they will be returning and an alternate number to call for assistance.

### Sick

In the event that staff members are too sick to work, they should:

1. Email/call their Manager
2. Update ADP
3. Change their voicemail to indicate that they are away from work for the day
4. Inform their clients that they will be away from work for the day

## **Winter Storm Days**

In the event that a winter storm advisory has been declared and the public is being advised not to drive, the Executive Director or her designate will make an announcement via an all-staff email message by 7:30am. Staff members will be advised to get off the road unless they need to attend to an urgent client matter. Where possible, staff members are expected to work from home or the office for the rest of the work day or as otherwise directed, making phone contact with clients and doing other indirect and administrative tasks.

In the absence of an all-staff announcement, it is the individual staff member's responsibility to get themselves to work. If the local conditions make that difficult, a staff member can take vacation, personal or lieu time hours. As with any other day off work, staff members taking time off due to inclement weather are expected to inform their Manager, and reschedule any appointments they may have. Staff members will not be penalized for requesting lieu or vacation time off due to their local weather conditions.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Procedure #:</b>	<i>2.9A</i>
<b>Subject:</b>	<i>AODA – Accommodation in Employment for Persons with Disabilities</i>	<b>Effective:</b>	<i>March 2020</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>March 2020</i>
<b>Last Revision Date:</b>		<b>Next Revision Date:</b>	<i>March 2021</i>

Toronto North Support Services (TNSS) is committed to promoting an inclusive and accessible work environment and to improving accessibility to persons with disabilities in accordance with this and all policies.

Toronto North Support Services will attempt to accommodate both applicants and employees with disabilities in a way which respects their dignity, privacy, enables applicants with disabilities to proceed equitably through the application process, supports employees to perform their work, and fully participate in employment at TNSS. Accordingly, Toronto North Support Services will work to provide accommodation planning and processes in a manner that takes into account the applicant's or employee's needs due to disability.

It is Toronto North Support Services' intention that accommodation will be provided respectfully, both individually (to meet the specific needs of individuals), and systematically (to make the work environment accessible to applicants and employees with disabilities).

## **Accommodation Process**

Accommodation will address current employment restrictions, unless future restrictions are known and can be reasonably accommodated concurrent with the present.

Accommodation will be assessed on an individual basis and include needs as disclosed by the employee and which directly relate to the employment position or such needs as are disclosed by the position applicant and directly relate to the application process.

The employee will be included in all stages of the accommodation process. The accommodation process will take into account the employee's disability and will ensure supports are included during the process. Other participants in the process may include the Program Manager, Supervisor, Human Resources & Facilities Manager and insurers.

TNSS will attempt to re-employ a worker who has been unable to work as a result of illness or injury in a manner consistent with the Workplace Safety and Insurance Act, and/or Toronto North Support Services' policies and procedures.

In its attempts to provide accommodation, TNSS may determine that, at its expense, an external evaluation by a medical or other expert is required to help establish the accommodation and how the accommodation may be achieved.

The nature of the accommodation provided may include:

- Communication services
- Human support services
- Technical aids and assistance devices
- Position redesign
- Employment policy and procedure modifications
- Redeployment to a commensurate position
- Workplace modifications

Every effort will be made to adopt the accommodation preferred by the employee. However, if there is an equally effective accommodation solution, the employee should discuss and generate a reasonable alternative which may or may not be less costly and easier to provide or a better alignment with the operational needs of the program or department.

The duty to accommodate does not create an endless obligation on Toronto North Support Services. Circumstances of the individual, the ability to perform the essential duties of the job, the success of accommodation attempts, the cooperation of the employee, and performance competencies will be relevant in determining where the duty to accommodate ends.

## **Hiring Process and Job Applicants with Disabilities**

Applicants may request accommodation at any time during the hiring process. Accommodation for applicants for any Toronto North Support Services position will be coordinated through the Manager, Human Resources and Facilities who will work with the hiring program or department manager.

The hiring and interview process will take into account the applicant's accessibility needs due to disability.

In the event the hiring manager requires additional information to ensure that the applicant's accessibility needs are met during the hiring and interview process the Manager, Human Resources and Facilities may be contacted to explore options and resources.

## **Short-term Accommodation of Employees**

Employees should contact the Manager, Human Resources and Facilities if they have an accommodation need.

If injury or illness prevents an employee from fulfilling the essential duties of their position for a temporary period, Toronto North Support Services will endeavour to provide accommodations to the employee. The objective of the short-term accommodation is the graduated return of an employee to full duties. A short-term accommodation typically includes modified hours and/or duties for a limited period of time and may include ergonomic interventions or other interventions as necessary.

To recognize the need for short-term accommodation, the employee should request the accommodation, or the manager may identify the need for accommodation and discuss with the Manager, Human Resources and Facilities.

Where the employee is unable to perform the essential duties of the pre-injury/pre-illness position, an additional discussion between the employee, manager and the Manager, Human Resources and Facilities will occur to review options, including but not limited to:

- **Adjustments to the Work Schedule**
  - a. Using sick leave with or without pay
  - b. Using a gradual return-to-work plan
  - c. Allowing a modified/flexible schedule
  - d. Planning for uninterrupted work time
  - e. Providing for longer or more frequent breaks or stretch periods
  - f. Allowing telework
- **Adjustments to Job Duties**
  - a. Providing transitional work, temporary or permanent lateral move, or modified work
  - b. Allowing additional time to learn new responsibilities
  - c. Arranging for retraining
  - d. Providing coaching/mentoring or job shadowing
  - e. Dividing larger assignments into smaller tasks and goals
  - f. Providing written checklists and instructions
  - g. Using electronic organizers
  - h. Adjusting job standards and performance expectations, as determined by the manager
  - i. Re-bundling of job duties
- **Adjustments to Work Environment**
  - a. Providing desk chairs with specialized back and arm supports
  - b. Arranging an ergonomic assessment
  - c. Increasing space between workstations to allow wheelchair access
  - d. Providing space enclosures
  - e. Reducing distractions in the workplace
  - f. Removing overhead lights or increasing natural lighting
  - g. Redirecting heat or cooling devices
  - h. Using adaptive technology devices
  - i. Using specialized computer equipment, such as monitor glare guards, or an ergonomic mouse or keyboard
  - j. Providing software that reads computerized text
  - k. Providing environmental assistance for fragrance sensitivities (air purifier, notifications of area restrictions)
  - l. Ensuring that accessibility is integrated with the agency's code of conduct
  - m. Encouraging courtesy and respect

Once the accommodation has been found to be suitable and has been implemented, the Manager, Human Resources and Facilities will review the accommodation bi-weekly, document progress, establish timelines and identify the anticipated return date to the employee's original duties.

## Permanent Accommodation of Employees

Employees should contact their manager or Manager, Human Resources and Facilities if they have an accommodation need.

Toronto North Support Services will provide long-term accommodation to enable an employee with an injury, illness or disability to fulfill the essential duties of the position. Accommodation typically modifies the work site, tools, duties and/or hours. All requests for long-term accommodation will be administered by the Manager, Human Resources and Facilities.

Toronto North Support Services will develop individualized accommodation plans in a manner that takes into account the employee's accessibility needs due to disability, and such plans will be documented and include the following:

- The Manager, Human Resources and Facilities will meet with the employee to explain the process and obtain relevant information such as medical information and releases and provide support resources such as the Employee Assistance Program.
- The Manager, Human Resources and Facilities will contact the manager to obtain information about the position, and to determine if an independent medical assessment is required at this stage.
- The Manager, Human Resources and Facilities will review the assessment with the employee and discuss the assessment with the manager to determine if long-term accommodation is possible.
- If the specific approved long-term accommodation cannot be provided immediately, consideration will be given to interim methods of providing accommodation.
- If the employee's own position is available, but the initial decision is that an accommodation cannot be made by the program,
  - a. The Manager, Human Resources and Facilities will notify the employee, and
  - b. The Manager, Human Resources and Facilities will arrange for an independent medical assessment

Toronto North Support Services will continue to use its best efforts to place the employee in an alternative position for which the employee is qualified in accordance with the Workplace Safety and Insurance Act, Toronto North Support Services policies and procedures. The employee must be qualified and able to fulfill the essential duties of the alternative position, with accommodation if necessary.

## Roles & Responsibilities

Every member of the Toronto North Support Services community is expected to participate in the implementation of this policy.

### Executive Director

- Approve the guidelines and procedures for accommodation in employment of persons with disabilities, which may be revised from time to time.
- Provide funding related to expenditures for accommodating individual employees with disabilities, to be used as follows:
  - a. The purchase or modification of special equipment
  - b. Initiation of the accommodation
  - c. Special renovations which would be used by the employee and improve accessibility at the site

- Provide funding for continuing the accommodation including maintenance and replacement of equipment, physical changes, assessment or support staff.

### **Manager, Human Resources and Facilities**

- Ensure that recruiting and hiring are conducted in accordance with Toronto North Support Services policies and procedures.
- Advise applicants and employees of relevant policies, procedures and mechanisms available to generate options and solutions.
- Provide disability management services and facilitate position placements, where appropriate.
- Provide assessment and training where required.
- Advise on contractual requirements concerning employee accommodations.
- Coordinate accommodation of applicants and employees as appropriate.
- Assess in conjunction with the manager and the employee, the job position requirements and the employee's functional abilities for accommodation requirements
- Develop an appropriate accommodation plan for applicants and employees with disabilities in accordance with this policy.
- Monitor and evaluate accommodation.

### **Managers**

- Ensure the recruitment and hiring are conducted in accordance with Toronto North Support Services policies and procedures
- Advise applicants and employees of this policy and the procedures available for accommodation.
- Promote an environment supportive of requests for accommodation.
- Work with the Manager, Human Resources and Facilities in the development of appropriate accommodation for applicants and employees in accordance with this policy.
- Implement and oversee accommodations, and facilitate the integration of the employee being accommodated

### **Employees**

- Disclose the particulars of their need for accommodation.
- Participate in the accommodation process, e.g., by providing relevant medical information in a timely manner, identifying the essential duties that they are able or unable to perform.

## **DEFINITIONS**

**Accommodation** – An adaptation or adjustment. It applies to recruitment, selection and employment including training and career development. It may be short-to long-term with the goal of enabling the person with disabilities to perform the essential duties of the position.

**Disability** – Disability refers to all disabilities protected in the Human [Rights Code, R.S.O. 1990, Ch.H. 19 as defined in sec. 10](#) of the Code as follows:

- (a) 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, and degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impairment, deafness or hearing impairment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- (b) a condition of mental impairment or developmental disability,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- (d) a mental disorder, or
- (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*;

**Ergonomics** – Tasks and/or equipment modifications to enable the worker to accomplish the essential duties of his/her position.

**Essential duties** – Those duties necessary to achieve the overall objective of the position. Determining the essential duties of a job include consideration to:

- how often each duty is undertaken;
- proportion of time spent on each duty;
- impact of removing a duty;
- description of current position, and
- level of productivity expected in the position.

**Undue hardship** – The Human Rights Code and the Workplace Safety and Insurance Act view TNSS as a single employer. The term “undue hardship” is interpreted by the Human Rights Commission and the Workplace Safety and Insurance Board in a manner consistent with the entire organization.

**Note:** As defined by the Ontario Human Rights Code, organizations are required to accommodate someone with a disability to the point of undue hardship. There are only three factors to consider in assessing undue hardship: cost, outside sources of funding and health and safety requirements, if any. Evidence to demonstrate undue hardship must be objective, real, direct and, in the case of cost, quantifiable.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.10A</i>
<b>Subject:</b>	<i>Holidays</i>	<b>Effective:</b>	<i>April 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
<b>Last Revision Date:</b>	<i>April 2019</i>	<b>Next Revision Date:</b>	<i>April 2020</i>

## Policy: Holidays

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The following are the public holidays recognized by the Organization:

New Year's Day	Victoria Day	Thanksgiving Day
Family Day	Canada Day	Christmas Day
Good Friday	Civic Holiday	Boxing Day
Easter Monday	Labour Day	

Entitlement to public holiday pay will be granted in accordance with the *Employment Standards Act*. Where a holiday falls within a vacation period, such a holiday will not be counted as a vacation day. Contracted hourly staff will be entitled to statutory holidays only, in accordance with the Employment Agreement and the provisions of the *Employment Standards Act*.

### Personal Days

All staff members are entitled to 2 personal days per fiscal year.

Upon hire, new staff members will be allotted 2 personal days if hired within the first half of the calendar year, 1 day if hired in the third quarter and no personal days if hired in the fourth quarter.

Personal days cannot be carried over and there will be no financial compensation for unused personal days at the time of employment separation.

Scheduling of Personal Days should be done after discussion with Manager where feasible (see Procedure 2.1.8B).

### Religious Holidays

All religious holidays will be respected. Personal Days (2) may be used for religious observances. Should additional observance be necessary, further accommodation will be granted to the employee after discussion with their Manager. Accommodation may include, but is not limited to using accumulated lieu time for swapping work days. Every attempt will be made not to schedule staff meetings or other staff events on days that are observed as religious holidays by current staff members.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.11A</i>
<b>Subject:</b>	<i>Leave of Absence with Pay</i>	<b>Effective:</b>	<i>April 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
<b>Last Revision Date:</b>	<i>April 2019</i>	<b>Next Revision Date:</b>	<i>April 2020</i>

## Policy: Leave of Absence with Pay

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All leaves must be approved by the Executive Director, or in the case of the Executive Director, by the Board. An employee who is required to serve as a member of a jury, or is required as a witness by subpoena shall be granted a leave of absence for the continuation of such duty. Jury fees paid to an employee will be refunded to the organization except when the fees are for sitting on a non-working day.

### Sick Leave

Sick Leave will be calculated at a rate of one and a half (1.5) days per month to a total of 18 days per year. Sick days may not be accumulated and carried forward from year to year. Up to five sick days per year may be used for illness of a child or family emergencies, at the discretion of the manager. Any employee away for more than three (3) consecutive working days may be required to provide a doctor's certificate upon return to work. The Organization may request a doctor's certificate if an employee is working and is felt to be unhealthy, or if absences are often and regular. All staff should be self-screening at home for illness and staff with symptoms of an acute respiratory infection must not come to work. In the case of pandemic or outbreak, an employee may be requested to use sick time and provide medical information in order to return to work if having travelled to an affected area or demonstrating symptoms that would result in the need for self isolation as defined and directed by the Ministry of Health. A letter requiring a meeting with the Manager will be sent upon six (6) sick days used in a fiscal year, if not already discussed. There will be no financial compensation for accumulated sick leave unused at the time of separation.

### Bereavement

Employees are entitled to three (3) days leave upon the death of an immediate family member. Immediate family member shall be defined to include: spouse, same-sex partner, child, step-child, parent, guardian, aunt, uncle, parent-in-law, sibling, grandparent, grandchild, brother or sister-in-law, legal guardian, step-parent and common-law spouse. Bereavement leave may be granted by the Executive Director for other circumstances, recognizing that there are cultural differences in how the term "family member" is interpreted.

### Exceptional Circumstances

Employees may be granted leave with pay under exceptional circumstances with approval of the Executive Director, or in the case of the Executive Director, with Board approval, provided such days shall not exceed five (5) days in any one year.

## Return to Work

Toronto North Support Services is committed to assisting and supporting staff members who have been off on a health related leave to return to work in a manner that supports their successful re-entry. Every reasonable effort will be made to accommodate individuals who for health reasons require a change, temporary or permanent, to their employment conditions.

Examples of such accommodations may include but are not limited to:

- Hours of work
- Days of work
- Working conditions (eg, driving, stair climbing)
- Work responsibilities
- Caseload size

Any employee returning from a leave of absence may request or be required to attend a return to work meeting with their manager and the HR Manager. The employee may be requested to present supporting medical information about their functional abilities or the accommodations they may be seeking. The documented individualized accommodation plan is being used as part of the return to work process as required under section 29(2) of the Integrated Accessibility Standards of the AODA Act, 2005. These considerations will be made on a case by case basis and may include:

- few or no accommodations in the current position,
- modifications to some functions or work schedule for a period of time, or
- possible transfer to a different role or department

The process for the development of documented individual accommodation plans shall include the following elements:

1. The manner in which an employee requesting accommodation can participate in the development of the individual accommodation plan.
2. The means by which the employee is assessed on an individual basis.
3. The manner in which the employer can request an evaluation by an outside medical or other expert, at the organization's expense, to assist TNSS in determining if accommodation can be achieved and, if so, how accommodation can be achieved.
4. The manner in which the employee can request the participation of a representative from the workplace in the development of the accommodation plan.
5. The steps taken to protect the privacy of the employee's personal information.
6. The frequency with which the individual accommodation plan will be reviewed and updated and the manner in which it will be done.
7. If an individual accommodation plan is denied, the manner in which the reasons for the denial will be provided to the employee.

8. The means of providing the individual accommodation plan in a format that takes into account the employee's accessibility needs due to disability.

Individual accommodation plans shall, if requested, include any information regarding accessible formats and communications supports provided. If required, include individualized workplace emergency response information, and identify any other accommodation that is to be provided.

## **Return to work process**

The return to work process shall, outline the steps TNSS will take to facilitate the return to work of employees who were absent because their disability required them to be away from work; and use documented individual accommodation plans, as described above, as part of the process.

The minimum period of monitoring progress in the return to work will be two weeks but may extend well beyond, especially in the case of a transfer to a different position. It is expected that the manager and employee will make every effort to make the return to work safe and successful, including providing additional training/retraining, supervision and check-in meetings as necessary.

While the agency is committed to doing everything it can to support a successful re-entry into the workforce, it is not possible to guarantee that any given employee will be able to change the nature of their work, if such a change does not support the core work of the organization.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.12A</i>
<b>Subject:</b>	<i>Leave of Absence without Pay</i>	<b>Effective:</b>	<i>April 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
<b>Last Revision Date:</b>	<i>April 2019</i>	<b>Next Revision Date:</b>	<i>April 2020</i>

## Policy: Leave of Absence without Pay

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Leaves of Absence without Pay may be granted occasionally for a variety of reasons as per the Employment Standards Act. While absent from work on leaves without pay greater than 30 days, employees will not accrue vacation credits, seniority, statutory holidays or sick leave credits for the entire duration of the leave.

### Pregnancy, Paternity and Parental Leave

Leave without pay will be granted in accordance with the Employment Standards Act. While the employee is in receipt of benefits, the Organization will top up to 70% of salary for a maximum of fifteen weeks. The top-up period is considered an unpaid leave for purposes of accumulating vacation credits, statutory holidays and sick leave credits. Employees will be provided with vacation accrual in accordance with the Employment Standards Act. Benefits premiums will continue to be employer paid, however the employee must make arrangements to cover their own payments for Long Term Disability (LTD) premiums.

### Long Term Disability

Recognizing the unique nature of leaves of absence due to LTD, employment status and associated benefits excluding RRSP will be maintained for 24 months, provided the employee continues to satisfy the definition according to the organization's insurance contract. RRSP contributions will be made by the employer for the first 60 days of the leave.

### Exceptional Circumstances

Leave without pay may be granted with the approval of the Executive Director, or in the case of the Executive Director, with Board approval. RRSP contributions and benefit premiums, with the permission of the insurance carrier, must be self-financed.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.13A</i>
<b>Subject:</b>	<i>Vacation</i>	<b>Effective:</b>	<i>April 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
<b>Last Revision Date:</b>	<i>April 2019</i>	<b>Next Revision Date:</b>	<i>April 2020</i>

## Policy: Vacation

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Staff members shall be entitled to accumulate vacation credits at the following rates:

**Program and Support Staff:** a) One and one quarter (1.25) days per month during the first year of continuous service (3 weeks per year); b) One and two-thirds (1.66) days per month after the first year of continuous service (4 weeks per year). c) 2.08 days per month after ten (10) years of continuous service (5 weeks per year).

**Management Staff:** a) One and two thirds (1.66) days per month during the first two years of continuous service (4 weeks per year); b) 2.08 days per month (5 weeks per year after the second year of continuous management service, or after 10 years in total of service.); c) 2.50 days per month (6 weeks per year) after the 10<sup>th</sup> year of continuous management service, or after ten years in total of service.

A staff member with over three (3) months of continuous service may, with the approval of their Manager, take vacation to the extent of the credits accumulated to the date of request. The staff member's accrued credits shall then be reduced by the number of vacation days taken.

In subsequent years of employment, staff may use up to five days of unearned vacation time. Exceptions may be requested of the Executive Director.

A staff member shall be entitled to accumulate vacation credits during periods of active service only, and not during any periods of unpaid leave greater than 30 days (See Policy 2.11A Leave of Absence Without Pay). This includes pregnancy, paternity, and parental leave, a period of absence due to illness or injury, or an unpaid leave granted for personal reasons (must be approved by the Executive Director).

The vacation year will be based on the fiscal year (April 1-March 31).

Staff members are entitled to vacation credits in respect of a month or part thereof in which the individual is at work or on leave with pay. Staff members commencing employment prior to the 15th of the month shall be granted full vacation credit for the month. Staff members commencing employment after the 15th of the month shall not qualify for any such credit. Staff members terminating prior to the 15<sup>th</sup> of the month shall not qualify for any vacation credit for the month. Those terminating after the 15th of the month shall be entitled to full vacation credit for the month.

The function and services of the organization must take priority in determining vacation time. Vacation time will be authorized by the staff member's Manager or by the Executive Director. Every effort will be made to respect the wishes of the staff member making the request.

Where a staff member leaves his or her employment with the Organization, the staff member shall be paid for any earned and unused vacation standing to their credit at the date they cease to be an employee or the staff member may be requested to use such time at the discretion of the Executive Director.

Vacation taken in excess of the vacation credits to which a staff member is entitled on the date they cease to be an employee shall be deducted from the amount paid to them and from any salary to which they may be entitled.

Staff members with regular term employment agreements may carry over a maximum of 5 days of vacation time to the next vacation year with the prior approval of the Executive Director. Staff members with time limited term employment agreements may not carry over any vacation time.

In the event of termination of employment the staff member will receive pay equivalent to vacation time accrued up to and including the date of termination.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.14A</i>
<b>Subject:</b>	<i>Human Resources Records</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
<b>Last Revision Date:</b>	<i>April 2019</i>	<b>Next Revision Date:</b>	<i>April 2020</i>

## Policy: Human Resources Records

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All Human Resources records will be maintained by the Organization in a confidential manner and filed under lock and key.

All Human Resources files must include a copy of the employee's resume, offer of employment, current salary information, emergency contact information, updated address, performance appraisal documentation, and documentation relating to supervision.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.15A</i>
<b>Subject:</b>	<i>Supervision and Performance Management</i>	<b>Effective:</b>	<i>April 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
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## Policy: Supervision and Performance Management

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The purpose of the performance management process at Toronto North Support Services is to help each staff person to evaluate the quality of their work, celebrate their strengths and set goals for achieving new skills and accomplishments. It is designed to link individual staff objectives to organizational ones, and to recognize employee contributions to the work of the organization.

The performance management process consists of regular supervision between the employee and their Manager as well as a periodic performance review. Supervision sessions should be constructive and supportive, ensuring opportunity for success and growth. Responsibility for achieving each staff member's agreed upon goals and objectives lies with both the staff member and their Manager.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Procedure #:</b>	<i>2.14.1B</i>
<b>Subject:</b>	<i>Supervision and Performance Management</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
<b>Last Revision Date:</b>	<i>April 2019</i>	<b>Next Revision Date:</b>	<i>April 2020</i>

# Procedure: Supervision and Performance Management

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- The organization will develop and maintain job descriptions for each position, outlining specific responsibilities and expectations (**see Appendix D**). Job descriptions are reviewed periodically by management staff, with input from employees.
- Performance management is an on-going process that involves regular meetings between the Manager and the employee that includes a review of the expectations of the job, the employee's level of performance and adherence to organizational policies and procedures. At a minimum, supervision will occur every four to six weeks. Managers and staff members may request additional meetings to address specific performance incidents or issues as they occur and should include any requests for accommodation.

## The Performance Review Process

- Performance reviews are done upon completion of probation, and annually thereafter. In the case of the Executive Director, the performance review is initiated by the Chair of the Board of Directors.
- A written performance review is completed for all employees by their Manager. It is the Manager's responsibility to initiate the process, but input by the employee is an expectation. The Manager will provide the employee with reasonable notice of an upcoming performance review and will provide the employee with guidance on preparing for the performance review discussion.
- Full performance reviews are expected at 3 months, 1 and 2 years of service. Reviews need to be done annually however; an abbreviated Performance Summary and Goal Setting can be done on alternate years provided that there are no significant performance issues being addressed.
- Prior to completing a Performance Plan, regardless of whether the Full or Brief form is used, the Manager will gather statistical information related to staff targets, sick and vacation time used, and completion of documentation. This information will be shared with the employee and discussed during the review.
- Further, in an effort to better understand, assess and support the performance of the employee, the Manager will acquaint his or herself with a sample of service users assigned to the employee. This can take the form of joint visits or phone contact with a minimum of three such clients.

- Individual performance plans form a part of the performance review and include goals and objectives set by the Manager and employee that are mutually agreed upon.
- The employee will be given an opportunity to provide feedback to the Manager on his or her performance review.
- The final performance review document shall be signed by the Manager and employee and then forwarded to the Executive Director for review.
- Once the performance review is finalized, the original copy is stored in the employee's personnel file residing with Human Resources. A copy of the final document is provided to the employee.
- A development plan may form part of the performance review if the employee is not performing at an acceptable level.
- Employees shall be advised when notes regarding performance are placed in their personnel file.
- The employee's signature on the document indicates only that he or she has had the opportunity to review and comment on the performance review and does not necessarily indicate acceptance of the document in its entirety. The employee may contest their performance review by providing comments at the end of the document. In the absence of a signed performance review, the organization will file an unsigned copy in the staff member's human resources file with a note indicating that the staff member declined to provide a signature.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.16A</i>
<b>Subject:</b>	<i>Discipline</i>	<b>Effective:</b>	<i>April 2007</i>
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<b>Last Revision Date:</b>	<i>April 2019</i>	<b>Next Revision Date:</b>	<i>April 2020</i>

## Policy: Discipline

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The organization has a responsibility to all employees, clients and other stakeholders to act in the rare situation in which an employee is ignoring responsibilities or violating generally accepted standards of behaviour. The policy applies to all employees of the organization. There would be no reprisals for staff who make allegations of wrongdoings in good faith.

### **Progressive Discipline:**

It is the organization's policy to use progressive disciplinary measures, using the minimum measure to ensure that problematic behaviors are changed and/or rules and regulations are not broken. When these measures are not successful in changing behaviour or preventing the breaking of rules, the next level of progressive discipline must be employed.

### **Just Cause:**

It is a management right and responsibility to take disciplinary action with an employee, however it should be noted that management has the onus or burden of proving that sufficient reason/cause for discipline exists.

### **Disciplinary Measures:**

Discipline can include any and all of the following:

1. Verbal Reprimand, clearly identified as such
2. Letter of Reprimand, which becomes a part of the Human Resources record
3. Disciplinary Suspension, removing the employee without pay for a specified period of time
4. Termination

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.17A</i>
<b>Subject:</b>	<i>Termination of Employment</i>	<b>Effective:</b>	<i>June 2007</i>
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<b>Last Revision Date:</b>	<i>April 2019</i>	<b>Next Revision Date:</b>	<i>April 2020</i>

## Policy: Termination of Employment

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### Resignation

Notice of resignation must be given in writing to one's Manager. As a courtesy, notice should be given as far in advance as possible.

The Human Resources Manager will make an appointment for an exit interview with the employee, ideally within the last three days of work. The purpose of this meeting is to review the completeness of client files, how/when items belonging to the organization will be returned, including computers, office keys and unit keys, as well as the accuracy of the employee's last time sheet. Additionally, resigning staff will be asked if there is any input or feedback regarding their employment experience that they would like to provide on leaving.

### Dismissal (see also policy 2.15A - Discipline)

Dismissal with cause may be the result of willful misconduct, disobedience or willful neglect of duty.

Dismissal without cause is one in which the employee is released from employment as a result of shortage of work, budgetary cutbacks or abolition of position and is thus not the fault of the employee. In such circumstances, an employee shall receive written notice of lay-off or pay in lieu thereof as required by The Employment Standards Act of Ontario, as amended from time to time.

If a staff person's employment is terminated without cause prior to the predetermined end date, the staff person will only be entitled to:

- Any outstanding wages and vacation pay
- Continued participation in those benefit plans that they participated in prior to their termination, for only such time as may be required under the Ontario *Employment Standards Act*
- Only such minimum working notice of termination, or pay in lieu thereof, and severance pay (if applicable) to which they are entitled under the Ontario *Employment Standards Act*

### References

A written reference based on the employee's previous performance may be supplied upon request, with the permission of the employee. Reference will be provided by the Manager.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.18A</i>
<b>Subject:</b>	<i>Appeal Procedures</i>	<b>Effective:</b>	<i>April 2007</i>
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<b>Last Revision Date:</b>	<i>April 2019</i>	<b>Next Revision Date:</b>	<i>April 2020</i>

## Policy: Appeal Procedures

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Differences of opinion relating to matters of Human Resources practice or policy should be mediated first through the normal Managerial relationship. If this process proves to be unsatisfactory, the employee shall have the right to appeal to the Human Resources Manager, then to the Executive Director.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.19A</i>
<b>Subject:</b>	<i>Outside Employment and Private Practice</i>	<b>Effective:</b>	<i>June 2007</i>
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<b>Last Revision Date:</b>	<i>May 2019</i>	<b>Next Revision Date:</b>	<i>May 2020</i>

## Policy: Outside Employment and Private Practice

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No Toronto North Support Services staff member shall engage in outside employment that in any way presents a conflict of interest for the organization, or places either party in a possible conflict of interest situation or interferes with the performance of their duties at work.

No Toronto North Support Services staff member shall engage in outside employment or private practice during the hours that they are at work with Toronto North.

Honoraria or fees received for speaking engagements or other work done on behalf of Toronto North Support Services will be returned to the operating budget of the organization.

It is recognized that some Toronto North Support Services staff members are in private work unrelated to their work with the organization. The following guidelines are intended to avoid conflict of interest between the person's work for Toronto North Support Services and their personal interest as a private practitioner:

- No reference to the role of the person at Toronto North Support Services shall be included in any advertising or promotional material related to the private practice.
- The team member may not refer clients to their private practice from Toronto North Support Services. Where another team member believes that the needs of the client can be best met by a referral to that private practice, the Manager shall be asked to approve the referral
- There will be absolutely no marketing of the private practice on Toronto North Support Services time.
- Any clients who have been seen by a Toronto North staff member in their private practice and subsequently become a client of Toronto North Support Services will normally be supported by another staff member. The Toronto North Support Services staff member shall discuss the circumstances with the Manager to determine the appropriate way to end the private practice relationship with the client. All ethical considerations of consent and privacy shall be observed and adhered to.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	<i>2.20A</i>
<b>Subject:</b>	<i>Expenses</i>	<b>Effective:</b>	<i>June 2007</i>
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<b>Last Revision Date:</b>	<i>May 2019</i>	<b>Next Revision Date:</b>	<i>May 2020</i>

# Policy: Expenses

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## Travel Expenses

The Organization will reimburse employees for travel costs at a rate set from time to time by the Board. Approval of the Executive Director is required for travel outside of Toronto (See Expense Claim Guidelines, Section 6.).

## Out of Pocket Expenses

The reimbursement of expenses other than travel will be subject to the approval of the Executive Director or in the case of the Executive Director, the Board Chair (See Expense Claim Guidelines, Section 6.).

## Travel Allowance

When on educational leave or other job-related function that requires absence from the City of Toronto and immediate surrounding for one working day or more, an allowance for meal expenses will be paid at a rate established annually by the Executive Director.

The current meal allowance is set at \$50.00 per day. Valid meal receipts are required for all reimbursements. Staff members will not be reimbursed for the purchase of alcoholic beverages.

See also Expense Claim Guidelines, Section 6.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	2.21A
<b>Subject:</b>	<i>Orientation, Education and Training</i>	<b>Effective:</b>	June 2007
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2014
<b>Last Revision Date:</b>	<i>May 2019</i>	<b>Next Revision Date:</b>	May 2020

## Policy: Orientation, Education and Training

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Toronto North Support Services is committed to providing a work environment in which learning and skill building are valued and supported. Orientation of new staff is a priority so that they can be successful and safe in their employment. The Agency has an expectation that all staff will contribute toward a culture in which learning needs are identified and addressed, both individually and as a team or staff group. Resources for training are identified each year so that a variety of opportunities can be provided and supported and all training will be tracked with the number of attendees and the date of the training. Orientation will include some certificate e-learning modules for the Ontario Human Rights Code, AODA, safety and Occupational Health and Safety Act that must be completed as soon as possible after joining the organization and the certificates must be submitted to be added to the human resources file. The date of completion and the certificate will be tracked in each staff human resources record.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Human Resources</i>	<b>Procedure #:</b>	<i>2.21.1B</i>
<b>Subject:</b>	<i>Orientation, Education and Training</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>May 2019</i>	<b>Next Revision Date:</b>	<i>May 2020</i>

## Procedure: Orientation, Education and Training

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### New Staff Orientation

The Manager of Human Resources is responsible for organizing new staff orientation. New staff are provided with a list of required sessions and asked to track their progress in completing the list through a checklist system. Once completed, the staff member signs and dates the checklist and submits it to Human Resources, where it will be kept in their HR file for tracking.

Staff members are expected to identify sessions/experiences that they have not completed and take some initiative to make their needs known.

The following, minimally, are sessions that every staff member must participate in or review during the first 10 weeks of their employment:

- Privacy
- Professional Conduct
- Harm Reduction
- OCAN
- Recovery
- Documentation
- Safety
- ADP
- H&S and AODA
- Pirouette
- Technology and Security
- Ontario Human Rights Code

### Individual Learning goals

Individual staff members in all positions are expected to engage in a discussion about their learning and training needs with their manager, minimally once a year at the time of their performance appraisal.

Managers are expected to assist individual staff to identify gaps in knowledge and areas that require performance improvements. Once identified, staff members are expected to seek out appropriate learning opportunities to meet their training goals.

### Agency Training Opportunities

The management group, with input from staff members, will identify training needs and opportunities for the agency or for significant numbers of staff within the agency. Management staff will determine whether participation is expected or offered to staff, depending on the topic. As part of a staff member's employment,

certain training and development may be mandatory and incorporated into their performance appraisal as goals and objectives.

Topics to be considered on a bi-annual basis include but are not limited to:

- Anti-racism/Anti-oppression
- Clinical best practices
- Safety and risk management
- Leadership development

## All Staff Meetings

In addition to organizing full and half day training sessions, a portion of All-Staff meetings are devoted to providing training or resource information. Program staff play an active role in identifying topics of interest as well as suggesting individuals or program resources that are of general interest.

## Team Meetings

Various team meetings can be used for training opportunities.

## Sessionals and Consulting Physicians

The use of sessional fees is meant to provide staff groups with opportunities to learn through a consultation and teaching process. Various health and mental health related topics are presented and discussed either as a stand-alone session or as part of a series of sessions that promotes a community of practice. Participating staff members are expected to attend and actively contribute in these sessions, by presenting clients and/or providing feedback to other staff.

## Academic Courses

Staff members in all positions are encouraged to pursue academic goals that would provide them with increased knowledge and skills to do their work effectively. When pursuing such a course is directly related to the work done at the Agency, staff may request support in the form of:

- Partial reimbursement for tuition fees, or
- Approval to use some work hours for the purpose of attending classes

It is important for staff members to understand that it may not be possible to entertain all requests in a given year. When approving time off to attend a course, managers need to strategize so that service targets are met and it is deemed that there is adequate coverage to meet client needs. Whether or not a staff member has recently been granted a similar request is also taken into consideration. Generally, unless the Agency has requested the staff member attend the course, it is the responsibility of the individual staff member to come forward and request support, and the following guidelines would apply:

- Reimbursement for between 50% and 70% of tuition, not to exceed \$500 per course
- Reimbursement to the staff member once the course is completed and there is documentation submitted that supports the successful completion
- Approval to use some work hours if the course takes place during regularly scheduled hours
- Where the employee initiates the request, fees and expenses may be reimbursed, at the discretion of the Executive Director or their designate

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	2.22A
<b>Subject:</b>	<i>Car Insurance</i>	<b>Effective:</b>	June 2007
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2007
<b>Last Revision Date:</b>	<i>May 2019</i>	<b>Next Revision Date:</b>	May 2020

## Policy: Car Insurance

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As a condition of employment, employees in certain positions are required to use their personal automobile in the course of their duties. For the protection of the employee, all injuries or accidents, no matter how minor, must be reported to the Human Resources Manager and an Occurrence Report completed with their Manager. All parking costs incurred on Toronto North Support Services business will be paid by the Organization upon timely presentation of a parking receipt. The Organization is not responsible for the employee's negligence or fines.

It is the responsibility of each employee who uses their own car, to obtain their own vehicle insurance. The employee's coverage must contain a minimum of \$1,000,000 liability coverage and include coverage to transport clients. The Organization is protected up to \$1,000,000 against legal liability imposed by law on the Organization only. It does not cover the liability imposed by law upon the owner of the vehicle, nor does it cover damage to the vehicle itself or injuries to the driver. Employees are required to provide proof of insurance coverage to the Human Resources Department at the commencement of employment and at the beginning of the fiscal year.

## Procedure: Reporting Accidents

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- Call your Manager, another Manager or the HR Manager
- Complete an Occurrence Report with the prescribed time frame where possible
- HR Manager or supervising Manager will complete a WSIB form, as necessary
- Manager and HR Manager will meet with employee to complete an individual accommodation plan as necessary

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Policy #:</b>	2.23A
<b>Subject:</b>	<i>Volunteers</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>May 2019</i>	<b>Next Revision Date:</b>	<i>June 2020</i>

## Policy: Volunteers/Placement Students

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Toronto North Support Services recognizes that volunteers and students contribute to our services and programs, and that providing them with hands-on experience develops the skills of future practitioners. As an organization we are committed to taking on volunteers as resources allow.

### Consideration of Acceptance of Volunteers/Students into Toronto North Support Services

The Managers will consider requests by outside organizations to assign volunteers and students to work under the supervision of their staff, provided that the volunteers will:

- Receive adequate supervision from Toronto North Support Services staff and work at all times under the supervision of that person
- Receive an adequate orientation to the volunteer assignment and training, including related health and safety issues
- Receive regular feedback on their contribution
- Perform tasks or services without expectation of compensation
- Acknowledge that confidential material and information are the exclusive property of Toronto North Support Services by signing a Confidentiality Agreement and on request the volunteer/student shall deliver any part or all of the confidential material and information he or she may have acquired to Toronto North Support Services immediately
- Be required to comply with the *Personal Health Information and Protection of Privacy Act*;
- Agree to provide a police reference check
- No student or volunteer is permitted to drive the Toronto North Support Services vans or to transport clients in their own vehicle
- Be subject to termination of their placement, if they do not adhere to the rules and procedures of the organization



## Part Three:

# Professional Conduct

## Professional Conduct

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The Professional Conduct section of the Policies and Procedures manual is intended to clarify the expectations that Toronto North Support Services has of its staff regarding the way they conduct themselves while working for the organization.

Staff members are expected to behave in a professional manner and to perform their duties in a way that upholds the dignity of their role and the integrity of the organization. To that end, the following standards, policies, procedures and guidelines have been created to help guide staff members in their professional conduct while working for Toronto North Support Services. This section should not be seen as an exhaustive listing of permitted/not permitted actions. Staff members are expected to be familiar with all policies, procedures and guidelines having to do with their work, which includes conduct towards clients, fellow staff, other professionals in the community, and to one's participation as a contributing member of the organization. When in doubt, staff members have the responsibility to seek clarification from their Manager.

It is important to note that Toronto North Support Services takes matters of professional conduct very seriously, and that failure to comply with these standards, policies, procedures and guidelines will be identified as a performance issue subject to appropriate action, including potential disciplinary action. There would be no reprisals for staff who make allegations of wrongdoings in good faith related to these policies, procedures and guidelines.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	
<b>Subject:</b>	<i>Code of Ethics</i>	<b>Effective:</b>	<i>April 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
<b>Last Revision Date:</b>	<i>June 2019</i>	<b>Next Revision Date:</b>	<i>June 2020</i>

## Code of Ethics

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This code is intended to serve as a guide to the conduct of staff, volunteers, students and board members of Toronto North Support Services. It offers principles to aid in decision making in situations that have ethical implications.

The code is based on fundamental values and principles of Recovery; these include respecting the worth, dignity and uniqueness of all persons. It honours the need for all those associated with Toronto North Support Services to keep the clients' wants and needs primary in service delivery, to advocate for individual clients' rights and interests, and to oppose discrimination, in the workplace, in service delivery and in the community.

Toronto North Support Services holds the worth, dignity and individuality of every person as important. Therefore, all staff, volunteers, students and Board Members will:

1. Acquaint themselves with Toronto North Support Services' mission, vision, values, principles and policies, and behave accordingly
2. Regard the well-being of the individuals, groups and communities served through Toronto North Support Services as their primary professional duty
3. Not participate in, condone or engage in dishonesty, fraud, deceit, or misrepresentation
4. Refrain from discriminating against anyone on the grounds of race, ancestry, place of origin, citizenship, creed, political or religious affiliation, gender, sexual orientation, age, marital status, family status, physical or mental ability or record of offences;
5. Commit themselves to preventing and eliminating such discrimination in service delivery and employment practices
6. Protect the privacy of clients and hold in confidence all professionally acquired information concerning them, only disclosing such information when authorized by the client or when legally or professionally required to do so in the course of their employment duties as outlined by PHIPA.
7. Store, handle and transfer all records, in all formats, in a way that ensures privacy and security for

clients and the organization, and meets all of the requirements of the organization's privacy policy.

8. Respect and abide by decisions made by the Board of Directors and management staff; disagreement or dissent should be tabled in an open manner at the appropriate forum
9. Distinguish any public opinion expressed by them as individuals separate and apart from those expressed as representatives of the organization
10. Refrain from entering into dual relationships with service users: this would include engaging in sexual activity with any client, or providing service to anyone with whom they have, or have previously had, an intimate relationship; furthermore, upon termination of service or of the professional relationship, no relationship shall be entered into with a client that could be detrimental to that person
11. Scrupulously avoid all activities that involve or might appear to involve their association with Toronto North Support Services for their own advantage or for that of their friends, family, or other groups with which they are associated
12. Avoid any dealings with clients that involve accepting clients' money or other valuables; this would include accepting or borrowing money from clients, as well as purchasing from or selling items to clients
13. Refuse any requests by clients to be named as their power of attorney, substitute decision maker, next of kin or executor of their will; all such requests must be brought forward to a Manager.
14. Promote and participate in full discussion of potential ethical dilemmas and decision-making

#### **ACKNOWLEDGMENT**

I have read, understand and accept the Toronto North Support Services Code of Ethics policy.

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Signature of Employee

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Date

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**Print Name**

**Updated June 2019**

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	
<b>Subject:</b>	<i>Code of Conduct</i>	<b>Effective:</b>	<i>April 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>April 2007</i>
<b>Last Revision Date:</b>	<i>June 2019</i>	<b>Next Revision Date:</b>	<i>June 2020</i>

## Code of Conduct

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Staff members are expected to comply with the following guidelines on professional conduct in their work with Toronto North Support Services.

1. It is the responsibility of every employee to be present and on time at their regular place of work, unless other arrangements have been agreed to by the Manager in advance. Lateness will be dealt with on a case-by-case basis by the Manager.
2. An employee who is involved in a crisis situation with a client should seek to resolve the situation to the best of their ability before leaving the scene of the crisis.
3. In the event of illness resulting in absence from work, it is the responsibility of employees to advise their Manager at the earliest possible time of such absence in accordance with normal practice for that department and, in any event, prior to or at the commencement of their normal day.
4. All other absences from work must be agreed to in advance by the Manager in accordance with normal practice. In cases of emergency, the Manager must be notified as soon as possible.
5. No employee shall neglect their job, duties and responsibilities; or fail to, or refuse to, perform work assigned to him/her by an authorized person, with the exception of a refusal to work under the Ontario Occupational Health and Safety Act.
6. Employees are responsible for the proper security and safety of all program files, documents, equipment and tools. Confidential client and other files and documents must be securely locked-up when not in use.
7. Program files, records and other documents will not be removed from organization premises without proper authorization from the Manager.
8. Employees are required to observe all the requirements of the legislation they may be working under and any other policies and/or procedures spelled out in all other organization manuals.

9. Employees must be properly authorized to work overtime as a condition for being credited for such overtime, except in emergency situations where prior consent cannot be obtained. In such cases, the employee will advise the Manager of the circumstances as soon after as is possible and reasonable. In the case of program staff members who schedule their own appointments, it is acknowledged that days may vary in length. Whenever possible, it is the organization's expectation that lieu time will be taken within the week it was earned, in consultation with the Manager. Staff members must be available to work for the organization during the hours determined by the program in which they work.
10. Distributing and/or posting written materials unrelated to the organization work on program premises, or to individual clients, without prior approval by management is prohibited.
11. Employees must not directly approach any clients or other employees about donating or purchasing items for any fundraising activities unrelated to the organization.
12. The unauthorized use or possession of alcohol, or the improper or illegal use or possession of drugs during work hours or while carrying out work duties, or being under the influence of either during working hours and/or on program premises, is strictly prohibited.
13. Sleeping while at work or on duty is not permitted at any time under any circumstances.
14. The use of program materials, supplies and/or equipment by an employee for any purpose other than that authorized by Toronto North Support Services, is prohibited.
15. Keys to buildings, offices, desks or files must only be used by the employee to whom they were issued and only on authorized business. Keys must be turned in to the Manager when leaving for any period beyond a four week vacation. Lost keys or cell phones must be reported to IT staff immediately and an Occurrence Report completed.
16. Identification cards issued to employees are the property of the organization and may only be used for authorized purposes. The loss of an identification card must be reported to the Manager immediately.
17. On termination of employment, identification cards, keys, manuals, files, records and other program materials must be returned to Toronto North Support Services immediately.
18. Employees are required to observe other rules or regulations, policies and procedures, and professional standards within a specific setting, work area or program.
19. The foregoing rules do not represent an exhaustive summary of rules and regulations, and employees who are guilty of other misconduct will be subject to disciplinary action, including discharge.
20. I have read, understand and accept the Toronto North Support Services Rules and Regulations.

**ACKNOWLEDGMENT**

I have read, understand and accept the Toronto North Support Services Code of Conduct.

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Signature of Employee

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Date

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**Print Name**

**Updated June 2019**

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	
<b>Subject:</b>	<i>Confidentiality and Respect of Privacy</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>June 2019</i>	<b>Next Revision Date:</b>	<i>June 2020</i>

## Professional Standard: Confidentiality and Respect for Privacy

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(See policy 5.1A – Privacy Practices for more information)

- Maintain and respect the confidentiality of records and materials concerning persons served, in accordance with legal guidelines
- Refrain from discussing the personal circumstances of clients, except where it is required to enhance the well-being of the client or others (e.g. management meetings, case review meetings, referrals)
- Refrain from discussing clients in a public place or where the conversation may be overheard by members of the public
- Never discuss clients when not at work by name or reveal identifying details.
- Refrain from including personal information in unencrypted email correspondence

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	
<b>Subject:</b>	<i>Relationship with Clients</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>June 2019</i>	<b>Next Revision Date:</b>	<i>June 2020</i>

## Professional Standard: Relationship with Clients

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It is expected that Toronto North Support Services staff will maintain appropriately professional relationships with all persons served, recognizing differences in status and power and conducting themselves at all times in such a way as to enhance the well-being and dignity of the client. This will include, but not be limited to, the following principles and protocols:

- Respect the right of the client to self-determination while helping them to make informed decisions about treatments and interventions
- Respect the legal rights of the client
- Be conscious of and avoid imposing personal beliefs and standards on clients
- Do not attempt to indoctrinate a client in any religious or political doctrine
- Ensure confidentiality with regard to records and materials concerning clients
- Ensure that all interpersonal transactions with clients are non-exploitive (if in doubt about the appropriateness of any relationship, staff members should discuss it with their Manager)
- Do not have any work or service of a personal nature done by a client or former client, either for payment or gratis (staff members may, however, purchase goods or services from organizations which employ clients in providing services)
- Do not sell to, or purchase from a client any article
- Do not accept any personal gift from a client or former client (except for small token gifts; for more detail see policy 3.6A - Gifts)
- Do not borrow money from, or lend money to a client
- Refuse any requests by clients to be named as their Power of Attorney, substitute decision maker, next of kin, or executor of their will; all such requests must be brought forward to the Manager. Staff members may be cited as emergency contacts if no other options are available.
- Refrain from personal association with a client or former client away from work. Any prior relationship must be disclosed
- Do not give home phone numbers, personal cell phone numbers, personal email addresses or ask for/accept clients' requests to join social networking sites
- Do not contact clients from a home phone number, unless a call-blocking feature (\*67) is used
- Do not meet with clients in the staff member's home
- Do not initiate or engage in a relationship of a romantic or sexual nature with a client or former client. Any romantic or sexual overture by a client must be dealt with firmly, explaining clearly to the client why such a relationship is inappropriate and unwelcome; such overtures must be reported to the Manager

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	
<b>Subject:</b>	<i>Collegiality</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>June 2019</i>	<b>Next Revision Date:</b>	<i>June 2020</i>

## Professional Standard: Collegiality

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- Always give due respect to the rights, views and positions of other professionals.
- Wherever possible, respect the policies and procedures of other organizations and co-operate with associated organizations as long as this is consistent with recognized standards, procedures and ethics.
- Refrain from discussing other organizations or workers of other organizations in a derogatory or defamatory way.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	
<b>Subject:</b>	<i>Relationship with Colleagues</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>June 2019</i>	<b>Next Revision Date:</b>	<i>June 2020</i>

## Professional Standard: Relationship with Colleagues

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It is expected that team members will maintain appropriately professional relationships with other team members, conducting themselves at all times in such a way as to enhance the integrity of the team and the well-being and dignity of the clients. This will include, but not be limited to, the following:

- Speak or otherwise correspond with colleagues in a respectful and polite manner
- Refrain from using profane or defamatory language
- Do not attempt to indoctrinate a co-worker in any religious or political doctrine
- Always give due respect to the rights, views, and positions of other staff members
- When dealing with clients, be supportive and respectful of other team members, saving differences of opinion about approach for private discussion
- Never discuss co-workers with clients
- Respect the privacy and confidentiality of co-workers
- Respect the integrity of fellow staff members by not asking or expecting co-workers to sanction or ignore inappropriate conduct
- Foster an atmosphere of mutual accountability, in which team members can count on each other to conduct themselves appropriately
- Do not engage in a relationship of a personal or intimate nature with a supervisee or with a Manager

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	
<b>Subject:</b>	<i>Resolving Workplace Conflicts</i>	<b>Effective:</b>	<i>June 2010</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2010</i>
<b>Last Revision Date:</b>	<i>June 2019</i>	<b>Next Revision Date:</b>	<i>June 2020</i>

## Resolving Workplace Conflicts

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Toronto North Support Services endeavours to provide a workplace that is respectful and supports staff members resolving workplace conflicts whenever possible. In any workplace individuals can have different points of view, backgrounds and experiences, styles of communication and needs or goals that can lead to disagreements. Conflict does not have to be a negative thing—when resolved positively it can lead to increased team cohesion, better understanding and improved self-knowledge. Everyone in the workplace does not have to always agree, but they do always need to be respectful and civil to one-another and find ways of working together to achieve the mission and vision of the organization.

### **Staff members should follow these guidelines when conflict arises between colleagues:**

1. Try and resolve the situation on one's own. Keep the conflict between those involved—don't bring other colleagues into the situation. Set a time in a neutral environment to discuss the concern. Stay calm, use "I" phrases, and openly listen to the other person's point of view. At all times be courteous to one-another, and use tact and respectful language. Focus on the future, not the past and avoid blaming. Try to come together and problem-solve a solution both parties will be satisfied with. Take risks, and offer a conciliatory gesture such as apologizing, taking responsibility for one's role in the problem, or expressing positive feelings. Once a solution has been found, take the time to re-build the relationship.
  
2. If not satisfied with the outcome, staff members can speak with their Manager about alternative approaches to resolve the situation. A Manager can help brainstorm ways of resolving the situation positively and provide support around this conflict. The Manager may be able to provide a more neutral perspective on the conflict. Try again to resolve the conflict with the individual, after getting Manager input.
  
3. If after attempting to resolve the situation privately, and with support, the situation has not been resolved, staff members can ask their Manager or the Human Resources Manager to arrange a meeting(s) with all the parties involved in the conflict. In this meeting, the staff member should tactfully state their concerns, come with willingness to listen to the other person's point of view, be willing to accept responsibility for their role in the conflict, and be ready to work out solutions for how this conflict can be constructively resolved.

## **Staff members should follow these guidelines when conflict arises between themselves and a Manager or supervisor:**

There will be times when a staff member disagrees with a decision made or a course of action taken by their Manager or another member of the management team. Staff members are encouraged to express their concerns directly to their Manager, who will make every effort to better understand the staff member's concerns, and provide any further explanations or clarifications that they are able. This process is an important first step, and will likely resolve most situations.

Should the staff member feel that they are being treated unfairly, they have the option to speak to the Human Resources Manager. The Human Resources Manager will ask probing questions and clarify what the staff member is wanting and/or expecting in order to assess the situation and decide on a course of action. If there is any concern that the complaint involves harassment or discrimination, an investigation will be initiated and the staff member will be asked to put their concerns in writing using an Occurrence Report. In less serious situations, the manager has some discretion in how to proceed, based in part on what the staff member is seeking.

Every situation is different and must be assessed individually, but the following is a guide to help staff members understand the likely processes.

<b>Scenario</b>	<b>Role of HR</b>
Staff member seeks clarity on an HR issue; they are not making a complaint and are not asking for HR to intervene on their behalf	<ul style="list-style-type: none"> <li>• Provide clarification</li> <li>• <b>Keep interaction confidential</b></li> </ul>
Staff member expresses a concern to HR related to supervision or to management decisions affecting them; no harassment or discrimination is being suggested; the staff member wants to take the next step themselves	<ul style="list-style-type: none"> <li>• Assess situation</li> <li>• Ask what the staff member is wanting of HR</li> <li>• Provide advice regarding approaching Manager themselves</li> <li>• Circle back to staff person after 2-4 weeks to ascertain what has transpired from the staff members' perspective</li> <li>• <b>Keep interaction confidential</b></li> </ul>
Staff members expresses concern to HR related to supervision or to management decisions affecting them; staff member doesn't want to approach Manager their self	<ul style="list-style-type: none"> <li>• Assess situation</li> <li>• Ask what staff member is wanting of HR</li> <li>• Determine if staff member is making a complaint; <b>if yes</b>, request the staff member to write down their concern, inform the Manager involved and the Executive Director</li> <li>• <b>If no</b>, explain that there is nothing further that HR can do if they are not wanting to pursue a resolution</li> </ul>
Staff member expresses concern to HR that involves an accusation of harassment or discrimination, or HR believes that there is a possibility that there is a component of harassment /discrimination by management staff	<ul style="list-style-type: none"> <li>• <b>This situation must be investigated without delay regardless of whether the staff member is agreeing to pursue it</b></li> <li>• Inform the staff member that the organization has an obligation to pursue the complaint, and that, having</li> </ul>

	<p>brought it forward, they have an obligation to participate</p> <ul style="list-style-type: none"><li>Ask staff member to put their complaint in writing; inform the Manager and the Executive Director that a complaint has been made</li><li>Investigate the complaint, as per the <i>Respect in the Workplace policy</i></li></ul>
Staff member expresses concern that another staff member is experiencing harassment/discrimination from a member of the management staff	<ul style="list-style-type: none"><li><b>Minimally, this situation must be investigated to the extent that the staff member on whose behalf the complaint is being made must be interviewed without delay</b></li><li>Inform the staff member who came forward that the organization has an obligation to pursue the complaint, and that having brought it forward, they have an obligation to participate</li><li>Interview the staff member about whom the complaint has been made and determine if there exists a complaint involving harassment or discrimination; if so, investigate as per the <i>Respect in the Workplace policy</i></li></ul>

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	<i>3.1A</i>
<b>Subject:</b>	<i>Respect in the Workplace</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>June 2019</i>	<b>Next Revision Date:</b>	<i>June 2020</i>

## Policy: Respect in the Workplace – Complaint Process for Addressing Harassment in the Workplace

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Toronto North Support Services (Toronto North) is committed to providing a work environment based on respect, free of any form of harassment, including but not limited to harassment based on such factors as race, colour, religion, national or ethnic origin, ancestry, age, gender, sexual orientation, marital status, family status, disability, citizenship, record of offences, public assistance and languages. The organization strongly disapproves of and will not tolerate harassment of employees by Managers or co-workers and will make every reasonable attempt to protect employees from harassment in the workplace by third parties such as clients or other stakeholders.

Every staff member has the right to work in an environment which promotes equal opportunities and prohibits all forms of harassment and discriminatory practices as set out in the Human Rights Code, the Occupational Health and Safety Act, Accessibility for Ontarians with Disabilities Act and Toronto North's commitment to operate within an anti-racism/anti-oppression framework. As such, every staff member at Toronto North shares the responsibility of ensuring that respect in the workplace is upheld.

The intent of this policy is to ensure respectful behaviour and conduct is maintained in all workplace activities, including outside the working environment, that result from employment responsibilities or employment relationships (e.g., work-related social events, work-related conferences or training sessions and during the course of work-related travel). The workplace includes, but is not limited to, the organization offices and any location in which organization staff, volunteers or students are required to be because of work demands. In addition, unacceptable behaviour which occurs outside the workplace, but which has repercussions in the work environment, may also be defined as unacceptable workplace behaviour.

Toronto North encourages the reporting of all occurrences/incidents of workplace harassment, discriminatory harassment and/or sexual harassment, regardless of who the offender may be. That being said, it is recognized that many of the people we support live with mental health, substance dependency and/or cognitive impairments which may impede their capacity to effectively control or adjust a predisposition to harassing behaviour. In these instances, Toronto North staff members are to work within their teams and seek support from their respective Managers to gauge the nature of the harassment against the client's mental health state

and/or cognitive ability and determine what course of action is appropriate in each situation. This policy outlines the steps to follow in these circumstances.

**Statement of Commitment:** Supporting Anti-Racism & Anti-Oppression in the Workplace Toronto North Support Services is committed to taking proactive measures aimed at understanding and addressing the impact of oppression in the lives of the people we support and within our organization's culture and practices. In keeping with our mission, vision and values, Toronto North is committed to equity, namely identifying and addressing barriers that oppressed groups face, in order to achieve greater equality and justice for everyone.

**Everyone at Toronto North is responsible for promoting an environment of anti-racism/anti-oppression (AR/AO) and equity, both in service provision and in our interactions in the workplace.**

These responsibilities are outlined in the following policies:

- Anti-Racism, Access and Equity Framework Policy (5.7A and 5.7B)
- Respect in the Workplace Policy and complaint process for addressing harassment in the workplace (3.1A)
- Employment Equity Policy (2.2A) – Implementing fair and equitable employment practices consistent with Ontario Human Rights
- Code of Ethics – Guide for staff conduct including refraining from discriminatory behaviour
- Guidelines for Resolving Workplace Conflict – steps to take to resolve any type of conflict
- Client Guidelines for Anti-Racism and Anti-Oppression – principles that guide the provision of client services

Everyone at Toronto North is expected to understand, and apply, an anti-oppression and equity-focused approach in the work we do, and in our interactions with each other.

Staff members are expected to utilize team meetings and supervision sessions with their Manager to discuss inequities and oppressive factors that affect the recovery and quality of life of the people we support.

**In most circumstances, staff members are expected to immediately and directly address any oppressive comments/behaviours they hear from others in the workplace. Tools are available to help staff members both deliver and receive criticisms (see Participant Manual from Staff AR/AO Workshops, Nov. 2013). Management is available to assist in this process as needed.**

**The Management Team will consistently strive to ensure that:**

- It is committed to and will provide leadership in the areas of AR/AO and equity practices
- AR/AO principles are utilized in the recruitment, interviewing, hiring and staff evaluation practices at Toronto North
- All staff regularly receive training and education on AR/AO
- All staff new to the Agency attend Orientation sessions devoted to AR/AO related policies and procedures (including how to make a complaint)
- HR Policies and Program Guidelines are regularly reviewed in a manner consistent with an AR/AO approach

- Toronto North is committed to reflecting AR/AO principles in education and training, policy revisions, service guidelines, recruitment practices, and other activities at the Agency.

## Definitions:

**Staff Member:** For the purpose of this policy and procedure a staff member is anyone doing work as directed by Toronto North Support Services (Toronto North), and may be directly employed by Toronto North or a contracted agent, student or volunteer.

**Workplace Harassment:** Workplace harassment is engaging in any vexatious comment or conduct toward someone that is known or ought reasonably to be known to be unwelcome. Conduct such as unwelcome words or actions that are known or should be known to be offensive, embarrassing, humiliating or demeaning to a worker or a group of workers is considered workplace harassment. It can also include behaviours that intimidate, isolate or discriminate against the targeted individual(s).

Workplace harassment often involves repeated words or actions, or a pattern of behaviours against a staff member or a group of staff in the workplace that is unwelcome. This may include:

- Making remarks, jokes or innuendos that demean, ridicule, intimidate, discriminate or offend
- Displaying or circulating offensive pictures or material in print or electronic form
- Bullying
- Repeated offensive or intimidating phone calls or e-mails

Workplace harassment does not include any reasonable action or conduct by an employer, Manager or Manager that is part of his or her normal work functions. This is the case even if there are unpleasant consequences for a staff member. Examples include:

- Changes in work assignments
- Scheduling
- Job assessments and evaluation
- Workplace inspections
- Implementing dress codes
- Taking disciplinary actions

**Discriminatory Harassment:** Harassment on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, religion, age, record of offences, marital status, sex, sexual orientation or disability is discriminatory.

Discriminatory harassment includes any conduct, comment, gesture or contact that is known, or ought reasonably to be known to be offensive, unwelcome or likely to cause humiliation or embarrassment to another person.

**Sexual Harassment:** One or a series of incidents involving unwelcome sexual advances, requests for sexual favours or other verbal, physical or other conduct of a sexual nature when:

- Such conduct might reasonably be expected to cause insecurity, discomfort, offence or humiliation to another person or group, or
- Submission to such conduct is made either implicitly or explicitly a condition of employment, or
- Submission to or rejection of such conduct is used as a basis for any employment decision (e.g. promotion, salary increase, benefits, etc), or
- Such conduct has the purpose or the effect of interfering with a person's work performance or creating an intimidating, hostile or offensive work environment

Examples of behaviour which can constitute sexual harassment are: sexist jokes causing embarrassment or offence; leering; displaying sexually offensive material; use of sexually degrading or derogatory words to describe a person or members of any gender or sexual orientation; suggestive or obscene comments or gestures; unwelcome enquiries or comments about a person's sex life; unwelcome sexual flirtations, unwelcomed and persistent advance or propositions; persistent unwanted contact or attention after the end of a consensual relationship; unwanted requests for sexual favours; unwanted touching; or sexual assault.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Procedure #:</b>	<i>3.1B</i>
<b>Subject:</b>	<i>Respect in the Workplace</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	<i>July 2020</i>

# Procedure: Respect in the Workplace – Complaint Process for Addressing Harassment in the Workplace

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## **Harassment Prevention Program:**

Toronto North Support Services will develop and maintain a Workplace Harassment Prevention program, which will include:

- Providing orientation/training to staff members in relation to our Respect in the Workplace policy
- Developing and maintaining appropriate mechanisms for reporting workplace harassment
- Developing and maintaining appropriate mechanisms for investigation of, and response to, reported incidents

## **Shared Responsibility**

Everyone at Toronto North Support Services shares in the responsibility of ensuring that we work in an environment that is respectful and free of all forms of harassment. While we all share in this responsibility, some positions also carry unique responsibilities as follows:

1. All staff members:
  - a) Review and understand this policy and attend any training or information sessions provided to reduce the risk of harassment
  - b) Establish and maintain a respectful work environment
  - c) Report any incidents of harassment they may experience or witness to their Manager or appropriate contact
  - d) Cooperate in any investigation related to harassment
  - e) Contribute to any ongoing risk assessment process relating to harassment that the organization undertakes
  
2. Managers/Supervisors:
  1. Provide orientation to and enforce this policy and procedure and ensure employees are trained to deal with workplace harassment complaints and incidents
  2. Oversee and maintain a respectful work environment
  3. Promote and encourage reporting of workplace harassment and take appropriate actions when they have knowledge of harassment complaints or incidents
  4. Process and submit all incidents of workplace harassment

5. Impose appropriate disciplinary measures when a complaint of harassment is found to have been substantiated
  6. Provide advice and support to persons who are subjected to workplace harassment, including ensuring proper and timely care and assistance is provided
  7. Cooperate with all harassment investigations as required
3. Human Resources Manager:
- a) Coordinate the administration and application of this policy
  - b) In consultation with Joint Health and Safety Committee, periodically update the organization's overarching harassment prevention program
  - c) Advises employees on the interpretation of the policy and results of investigations
  - d) Leads all harassment investigations related to individuals other than clients, in consultation with the respective Manager.
  - e) Provides results/recommendations relating to investigations to Executive Director
4. Executive Director:
- a) Design and implement policies, procedures, protocols and practices to minimize the risk of harassment where reasonably possible
  - b) Ensures the organization has a overarching harassment prevention program in place as required by the Occupational Health and Safety Act
  - c) Ensures employees and Managers are knowledgeable about harassment and follow the procedures and policies developed to minimize risk
  - d) Ensures that all concerns, complaints or incidents of harassment are investigated and dealt with in a fair and timely manner while respecting the employees' privacy; plays an active role in any investigation involving a staff member at the management level
  - e) Monitors trends relating to incidents of concern, complaints or incidents relating to harassment
  - f) Reports trends relating to harassment to the Board of Directors

5. Clients:

Toronto North Support Services clients also have a responsibility to refrain from harassing behaviour. Where possible and appropriate, clients are to be informed of their responsibility in this regard on the first visit when service providers review roles and responsibilities with each client and clients are issued a new client package.

As noted earlier, it is recognized that many of the people the organization supports live with mental illness, substance dependency and/or cognitive impairments which may impede their capacity to effectively control or adjust harassing behaviour. In these instances, Toronto North Support Services employees are to work within their teams and seek support from their Manager/team leader to gauge the nature of the harassment against the client's mental health state, substance dependency and/or cognitive ability, and determine what course of action is appropriate in each situation. Where solutions are effectively implemented, no Occurrence Report needs to be filed.

Where interventions and adjustments are attempted but the client's harassing behaviour persists or escalates to the point where a staff member feels unwilling or unable to continue, or fears for their safety, a formal Occurrence Report must be submitted in accordance with Toronto North Support Services' Occurrence Reporting policy.

### **Complaint Process:**

All complaints of harassment will be taken seriously and dealt with promptly and as confidentially as possible (see Investigation Process below).

#### **Incidents of Harassment from Clients:**

By virtue of the nature of our services and the target populations that we serve, it is recognized that Toronto North Support Services staff may occasionally experience harassing behaviour from clients. In some instances this may be directly attributed to a client's mental status, substance dependency and/or cognitive impairment. While this fact does not excuse the behaviour, it does require us to carefully consider our reactions in relation to these types of behavioural manifestations. When encountering harassing behaviour from a client staff members are to:

1. Inform the client that their harassing behaviour is not welcome, explain why and encourage change through teaching/counseling where possible
2. Bring the client challenges forward for team discussion or to the Manager/team leader when the teaching/counseling have proven ineffective. Where warranted, service delivery changes can be employed to better address the nature of the harassing behaviour (e.g. change in staff assignments, etc.). Where these adjustments result in the desired outcome, no Occurrence Report needs to be filed.
3. Where a client's harassment persists, despite having attempted alternate support arrangements, or, escalates to a point where staff are uncomfortable or become fearful for their safety, an Occurrence Report must be filed with the staff member's respective Manager.

#### **Incidents of Harassment from a Toronto North Support Services Staff Member or an External Party:**

When encountering instances of harassment from Toronto North Support Services staff members, partner organization staff, or other stakeholders, staff members should take the following steps:

1. As a recommended first step, staff members are encouraged to attempt to resolve their concerns by direct communication with the person(s) engaging in the unwelcome conduct. Where the staff member feels confident or comfortable in doing so, they should communicate verbally or in writing, informing the harasser that the behaviour is unwelcome, offensive and must stop. Keep a written record of the date, time, details of the interaction and witnesses, if any. Where this step has resulted in a satisfactory result, no Occurrence Report needs to be filed.
2. If a staff member is unsure whether certain behaviours constitute harassment, he or she is encouraged to seek assistance from their Manager or the Human Resources Manager. It should be noted that situations discussed with a Manager or the Human Resources Manager may not be held confidential if

an investigation is warranted. The mandate for Managers is to act upon knowledge of any situation that may constitute harassment, in which case the Occurrence Reporting process would be initiated.

3. Any person associated with Toronto North Support Services who feels that they have been a victim of workplace harassment, or who believes that a colleague has experienced harassment while working at Toronto North Support Services and who is choosing not to address the occurrence directly with the offending party, or has attempted to do so and is not satisfied with the outcome, has a responsibility to report their concerns to their Manager or the Human Resources Manager through the agency's Occurrence Reporting process. If the reporting person is more comfortable in bringing the incident forward verbally to their Manager or the Human Resources Manager, they may choose to do so however will be advised that once an incident has been reported verbally, the Manager and/or Human Resources Manager is obligated to complete an Incident Report and initiate a formal investigation.

The organization understands that it is difficult to come forward with a complaint or report of harassment and recognizes a complainant's interest in keeping the matter confidential. Confidentiality is essential to the integrity of the complaint procedure. In order to protect the interests of the complainant, the person complained against, and any other persons who may report incidents of workplace harassment, confidentiality will be maintained throughout any investigation process to the extent practicable and appropriate under the circumstances. All records of complaints (including notes of meetings, interviews, results of investigations and other relevant material) will be kept confidential except where disclosure is required for appropriate disciplinary action or other remedial processes.

Retaliations and reprisals are prohibited against any employee who has complained, reported, provided information regarding a legitimate occurrence or participated in any investigation under this policy.

## **Investigation Process:**

### **Investigating Incidents of Harassment from Clients**

Once an Occurrence Report is filed, the Manager is obligated to review and/or investigate the matter further and may implement corrective action up to and including temporary withdrawal of support to the client or possible discharge of the client from service.

No staff member will be asked to return to a client-related situation in which they feel a victim of harassment. Further to this, it is the Manager's responsibility, in consultation with the Executive Director, to determine if/when a staff member should not return to the situation, regardless of whether they are prepared to do so.

The client's mental status at the time of the investigation will be an important factor in the outcome. The opportunity for educating a client in this area and the possibility of imposing sanctions on future service use will be considered.

### **Investigating Incidents Involving Harassment from a Toronto North Support Services Staff Member, Partner Agency Staff and/or other Stakeholders**

The Human Resources Manager will lead all harassment investigations except those involving clients or management staff, in consultation with the respective Manager upon receiving a copy of the Occurrence Report (Note: if the Manager is the subject of the complaint/occurrence, the Human Resources Manager will immediately involve the Executive Director to handle the investigation process).

Upon completing the investigation, the Human Resources Manager will advise the complainant as to the results of the investigation and the steps taken in response to the complaint. The Human Resources Manager will also report the results of the incident and applicable outcomes to the Executive Director.

If the complainant is not satisfied with the outcome of the investigation, they are welcome to submit a letter to the Executive Director outlining the reasons for their dissatisfaction. Upon receiving and reviewing the letter they will be afforded the opportunity to meet with the Executive Director to discuss their concerns, after which the Executive Director will determine if further investigation or action is warranted.

### **Disciplinary Action**

Disciplinary action for violations of this policy will take into consideration the nature and impact of the violations and may include a verbal or written reprimand, suspension or termination. Similarly, deliberate false accusations are of equally serious nature and will also result in disciplinary action up to, and including, termination.

As part of the outcome of the investigation, Toronto North Support Services may offer staff additional training on dealing with harassment in the workplace, and promoting a respectful work environment.

### **ACKNOWLEDGMENT**

I have read, understand and accept the Toronto North Support Services Respect in the Workplace policy.

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Signature of Employee

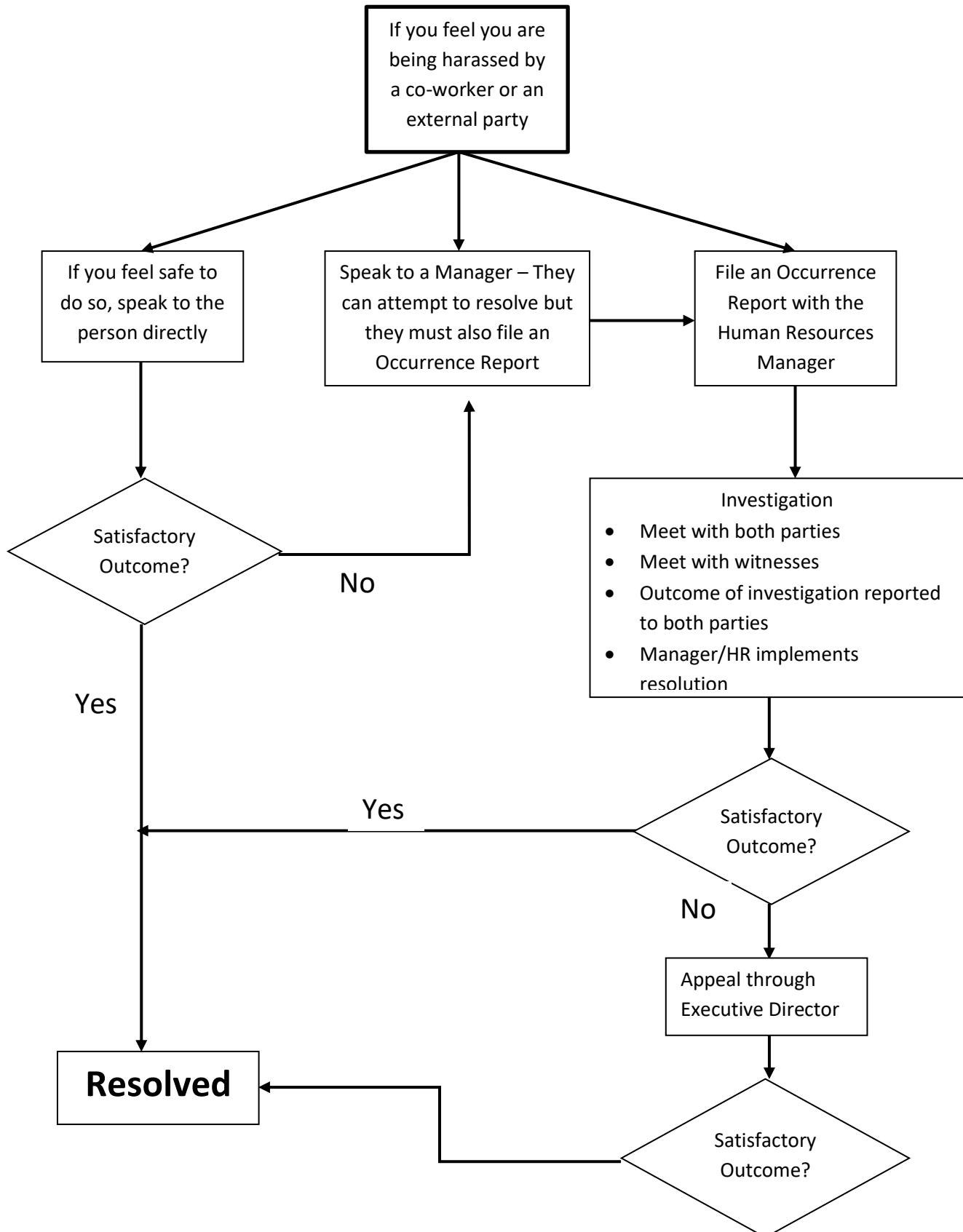
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Date

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Print Name

Updated July 2019

**Complaint process for Respect Policy – TNSS, Partner or Stakeholder**

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	<i>3.2A</i>
<b>Subject:</b>	<i>Conflict of Interest</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	<i>July 2020</i>

## Policy: Conflict of Interest

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In some situations, the personal and/or business activities and interests of an employee, student, volunteer or Board Member may be perceived to be in conflict with those of the organization. It is the individual's responsibility to identify and to report any possible or actual conflict of interest. An individual may have a potential conflict of interest when:

- The individual or member of their immediate family has the ability to influence directly or indirectly a decision or action of Toronto North Support Services that leads to a personal, financial or professional benefit for the individual or their family.
- The individual's interest or actions are adverse to the interests of the organization.

Examples of such situations include:

- Using privileged or confidential information for personal gain
- Accepting or offering personal rewards to influence business transactions
- Requesting or accepting money, gifts, loans or services for personal or family benefit for less than fair market value, for an enterprise that does business, or wishes to do business, with the organization
- Conducting business on behalf of the organization with an enterprise in which the individual or member of their immediate family has a personal or financial interest
- Seeking or receiving funding or other considerations in support of organization-related activities without the knowledge or permission of Toronto North Support Services
- Participating, without prior approval, in actions that would deprive Toronto North Support Services of time and attention of staff required to perform their duties properly
- Use of Toronto North Support Services equipment, services, materials or personnel for personal gain
- Use of organization name or logo for personal gain
- Using one's position, influence or authority to endorse and promote a public policy position, product, service or issue
- Using one's position, influence or authority to exert undue influence on the personal activities of individuals associated with Toronto North Support Services, influence that may be detrimental to their position at the organization or their personal/professional reputation
- Engaging in any activity which may reasonably result in an actual, potential or perceived conflict between the staff member and the interest of Toronto North Support Services or the clients of our services.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Procedure #:</b>	<i>3.2B</i>
<b>Subject:</b>	<i>Conflict of Interest</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	<i>July 2020</i>

## Procedure: Conflict of Interest

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It is the responsibility of all individuals associated with Toronto North Support Services to declare situations of actual or potential conflict of interest, as follows:

- Staff member to their immediate Manager who will refer actual or potential conflicts of interest, as appropriate, to the Executive Director
- Students and volunteers to the Manager to whom they are reporting
- The Executive Director to the Board of Directors
- The Board of Directors to the members of the Board at each board meeting

If facts disclose a potential or actual conflict of interest, this should be reported immediately to the Executive Director, or in the case of the Executive Director or Board Members, to the Board of Directors. An investigation will be conducted in a timely manner and the individual will be personally advised of the findings and the conclusions which have been reached. If it is determined that no actual conflict of interest exists, then the individual is free to pursue the endeavour. If it is determined an actual conflict of interest exists, the individual shall not proceed with the endeavour. Failure to comply with this policy will result in the termination of contract, position or appointment at Toronto North Support Services.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	<i>3.3A</i>
<b>Subject:</b>	<i>Alcohol and Drug Use</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>July 2018</i>
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	<i>July 2020</i>

## Policy: Alcohol and Drug Use

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Toronto North Support Services is committed to maintaining a safe and professional workplace. Use of illicit drugs and/or inappropriate use of alcohol/ cannabis or medications may impair a staff member's ability to perform their duties properly and can have serious adverse effects on the safety and well-being of fellow staff, the community and the environment. The purpose of this policy is to address the use of alcohol, cannabis, illegal narcotics and/or other drugs on Toronto North Support Services premises, while conducting Toronto North Support Services business, during work hours or during Toronto North Support Services sponsored events. This policy respects the dignity and privacy of individuals and places a priority on treatment, successful recovery and re-entry into the workplace of staff members that have a dependency problem.

The intent of this policy is to clarify the respective responsibilities of Toronto North Support Services and its staff to ensure an alcohol and drug-free working environment; identify, assist and where appropriate, accommodate staff members who may have a drug and/or alcohol related dependency; and implement appropriate remedial or corrective action for staff members who violate this policy, noting that each case will be assessed on its individual merits.

All staff members are expected to comply with the following guidelines related to alcohol and drug use:

- No presence in the body of alcohol, cannabis, illicit drugs or unprescribed drugs that may cause impairment while on Toronto North Support Services business or property
- No use, possession, distribution, offering for sale of illicit drugs, illicit drug paraphernalia or unprescribed drugs – for which a prescription is legally required in Canada - while on Toronto North Support Services business or property
- No use, possession, distribution, offering for sale of alcoholic beverages during work hours, whether on or off Toronto North Support Services premises. This provision applies to meal times, or other personal work breaks, except for approved social functions or other exceptions as may be approved in advance by the organization. When alcoholic beverages are served at agency functions a licensed establishment will be used where the bartenders are trained in responsible service of alcohol. Taxi chits or other forms of safe transportation will be made available by the organization. Intoxication is not permitted at these functions
- No misuse of prescribed medications, over the counter medications or other substances while on Toronto North Support Services business or property. Staff members are expected to consult with their personal physician or pharmacist to determine if medication use will have any potential negative effect on job performance. In the instance that prescription medication could potentially affect the

ability of a staff member to perform their normal work duties safely; the staff member must notify their immediate Manager so that appropriate accommodations can be implemented.

- Any staff member who has a developing alcohol, cannabis and/or drug problem is expected to assume ownership of that problem. The individual is expected to use the counseling and treatment services that are available through the community and/or Toronto North Support Services (EAP) and speak to their Manager regarding accommodation measures if required.
- All drivers are expected to report to their Manager within three working days of receiving the charge or immediately if one's driver's license is suspended, any impaired driving charge or conviction if expected to operate a company vehicle or drive on company business.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Human Resources</i>	<b>Procedure #:</b>	<i>3.3B</i>
<b>Subject:</b>	<i>Alcohol and Drug Use</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>July 2018</i>
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	<i>July 2020</i>

## Procedure: Alcohol and Drug Use

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Faced with a situation that involves the use of alcohol, cannabis, illegal narcotics and/or other drugs, a key consideration will be to determine whether the staff member is suffering from substance or alcohol dependency. A thorough investigation of the incident will take place in order to assess the appropriate approach for dealing with the matter.

As alcohol and substance dependency is considered to be a medical condition, Toronto North Support Services will accommodate individuals who seek medical treatment for this condition and no staff member with an alcohol or drug dependency will be disciplined for requesting help in overcoming the problem or because of involvement in a rehabilitation effort.

If a staff member requires accommodation and assistance for a substance dependency, they are encouraged to seek medical treatment through their physician or Toronto North Support Services' Employee and Family Assistance Program.

Toronto North Support Services will not tolerate staff who risk their own and others' health and safety by being impaired on the job. If reasonable belief is established that a staff member is impaired, the staff member will cease work immediately.

Staff members found in breach of this policy will be dealt with in accordance with any relevant provisions of applicable human rights legislation. In the event of a breach of this policy, each situation will be dealt with based on its own facts and circumstances and the response will vary depending on the facts of each case. The consequences for failing to abide by this policy, the failure to cooperate with or follow mandatory counselling or reoccurrence of breach of this policy will reflect the individual circumstances and may include a temporary suspension; mandatory rehabilitation, counselling or treatment; discipline or termination.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	<i>3.4A</i>
<b>Subject:</b>	<i>Smoking/Vaping</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	<i>July 2020</i>

## Policy: Smoking/ Vaping

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Smoking/ vaping is not permitted at any time by any person in any of the Toronto North Support Services offices or in any organization vehicle. As per the Smoke-Free Ontario Act, smoking is prohibited with 9 feet of the front door of any of the Toronto North Support Services' offices.

Toronto North Support Services staff members should also refrain from smoking in any area designated by law as non-smoking and in situations where it could be determined to be unprofessional, such as in the presence of children of clients, outdoors where the smoke could be offensive to passersby, etc.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	3.5A
<b>Subject:</b>	<i>Political Activity</i>	<b>Effective:</b>	June 2014
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2014
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	July 2020

## Policy: Political Activity

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Toronto North Support Services recognizes the right of all staff members to engage in activism, the political process and other forms of pressure for social change. However, to be effective the organization must be seen as independent of political parties. It must be seen to be free from conflicts of interest in its funding sources and in its staff, and therefore even the appearance of conflict of interest must be avoided. Staff members may not engage in any partisan political activity while at work. This includes:

- Actively campaigning or soliciting support for, or opposition to, any political party or candidate for public office
- Actively promoting or opposing a public policy position
- Wearing any button, badge, sign, or article of clothing which reflects support for, or opposition to, any political party or candidate for public office
- Engaging in any activity intended to indoctrinate any client, co-worker, or member of the public in a political belief

Outside of working hours, Toronto North Support Services staff members are free to engage in any form of political activity in accordance with their own values and beliefs, with the following limited exceptions:

- Toronto North Support Services staff members must not use or identify their association with the organization in a manner that might imply support by Toronto North Support Services for any political party or candidate for public office
- Toronto North Support Services staff members must not use or identify their association with the organization in a manner that might imply that Toronto North Support Services takes a position on any public policy matter

Staff members should consider the impact of their conduct while not at work on the integrity of the organization and on their status with the organization.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	<i>3.6A</i>
<b>Subject:</b>	<i>Gifts</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	<i>July 2020</i>

## Policy: Gifts

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While it is recognized and understood that some individuals, clients and contractors may from time to time wish to show their appreciation to a staff member, staff are generally not allowed to accept gifts from clients, clients' families or any contractors of services. The only exception to this policy is where the gift is a small token of thanks. The following guidelines are to be used to determine a reasonable course of action when offered a gift:

- A token gift may be accepted from a client, such as a box of chocolates, a meal, or a keepsake that does not have an estimated value beyond \$15.
- If for some reason it is determined that it is important to accept a gift from a client, the gift will become the property of Toronto North Support Services.
- It is never permissible for a staff member to accept money from a client. If a client wishes to donate money to Toronto North Support Services, this can be done through the Director of Finance. A thank-you letter with a tax receipt will be generated.
- If a staff member becomes aware that a client has named, or intends to name them personally in a will, the client should be discouraged from doing so, and this situation should be reported to the Manager. A client can donate to the organization through their will.
- Any situation in which a staff member is unsure of how to proceed should be discussed with the Manager.
- Any exceptions should be reported to the appropriate Manager.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	3.7A
<b>Subject:</b>	<i>Honoraria</i>	<b>Effective:</b>	June 2014
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2014
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	July 2020

## Policy: Honoraria

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An honorarium is a payment given to a person for services for which fees are not legally or traditionally required. In the case where a Toronto North Support Services staff member receives an honorarium for a speaking engagement or consultative services on behalf of the organization, the staff member shall return the honorarium to Toronto North Support Services.

The Manager involved in the activity shall determine honoraria given by Toronto North Support Services to a client. Any travel expenses given to a client would be in addition to the hourly rate, the details of which should be made clear to the recipient. Staff members should check with their Manager before promising clients any amount of honoraria or travel expenses.

The amount of honoraria given to professional speakers who are not charging for their services is at the discretion of the appropriate Manager.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Procedure #:</b>	<i>3.7B</i>
<b>Subject:</b>	<i>Honoraria</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	<i>July 2020</i>

## Procedure: Honoraria

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Honoraria received by staff for services rendered on behalf of Toronto North Support Services should be given to the Finance Department on the next business day.

If staff members require an honorarium to give to a client or other speaker, they should request the cash advance from the Finance Department. This should be done at least one week before the honorarium is needed. The receiver of the honorarium must sign a petty cash voucher form. Any unused funds must be returned to the Finance Department on the next business day.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	<i>3.8A</i>
<b>Subject:</b>	<i>Media Relations</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	<i>July 2020</i>

## Policy: Media Relations

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Any requests from the media should be referred to the Manager, who will in turn consult with the Executive Director. Staff members should not consent to interviews; make comments related to the work of the team, or permit members of the media to access organization vehicles or clients. All requests for information from the media will be referred to the Executive Director. Even disclosing or confirming that a particular individual is involved with the organization is considered personal health information (and is therefore protected by PHIPA).

If a request is made for a “ride along,” the Manager and the Executive Director of Toronto North Support Services will evaluate the impact of providing access to locations where clients can be found.

Any agreement to a “ride along” or other access to staff members or clients of the organization will include a written agreement related to the privacy of clients. No access to clients will be provided without the knowledgeable and expressed consent of the clients.

In the event of unauthorized access by the media (i.e. spying) or attempts to gain unauthorized access, staff members should avoid engaging with clients and should contact the Manager.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Professional Conduct</i>	<b>Policy #:</b>	<i>3.9A</i>
<b>Subject:</b>	<i>Dress Code</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>February 2017</i>
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	<i>July 2020</i>

## Policy: Dress Code

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Staff members are expected to dress in a manner that is appropriate to the work place and the environment in which they work. In selecting appropriate attire, the Toronto North Support Services staff member should consider:

- The working environment
- Relationships with clients
- Relationships with other professionals
- Their own health and safety

### Appearance and Comfort

Toronto North Support Services staff members work primarily in the community. The regular working environment may consist of people's homes, coffee shops and other public areas, outreach to parks, shelters, and visits to community organizations.

Due to the nature of the work, a relaxed dress code is required.

In the summer months, staff members may wear long shorts to accommodate extreme weather conditions. Logos, advertising and writing on clothing should always be free from references to illegal activity, drug or alcohol use, or political stances.

### Health and Safety

In addition to considering their appearance and comfort, staff members need to consider their health and safety in determining appropriate attire. It is the staff members' responsibility to dress for the weather, as Toronto North Support Services is not required to provide the protective and weather-appropriate clothing needed.

Toronto North Support Services is committed to doing everything possible to keep staff safe while delivering service in the community. It is important that staff members are able to get themselves out of unsafe situations where they may be required to quickly exit, and therefore the choice of footwear is important. Backless sandals such as flip-flops are not appropriate.

Equally, it is important for staff members to exercise professional judgement in clothing choices so as not to garner unwanted attention. Clients are not always able to interpret social signals, and therefore very revealing

clothing can be misleading and dangerous.

When working with volatile clients, it is advisable to avoid wearing long earrings, necklaces or scarves that can be grabbed.

The following specific items of clothing are not appropriate during work hours:

- halter, tank and tube tops, “belly shirts”
- sweatshirts or t-shirts with inappropriate logos or writing
- flip flops, backless sandals
- high heels (while working outside of the office)
- overly revealing, transparent, or tight clothing
- sweatpants

Determining the appropriateness or inappropriateness of team members' attire is at the discretion of the Manager.

Toronto North Support Services staff members should maintain a standard of personal appearance appropriate to the professional image of the organization. On those occasions where staff members are visiting other agencies or organizations or attending official functions, more traditional business casual dress should be worn.



## Part Four:

# Safety and Security

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Safety and Security</i>	<b>Policy #:</b>	<i>4.1A</i>
<b>Subject:</b>	<i>Safety and Security</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>July 2019</i>	<b>Next Revision Date:</b>	<i>July 2020</i>

## Policy: Safety and Security

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This section of the manual is provided for the benefit of all Toronto North Support Services staff members. Policies to ensure safety in the workplace are established by law under the *Occupational Health and Safety Act*. For certainty about legal responsibilities and requirements, reference should be made to the legislation, which may be accessed at the Government of Ontario e-Laws website:

[www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90o01\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm).

Toronto North Support Services is concerned about the safety of all of its employees, volunteers and students. Due to the nature of the community work we do, it is important to examine the issue of personal safety. It is impossible to avoid all risks; however, it is possible to minimize these by being alert and prepared.

While the great majority of community contacts with clients are successfully completed with no safety issues arising, difficult situations may arise from time to time. All employees and volunteers must understand that there is some inherent risk in the work we do, and must be alert and assessing for risk at all times.

To that end, Toronto North Support Services staff members have the following responsibilities:

- Comply with all duties imposed by law or contract
- Comply with the rules and procedures developed for performing their job in a safe and healthy manner
- Take an active role in protecting and promoting occupational health and safety
- Refrain from activities that may jeopardize the health or safety of self or others

This overarching policy applies to all policies and procedures regarding safety and security in this manual.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.1B</i>
<b>Subject:</b>	<i>Safety and Security</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>August 2019</i>	<b>Next Revision Date:</b>	<i>August 2020</i>

## Procedures: Safety and Security

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All employees and volunteers are required to adhere to the following health and safety procedures and guidelines, and to report to the organization if they feel their health and/or safety to be in jeopardy.

### Employer Obligations

The *Occupational Health and Safety Act* outlines specific obligations of employers, including the following:

- Provide information, instruction and supervision to workers to protect the health or safety of the worker
- In a medical emergency for the purpose of diagnosis or treatment, provide, upon request, information, including confidential business information, to a legally qualified medical practitioner and to such other persons as may be prescribed (this is permitted under Section 37 of PHIPA, the *Personal Health Information Privacy Act*)
- When appointing a Manager, appoint a competent person
- Acquaint a worker, or a person in authority over a worker, with any hazards in the workplace
- Take every precaution reasonable in the circumstances for the protection of a worker
- Post, in the workplace, a copy of the Occupational Health and Safety Act and any explanatory material prepared by the Ministry, both in English and in the majority language of the workplace, outlining the rights, responsibilities, and duties of workers

### Staff Member Guidelines

The following guidelines are designed to help staff members avoid situations in which they might be at risk. Staff members should read them and discuss them with their Manager and colleagues.

- **NO STAFF MEMBER IS EXPECTED TO REMAIN IN A SITUATION WHERE THEY FEELS UNSAFE.**
- Employees, volunteers and students are expected to remove themselves from any situation in which they feel unsafe and report it to their Manager. At any time if a client or an individual involved in a client visit begins to exhibit aggressive behaviour, the employee or volunteer will discontinue the session and remove themselves from the premises. The police should be called for assistance if required.
- Every employee, is expected to maintain professional competence in community risk assessment and crisis intervention as it relates to de-escalating aggressive behaviour; Toronto North Support Services will provide opportunities for staff members to learn and maintain these skills.
- All staff members who work alone must have a cell phone with them, turned on, at all times in the community.

- No employee or volunteer should meet with a client alone in a private place or in a Toronto North Support Services -owned office after 5:00 pm, unless authorized by their Manager.
- Staff members who work alone are expected to update their outlook calendar with their scheduled appointments in the community and share it with their manager. Changes to their schedule should be updated daily.
- Staff members should be particularly cautious when visiting new clients or when engaging clients for whom there is little corroborated information, such as when doing outreach or with self-referrals. It is advisable to either meet the prospective client in a public place initially, or visit with a co-worker.
- When referral information indicates a potential for violence, staff members are expected to assess the risks with their Manager and decide on a plan of action.
- Staff members are expected to review techniques that can be used to defuse a potentially risky situation.
- Staff members are not to put themselves in the situation of intervening between two individuals who are fighting.
- Staff members are expected to fill out an Occurrence Report when they have been in a situation where they felt at risk. This is the organization's only method of learning about and tracking the situations faced by staff in their day-to-day work life.
- Employees and volunteers are encouraged to bring any safety concerns forward at any time to their Manager, the Executive Director, or any member of the Health and Safety Committee.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Policy #:</b>	<i>4.2A</i>
<b>Subject:</b>	<i>Joint Health and Safety Committee</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>August 2019</i>	<b>Next Revision Date:</b>	<i>August 2020</i>

## Policy: Joint Health and Safety Committee

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In compliance with the Occupational Health and Safety Act (OHSA), Toronto North Support Services has a Health and Safety Committee that exists to protect the safety of staff. OHSA clearly sets out expectations of both employers and employees, and the organization is committed to participating to the fullest.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.2B</i>
<b>Subject:</b>	<i>Safety and Security</i>	<b>Effective:</b>	<i>June 2007</i>
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<b>Last Revision Date:</b>	<i>August 2019</i>	<b>Next Revision Date:</b>	<i>August 2020</i>

## Procedures: Joint Health and Safety Committee

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All health and safety information is centralized in one binder and kept with a designated administrative staff member. As well, there is a bulletin board in the offices that displays important health and safety information, including the names of the members of the Health and Safety Committee. The first aid kit is kept in the front hall closet at each office and is regularly replenished.

### **The Health and Safety Committee:**

The organization has a Health and Safety Committee that meets quarterly. It has representatives from both direct service workers and management as prescribed in the OHSA. The role of the Committee is to act as an advocate for staff members regarding health and safety issues and to:

- Identify potential hazards in the workplace
- Evaluate these potential hazards
- Recommend corrective action
- Follow up on implemented recommendations

Meeting minutes are taken and posted on the health and safety bulletin board. All staff members are encouraged to bring issues forward that concern them. They can speak to any member of the Committee, who will bring the matter to the next meeting.

Health and safety is a standing item on the agenda of all-staff meetings, which occur eight to twelve times each year. From time to time, critical issues regarding health and safety arise which must be dealt with between meeting times (e.g. SARS, H1N1 flu). These should be directed to one of the co-chairs of the Committee, who will bring them to the Executive Director.

In order to ensure that health and safety issues are recognized and dealt with, the agency has instituted an annual inspection of all its offices, to be done by an independent qualified health and safety expert. The written report, with recommendations, will be reviewed by both the Health and Safety Committee and the Management Team. The recommendations will be used to inform the annual Risk Management plan, which is reviewed by the board of directors annually.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Safety and Security</i>	<b>Policy #:</b>	<i>4.3A</i>
<b>Subject:</b>	<i>Employee Critical Injury</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>August 2019</i>	<b>Next Revision Date:</b>	<i>August 2020</i>

## Policy: Employee Critical Injuries

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This section describes the process that must be adhered to in the event of a critical injury as defined by the *Occupational Health and Safety Act* (Regulation 834, Section 1). A “critical injury” means an injury of a serious nature that results in any of the following:

- Places life in jeopardy
- Produces unconsciousness
- Results in substantial loss of blood
- Involves the fracture of a leg or arm but not a finger or toe
- Involves the amputation of a leg, arm, hand, or foot but not a finger or toe
- Consists of burns to a major portion of the body
- Causes the loss of sight in an eye

The obligations under the *Occupational Health and Safety Act* (Section 51) related to critical injuries are:

- 1) Where a person is killed or critically injured from any cause at a workplace, ... the employer shall notify an inspector, and the Committee, health and safety representative, and trade union, if any, immediately of the occurrence by telephone, telegram, or other direct means and the employer shall, within forty-eight hours after the occurrence, send to the WSIB a written report of the circumstances of the occurrence containing such information and particulars as the regulations prescribe.
  
- 2) Where a person is killed or is critically injured at a workplace, no person shall disturb, destroy, alter, or carry away any wreckage, article, or thing at the scene of or connected with the occurrence until permission to do so has been given by an inspector. The only exceptions to this are:
  - a) For the purposes of saving life or relieving human suffering
  - b) Maintaining an essential public utility service or a public transportation system
  - c) Preventing unnecessary damage to equipment or other property

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.3B</i>
<b>Subject:</b>	<i>Employee Critical Injury</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
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## Procedures: Employee Critical Injuries

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In the event of an incident involving physical or psychological injury:

- 1) First, take steps to prevent further injury.
- 2) Obtain medical attention, as required.
- 3) Report the incident verbally to the appropriate Manager immediately. If that Manager is unavailable, call the Railside office and ask to be connected with another Manager. The Manager will report the incident to police or other emergency services as appropriate.
- 4) Document the incident on the appropriate report forms (the Toronto North Support Services Occurrence Report Form) and submit it to the Manager. The Manager will inform the Executive Director of Toronto North Support Services. The Manager and the Executive Director will determine the appropriate follow-up action. See also the reporting requirements to the Workplace Safety and Insurance Board.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.1.2B</i>
<b>Subject:</b>	<i>WSIB</i>	<b>Effective:</b>	<i>June 2014</i>
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## Procedures: WSIB

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The Workplace Safety and Insurance Board (WSIB) provides insurance benefits to employees who have a work-related injury or illness. Ontario's *Workplace Safety and Insurance Act* covers most workers, by law.

Depending on the worker's personal situation, the WSIB may cover:

- Income replacement (loss of earnings benefit)
- Health care and medical costs (doctor's visits, surgery, physiotherapy, etc.), prescription drug costs, special clothing or footwear costs
- Transportation costs to and from health care appointments

As well, the WSIB may pay a benefit to injured workers whose workplace injury or disease results in a permanent impairment. This non-economic loss (NEL) benefit recognizes loss of physical, functional, and psychological function due to the impairment. For more information about the benefits available under WSIB, staff should speak to the Human Resources Manager.

Any worker who has an injury or illness that is directly related to their work must promptly file a claim and provide all relevant information to help the WSIB decide on benefits. In order to determine the extent of the injury to the worker and to establish the level of compensation to be provided, the WSIB will require the worker to consent to the release of functional abilities information by the health professional treating them.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Policy #:</b>	<i>4.4A</i>
<b>Subject:</b>	<i>Prevention of Workplace Violence</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>May 2011</i>
<b>Last Revision Date:</b>	<i>August 2019</i>	<b>Next Revision Date:</b>	<i>August 2020</i>

## Policy: Prevention of Workplace Violence

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Toronto North Support Services (Toronto North) is committed to workplace health, safety and security for all employees, contracted agents, students, volunteers (collectively staff members). Toronto North will take every reasonable precaution and necessary step to protect staff members from workplace violence from all sources. This includes a commitment to taking every reasonable precaution to protect a worker if we become aware of, or, believe that issues relating to domestic violence may pose a risk in the workplace. Any threats or acts of violence within the workplace or during work-related activities will not be tolerated at Toronto North.

In developing this *Prevention of Workplace Violence* policy and procedure, the organization has consulted with our Joint Health and Safety Committee (JHSC) and the following legislation

- The *Occupational Health and Safety Act*
- The *Criminal Code of Canada*
- The *Ontario Human Rights Code*
- The *Workplace Safety and Insurance Act*

### Definitions:

**Staff Member:** For the purpose of this policy and procedure a staff member is anyone doing work as directed by Toronto North, and may be directly employed by Toronto North Support Services or be a contractor, student, or volunteer.

**Workplace:** The workplace is any premises or location in or near which staff members perform their job duties or where activities related to work take place.

**Workplace Violence:** Workplace violence is the exercise of physical force by a person against a staff member, in a workplace, that causes or could cause physical injury to the staff member. It also includes:

- an attempt to exercise physical force against a staff member, in a workplace, that could cause physical injury to the worker; or, a statement or behaviour that it is reasonable for a staff member to interpret as a threat to exercise physical force against a staff member, in a workplace, that could cause physical injury to the worker.

**Domestic Violence (workplace-related):** Workplace-related domestic violence is where a spouse or former spouse, current or former intimate partner or a family member physically harms, attempts to harm or threatens to harm a staff member at work. In these instances, domestic violence can be considered workplace violence if there is any potential threat to staff members.

**Workplace Violence:** Some other examples of workplace violence include:

- verbally threatening to attack a worker
- leaving threatening notes at or sending threatening e-mails to a worker in the workplace
- shaking a fist in a worker's face
- wielding a weapon at work
- hitting or trying to hit a staff member
- throwing an object at a staff member
- sexual violence against a staff member

**Sources of Workplace Violence:** Examples of possible sources of workplace violence include:

- Violence perpetrated by a client against a staff member
- Violence perpetrated by one staff member against another staff member
- Violence perpetrated toward a current Toronto North staff member by a staff member from another agency, former Toronto North staff member, or stranger
- Violence toward a staff member in the workplace by a known or suspected perpetrator of domestic violence

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.4.1B</i>
<b>Subject:</b>	<i>Prevention of Workplace Violence</i>	<b>Effective:</b>	<i>June 2007</i>
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# Procedures: Prevention of Workplace Violence

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## Workplace Violence Prevention Program

Toronto North Support Services will develop and maintain a workplace violence prevention program which will include:

- Completing a risk assessment process in preparation for the implementation of new services, or, significant changes to existing services
- Completing a comprehensive organization-wide annual risk assessment in consultation with the Joint Health and Safety Committee to identify trends in workplace violence, potential hazards and recommendations for follow-up by the employer
- Developing and maintaining safety protocols for each service and location and training staff
- Developing and maintaining appropriate mechanisms for reporting workplace violence hazards and/or incidents
- Ensuring appropriate equipment, materials and protective devices are provided to workers and are maintained in good condition
- Developing and maintaining appropriate mechanisms for investigation of and response to reported incidents

## Responsibilities:

Everyone at Toronto North Support Services shares in the responsibility of ensuring workplace health, safety and security by treating others with respect, reporting any factors that may contribute to risk of violence in the workplace, reporting incidents of workplace violence and cooperating in the investigation and resolution of such incidents.

While we all share in this responsibility, some positions also carry unique responsibilities as follows:

1. **All Staff Members:**
  - a) Review and understand this policy and attend any training or information sessions provided to reduce the risk of violence in the workplace
  - b) Establish and maintain a respectful work environment
  - c) Report any hazards or incidents of violence in the workplace they may experience or witness immediately to their Manager
  - d) Cooperate in any investigation relating to an incident of violence

- e) Contribute to any ongoing risk assessment process relating to violence in the workplace that the organization undertakes
- f) Assist in the completion of Occurrence Reports
- g) A staff member may refuse to work where they has reason to believe that they are in danger of injury.

**2. Managers:**

- a) Provide orientation to and enforce this policy and procedure
- b) Ensure staff members receive orientation/training in relation to applicable safety protocols for their service/location
- c) Ensure staff members abide by safety protocols applicable to their roles
- d) Ensure staff members use or wear the equipment, protective devices or clothing that the employer requires to be used or worn
- e) Oversee and maintain a respectful work environment
- f) Continually monitor the risk of violence to staff members in their area and minimize those risks where necessary and reasonably possible
- g) Take every reasonable precaution to protect staff member in cases where domestic violence would likely expose a employee to physical injury in the workplace
- h) Where known, alert staff members and provide applicable information to them about persons with a history of violent behaviour if those staff members can be expected to encounter the person in the course of their work and the risk of workplace violence is likely to expose that staff member to physical injury
- i) Promote and encourage reporting of hazards and incidents relating to workplace violence and take appropriate actions when they have knowledge of these hazards and/or incidents
- j) Process and submit all incidents of workplace violence
- k) Impose appropriate disciplinary measures when a staff member has been found to have perpetrated violence against another worker
- l) Be available to provide advice and coordinate support to persons who are victims of or witnesses to violence in the workplace, including ensuring proper debriefing, professional counseling support and/or medical care is made available, as applicable
- m) Cooperate with all violence in the workplace investigations as required

**3. Human Resources Manager:**

- a) Coordinate the administration and application of this policy and the organization's overarching workplace violence prevention program in consultation with the management team and the Joint Health and Safety Committee
- b) Advise employees on the interpretation of the policy and results of investigations
- c) Lead all violence in the workplace investigations that do not involve clients or management staff, in consultation with the respective staff member's direct Manager (**Note: if the staff member's direct Manager is the known or suspected perpetrator, the Executive Director will take primary responsibility for the investigation.**)
- d) Provides results/recommendations relating to investigations to Executive Director
- e) Ensures a report goes to WSIB of all accidents where an employee loses time from work, requires healthcare, earns less than regular pay for regular work, requires modified work at less than regular pay or performs modified work at regular pay for more than seven days.

- f) Ensures any deaths or critical injuries are reported to a Ministry of Labour (MOL) inspector, the police (as required), the Joint Health and Safety Committee (JHSC) as well as investigated with the JHSC. Ensures the organization sends the report to the MOL in writing within 48 hours of the occurrence.
- g) Provides leadership to the organization's ongoing risk assessment process
- h) Ensure the organization, in consultation with the JHSC, conducts ongoing risk assessments to identify trends, hazards and risks relating to workplace violence

**4. Executive Director:**

- a) Ensure all staff members are knowledgeable about workplace violence and follow the procedures and policies developed to minimize risk
- b) Leads all investigations of incidents involving clients or management staff
- c) Ensure that all concerns, complaints or incidents of workplace violence are investigated and dealt with in a fair and timely manner while respecting the employees' privacy
- d) Ensure that measures and procedures in the workplace violence prevention program are carried out by management
- e) Monitor trends relating to incidents of concerns, complaints or incidents relating to workplace violence
- f) Report trends relating to workplace violence to the Board of Directors
- g) Ensure that the organization's policies, overarching workplace violence prevention program and service/site safety protocols are revised/updated as needed

**5. Clients:**

- a) Toronto North clients also have a responsibility to refrain from acts of violence against staff members. Where possible and appropriate, clients are to be informed of their responsibility in this regard on the first visit when service providers review roles and responsibilities with each client and clients are issued a new client information package
- b) It is recognized that many of the people the organization supports live with mental health challenges, substance dependency and/or cognitive impairment which may impede their capacity to effectively control or adjust behaviour. When there is some evidence or assessment that a risk of violence exists, Toronto North employees are to work within their teams and seek support from their respective Manager or team leader to gauge the nature of the behaviour in relation to the client's mental health state, substance dependency and/or cognitive ability and determine what course of action is appropriate in each situation.
- c) Where all possible interventions, support adjustments and safety protocols have been implemented and prove to be ineffective in safely addressing the client's aggressive/violent tendencies, Toronto North may seek alternative support arrangements for the individual from an alternate organization and/or discharge the person from service

## Reporting Incidents and Identifying Hazards

**1. Incidents/Occurrences of Violence from Clients**

By virtue of the nature of the organization's services and the populations that it supports, it is recognized that Toronto North staff may occasionally experience aggressive and/or threatening

behaviour from their clients (**see Appendix R**). In some instances this may be directly attributed to a client's mental health status, substance dependency or cognitive impairment. While this fact does not excuse the behaviour, it does require staff members to carefully consider their reactions in relation to these types of behavioural manifestations. When encountering aggressive, threatening or violent behaviour from a client, staff members are to:

When there is actual violence in the workplace:

- a) Take all necessary immediate precautions to ensure their personal safety (e.g. cancel the visit, call for assistance, etc.) in accordance with service or location-specific safety protocols.
- b) File an Occurrence Report in accordance with Toronto North Support Services' Occurrence Reporting policy

When there is the potential for violence:

- a) Staff members are to bring their client challenges forward for team discussion and/or for consultation with their Manager or team leader. Where warranted, service delivery changes can be employed to better address the nature of the threat (e.g., joint visits, change of location of contact, change in staff assignments, etc.).
- b) Where a client's behaviour persists, despite having attempted alternate support arrangements, or, escalates to a point where staff members become fearful for their safety, an Occurrence Report must be filed with the staff member's Manager.

## **2. Incidents/Occurrences Involving Workplace Violence from a Colleague or an External Party**

- a) Any person associated with Toronto North Support Services who feels that they have been a victim of workplace violence, or who believes that a colleague has experienced violence in the workplace, has a responsibility to report their concerns to their Manager, through Toronto North's Occurrence Reporting process.
- b) If the reporting person is more comfortable in bringing the incident forward verbally to their Manager, they may do so, however they will be advised that once an incident has been reported verbally, the staff member is obligated to complete an Occurrence Report and initiate a formal investigation process.
- c) The Organization understands that it is difficult to come forward with a complaint or report of violence in the workplace and recognizes a complainant's interest in keeping the matter confidential. Confidentiality is essential to the integrity of the complaint procedure. In order to protect the interests of the complainant, the person complained against, and any other persons who may report incidents of workplace violence, confidentiality will be maintained throughout any investigation process to the extent practicable and appropriate under the circumstances.
- d) All records of complaints (including notes of meetings, interviews, results of investigations and other relevant material) will be kept confidential except where disclosure is required by law, for the protection and safety of others, for appropriate disciplinary action, or other remedial processes.
- e) This policy prohibits any form of reprisals against an employee, who, in good faith, reports a legitimate workplace violence incident or participates in any investigation under this policy.

Direct or indirect retaliation for exercising rights or responsibilities under this policy will not be permitted. Reprisals include but are not limited to any of the following toward an employee; hostility, exclusion/ostracism, negative remarks, demeaning duties, discriminatory behaviour, demotion, suspension or dismissal.

### **3. Identification of Other Workplace Hazards**

Workers are to immediately and formally identify any known workplace hazards that may pose safety risks in relation to violence in the workplace to their respective Manager (e.g. defective equipment such as a cell phone).

## **Investigating Identified Hazards and Reported Incidents**

### **1. Identified Hazards**

Where workplace hazards which may present a risk in relation to workplace violence are identified and/or known, Managers are expected to ensure an immediate action is taken to minimize the risk (e.g., replace defective equipment, adjust schedules etc.). Where required remedies have significant budgetary implications, Managers are to inform the Executive Director of the issue. The Executive Director will consult with the Human Resources Manager and make a decision on how to proceed.

### **2. Investigating Incidents/Occurrences of Violence from Clients**

Once an Occurrence Report is filed, the Manager is obligated to review and/or investigate the matter further and report their findings to the Executive Director. As a result of the investigation, she may implement corrective action up to and including temporary withdrawal of support to the client or possible discharge of the client from service. Every situation will be dealt with individually based on the specific set of circumstances that led to the incident. Generally speaking, every effort will be made to maintain service to an individual where it is possible to do so while minimizing risk to staff.

### **3. Investigating Incidents/Occurrences Involving Violent Acts committed by a Toronto North Support Services Staff Member or External Party**

- a) The Human Resources Manager will lead all investigations relating to workplace violence between staff members or involving an external party in consultation with the respective Manager upon receiving a copy of the Occurrence Report (Note: if the Manager is the subject of the complaint/occurrence, the Executive Director will implement alternative arrangements for handling the investigation process).
- b) Upon completing the investigation the Human Resources Manager will advise the complainant as to the results of the investigation and the steps taken in response to the complaint). The Human Resources Manager will also report the results of the incident and applicable outcomes to the Executive Director
- c) If the complainant is not satisfied with the outcome of the investigation they are welcome to submit a letter to the Executive Director outlining the reasons for their dissatisfaction. Upon receiving and reviewing the letter they will be afforded the opportunity to meet with the Executive Director to discuss their concerns, after which the Executive Director will determine if further investigation or action is warranted.

## **Disciplinary Actions**

Disciplinary action for violations of this policy will take into consideration the nature and impact of the violations and may include a verbal or written reprimand, suspension or termination. Similarly, deliberate false accusations are of equally serious nature and may also result in disciplinary action up to and including termination.

## **ACKNOWLEDGMENT**

I have read, understand and accept the Toronto North Support Services Prevention of Workplace Violence policy.

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Signature of Employee

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Date

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Print Name

Updated August 2019

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.4.2B</i>
<b>Subject:</b>	<i>Supporting Staff to Manage Aggressive/Abusive Behaviour by Clients</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>August 2019</i>	<b>Next Revision Date:</b>	<i>August 2020</i>

## Procedures: Supporting Staff to Manage Aggressive, Abusive Behaviour by Clients

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**The following are steps to follow when a staff member expresses concerns about client behaviour:**

1. Staff member feels threatened by a client
2. Staff comes forward and talks with manager
3. Manager discusses incident, requests an occurrence report be filled out
4. Depending on the seriousness of the incident, the manager decides on a path; if the reported behaviour isn't so serious that continued service is out of the question, then path A should be followed; note that the steps may be done in a different sequence, depending on the particulars of the situation

A. Incident	B. Very Serious Incident – Service Discontinued
Manager explores with staff possible reasons for client behaviour, in order to <b>determine safety issues</b> , whether a change of staff would be best, whether behaviour is likely to change etc	Manager <b>explores with staff</b> whether s/he wants to go to police
<b>Manager contacts client</b> to hear their perspective and inform him/her that behaviour is unacceptable and will need to cease or change if service is to be continued; if appropriate, a letter is sent to client with clear expectations	If staff wants to consult police/press charges, <b>manager offers to accompany them to police station</b>

If staff member wants to <b>consult police/press charges, manager offers to accompany</b>	<b>Manager assesses for Duty to Warn and consults ED</b>
Manager <b>assesses whether and under what conditions service can continue</b> – looks at different strategies to increase safety and decrease likelihood of a recurrence	<b>Manager informs client and assesses risk to staff, other staff, office etc and takes appropriate steps</b>
Manager/staff <b>document in client file</b>	Manager <b>offers support/ resources to staff</b>
Manager <b>monitors situation going forward</b>	Manager/ staff <b>document in client file</b>

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Policy #:</b>	<i>4.5A</i>
<b>Subject:</b>	<i>Occurrence Reports</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>August 2019</i>	<b>Next Revision Date:</b>	<i>August 2020</i>

## Policy: Occurrence Reports

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An Occurrence Report is a written document describing an accident, injury, or incident involving Toronto North Support Services staff, students, volunteers or clients. It generally refers to an unexpected or negative event and is used in a variety of situations from client deaths to motor vehicle collisions to formal complaints of harassment to privacy breaches and incidents. The organization uses these documents for record keeping, to track dangerous situations, to manage risk and to learn from experience. It is essential that all staff complete an Occurrence Report whenever something occurs which is outside of the norm or involves risk to an employee, volunteer, student or client.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.5.1B</i>
<b>Subject:</b>	<i>Occurrence Reports</i>	<b>Effective:</b>	<i>June 2007</i>
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## Procedure: Occurrence Reports

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Occurrence reports should be precise, objective and non-judgmental. It is important to note what took place, where, and when it occurred. If a client was involved, it is usually appropriate to write a note in their file detailing the situation. That note is not considered an Occurrence Report.

The timeliness of Occurrence Reports is important, as there is often follow-up required. **Serious occurrences involving clients must be reported immediately to a Manager by phone.** If the Manager is unavailable, the Executive Director, Human Resources Manager, or another Manager should be contacted. The appropriate Manager will determine how quickly an Occurrence Report needs to be completed. For ‘serious occurrences’ the report should be filled out within 48 hours and for other occurrences the report should be filled out within five (5) working days.

Occurrence reports are not part of a client’s or an employee’s file. In the case of an occurrence involving a client, names should not be used in the report. Occurrence reports involving staff may use names.

**Serious occurrences** may include:

- Death of a client while participating in our service
- Physical aggression involving clients or employees
- Any injury to employees while on the job (see the policy on critical injuries)
- A motor vehicle collision, minor or otherwise
- Theft or vandalism of property or equipment
- Privacy incident or breach
- Suicide attempt that required staff intervention

Other occurrences may include:

- Unplanned police contact
- Verbal harassment toward an employee in the course of work
- Any incident involving clients or staff which has the potential for media coverage
- Formal complaints made about another staff member or Manager
- Any other situation a staff member feels is important to document

Please see **Occurrence Report, Appendix I**

**Tracking Occurrences:**

An occurrence report is signed by the staff member who completes it. It is then submitted to the Manager, who reviews it, adds any relevant information, and submits it to their supervisor or the Executive Director. Each level of management staff is expected to review the report and sign off, adding pertinent information or identifying relevant issues to review with the individual staff member or the team.

Occurrences are reported on by the Executive Director to the Board of Directors at each meeting. The Board is responsible for the overall risk management in the agency. The Executive Director is sometimes asked to follow up on a particular issue, and does so by investigating and reporting back to the Board.

**Annual Occurrence Summary:**

At the end of each fiscal year, the Executive Director summarizes occurrences into categories and presents relevant information to the agency staff members. As part of this process, patterns will be identified; changes or escalations in occurrences, and recommendations for remedial actions over the coming year will be made. Health and Safety related occurrences will be summarized and reported to the health and safety committee.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.1.3B</i>
<b>Subject:</b>	<i>Office Safety, Security and Fire Procedures</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>August 2019</i>	<b>Next Revision Date:</b>	<i>August 2020</i>

# Procedures: Office Safety, Security and Fire Procedures

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**All Toronto North Support Services Sites are equipped with an Emergency Response Plan. All staff should become familiar with its location and contents.**

## Railside Office

There is one key that works for all doors of the Railside office. Staff members must sign in and out of the office and therefore are encouraged to enter and exit through the front door (unit 2). Anyone using the back door(s), is asked to lock it immediately after use.

It is not possible to duplicate the office key. Any loss or theft of the office key should be reported immediately to administrative staff.

It is generally a good idea to lock the office doors if one is going to be alone in the office. If staff members are expecting someone, there is a doorbell that can be heard throughout the office. Always lock the front door if administrative staff members are not present.

Employees and volunteers are not allowed to see a client alone in the office without first getting permission from their Manager.

### Alarm Procedures:

The office is equipped with an alarm system that must be activated at the end of each day, and during the day on weekends. The alarm must be disarmed whenever there is someone in the office.

The following are steps to follow in arming and disarming the system:

#### *Entering:*

1. Enter with the office key.
2. Listen for the whining sound that indicates that the alarm is ARMED. The light beside “Armed” on the panel will be lit.

3. Each staff member will receive a four-digit code upon starting employment with the organization. Punch in that code. The whine will stop and the alarm will be in the “Ready” mode. (**Enter the code only once. If it is entered twice, the alarm will have been rearmed.**)

*Exiting:*

1. Check to make sure that there is no one else in the building.
2. Check that all doors are closed and locked.
3. Stand by the exit door with keys ready and wait until the light on the alarm is green; enter the 4-digit code and immediately exit the office. (The alarm system allows for 45 seconds before the alarm is activated). If a staff member must immediately re-enter the building, enter the access code again to disarm.
4. Lock the inside and outside doors at the front.

*Tripped Alarm:*

1. If the alarm is tripped, call API Alarm Inc. at 1-800-897-1039
2. Give them the account # 18-18-1993
3. Staff members should give the alarm company representative their name, location and the individual PIN which confirms that they are a current Toronto North Support Services employee.
4. If staff members do not get to the alarm company fast enough, the alarm company will call the main office line. Staff members should answer the phone if this happens and give the representative their PIN.

This PIN consists of the four digits staff provided to administrative staff upon beginning employment with the organization. Many staff members use their mother’s birthday as a memory device. The format is month-day so February 1<sup>st</sup> would be 0201.

**Panic Alarms:**

There are panic alarm buttons under the three desks in the reception area, and the desk in the office at the end of the hall, closest to the back doors. When activated, these alarms will trigger an audible and/or visual alarm in the large meeting room, the main hallway and both staff work areas. If this alarm is triggered, staff should calmly make their way to the reception area to offer their assistance.

**Fire Procedures:**

The office is equipped with a sprinkler system that is activated by heat. Each sprinkler acts individually, and the system is monitored by the fire department. The fire department will arrive at the site if any sprinkler goes off or if the pressure in the system decreases. As well, there is a battery operated smoke alarm in the kitchen area.

1. The organization has assigned the duties of fire marshal for the office to the Human Resources Manager and, in absence, the reception staff.
2. When a staff member becomes aware of a fire in the office, they should make the fire marshal aware by yelling “fire” and describing the location.
3. Attempts should be made to put out the fire using the fire extinguishers, which are located in the kitchen and in the front entrance way.
4. If/when the sprinklers are activated, employees, volunteers and clients should leave the building.
5. If there is a need to evacuate, the fire marshal or her designate will make an announcement over the intercom, telling people which doors are safe to leave by. Staff should assemble across the street.

6. Should a fire occur in another unit of the building, the fire department will give direction as to the appropriate course of action. (Remember: If someone's clothes are burning, they should be told to drop and roll.)

**Safety in the Office:**

When in the office, employees and volunteers are reminded to follow these guidelines:

- Clients cannot be in the office without supervision from a staff member.
- When using the kitchen with clients, it is the responsibility of the supervising staff to monitor the safe use of knives and scissors.
- Repeated pressing of the 'page' button on any phone in the office is used by any staff member who needs assistance in the case of a threat, any staff member who is present in the office should lend immediate support but not crowd or exacerbate the situation
- Alarms have been installed under the desks in the reception area and the office at the end of the hallway. When pressed these alarms will make a noise and flash red in the big meeting room and the staff office. Any staff member who is present in the office should lend support immediately if this alarm is triggered.
- Staff members should never use a ladder without having completed working at heights safety training or having a spotter standing at the base to steady it.

**Front St. Office, Suite 304**

**Office Security:**

There is one key that works for the main door of the Front St. office.

The front door of the office is to be kept locked:

- When there is no one working in the front of the office
- When only one person is in the office
- When there is an imminent threat to safety such as an individual who has made threats and it is believed that they may present themselves at the office

Any loss or theft of the office key should be reported immediately to the Finance and Administrative Coordinator, or after hours, to the Executive Director.

Staff members are not allowed to see a client alone in the office. Any exceptions to this would have to be cleared with the appropriate Manager.

When the last person leaves the office at any time during the workday, after hours, or on weekends, please ensure the following procedures are followed:

**Files and Van Keys**

- Lock the filing cabinet, put keys in lock box
- Put the van keys in the lock box if you have either set

**Doors and Windows**

- Door to the office must be checked and locked
- Check the windows in the office to ensure they are closed and locked

Arm the alarm (see procedures below)

**Alarm:**

The office is equipped with an alarm system that must be activated at the end of each day, and during the day on weekends. The alarm must be disarmed whenever there is someone in the office. The last person to leave the office at any time during the workday must set the alarm. It is best to do this task just before leaving as motion detectors activate two minutes after arming.

The following are steps to follow in arming and disarming the system:

*Entering:*

1. Enter with the office key.
2. Listen for the whining sound that indicates that the alarm is ARMED. The light beside “Armed” on the panel will be lit.
3. Punch in the four-digit code; the whine will stop and the alarm will be in the “Ready” mode. (Enter the code only once. If it is entered twice, the alarm will be rearmed.)

*Exiting:*

1. Ensure no one else is in the office.
2. The green “Ready” checkmark must appear in order to arm the alarm
3. The arrow keys allow one to check on any of the 5 zones
4. Enter the code #
5. A lock icon appears when the system is armed
6. Exit immediately and lock the door.

*Tripped Alarm:*

1. If the alarm is tripped, enter the code immediately

If the alarm cannot be successfully shut off right away, staff members should:

1. Call the API security company immediately:

1-800-387-4641

2. Give them the account # 18-18-3739
3. Give them their personal password (4 digit number) and explain it is a false alarm and no dispatch is needed.
4. Leave a message for the Manager.

**Fire Procedures:**

The office is equipped with a sprinkler system that is activated by heat. Each sprinkler acts individually, and the system is monitored by the fire department. The fire department will arrive at the site if any sprinkler goes off or if the pressure in the system decreases. As well, there is a battery operated smoke alarm in the kitchen area.

1. The organization has assigned the duties of fire marshal for the office to the Staff Supervisor and a Case Manager.
2. When a staff member becomes aware of a fire in the office, they should make the fire marshal aware by yelling “fire” and describing the location.

3. Attempts should be made to put out the fire using the fire extinguishers, which are located in the kitchen and in the front entrance way.
4. If/when the sprinklers are activated, employees, volunteers and clients should leave the building.
5. If there is a need to evacuate, the fire marshal or her designate will make an announcement over the intercom, telling people which doors are safe to leave by. Staff should assemble across the street.
6. Should a fire occur in another unit of the building, the fire department will give direction as to the appropriate course of action. (Remember: If someone's clothes are burning, they should be told to drop and roll.)

### **Safety in the Office:**

When in the office, staff members are expected to follow these guidelines:

- Clients cannot be in the office without supervision from a staff member.
- Clients visiting the office for a meeting, group, committee or interview are not expected to roam around the office unsupervised. If early, they should be asked to sit in the reception area. Clients are never permitted in the staff area for reasons of confidentiality. Staff should be aware and alert for clients who seem to be roaming around alone, and should not hesitate to ask if they can be of help to someone who looks like they are somewhere they shouldn't be.
- The code phrase "Travel File" is used to alert everyone present in the office to a critical client situation that requires staff assistance. Any staff member who needs assistance in the office and is unable to request it directly is encouraged to use the intercom and request that the "travel file" be brought to the location at which they require help. Any staff member in the office is then expected to proceed quickly but calmly to the area to lend support.
- Staff should exercise caution when leaving the office after dark. If possible, staff should leave together.
- Staff should never use a ladder in the office without having completed working at heights safety training or having a spotter standing at the base to steady it.

### **Yonge Street Office**

There are two keys for the 4<sup>th</sup> floor Yonge St office – one for the back door and one for the front. In addition there is another key to gain access to the building at the street level. Visitors to the office are required to sign in and out, and therefore are encouraged to enter and exit through the front door near reception. Anyone using the back door is asked to make sure it is shut behind them as it locks automatically. Any loss or theft of the office/building keys should be reported immediately to administrative or management staff.

Generally during regular office hours, the front door of the office is unlocked. The door must be locked if there is only one staff member present, if it is after 5pm or when there is an imminent threat to safety, such as an individual who has made threats and it is believed that they may present themselves at the office. Staff members are not permitted to see clients alone in the office without first getting permission from their Manager.

The street-level doors are unlocked from 8am to 6pm. Before or after this time, those wishing to enter the building must enter a code on the keypad to the left of the door. This code should only be used by staff and not given to visitors. If a visitor is expected after hours and needs to enter the building they should call 416-640-1934 on the directory phone outside of the building.

**Alarm Procedures:**

The office is equipped with an alarm system that must be activated at the end of each day, and during the day on weekends. The alarm must be disarmed whenever someone is in the office.

Arming and disarming the system:

*Entering Office:*

1. Enter with the office key.
2. Listen for the beeping sound that indicates that the alarm is ARMED. The light beside “Armed” on the panel will be lit.
3. Enter in the 4-digit code. The beeping will stop and the alarm will be in the “Ready” mode. (**Enter the code only once. If it is entered twice, the alarm will have been rearmed.**)

*Exiting:*

1. Check to make sure that there is no one else in the building.
2. Check that all doors are closed and locked (including the door handle lock)
3. Turn off all lights in the office.
4. Stand by the exit door with keys ready and wait until the check mark light on the alarm is green; enter the 4-digit code and immediately exit the office. (The alarm system allows for 45 seconds before the alarm is activated). If a staff member must immediately re-enter the building, enter the access code again to disarm.
5. Use your key to lock the deadbolt lock to the office.

*Tripped Alarm:*

1. If the alarm is tripped, call API Alarm Inc. at 1-800-897-1039
2. Staff members should give the alarm company representative their name, location and the individual PIN code which confirms that they are a current Access Point staff.
3. If the staff member does not get to the alarm company fast enough, the alarm company will call the main office line. Staff members should answer the phone if this happens and give the representative their PIN code.

This PIN consists of the four digits each staff member provided to administrative staff upon beginning employment with the organization. Many staff use their mother’s birthday as a memory device. The format is month-day so February 1<sup>st</sup> would be 0201.

**Panic Alarms:**

There are panic alarm buttons in each of the small meeting rooms and at reception. When activated, these alarms will trigger an audible alarm. If this alarm is triggered, staff members should calmly make their way to the reception area or appropriate meeting room to offer their assistance.

**Fire Procedures:**

The office is equipped with a smoke and heat detectors which will sound if there is a problem. If any of these alarms sound, investigate and if necessary, call the fire department at 911.

1. When a staff member becomes aware of a fire in the office, they should make the fire marshal aware by yelling “fire” and describing the location.
2. Attempts should be made to put out the fire using the fire extinguishers, which are located in a cabinet opposite to the reception desk, outside the server room, beside the middle inside office door and in the kitchen
3. If/when the fire alarm is activated, employees, volunteers and clients should leave the building.
4. If there is a need to evacuate, the fire marshal or her designate will make an announcement telling people which doors are safe to leave by.
5. Should a fire occur in another unit of the building, the fire department will give direction as to the appropriate course of action. (Remember: If someone’s clothes are burning, they should be told to drop and roll.)
6. If staff has been told to evacuate the office, they should congregate at the Parkette at 17 Charles St. East.

**Safety in the Office:**

When in the office, employees and volunteers are reminded to follow these guidelines:

- Clients cannot be in the office without supervision from a staff member.
- When using the kitchen with clients, it is the responsibility of the supervising staff member to monitor the safe use of knives, scissors and all kitchen equipment.
- Staff should never use a ladder in the office without having completed working at heights safety training or having a spotter standing at the base to steady it.
- Clients visiting the office for a meeting, group, committee or interview are not expected to roam around the office unsupervised. If early, they should be asked to sit in the reception area. Clients are never permitted in the staff area for reasons of confidentiality. Staff members should be aware and alert for clients who seem to be roaming around alone, and should not hesitate to ask if they can be of help to someone who looks like they are somewhere they shouldn’t be.
- Staff members should exercise caution when leaving the office after dark. If possible, staff members should leave together.
- When there is an imminent threat to safety such as an individual who has made threats and it is believed that they may present themselves at the office, the office front door should remain locked and the yellow sign should be placed in the door, alerting staff to keep the door locked.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.1.4B</i>
<b>Subject:</b>	<i>Driving Safety</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>August 2019</i>	<b>Next Revision Date:</b>	<i>August 2020</i>

## Procedures: Driving Safety

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The organization and staff have a shared responsibility to minimize the risks related to driving on the job. Risk can be created by a number of factors:

- Tight schedules
- Inclement weather
- Traffic congestion
- Aggressive drivers
- Poor driving knowledge or skill

### Organization Responsibilities:

The organization has a responsibility to encourage staff members to practice safe driving and improve their skills. The organization has a policy in place which defines minimum insurance coverage (see policy 2.21A – Car Insurance). It has a responsibility for ensuring that staff members meet those standards.

The organization encourages staff members to bring safety concerns forward, particularly with regard to driving clients (see below, Transporting Clients).

The upkeep and maintenance of Toronto North Support Services -owned vehicles is the responsibility of the organization, though staff should bring forward concerns and may be asked to contribute to safety checks.

### Staff Responsibilities:

All staff members who are driving as part of their job, regardless of whether they are using their own vehicle or the organization's, have some responsibilities for ensuring their own safety and that of the clients whom they are transporting.

Staff must:

- Ensure that they and any passengers use seat belts
- Obey posted speed limits
- Limit talking on a cell phone while driving and when necessary use hands free only
- Assess their vehicle for road readiness before setting out (i.e. check fuel level, tire pressure, windshield wipers, lights, battery)

- Report any injuries or accidents, no matter how minor, to their manager

Staff members who are using their own cars for work must:

- Maintain and show proof of car insurance annually, that meets the standard set by the board of directors
- Ensure that their car is well maintained and roadworthy

The following are safe driving practices that all staff members should adhere to:

- Limit talking on a cell phone while driving and when necessary use hands free only
- Travel with a first aid kit
- Practice defensive driving at all times

In case of a breakdown:

- Pull off the road at a safe place and turn on the four-way flashers
- Use a cell phone to contact emergency services

## **Winter Driving:**

Because driving conditions can vary across the city, there will be times when staff members must use their judgment to determine whether it is safe to drive. When driving in winter storm conditions:

- Reschedule appointments if the situation becomes dangerous
- Plan ahead to ensure having enough fuel
- Clear all snow and ice from the hood, roof, windows and lights
- Clear all windows of fog
- Keep to main roads if possible
- Drive cautiously and match speed to conditions
- Be cautious in passing other vehicles
- Inform someone, of intended travel route, and arrival time

In the event that a winter storm advisory has been declared and the public is being advised not to drive, the Executive Director or her designate will make an announcement via an all-staff voicemail message and email. Staff will be advised to get off the road unless they need to attend to an urgent client matter. Where possible, staff members are expected to work from home or the office for the rest of the work day, making phone contact with clients and doing other indirect and administrative tasks.

In the absence of an all-staff announcement, it is the individual staff member's responsibility to get his or herself to work. If the local conditions make that difficult, a staff member can:

- Take vacation, personal or lieu time hours
- Use public transit
- Reschedule appointments so that the time and visits are made up on another day of the week (Case Management programs )
- Contact the Manager, communicate driving concerns and develop a plan of action ( M-DOT)
- Contact the appropriate Manager and discuss options for getting to or from the office (Access Point and administrative staff)

While no staff member is expected to put themselves in danger, staff members who use their own vehicle for work are expected to maintain them in such a way as to make them drivable and safe in winter weather conditions (e.g. winter tires, washer fluid, and regular maintenance).

### **Aggressive Drivers:**

- Avoid eye contact and refrain from exchanging words, gestures or retaliatory driving maneuvers
- Stay in control of the vehicle and make every effort to allow the driver to pass
- If pursued by an aggressive driver, go directly to a nearby safe area or police station
- Call for help on a cell phone

### **Supplies recommended in the car at all times:**

#### *All Year:*

- Flashlight
- First aid kit
- Road maps
- Booster cables
- Warning lights/sign

#### *For Winter:*

- Blanket
- Extra clothes
- Ice scraper and brush
- Shovel
- Sand, salt or kitty litter

### **Transporting clients:**

Staff members are expected to use judgment and assess risk when deciding to transport a client.

Whenever an employee feels unsafe in transporting a client in their car, they should refrain from doing so. Staff members should be particularly wary when transporting a client who is in crisis. Irrational or aggressive behaviour can put everyone in the vehicle at risk. Careful assessment should be done and possible alternatives considered. A taxi can be used in a crisis situation, at the discretion of the Manager or Executive Director.

### **Multi-disciplinary Outreach Team**

Outreach staff members transport clients on a regular basis in vehicles owned by Toronto North Support Services. It is the expectation of the organization that staff members consistently assess clients for their potential risk to other clients and/or staff members before they enter the van. This is best done by parking the van and interacting with the client outside the vehicle.

Level of intoxication, agitation, or any signs of aggressive behaviour or possession of potential weapons should all be assessed. Knowledge of previous aggression is helpful and extra care should be exercised with new clients. If staff members believe that there would be an unacceptable level of risk to either themselves or anyone else in the van, the client should not be transported. The client can then be given a token and directed to use the TTC.

If any behaviour occurs in the van that the staff member feels puts safety at risk, the van should be safely pulled over and stopped. After de-escalation has been attempted, the client may be asked to exit the van and given a token. 911 should be called if the situation is not resolved quickly.

Temporarily barring the client from receiving transportation service may be considered if the behaviour was verbally threatening or physically aggressive. In such a case, an Occurrence Report should be filled out, and the incident discussed with the Manager. A decision about temporary barring will then be made and communicated to the team. It should be noted that temporarily barring a client from the van does not mean that the client is barred from receiving service by the program.

### **Annual Verification and Sign off by Staff Members:**

At the beginning of each year (April), every staff member who uses their car during the work day must:

1. Provide proof of insurance coverage, in compliance with the level set from time to time by the board of directors, to the HR Manager
2. Provide sign-off to the HR Manager that they have reviewed, understand and are in compliance with the Driving Safety Policy

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Policy #:</b>	<i>4.6A</i>
<b>Subject:</b>	<i>Work-Related Grief and Trauma</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>September 2019</i>	<b>Next Revision Date:</b>	<i>September 2020</i>

## Policy: Work-Related Grief and Vicarious Trauma

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Toronto North Support Services as an employer wishes to support the staff teams and individual employees in coping with work-related death, loss and grief. Many of the individuals we serve may have complex health issues, can be in frail health, have lifestyle-related risks, and may be susceptible to suicide or trauma resulting in death. As service providers, employees are impacted by these losses to greater and lesser degrees. Toronto North Support Services acknowledges that feeling grief after the loss of a client is in no way an indication of poor boundaries or lack of professionalism. Experiencing grief when someone dies is natural and normal when one is working closely with an individual needing support. Toronto North Support Services acknowledges that suicide loss can be particularly difficult for staff members.

Toronto North Support Services' program staff members are trained professionals who are capable of dealing with sometimes very emotionally trying situations. This does not mean, however, that they will not be affected by serious incidents, either by experiencing them or hearing about the experience of others. In situations involving injury or death, a staff member may appear to be handling the situation well, calling on emergency resources efficiently and providing support and comfort to other clients or staff. In cases of violent incidents or threats of violence, staff members may react coolly in the moment, using de-escalation skills to calm the person and defuse a potentially dangerous situation. Afterwards, the staff member may seem unaffected by the incident, but they may have a delayed reaction to it. Witnessing these types of incidents, or hearing clients' stories of violence or struggle, can have a cumulative negative impact on a frontline worker. This is called vicarious trauma.

Toronto North Support Services will work to ensure adequate and appropriate support opportunities for staff members to deal with work-related grief and vicarious trauma. In addition, Toronto North Support Services will provide a range of internal and external (as appropriate) support services and resources.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.6.1B</i>
<b>Subject:</b>	<i>Work-Related Grief and Trauma</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>September 2019</i>	<b>Next Revision Date:</b>	<i>September 2020</i>

## Procedure: Work-Related Grief and Vicarious Trauma

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Managers have a particular responsibility to encourage and support staff members to take care of themselves and each other. Where needed, professional counseling may be provided through the Employee Assistance Program (EAP). When a death or distressing event occurs, the Manager should meet with the affected staff member to explore what happened and its impact on them. The discussion should include an identification of what types of support that the staff member needs and the resources that may be available. Other team members are encouraged to help their colleagues to be aware of grief and vicarious trauma and to seek help and support to deal with it.

The following options are available to employees and staff members as resources. Decisions made about the use of these resources will be made in consultation with management, taking into consideration the situation, and the impact of the situation on the staff and/or staff teams:

- The Employee and Family Assistance Program
- De-briefing (individual or group) within three days of the incident
- One-to-one supervision with your direct Manager on a regular or increased basis (to help work through the issues and grief as they surface)
- Unscheduled support from managers
- Team Meetings (sharing, supporting and encouraging each other through losses)
- Speaking with peers who have been through loss and supporting team members experiencing grief
- Critical Incident De-briefing (outside or neutral party facilitating a one-to-one or group de-briefing)
- Taking time off work and seeking the assistance of a Family Physician or other medical professional when needed
- In cases of death, attending the funeral, holding a memorial, or finding a way to say goodbye (e.g. picture, poem, song, drawing, card to family/friends, planting a tree) can help

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.1.5B</i>
<b>Subject:</b>	<i>Safe Arrival Protocol</i>	<b>Effective:</b>	<i>June 2014</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2014</i>
<b>Last Revision Date:</b>	<i>September 2019</i>	<b>Next Revision Date:</b>	<i>September 2020</i>

## Procedure: Safe Arrival Protocol

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This Safe Arrival Protocol has been developed to ensure the safety of the members of the Toronto North Support Services staff team. The protocol is designed to ensure that the whereabouts of staff members is known at all times.

The administrative team will ensure that the following information is available and up to date:

- The Staff Contact List, and
- The Employee Personal Information Call List

Staff members will:

- Give the Administrative Department up-to-date information regarding their address, phone numbers and emergency contact information in a timely manner
- Carry an agency cell phone while working in the community with location services enabled
- Accurately fill in their Outlook calendar with their schedule for the day
- Keep cell phones turned on unless required to turn them off (e.g. court, jail, hospital, etc.)
- Contact their Manager to confirm any significant changes in plans or to indicate that they will be out of communication range for a significant period of time (e.g. court, jail, etc) and reflect the changes in Outlook
- Contact the Manager immediately before entering a potentially unsafe situation and immediately after leaving
- Take steps to keep safe, including working with a buddy in potentially unsafe situations
- Notify the Manager if working after hours

The Manager will:

- Follow up with staff members if they are not where they are meant to be
- Make follow-up calls to the staff member's cell phone, their home phone number, and their personal emergency contact; and contact, if the staff member has not been located using these methods, the Toronto Police Service and report the situation

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Policy #:</b>	<i>4.7A</i>
<b>Subject:</b>	<i>Emergency Preparedness</i>	<b>Effective:</b>	<i>July 2015</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>July 2015</i>
<b>Last Revision Date:</b>	<i>October 2019</i>	<b>Next Revision Date:</b>	<i>October 2020</i>

## Policy: Emergency Preparedness

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Toronto North Support Services is prepared for emergencies across the continuum, from minor events to major disasters, be they sudden, gradual, predictable, or unexpected, in order to maintain continuity of client services. Emergency preparedness planning is twofold, The Emergency Response Plan and Business Continuity Plan.

Emergency situations vary considerably from isolated incidents involving a client and/or staff member to a disaster reaching beyond the organization to the community and affecting the ability to provide services. Emergency preparedness is the responsibility of all staff.

**The goals of the Toronto North Support Services Emergency Response Plan are to:**

- Educate, strengthen and involve staff, students, and volunteers in emergency preparedness
- Work with relevant partner agencies and funders to prepare emergency contingencies
- Provide uninterrupted client services
- Provide information to clients and staff during an emergency
- Reduce the impact of a major disruption on staff, students, volunteers, net income, property, and legal liability exposure
- Ensure the immediate resumption of critical business functions
- Return to normal operations in a timely manner

**The goals of the Toronto North Support Services Business Continuity Plan are to:**

- Identify disasters most likely to affect business continuity
- Identify essential functions to keeping the business operational and to ensure client services
- Identify strategies to achieve business continuity
- Ensure that TNSS has the systems and back-ups in place to continue functioning in the event of a disaster
- Describe opportunities to improve the current state of readiness

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### Emergencies

An emergency is defined as an undesirable event that threatens/results in harm to the:

- Health and safety of clients, staff, students, or volunteers
- Property at 132 Railside Road
- Property at 661 Yonge Street, 4<sup>th</sup> Floor
- Property at 145 Front Street, Unit 304

## Disasters

Emergencies progress to the disaster level when they have the potential to disrupt business continuity as a result of any of the characteristics listed below:

- The duration of the emergency is sufficiently long to affect business continuity (e.g., a power failure)
- The timing of the emergency is such that business continuity is likely to be affected (e.g., a power failure on Monday morning that lasts for two days has a much greater impact on business continuity than a power failure occurring on a Friday afternoon that lasts for two days: the response would vary depending on the timing)
- It is obvious as soon as the event happens that business continuity will be affected (e.g., an office is destroyed in a fire)

Examples of emergencies and/or disasters include but are not limited to:

- Natural disasters such as hurricanes, floods, fires, ice storms
- Power and energy disruptions
- Communications, transportation, and service sector failure
- Environmental disasters such as pollution and hazardous materials spills
- Computer attacks (hacker activity, sabotage)
- Labour force disruptions

**The Emergency Response Team (ERT)** is activated when the seriousness of an emergency situation requires it. The Executive Director, heading the ERT, will make this decision based on the severity and duration of the emergency.

Members of the ERT include:

- Executive Director
- Directors
- Human Resources Manager
- Manager(s) of the area(s) involved in the emergency

The responsibilities of the ERT include:

- Initiating the emergency response
- Documenting the nature of the emergency and the response to it
- Implementing communication strategies with staff, Board of Directors, partner agencies, funders, and the media as appropriate
- Ensuring services are maintained by prioritizing client needs

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.7B</i>
<b>Subject:</b>	<i>Work-Related Grief and Trauma</i>	<b>Effective:</b>	<i>July 2015</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>July 2015</i>
<b>Last Revision Date:</b>	<i>October 2019</i>	<b>Next Revision Date:</b>	<i>October 2020</i>

## Procedure: Emergency Preparedness

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As part of day-to-day business, Toronto North Support Services is guided by ethics, sound clinical training, and good business sense. This foundation incorporates practices, processes, and systems that are the basis of a successful response to emergencies and that contribute to either:

- Avoiding a situation from developing into an emergency
- Successfully managing an emergency
- Minimizing the effects of an emergency

### Emergency Response Plan

All management staff are to keep a copy of the emergency binder and business continuity plans at home and add updates as supplied by the HR Manager.

All staff should be familiar with the emergency binder at each site and are expected to participate in drills and other emergency preparedness activities, including updating their contact and emergency contact information as needed.

### Emergency Response Committee

The Emergency Response Committee, chaired by the Executive Director and comprised of the management group, ensures that the Emergency Response Plan is current and reflects the organization's emergency readiness. The Committee meets at the call of the Chair, reviews the Emergency Response Plan on an annual basis, and sets the schedule for emergency drills throughout the year. As a result of the feedback from the drills, the Committee ensures continuous quality improvement by incorporating new/revised processes into the Plan. This Committee is also responsible for the oversight, planning, testing and audit of the Business Contingency Plan.

**The Emergency Response Team (ERT)** is activated when the seriousness of an emergency situation requires it. The Executive Director, heading the ERT, will make this decision based on the severity and duration of the emergency.

**Health and Safety Committee**

The Health and Safety Committee will address any issues brought forward by staff or discovered while conducting annual site inspections. Policy 4.2A

**Fire Marshals**

Each site will conduct regular fire safety drills. The HR Manager will ensure that each site will have at least one staff responsible as fire marshal. The fire marshal will take a lead at each site to conduct fire drills and ensure each staff exits the site safely, takes attendance at the designated meeting place and communicates with emergency response staff if necessary during an actual emergency. All staff present at each site are required to follow the direction of the fire marshal and respond to fire alarms following the site safety procedures. The fire marshal will also take the lead in all other five types of drills that are conducted annually at each site; Medical Emergency, Bomb Threat, Natural Disaster, Utility Failure and Violent/Threatening Situation. (Policy 4.1A)

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Policy #:</b>	<i>4.8A</i>
<b>Subject:</b>	<i>Lock Down</i>	<b>Effective:</b>	<i>January 2017</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>January 2017</i>
<b>Last Revision Date:</b>	<i>November 2019</i>	<b>Next Revision Date:</b>	<i>November 2020</i>

## Policy: Lock Down

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Toronto North Support Services strives for inclusivity and the removal of barriers to service. On rare occasions, the safety of our staff, clients, volunteers, students and premises must take precedence over other considerations, and this policy is meant to address such situations. In the event of an emergency situation that involves a threat of violence toward a person or property, the following process should be followed. Following this process will ensure that all information is received by the appropriate people within the organization in a timely manner and that no necessary steps are left out.

All possible efforts need to be made to ensure the safety of staff, clients, the general public and our offices, while maintaining client privacy and service delivery. When a lock down of the premises is deemed necessary, it shall be implemented following the procedures outlined below. All staff members must be familiar with and trained in the lock down procedures of Toronto North Support Services.

The level of risk to persons and/or property should be assessed at each stage and for the duration of the threat.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Procedure #:</b>	<i>4.8.1B</i>
<b>Subject:</b>	<i>Lock Down</i>	<b>Effective:</b>	<i>January 2017</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>January 2017</i>
<b>Last Revision Date:</b>	<i>November 2019</i>	<b>Next Revision Date:</b>	<i>November 2020</i>

## Procedure: Lock Down

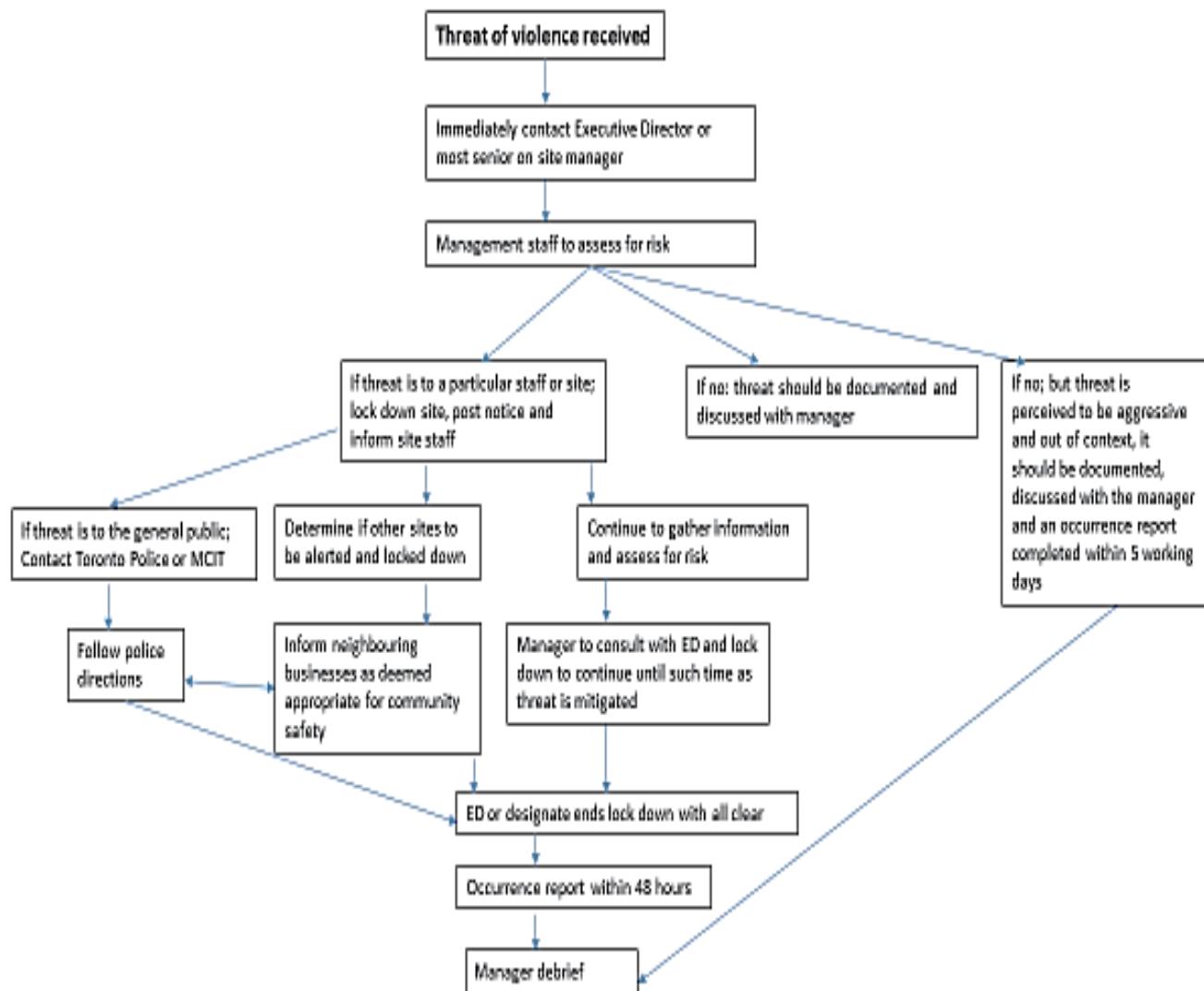
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1. Staff member receives information of a direct threat to either a person or property associated with the organization. If by voice mail or email, the message should be saved.
2. The person who receives the threat informs the Executive Director and/or the most senior member of the management staff at their home office.
3. That management staff makes a decision whether or not to contact Toronto Police, either through 911 or to the MCIT (Mobile Crisis Intervention Team) and notifies the staff involved.
4. Entrances to that office site are locked and a notice is placed in the door so that staff coming and going know to keep the door locked.
5. The staff member who reported the threat meets with management staff and/or Executive Director, and a decision is made whether or not to alert other staff members who work out of the office(s).
6. The management staff determines whether the other Toronto North Support Services sites need to be alerted, based on knowledge of the client or the situation. If so, the senior staff at the other site(s) is/are alerted and follow the same procedure.
7. The Executive Director, her designate or the police determines whether neighbouring businesses and landlord are informed, based on perceived level of risk, as this step may involve breaching client privacy
8. When possible, client information gathered by the program related to risk will inform decision-making
9. The senior staff member at each site provide daily updates to administrative staff and any other involved parties with regards to ongoing lock down or developments
10. Doors are kept locked until the ED or her designate determine that the threat no longer warrants continued precautions
11. Debrief discussion takes place between staff member and their Manager regarding next steps and follow up, e.g. possible discharge from TNSS services, EAP referral for staff
12. Manager to close loop with staff about outcome following the event

13. An Occurrence Report is completed for which responsibility will be determined by the senior management staff member. (see Occurrence Reports 4.5A)

### Risk Assessment Decision Tree:

The following is intended as a guide and is by no means exhaustive of all possible alternatives. The perception of the level of threat will need to be continually re-evaluated and take into account the context of the situation. Assessing the level of risk must be completed at each stage.



STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Safety and Security</i>	<b>Policy #:</b>	<i>4.9A</i>
<b>Subject:</b>	<i>Items of Potential Risk</i>	<b>Effective:</b>	<i>January 2017</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>March 2017</i>
<b>Last Revision Date:</b>	<i>November 2019</i>	<b>Next Revision Date:</b>	<i>November 2020</i>

## Policy: Items of Potential Risk

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The agency has a responsibility to manage risk posed by individuals who bring items into a workspace that pose a threat to others. All programs will follow the procedures described below regarding the handling of items brought into the programs, including: illegal substances, alcohol, cannabis, prescription medications, tobacco products, weapons and pets. The policy covers everyone associated with the agency, includes clients, staff, board, volunteers and students.

## Procedure: Items of Potential Risk

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### Clients:

When a client enters a program site and discloses that they have legal drugs or prescription medications, the staff member will discuss with the client ways to ensure that the items are safe from being lost, stolen or misused on site. The client will be offered safe storage of the items until they leave the site.

When a client enters a program site and discloses that they have illegal drugs, or are in possession of alcohol, or when staff otherwise determines that a client has brought illegal drugs or alcohol onto the premises they will be asked to leave the premises. Staff will inform clients that illegal drugs and alcohol are not allowed on program sites.

Agency vans will not transport clients who are carrying open bottles of alcohol or when clients are self-administering illegal drugs.

If a client discloses that they have a weapon, or if staff determines that a client has brought a weapon onto the site, the client will be asked to leave the site. Staff will inform clients that weapons are not permitted on program sites. Police will be called if necessary.

No smoking/vaping is permitted at program sites or in the agency vans.

**Staff:**

Staff who are in possession of legal or prescription drugs are required to keep them in a safe location while at work. Staff will make efforts to ensure that the items are safe from being misplaced, stolen or misused on site. Strategies to ensure the safety of the items can be discussed with the program manager.

Staff members are not permitted to have illegal drugs, alcohol or weapons at work at any time.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Safety and Security</i>	<b>Policy #:</b>	<i>4.10A</i>
<b>Subject:</b>	<i>AODA Emergency Procedures, Plans and Information</i>	<b>Effective:</b>	<i>March 2020</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>March 2020</i>
<b>Last Revision Date:</b>		<b>Next Revision Date:</b>	<i>March 2021</i>

This policy is intended to provide the overarching framework to guide the review and development of TNSS policies, standards, procedures and guidelines to comply with the standards developed under the AODA.

## **EMERGENCY PROCEDURES, PLANS AND INFORMATION**

### **Employee Support**

TNSS will inform employees of the policies used to support employees with disabilities, including policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability. TNSS will provide this information to new employees at orientation or as soon as practicable after they begin their employment and provide updated information to all employees whenever there is a change to existing policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability.

For details on employment accommodation for people with disabilities, refer to the *Accommodation in Employment for Persons with Disabilities* policy 2.9A.

### **Accessible Formats & Communication Supports for Employee**

Upon an employee's request, TNSS will consult with the employee to provide or arrange for the provision of accessible formats and communication supports for information that is needed in order to perform the employee's job, and information that is generally available to employees in the workplace.

TNSS will consult with the employee making the request in determining the suitability of an accessible format for communication support.

### **Workplace Emergency Response Information**

If an employee's disability is such that workplace emergency response information is necessary and Toronto North Support Services is aware of the need for accommodation, this information will be provided to employees after the organization becomes aware of the need for accommodation due to the employee's disability and as soon as practicable to the employee to meet section 27(3) of the Integrated Accessibility Standards of the AODA Act, 2005. In addition, this information will be provided, with the employee's consent, to the person designated to provide assistance. The information will undergo review when the employee moves to a different location, when the employee's overall accommodation needs or plans are reviewed, and when Toronto North Support Services reviews its general emergency response plan. (Refer to the

*Individualized Workplace Emergency Response Planning for Employees with Disabilities policy and Emergency Response Plan.)*

### **Documented Individual Accommodation Plans**

A written process for the development and maintenance of documented individual accommodation plans will be developed for employees with disabilities. If requested, these plans will include information regarding accessible formats and communication supports. If requested, the plans will include individualized workplace emergency response information.

### **Return to Work Process**

TNSS will have in place a documented return to work process for employees returning to work due to disability and requiring disability-related accommodations. This return-to-work process will outline the steps that TNSS will take to facilitate the return to work.

### **Performance Management, Career Development, Advancement and Redeployment**

TNSS will take into account the accessibility needs of its employees with disabilities as well as any individual accommodation plans when providing career development and advancement, performance management, and when considering redeployment.

### **BUILT ENVIRONMENT STANDARDS (DESIGN OF PUBLIC SPACES)**

It's important that our offices are accessible to everyone. To ensure our buildings are accessible, we follow the Accessibility for Ontarians with Disabilities Act, 2005 and the Integrated Accessibility Standards Regulation (collectively "AODA") for Design of Public Spaces Standards.

We work with our building management to ensure to ensure our spaces are fully accessible.

TNSS will comply with the AODA Design of Public Spaces Standards (Accessibility Standards for The Built Environment) when undertaking new construction and redevelopment of public spaces in the following areas:

- recreational trails and beach access routes;
- outdoor public use eating areas;
- outdoor play spaces;
- exterior paths of travel;
- accessible parking;
- obtaining services, and
- maintenance of accessible elements.

This policy does not apply to municipal construction that is external to TNSS for which TNSS has provided a permit; however, compliance with the AODA Built Environment Standards is encouraged. TNSS will ensure that the Accessibility Design Standards reflect the AODA Built Environment Standards.

**RESPONSIBILITIES:**

The TNSS Management Team is responsible for reviewing this policy annually and recommending amendments to ensure on-going compliance with regulated accessibility standards and legislated obligations.

**TNSS Management Team**

- Provide advice and direction on the implementation of this policy

**Program Managers and Supervisors**

- Ensure that they and their staff are familiar with and comply with this policy.
- Monitor current practices to ensure compliance

**Monitoring & Contraventions**

The failure to comply with the AODA regulations can result in administrative penalties.

Failure to comply with this policy may result in disciplinary action, up to and including dismissal.

Requests for further information on this policy may be sent to [info@tnss.ca](mailto:info@tnss.ca).

**DEFINITIONS**

**Accessible formats** – Accessible formats may include, but are not limited to, large print, recorded audio and electronic formats, and other formats usable by persons with disabilities.

**Communication supports** – Communication supports may include, but are not limited to, captioning, alternative and augmentative communication supports, plain language, sign language and other supports that facilitate effective communications.

**Disability** – Disability refers to all disabilities protected in the Human [Rights Code, R.S.O. 1990, Ch.H. 19 as defined in sec. 10](#) of the Code as follows:

- (f) 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, and 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,
- (g) a condition of mental impairment or developmental disability,
- (h) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- (i) a mental disorder, or
- (j) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*;

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Safety and Security</i>	<b>Policy #:</b>	<i>4.11A</i>
<b>Subject:</b>	<i>Individual Workplace Emergency Response Planning for Employees with Disabilities</i>	<b>Effective:</b>	<i>March 2020</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>March 2020</i>
<b>Last Revision Date:</b>		<b>Next Revision Date:</b>	<i>March 2021</i>

Toronto North Support Services is committed to the safety of employees who require assistance in an emergency situation, by assigning responsibility for and identifying employees with disabilities, and having a plan to ensure that these employees are able to evacuate a hazardous environment in accordance with the Toronto North Support Services Emergency Procedures and Codes.

It is expected that all employees involved in assisting employees with disabilities during an emergency response do so in a safe manner. Employees must also ensure that the environment, equipment, and tools used during the emergency response are safe and in good working condition.

Note: This policy is available in accessible formats upon request. This policy meets the *Accessibility of Ontarians with Disabilities Act (AODA) Accommodation in Employment Standard*.

#### **ROLES & RESPONSIBILITIES:**

##### **TNSS Management Team**

- Ensure that applicable TNSS Emergency Codes incorporate general procedures and considerations for persons who require assistance to evacuate a hazardous environment in accordance with this policy.
- Ensure that the individual workplace emergency information is provided as soon as practicable after TNSS becomes aware of the need for accommodation due to the employee's disability.
- Review this policy on annual basis

##### **Department Managers/Supervisors**

- Be aware of employees with permanent disabilities and/or those who require temporary assistance to evacuate in the event of an emergency.
- Ensure that employees are trained and aware of the general emergency response plan for employees requiring assistance.
- Notify the Manager, Human Resources & Facilities and other stakeholders, as required, in order to develop and communicate individual emergency response plans.
- Discuss with the employee who requires assistance to determine the level of assistance required to evacuate work areas in the event of an emergency and determine the need to create individualized

emergency response plans based on the procedures designed to achieve the established emergency procedures for the work area and building,

- Assign a buddy to the employee requiring assistance.
- Review the *Individualized Emergency Response Plan* when an employee moves to a different location within TNSS.
- For all locations, designate fire marshals and/or wardens, ensure that they are aware of employees requiring assistance, and what measures are needed for those employees to evacuate the building safely in the event of an emergency.

### **Employees**

- Participate in training on the general emergency response plan for employees requiring assistance.
- Assist those in need.
- Follow procedures as required.
- If assigned to be a buddy, advise the employee who requires assistance of any absences and/or inability to provide assistance.

### **Employee Requiring Assistance**

- Inform the Manager, Human Resources & Facilities of if assistance is required in the event of an emergency situation.
- Work with the Manager, Human Resources & Facilities to determine an individualized plan that will achieve the results intended by the site's established emergency procedures.
- Inform the Manager, Human Resources & Facilities when his/her condition changes, requiring different or more or less assistance.
- During an emergency that requires an evacuation, communicate to staff members if additional assistance with evacuation is needed.
- Maintain communication with the assigned buddy.

### **Manager, Human Resources and Facilities**

- During employee health reviews for new hires, identify permanent and/or temporary disabilities of employees who may require assistance during an evacuation.
- Review, update and communicate the general emergency response plan for employees requiring assistance.
- As part of the return to work planning process, identify the specific functional limitation (i.e. inability to descend stairs) that would warrant an individualized emergency plan.
- During the return to work/permanent accommodation planning, have the manager identify how the emergency response measures for that individual will be applied within his/her/their department.
- In collaboration with the manager and employee, review any restrictions and how they would impact the employee's ability to evacuate (i.e. inability to descend stairs).
- Document the employee's individualized emergency response plan in his/her disability management file using the *Individualized Emergency Response Plan*.
- Use best efforts to obtain employee's consent to share details of the *Individualized Emergency Response Plan* with the people designated to help the employee requiring assistance in an emergency.

- Review and update the individualized emergency response plan when the employee's overall accommodation needs or return to work plans change.

**DEFINITIONS:**

**Buddy:** The employee assigned during the planning stage, who will assist the employee requiring assistance during an evacuation.

**Employee requiring assistance:** Any employee with a permanent or temporary disability that may affect his/her ability to evacuate the building safely during an emergency. Examples of conditions that may affect safe evacuations may include, but are not limited to, inability to climb/descend stairs, inability to hear emergency alarms, and/or see signs, emergency equipment and evacuation directions.



## Part Five:

# Operating Guidelines

## Operating Guidelines

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The Operating Guidelines section contains overarching policies, procedures, and guidelines that affect all aspects of Toronto North Support Services' work. They represent the philosophy and legal obligations of the organization as a whole and should be considered in conjunction with the program specific guidelines. Responsibility for these policies rests mainly with senior management and administration, however, each staff person is expected to know and conform to the expectations held within.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	5.1A/B
<b>Subject:</b>	<i>Privacy Practices</i>	<b>Effective:</b>	November 2012
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	November 2012
<b>Last Revision Date:</b>	<i>November 2019</i>	<b>Next Revision Date:</b>	November 2020

## Policy & Procedure: Privacy Practices

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Toronto North Support Services endeavours to protect the privacy of all clients. To this end, this policy has been written to meet the standards set out in Ontario's Personal Health Information Protection Act (PHIPA). PHIPA governs the way personal health information may be *collected, used and disclosed* within the health care system in Ontario as of November 1, 2004.

Toronto North Support Services is a Health Information Custodian under PHIPA. All staff members are expected to follow a set of procedures with regard to privacy and security of client information, in order to protect the rights of clients.

### Definitions

#### **"Personal Health Information":**

"Personal health information" or PHI is defined as identifying information about an individual whether verbal, written or electronic. Personal health information includes information that:

- relates to the physical or mental health of the individual, including information that consists of the individual's family health history, their payment or eligibility for funding for health care
- relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual
- identifies the individual's substitute decision-maker
- includes the individual's health card number

Information is "identifying" when it identifies an individual or when it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify the individual(s).

#### **"Health Information Custodian":**

A Health Information Custodian, or 'HIC', is an individual or organization under PHIPA that has custody or control of personal health information. Toronto North Support Services is a health information custodian.

#### **"Agents" of a Health Information Custodian:**

An "agent" includes anyone who is authorized by the organization to do anything on its behalf with respect to personal health information. For Toronto North Support Services this includes:

- All staff members, volunteers and students

- Persons contracted to provides services to Toronto North Support Services where the person has access to personal health information (e.g., shredding service, IT consultant)
- 

**“Privacy Officer”:**

Every organization that is a health information custodian must appoint one or more staff members as “Privacy Officers”. A Privacy Officer is responsible for the privacy practices of the organization. At Toronto North Support Services, the Executive Director is the Privacy Officer and contact person as defined by PHIPA.

**“Circle of Care”:**

“Circle of care” is a term used to refer to health care providers who are involved with the same client for the purpose of providing health care. For clients of Toronto North Support Services, the circle of care could include, but is not limited to:

- A centre, program or service for community health or mental health whose primary purpose is the provision of health care
- Mental health supportive housing
- Ambulance
- Community Care Access Centres
- Hospitals and psychiatric facilities
- Health-care practitioners including doctors, pharmacists, psychologists

## **Accountability and Responsibility for PHI**

The Executive Director is the Privacy Officer for Toronto North Support Services and as such, is accountable for protecting and safeguarding the privacy and security of Personal Health Information (PHI) that may be in the control or custody of the organization. She is responsible for the Toronto North Support Services Privacy Program.

This privacy policy shall be implemented across the organization and reviewed regularly to ensure that it reflects updates to the legislation and the organization’s business practices. All staff members, Board Members, students and volunteers must adhere to and apply the privacy policy in their daily work. All third parties requesting access to data in the custody or control of the Organization must comply with the applicable privacy and security policies.

## **Scope and Application**

Toronto North Support Services’ privacy policy and procedures apply to:

- All organization employees, contracted staff, students and volunteers
- All members of the Board of Directors
- Third parties in agreement with Toronto North Support Services to provide services, products and/or solutions
- Information assets (e.g. the client information system) owned or leased by the organization that contain PHI

## Identifying Purpose and Limiting Collection of PHI

1. Toronto North Support Services programs will collect PHI from clients for the purpose of providing high quality mental health and homeless services.
2. Staff members will make attempts to clearly define with clients the purpose for collecting PHI.
3. The PHI collected from clients will be limited to that which is relevant and necessary for the purpose of providing services.

## Use, Disclosure and Retention of PHI

1. The PHI collected from clients will be used and disclosed on a “need to know basis” within the organization and for the purposes that align with the purposes for which it was collected.
2. Toronto North Support Services will not disclose PHI to any external parties without explicit consent from individuals from whom it was collected, except where ‘circle of care’ guidelines apply (see Consent Management – Obtaining Consent, below), or where the organization is obliged by law to do so (see Consent Management – Overriding Consent Directives, below).
3. Files will be stored for 10 years after a client’s discharge date, in a locked area. After 10 years with no contact, the file will be entirely destroyed in a manner that ensures that the contents cannot be identified.

## Consent Management:

### 1. Obtaining Consent

An individual’s consent is required for the collection, usage or disclosure of personal health information. Consent must:

- a) be from the individual or someone authorized under PHIPA to make decisions on their behalf,
- b) be knowledgeable,
- c) relate to the information, and
- d) not be obtained through deception or coercion.

Consent is “knowledgeable” if it is reasonable for Toronto North Support Services staff members to believe in the circumstances that the individual knows the purposes for the collection, use or disclosure, as the case may be, and that the individual may give or withhold the consent, or withdraw it at any time. A client’s capacity to give consent is a prerequisite to the client giving such consent.

Consent may be expressed or implied. **Implied consent** means that, based on the circumstances, Toronto North Support Services can reasonably conclude that consent would be given. **Expressed consent** means providing to the organization a verbal approval, a letter or other written document such as an email.

The PHIPA legislation allows for *health care providers* who are involved with the same client to share information with each other without explicit consent from the client, unless the client has indicated that he does not wish this. This is described as **Circle of Care** and only applies to health care providers.

Only an expressed consent may be used with regards to the disclosure of personal health information about an individual by Toronto North Support Services to a person who is not a health care provider,

(e.g., an employer or insurer) or who requires the information for a purpose other than providing health care.

Toronto North Support Services requires written consent where possible but also accepts other ways to give **expressed consent** including:

- a) Verbal – in person or over the telephone
- b) A letter or directions from a client to Toronto North Support Services
- c) Electronic means where the organization is able to sufficiently identify the person

If the individual places a condition on his or her consent, the condition is not effective to the extent that it prohibits or restricts any recording of personal health information by Toronto North Support Services that is required by law or by established standards of professional or institutional practice.

## **2. Limiting consent to disclose: the “Lock-box”**

Clients have the right to limit the sharing of their personal health information. The “lock-box” is a term of reference used to describe the right of an individual to instruct Toronto North Support Services not to disclose all or part of their personal health information to someone, including a health information custodian.

Clients have the right to not disclose their health information to anyone, including another health information custodian, even if the latter is within the circle of care. If another health information custodian has made a request for access to the personal health information of a client, but the client has refused disclosure of all or part of their file, Toronto North Support Services is obliged to inform the recipient custodian that some personal health information is inaccessible as a result of it having been “locked” by the individual. The custodian who receives notice that information they seek has been “locked” may choose to explore this matter with the client. The custodian would need to obtain the express consent of that individual to access and use that information.

## **3. Withdrawal of Consent**

A consent directive may be withdrawn by the individual at any time by providing notice to Toronto North Support Services, either verbally or in writing. This applies to an implied as well as an expressed consent. The withdrawal, however, cannot have retroactive effect, meaning that where a disclosure of personal health information has been made on the basis of a consent, the withdrawal of the consent does not require the organization to retrieve the information that has already been disclosed – it only means that Toronto North Support Services must stop disclosing information as soon as it receives notice of the withdrawal.

## **4. Recording and Registering Consent Directives**

All consent directives, whether verbal or written, must be recorded so that the information is easily retrievable by the Toronto North Support Services staff member(s) involved with the client’s service(s). Once a consent to collect, use and/or disclose PHI has been obtained from a client, the details of this must be noted in the Alert section of the client Information system (or Pirouette), and the paper copy must be filed in the consent section of the ‘paper’ file. Each subsequent consent directive must replace the previous one.

## 5. Overriding Consent Directives

There are rare situations in which Toronto North Support Services can override a client's wishes to limit the disclosure of his or her PHI. These are:

- a) When the client is deemed to be at imminent and significant risk of self-harm
- b) When a client has a specific plan to seriously harm another person/ persons
- c) When there is reason to believe that a client is placing a child under the age of 16 at risk
- d) When disclosure to police or a court proceeding is mandatory (see below)

In these situations staff members **must** consult with their Manager or the Privacy Officer before overriding the client's privacy wishes. The Manager will assess the situation and decide upon a course of action. Court orders and subpoenas **must** be referred to the Executive Director/Privacy Officer, who will obtain legal advice, as appropriate.

### Disclosures to Police or Court

As a health information custodian under the *Personal Health Information Protection Act, 2004*, the organization has an obligation to keep confidential the personal health information (PHI) of its clients unless disclosure to police is required by law.

### Required Disclosures

Disclosures to police are required by law in the following circumstances:

- a) To eliminate or reduce a significant risk of serious bodily harm to a person or a group of persons.
- b) Pursuant to obligations under a particular statute such as the Coroners Act
- c) To comply with a subpoena, warrant or court order, or
- d) For a legal proceeding.

All disclosures to police MUST be approved by a Manager or the Privacy Officer.

Staff members who receive a court order, subpoena or warrant to legal counsel must forward these to their Manager or the Privacy Officer without delay. A plan will be developed for complying with the required disclosure, and the staff member involved will be supported through the process.

### Permitted Disclosures

Voluntary disclosures to police are permitted (but not required) in the following circumstances:

- a) The organization has the express consent of the client to disclose his or her PHI to the police.
- b) To identify a deceased person or a person reasonably suspected to be deceased or, where reasonable in the circumstances, to inform the police of the fact of the death and circumstances of death.

### **Police Requests for Information**

Police should be dealt with in a courteous manner. Except in the two situations outlined above in Permitted Disclosures, any request for information by a police officer **must** be accompanied by a subpoena, warrant or other court order. If there is a request by police for information, a staff member should notify his or her Manager immediately and must consult with him or her before sharing any information.

### **Accuracy of PHI**

Toronto North Support Services will maintain the accuracy of PHI collected from clients to ensure that the organization is able to deliver services effectively in accordance with its mandate, business continuity plans and/or disaster recovery plans, or to meet the necessary service level commitments.

### **Individual Access to and Amendments of PHI**

Toronto North Support Services will inform clients that they have a right to access their information, to verify the accuracy of data and to correct information as necessary. Should the client express a desire to do any of these, they should be asked to put the request in writing to the Privacy Officer. Toronto North Support Services staff members are expected to assist with this process if needed.

Requests will be responded to promptly, no later than thirty days from the date of the request. The Privacy Officer or her designate will contact the client and invite him/her into the appropriate Toronto North Support Services office to view the contents of the file. All information that has been generated by the organization will be provided to the client. In the case of third-party information, the client will be redirected back to the organization from whence it originated. The client will be provided with photocopies of their Toronto North Support Services file should he or she request these.

### **Safeguarding Information**

Toronto North Support Services will ensure the physical security of any information systems that may store PHI. Toronto North Support Services will use Memoranda of Understanding, Service Level Agreements, Confidentiality Agreements, Third Party Security and Privacy Agreements and its privacy training program to ensure that Toronto North Support Services staff members and third parties understand their obligations for protecting PHI and to create a culture of privacy within the organization. The organization will mandate employees to attend privacy and security training and updates.

All client files are kept locked at all times; a sign-out log is used when an employee wishes to access or temporarily remove a client file from the locked cabinet. The Administrative Assistant or designate, is responsible for safeguarding the keys, ensuring that the cabinets are kept locked at all times, and that the log is maintained and borrowed files are returned at end of day.

The log must be signed by any staff member accessing a client file, with the following information:

1. The staff member's name
2. The client's full name
3. The date and time of access or removal of the file
4. Whether or not the file was accessed or removed
5. If removed, the date and time the file is replaced in the locked cabinet

No client files containing identifying information are to leave the office without prior permission from the Privacy Officer or designate. If a staff member must take client information, such as a specific form, out of the office, every effort to exercise caution when storing and transporting the information and paperwork must be made:

- Never leave the information in an unlocked car
- Don't put the client's name on documents until the last minute
- Keep the information in a bag, briefcase or purse that will not likely be put down and forgotten
- If possible, written information about a client, such as an application form, should only be removed from the office if the client's name and other identifying information (e.g. address) has been omitted or removed.
- All active and closed client records must be stored in a locked filing cabinet or equivalent locked space.
- All USB keys used for client-related work MUST be password protected and encrypted
- All client information contained on a desktop computer must be properly password protected so that it is not retrievable in the event of loss or theft of the computer.
- No client information can be saved on a laptop computer
- Private, identifying client information should never be sent via email. Information may be sent via fax, post or hand delivered.
- Mobile electronic devices used for Toronto North Support Services work must be password protected

## Privacy Questions or Complaints

All clients have the right to ask questions or complain to the organization about the manner in which their information is being kept confidential.

Staff members are expected to assist any client who expresses a wish to either discuss the privacy policy or make a complaint, by facilitating the process. Upon request, all privacy and complaints materials will be made available in other languages or formats to ensure accessibility. For client complaints, the staff member involved / approached is expected to fill out an Occurrence Report and submit it to their Manager and to the Privacy Officer. The privacy incident process outlined below must then be followed. Should no breach be found to have taken place, the Privacy Officer will contact the client within 10 working days to report back her findings and discuss the concerns expressed.

## Privacy Incidents and Breaches

A Privacy Incident is an incident in which it is identified that a possible breach has occurred.

Staff members are expected to report any situation in which there is reason to believe that a client's privacy has been breached. This would include but is not limited to:

- Any PHI left in a public place or where it can be viewed by those not authorized to see it

- Any loss or theft of PHI
- Any complaint made by a client or other stakeholder about how client information is kept private
- Any event in which a staff member of the organization is communicating information about a client against that client's wishes, except in specific override situations (Consent Management – Overriding Consent Directives, above).

### **Reporting an Incident:**

The process for reporting a privacy incident is as follows:

- **Staff must report verbally to the Privacy Officer or their Manager immediately upon discovering an incident**
- The staff member will fill out an Occurrence Report according to the Occurrence Report policy (see policy 4.5A – Occurrence Reports) , and submit it to their Manager and the Privacy Officer within three business days
- All staff members involved are expected to cooperate fully with the investigation into the incident

### **Containment and Investigation:**

The Privacy Officer, upon receipt of the verbal report, will:

- Take any and all immediate measures to secure information, as appropriate
- Investigate the incident fully within three working days, by reviewing the facts
- Determine if a breach has occurred, and if so, follow the Reporting a Breach steps (see below)

### **Reporting a Breach:**

- The Privacy Officer will determine the most appropriate staff member to speak to the client(s) whose information has been compromised; this staff member will inform the client that there has been a breach, and inform them of steps taken to limit the breach and to ensure that it doesn't happen again. They will inform the client that they have the right to make a complaint to the Privacy Officer or to the privacy commissioner, and provide them with the necessary information to do so.
- The Executive Director will make a full report to the Board of Directors at the first available opportunity
- The Privacy Officer will write a report detailing remedial steps taken and recommendations for change, if any

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	5.2A
<b>Subject:</b>	<i>Documentation</i>	<b>Effective:</b>	June 2007
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2007
<b>Last Revision Date:</b>	<i>November 2019</i>	<b>Next Revision Date:</b>	<i>November 2020</i>

## Policy: Documentation

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All client files are the property of Toronto North Support Services. It is the responsibility of each staff member to ensure that they are maintained as per program guidelines, and to adhere to organizational confidentiality procedures.

Documentation is a part of a safe and effective practice. There are a number of purposes for documenting, including communication and accountability.

### Communication

As a communication tool, the record collects all information about services to a client by an organization. Staff members need access to information on an ongoing basis to enable them to do their work well. The record should be clear and complete to ensure a safe and effective transition from one staff member to another, should this be necessary. It provides information pertaining to any potential threat to safety of staff or service users.

### Professional Accountability

Staff should note that:

- Clear, complete and accurate recording facilitates the evaluation of the client's progress toward desired outcomes.
- Poor documentation provides no written evidence of the quality of work done with a client.
- The record potentially provides clients with information they may request about themselves or the service provided.
- The record is a tool to monitor professional practice and is a requirement of funders.
- The information contained in client files, when captured in aggregate form, is the most effective tool for systemic advocacy efforts and program planning.

### Legal Accountability

The client record constitutes the legal record of interactions between a staff member and a client. Services not recorded cannot be verified. Staff should bear in mind that any client record can become evidence in a court proceeding at a future date.

The client record includes any and all of the following:

- The main file, both paper and computerized
- Any material, applications, reports, or consents pertaining to a client
- All reports, assessments, and progress notes
- Any rough notes staff members make; these should be reproduced in the main file and then destroyed
- Any recordings or photographs produced as part of an intervention with a client
- Any other materials collected on behalf of or having to do with a client
- Emails and text messages of a significant nature to or from clients/friends/family members/other professionals

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Procedure #:</b>	<i>5.2B</i>
<b>Subject:</b>	<i>Documentation</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>November 2019</i>	<b>Next Revision Date:</b>	<i>November 2020</i>

## Procedures: Documentation

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Case notes are to be completed on a daily basis, typically within 24 hours of contact with a client and must be completed within 72 hours. Staff should plan documentation time into their daily schedules. The organization recognizes that there may be rare occasions when it is not possible to write case notes within this time frame and in these cases, staff members should speak with their Manager. The expectation is that notes will be completed before a staff member leaves for a vacation or extended leave.

### Documentation Guidelines

- Staff should document chronologically unless correcting a past documentation error
- Every session with a client must be documented, as well as phone contacts made to a client or on behalf of a client if these are significant to the service provided
- Nothing should ever be erased from a record once the entry is saved; corrections on the CIS are made by adding an entry below the mistake, detailing the error. Errors on paper should be crossed out, initialed and dated
- Never document before seeing a client or doing an intervention
- Case note structure can be found in the Program Guidelines

### Content:

- Always adjust the date box in Case Notes on the CIS to the date on which the contact occurred
- Recordings must be accurate and honest accounts of what occurred and when it occurred
- Records should be limited to issues relevant to interventions with the client
- Be objective; document what was seen, heard, etc.; avoid value judgments and labeling; use objective data and client statements to describe behaviours
- Include one's own interpretation only when it is based on professional expertise and can be substantiated
- Document in order to provide a basis for decision making re: duty to protect, duty to warn, child abuse (**see Appendix P**)
- Include descriptions of illegal or unethical activities when they are significant and pertinent. If a statement is true and based on an honest assessment, the worker has a complete defense
- Avoid abbreviations that might have multiple meanings or cause confusion
- Include information regarding potential safety issues to clients or others and highlight this information in the alert section of the CIS
- Tells where the interaction occurred and who was present

- Must present a professional and understandable record of what happened and why

**Staff should consider what might happen if:**

- A delay in writing an entry leads to forgotten crucial information or dates
- A client reads what has have written about them
- Another staff member has to step in unexpectedly because they have been called away
- Their files have been selected by Ministry of Health officials when reviewing the program
- A client's record is subpoenaed and someone else is asked to interpret their entries
- They cannot show on what basis they made a decision to warn the hospital that their client may be suicidal
- Their professional association holds them accountable for showing that they were not negligent in their practice

**Record Security:**

- All client files whether active or closed must be kept secured in a locked area at all times
- Generally speaking, no part of the client file should be taken out of the office if it has identifying information on it, except with specific permission from the Privacy Officer or Manager. If part of a file must be taken out of the office, if possible, it should only contain the client's initials or first name (see policy 5.1A – Privacy Practices)
- No client record material containing identifiable confidential information should be left in a car at any time
- All electronic client files must be password protected. Remember to log off when finished using an office computer
- Only authorized persons can have access to client files; requests by clients to view their files must be referred to a Manager

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	5.3A
<b>Subject:</b>	<i>Quality Improvement</i>	<b>Effective:</b>	<i>January 2017</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>January 2017</i>
<b>Last Revision Date:</b>	<i>January 2020</i>	<b>Next Revision Date:</b>	<i>January 2021</i>

## Policy: Quality Improvement

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Toronto North Support Services is committed to the continuous improvement of its' service delivery, objectives, staff and program requirements. Our assurance to the community, our funders and clients is to provide the highest standard of care achievable through a process of quality improvement, best practices and dedication to learning. Minimizing risk and maximizing opportunity are also important facets of Quality Improvement, as is, ensuring full compliance with relevant legislation, regulations and other applicable requirements.

## Procedure: Quality Improvement

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The organization has in place a number of quality improvement activities, including but not limited to:

### 1. Supervision and Performance Management

All staff members will participate in regular supervision meetings and performance reviews, initiated by their manager. The focus of these activities is to encourage continual quality improvement through guidance, mentoring and support for learning. See Policy 2.14A

### 2. Staff Education and Training

Staff members at all levels of the organization are expected to maintain and improve their skill level through taking advantage of a variety of training opportunities organized either by the agency or within the sector. Discussion of training needs is part of the performance review process and staff are encouraged to identify external training opportunities that would contribute to meeting their training goals. Additionally, agency wide training events are organized several time per year and managers identify staff groups who are expected to participate. See Policy 2.20A

### 3. Occurrence Reporting

Occurrence reporting is in place so that the organization can manage risks and learn from mistakes and unexpected situations. All staff are expected to complete occurrence reports by following the guidelines outlined in Policy # 4.5. The Executive Director reviews all new occurrences and reports them at the next

board meeting, so that the Board of Directors is aware of the nature of occurrences and able to provide input into the handling of them.

#### **4. Annual Program Reviews**

All programs are expected to produce an annual program review within 60 days of the end of the fiscal year. The purpose of the review is to bring together in one place a variety of information about the program(s) so that opportunities for improvement can be identified. Program review reports include accomplishments, challenges, targets and outcomes, goal attainment, client input, staff input and trends. Managers and Directors are responsible for producing the report, which is reviewed and discussed by the management group before setting new goals for the new year.

#### **5. Quality Improvement Committee**

The agency has a standing Quality Improvement Committee that is charged with creating an annual plan for improving one or more aspects of the services provided. The Committee is chaired by a senior staff member who is appointed by the Executive Director. The membership includes 8 to 10 staff members from across the agency, and rotates each 1 to 2 years. The Chair of the committee reports periodically to the management group and to the full staff group. The Chair is responsible for generating a workplan that can be accomplished within the fiscal year. The committee facilitates the implementation of the plan, with support from the management team.

#### **6. Legislative Compliance**

The Director of Finance is tasked with remaining well versed on any legislative or regulatory changes affecting payroll, reporting or accounting and monitoring audit plans with the intention of upholding quality assurance standards.

The Manager of Human Resources will remain well versed on any legislative or regulatory changes governing employment and labour in Ontario and trends in human resources management.

Managers are responsible for maintaining an awareness and understanding of all legislation that impacts service delivery. All program staff who belong to a regulated profession are expected to remain in good standing with their college. Staff members are also expected to bring forward to their manager suggestions for educational opportunities, best practice opportunities and any awareness of legislative changes.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	5.4A
<b>Subject:</b>	<i>Client Complaint Protocol</i>	<b>Effective:</b>	June 2007
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2007
<b>Last Revision Date:</b>	<i>January 2020</i>	<b>Next Revision Date:</b>	January 2021

## Policy: Client Complaints

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Clients have the right to make complaints against Toronto North Support Services' staff members and services without reprisal or the threat of reprisal. The organization will treat all client complaints seriously and act promptly to address the complaint.

All Toronto North Support Services offices will have information posted on how a client can make a complaint, in a place that is easily viewable by clients. Additionally, all programs that provide written materials to clients either on admission or throughout service delivery, will include the client complaint information in their packages.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Procedure #:</b>	5.4B
<b>Subject:</b>	<i>Client Complaint Protocol</i>	<b>Effective:</b>	June 2007
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2007
<b>Last Revision Date:</b>	<i>January 2020</i>	<b>Next Revision Date:</b>	January 2021

## Procedure: Client Complaint Protocol

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### Client Complaint Regarding Staff or Services:

1. When a client brings forward a complaint about any staff member, they will be encouraged to discuss the complaint directly with the staff member concerned. If the complaint is not resolved to the client's satisfaction, they may choose to present the complaint to the Manager.
2. The Manager will attempt to assist in resolving the complaint. Once the complaint has been received, the Manager will review it by speaking to both the client and the staff member involved. At that time it may be appropriate for the Manager to facilitate a meeting between the staff member and client. The client will be informed that they can be accompanied by an advocate of their choice at any point in the process.
3. If a resolution is not reached and the client wishes to proceed to the next level, they will be asked to put their concerns in writing. Any assistance that the client might need will be provided by the Manager.
4. The Director will review the complaint, including requesting information from the relevant Manager and staff member, and advise the client of their right to involve the police, the Human Rights Commission and/or access Toronto North Support Services' services.
5. The Director will seek out any and all information necessary to investigate the complaint thoroughly. This investigation would likely include meetings with the client and staff member, consultation with therapeutic supports and witnesses and a review of case notes.
6. The investigation will be completed in a timely manner, within three weeks of receipt of the written complaint. Should a delay be unavoidable, the ED will contact the client to explain the cause of the delay.
7. When the investigation is complete, the terms of the resolution will be recorded and shared with the client, the staff member involved and the Manager.
8. All written client complaints will be stored together in a separate file, reviewed and summarized annually. The summary will be presented to the board of directors for discussion and recommendations.
9. Any allegation by a client that a staff member has contravened the Ontario Human Rights Code will be dealt with according to Toronto North Support Services' Respect in the Workplace policy.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	5.5A/B
<b>Subject:</b>	<i>Medication Support</i>	<b>Effective:</b>	June 2007
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2007
<b>Last Revision Date:</b>	<i>January 2020</i>	<b>Next Revision Date:</b>	January 2021

## Policy: Medication Support

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Toronto North Support Services does not prescribe or administer medication. We are committed to optimal client health and safety and believe that the individuals we serve should be supported as much as possible to manage their own medication. Medication self-management is an important part of successful community living, and can be supported in various ways as part of the services we provide. Consistent with client self-management, no client will be denied service because of an unwillingness to take prescribed medications.

## Procedure: Medication Support

All programs at Toronto North Support Services may have clients who use medications. In some cases, programs offer clients access to licensed practitioners (psychiatrists, family physicians, RN's) who work alongside our services. Their role is to prescribe medication to persons served in response to specific symptoms, behaviours and conditions for which the use of medications is indicated. In other cases clients' medication needs are met by their family physician or psychiatrist in the community.

### Medication Administration:

Only licensed practitioners can prescribe, dispense and/or administer medications. No Toronto North Support Services staff members are qualified to provide these services.

### Medication Control:

Medication control includes the process of transporting, storing and disposing of medications, including those self-administered by clients.

Certain control activities can be provided by any staff member. In compliance with all applicable local, provincial and federal laws and regulations pertaining to medications and controlled substances, Toronto North Support Services Staff:

- May purchase, transport and/or deliver medication to clients from the pharmacy when the client is unable to do so
- Will assist clients in the safe disposal of unused or expired medication, including the use of sharps containers for needles and syringes, to the dispensing pharmacy

- Will provide clients with the number of **Telehealth (1-866-797-000)** if they have questions about their medication, or re-direct them to the prescribing physician
- Will provide clients with the number for **Ontario Poison Centre 1 800 268-9017**

### Medication Support

Toronto North Support Services believes that the individuals we serve should be encouraged as much as possible to manage their own medication. Medication self-management is an important part of successful community living, and is an attainable goal for most of the people we serve.

Staff cannot be responsible for whether or not a client takes their medications; they can support the process in a number of ways and can in some situations provide feedback on whether or not medications are being taken. They can also play a valuable role in assessing barriers to clients succeeding in managing their medications, and can often facilitate alternatives and solutions.

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

- Only physicians, registered nurses, and RPN's with their medication certificate can legally administer medications.
- Organization staff members are not permitted to administer medications, but can remind, support, teach and assess, if needed.

In certain situations, monitoring of medications may be appropriate for defined lengths of time; this may include:

- Reminders of medication times, removing of bottle caps, punching out pills from a blister package and confirming information on the label.

Supporting clients in their use of medications DOES NOT include the following:

- Counting out pills or measuring out liquids, filling dosettes, doing injections.

If there is any concern about a client's ability to manage their medications, blister packs or dosettes should be suggested whenever possible. Clients should be asked to identify their name on the label of the blister pack or bottle prior to staff assisting with the opening of these containers.

All program staff at Toronto North Support Services receive training and education regarding medication supports at TNSS. The training is conducted by the RN contracted to the Multi-disciplinary Outreach Team, and addresses the following:

- Medication within the context of recovery planning and wellness management
- How medication work, risks associated with them, and intended benefits to the symptom or behaviour targeted
- Medication side effects, contraindications, links between medication and diet, risks associated with pregnancy
- Importance of taking medication as prescribed, potential obstacles to adherence, need for lab monitoring, signs of relapse related to medication efficacy and signs related to non-adherence of medication prescriptions
- Potential reactions to combining prescription and non-prescription medications, alcohol/drugs
- Instructions on self-administration
- Financial resources available to assist persons served with the cost of medications

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	5.6A
<b>Subject:</b>	<i>Handling Client Funds</i>	<b>Effective:</b>	June 2007
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2007
<b>Last Revision Date:</b>	<i>January 2020</i>	<b>Next Revision Date:</b>	January 2021

## Policy: Handling Client Funds

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Toronto North Support Services recognizes that there will be occasions when a client's success in the community is dependent on their obtaining assistance with handling money. In such situations, it is important to ensure that the client has the support they need, and every effort must be made to find creative solutions to assist them.

Staff members need to recognize that keeping money for a client has risks which must be avoided whenever possible. If a client needs someone to keep their money for them, every effort should be made to locate a resource outside the organization that is prepared to provide this function. If no such resource is available, program staff must consult with the Manager before accepting a client's money for safekeeping. The following guidelines should be followed:

- Clients may set up an agreement with staff members to safeguard their money as long as the money can be placed in a locked safe or equivalent locked area. In such situations, the staff member and client should write a note indicating the amount of money the client has entrusted to the staff member, and both staff member and client should sign and date it. Staff members should consult with their Manager before taking possession of client money.
- Staff members should never take client money home or in any way mix it with their personal funds, such as by cashing a cheque through their personal account.
- Staff members should never personally purchase any item from their client or sell their own belongings to their client.
- When staff members are provided with funds through the Public Trustee or other source, to purchase items for/with a client, receipts should always be kept and submitted to the funding source.
- If the Public Trustee needs to write a cheque to a 3<sup>rd</sup> party for the client, the cheque may be written to Toronto North Support Services, and the organization will cash it on the client's behalf. The cheque should never be written in a staff member's name.
- Upon receiving cash from a client, the money should be taken directly to a Toronto North Support Services office for safekeeping. For those using the Railside office, the money should be given to the Director of Finance who will store it in a lockbox in her office. For those using the Front Street office, the money should be given to a Manager who will store it in a locked cabinet.

- Upon agreeing to hold cash for a client, the staff member should explain that their ability to access the money will be limited by the organization's office hours and the amount of advance notice required to access and deliver the money.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	5.7A/B
<b>Subject:</b>	<i>Van Use and Maintenance</i>	<b>Effective:</b>	June 2007
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2007
<b>Last Revision Date:</b>	<i>January 2020</i>	<b>Next Revision Date:</b>	January 2021

## Policy: Van Use and Maintenance

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Use of the Toronto North Support Services vans is restricted to organizational business. The organization has a commitment to keeping these vehicles in good repair. Any concerns should be communicated to the Manager (see also policy 2.2A – Car Insurance, and Procedure 4.1.4B Driving Safety).

## Procedure: Van Use and Maintenance

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Toronto North Support Services owns multiple vans that are used for organization business, including for outreach to clients and potential clients and for hygienic and safety reasons. The following guidelines must be followed in the use of these vehicles:

- Vans must be picked up from, and returned to, the office daily; any exceptions to this must be approved by the Executive Director
- After hours use of vans must be approved ahead of time by a Manager.
- Before and after taking out the van, staff must perform a “walk-around” to ensure the tires are properly inflated, that there is no fluid leaking from underneath, and that there is no new damage to the vehicle. Staff members should also be sure to clean out any garbage from the van after using it, and make sure there is enough gas and windshield wiper fluid for the next user
- It is not permissible to use vans owned by the organization for personal purposes
- Staff members who are driving Toronto North Support Services vans as part of their job must at all times have a valid driver’s license in good standing, be identified to the insurance company and maintain a satisfactory driving record
- Any accidents or damage to the vehicles, however minor, must be reported immediately to the Manager and Administrative Department
- Inform their manager of any changes in their driving status

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	5.8A
<b>Subject:</b>	<i>Client and Family Involvement</i>	<b>Effective:</b>	June 2007
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2007
<b>Last Revision Date:</b>	<i>January 2020</i>	<b>Next Revision Date:</b>	January 2021

## Policy: Client and Family Involvement

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Toronto North Support Services is committed to helping clients and family members participate in the organization. Resources will be made available to ensure that this can happen.

### Client Involvement

Toronto North Support Services is committed to promoting empowerment and choice in our work with clients. Services should be negotiated with clients and where possible, staff members should come to agreement with clients about the nature of the assistance to be provided.

Client opinion about our services should be solicited in a variety of ways. Staff members should engage clients routinely in discussions about their satisfaction with the services provided, and solicit suggestions for ways in which our services could be improved. Toronto North Support Services will also survey client opinion about our services on a regular basis.

Toronto North Support Services is committed to involving clients in as many ways as possible in the planning, development and evaluation of services. This involves including clients on organization committees, consulting clients through focus groups and ensuring that individuals with lived experience of mental illness or homelessness make up a portion of the Board of Directors. The organization is committed to providing the support, training and/or monetary incentives to assist clients and former clients to play active roles within the organization.

Toronto North Support Services considers lived experiences with mental illness or homelessness an asset along with other qualifications for employment.

### Family Involvement

Toronto North Support Services is committed to working with clients' families where the client agrees, and offers support, education, referrals and other resources to families. Staff members are encouraged to make every effort to understand the client within the context of their family, bearing in mind that family can be defined in different ways in different cultures.

Toronto North Support Services' Board of Directors includes people who have family members experiencing mental illness and/or homelessness.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	5.9A
<b>Subject:</b>	<i>Anti-Racism, Access and Equity</i>	<b>Effective:</b>	June 2007
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2007
<b>Last Revision Date:</b>	<i>January 2020</i>	<b>Next Revision Date:</b>	January 2021

# Policy: Anti-Racism, Access and Equity Framework

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Toronto North Support Services is committed to delivering mental health and outreach services in ways that are fair, inclusive, respectful, racially sensitive and culturally competent.

We are committed to providing a workplace that is respectful and free from discrimination. This respect must be demonstrated by our leadership, our client services and our employment practices.

The organization recognizes that diversity is a basic and important characteristic of the community we serve. All of our stakeholders (clients, staff, community partners, family members, students, volunteers and Board Members) share unique and diverse characteristics that are to be valued and respected.

Toronto North Support Services will endeavour to integrate anti-racism, access and equity throughout its operations, in the following areas:

## Access to Governance

The Board of Directors and staff group must be representative of the diversity of the community served. This will ensure that decision-making, policy-making and budgeting are done in a way that maximizes accountability to the community. Please refer to the organization's policy 2.2A - Employment Equity.

## Access to Employment

Members of the city's diverse communities must have equitable access to employment at Toronto North Support Services. Recruitment and hiring practices, as well as all other Human Resources practices, must be free of systemic barriers. The organization's staff must be as representative as possible of the diverse and changing community we serve. Please refer to Toronto North Support Services' policy 2.2A - Employment Equity.

## Access to Services

The services and programs offered by Toronto North Support Services must be accessible to diverse communities. Structures for referral, intake, assessment, service planning, monitoring, and discharge must promote the goals of anti-racism, access and equity. Positive and supportive measures must be used to identify and eliminate barriers to accessing services. It is recognized that staff diversity and training are key factors in promoting equal access to services.

## **Access to Choice**

Client choice is central to Toronto North Support Services' belief system. Once accepted, organization involvement is based on the individual's desires and views of their needs. No client will be unduly co-opted into accepting any service which they do not believe meets their goals. No service offered by Toronto North Support Services will be dependent on the acceptance of another service.

## **Access to Training and Education**

Toronto North Support Services values the importance of training and education for staff, volunteers, students and Board Members in the areas of diversity and anti-racism. The organization will ensure that opportunities are regularly provided for such training.

## **Information and Communication**

Information for prospective clients and referrers will be made available in languages in which the organization is able to provide service (minimally English, French and Tamil). Additionally, every effort will be made to redirect prospective clients and referrers to other resources and programs that are able to provide service in a particular language. Connections and partnerships will be developed and maintained with a variety of agencies that are equipped to provide culturally appropriate service in other languages.

*Procedure #: 5.9B – Anti-Racism, Access and Equity Framework*

*Corresponding Policy: 3.7A - Anti-Racism, Access and Equity Framework*

*Approved By: Executive Director*

*Date Approved: June 2007*

*Last Revision Date: January 2020*

*Next Revision Date: January 2021*

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Procedure #:</b>	<i>5.9B</i>
<b>Subject:</b>	<i>Anti-Racism, Access and Equity</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>January 2020</i>	<b>Next Revision Date:</b>	<i>January 2021</i>

## Procedure: Anti-Racism, Access and Equity Framework

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The Executive Director, with input from various stakeholders including staff, clients, partners and Board members, is charged with creating annual plans that identify areas for improvement and outline the steps necessary for reaching the intended improvements.

The following plans will be created on an annual basis:

- Accessibility Plan
- A Diversity Plan

In creating these plans, the areas listed above in the framework should be considered. Completion of the prior year's objectives should be reviewed and new objectives considered that incorporate the current landscape and sector priorities.

Once completed, the plans should be presented to the Board of Directors for input and approval.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	5.10A
<b>Subject:</b>	AODA	<b>Effective:</b>	June 2016
<b>Approved by:</b>	Executive Director	<b>Date Approved:</b>	June 2016
<b>Last Revision Date:</b>	January 2020	<b>Next Revision Date:</b>	January 2021

# Policy: Accessibility for Ontarians with Disabilities – Customer Service Policy

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The purpose of this policy is to address the accessibility requirements of the Accessibility Standards for Customer Service, Ontario Regulation 429/07 (the standard) under the Accessibility for Ontarians with Disabilities Act, 2005 (the AODA).

The AODA is a provincial act that was passed with the purpose of developing, implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises. As a designated public sector organization, Toronto North Support Services is obligated, under the Accessibility for Ontarians with Disabilities Act (AODA), 2005, S.O. 2005, c. 11, to meet the accessibility needs of people with disabilities.

Toronto North Support Services is committed to meeting the requirements of the Accessibility Standards for Customer Service by providing goods and services in a way that respects the dignity and independence of people with disabilities. The organization will use all reasonable efforts to ensure its policies, practices and procedures are consistent with the spirit and requirements of the standard.

TNSS's services, programs, goods and facilities are to be available to people with disabilities in manner that:

- is free from discrimination;
- is inclusive;
- provides accessible formats and communication supports;
- seeks to provide integrated services, and
- takes into consideration a person's disability.

This policy is intended to provide the overarching framework to guide the review and development of TNSS policies, standards, procedures and guidelines to comply with the standards developed under the AODA.

## Application

This policy applies to all TNSS employees, clients, students, volunteers, and to any individuals who provides goods, services or facilities to the public or other third parties on behalf of TNSS in accordance with the legislation.

## Accessibility Plans & Policies

The Management Team will produce a *Multi-year Accessibility Plan*. The Plan will be posted on TNSS's website and will be made available in an accessible format and with communication supports upon request. The Accessibility Plan will be reviewed and, if necessary, updated at least once every five years.

## Accessible Formats & Communication Supports

Except as otherwise provided by the AODA, TNSS, upon request, and in consultation with the person making the request, will provide or arrange to provide accessible formats and communications supports for persons with disabilities. Accessible formats and communication supports will be provided in a timely manner, taking into account the person's accessibility needs and at a cost that is no more than the regular cost charged to other persons, in accordance with the *Accessible Formats and Communication Support Procedure*.

This does not apply to products and product labels, unconvertible information or communications and information that TNSS does not control directly or indirectly through a contractual relationship. If it is determined that information or communications are unconvertable, the department will provide the person requesting the information or communication with an explanation as to why the information or communications are unconvertible and a summary of the unconvertable information or communications.

## Communication with Persons with Disabilities

Staff members will communicate with people with disabilities in a manner that takes into account their physical or mental ability. Guidelines for communicating with people who have various types of disabilities are provided in TNSS's *Accessible Formats and Communication Supports Procedure*.

## Terminology

When referring to people with disabilities, TNSS employees, volunteers and third-party contractors will use terminology that adheres to guidelines provided in TNSS's Accessibility Training for Customer Service, [Working Together: The Code and the AODA](#).

## Accessible Websites & Web Content

Websites and web content controlled directly by TNSS or through a contractual relationship that allows for modification of the product will conform to the *World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.1*, at Level A and AA in accordance with the schedule set out in the *AODA Integrated Accessibility Standards*.

## Assistive Devices

People with disabilities may provide their own assistive devices for the purposes of obtaining, using and benefiting from the organization's services.

## Service Animals

The organization welcomes people with disabilities who are accompanied by a service animal on the parts of our premises that are open to the public. If a service animal is excluded by law from the premises, the

organization will ensure that alternate means are available to enable the person with a disability to access our programs and services.

## **Support Persons**

The organization welcomes people with disabilities who are accompanied by a support person. At no time will a person with a disability who is accompanied by a support person be prevented from having access to his or her support person while on our premises. In the event that a fee is charged in relation to a support person's presence on the premises or to attend an organization-sponsored event, advanced notice of the fee will be provided.

## **Admission Fees**

If TNSS charges an admission fee in connection with a support person's presence at an event or function, TNSS will ensure that notice is given in advance about the amount, if any, that is payable in respect of the support person accompanying a person with a disability.

## **Notice of Temporary Disruption**

The organization will make reasonable efforts to provide notice in the event of a planned or unexpected disruption in the facilities or services where such control is possible. This notice will include information about the reasons for the disruption, its anticipated duration, and a description of alternative facilities or services, if available. The organization will provide notice by posting information in visible places on our premises or on our web site, or by any other method that may be reasonable under the circumstances.

## **Training for Staff**

The organization will provide training to all employees, volunteers and other third parties who deal with the public providing goods and services on their behalf, and all those who are involved in the development and approval of customer service policies, practices and procedures. Training will be provided as soon as practicable after an individual assumes responsibilities related to the public and will include the following:

- A review of the purposes of the AODA and requirements of the Accessibility Standards for Customer Service (Ontario Regulation 429/07) and instruction about the following matters:
  - a. How to interact and communicate with persons with various types of disabilities;
  - b. How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person;
  - c. How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods or services to a person with a disability, and
  - d. What to do if a person with a particular type of disability is having difficulty accessing the provider's goods and services.
- A review of the requirements of the accessibility standards referred to in the AODA Integrated Accessibility Standards (Ontario Regulation 191/11) and on the Human Rights Code as it pertains to persons with disabilities.

The amount and format of training will be tailored to suit each person's interactions with the public or their involvement in the development of policies, procedures and practices pertaining to the provision of goods and

services. Staff will also be trained on an ongoing basis when changes are made to these policies, practices and procedures. Training will take place as soon as is practicable and, upon completion, TNSS will document the training provided and the certificate of completion will be kept in their HR file.

## **Procurement of Goods, Services, Facilities and Kiosks**

When procuring goods, services, self-service kiosks or facilities, TNSS will incorporate accessibility criteria and features, unless it is not practicable. If not practicable, TNSS will provide an explanation, upon request.

## **Feedback Process**

Feedback is welcomed as it encourages continuous service improvements. Feedback from a member of the public about the delivery of goods and services to persons with disabilities may be given:

By mail: 2-132 Railside Rd., North York ON, M3A 1A3

By e-mail: [info@tnss.ca](mailto:info@tnss.ca)

By telephone: 416-499-5969 extension 0

## **Availability of Documents Required by the Standard**

The Act or any policies pertaining to the Act will be made available upon request. When providing a document to a person with a disability, the organization will work with the individual to determine options in order to provide the document or the information contained in the document in a format that takes the person's disability into account.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	5.11A/B
<b>Subject:</b>	<i>Student Placements</i>	<b>Effective:</b>	January 2017
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	January 2017
<b>Last Revision Date:</b>	<i>January 2020</i>	<b>Next Revision Date:</b>	January 2021

## Policy: Student Placements

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Toronto North Support Services aims to help prepare students for their professional service in community mental health or homeless services. We fulfil this goal through providing a learning environment that fosters caring and promotes competent community mental health services in coordination with educational institutions.

## Procedure: Student Placements

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### Expectations of Students

The student is responsible for completing the following tasks related to the placement:

- Read Toronto North Support Services documents and those of the student's own educational institute related to community mental health and the placement; become familiar with all relevant policies and procedures and adhere to them
- Complete, operationalize, revise and evaluate their learning contract in consultation with the assigned faculty member(s) and field instructor
- Complete all documentation required for the placement, including case notes and all academic documents
- Complete the hours required for the placement, come in on time and as scheduled unless they are sick or has a pre-arranged appointment; in the latter case, obtain the field instructor's approval for time off in advance
- Call the supervisor at 9 a.m. or prior to their shift if they cannot attend the placement on a specified day due to illness
- Bring any areas of concern to their field instructor, particularly those areas involving boundary or safety concerns
- Participate in learning opportunities made available during the placement
- Perform successfully the tasks and duties associated with completion of identified learning goals
- Prepare for and actively participate in supervision with the field instructor
- Participate in other learning opportunities and activities endorsed by the placement agency

## **Restrictions on the Student Experience:**

- Students are never allowed to drive clients in their own or agency vehicles
- Any client assigned to a student must first be assessed by a Toronto North program staff
- Students are never to do after hours client visits without a supervising program staff and prior manager notice and approval

## **Expectations of Field Instructors**

- Orient the student to the placement setting
- Provide supervisory support for the student in completing the learning contract, then operationalizing, revising and evaluating it
- Provide one hour of field instruction/supervision once a week at minimum or as required, or delegate a staff member to do so
- Offer individualized assignments and learning experiences to facilitate the student's achievement of learning objectives, e.g. shadowing, involving student in client service
- Provide scheduled frequent and ongoing feedback to the student regarding the student's progress
- Discuss any issues of concern directly with the student first, and involve the school liaison if additional support is needed
- Be proactive with regard to student and client safety by ensuring that students have followed agency protocols related to safety and regularly discussing and problem solving any safety issues that arise
- Maintain primary responsibility for all clients assigned to a student by first assessing them before assigning to a student, and then staying updated on the student's plan of care, complete evaluation on the student's performance in a timely fashion

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	<i>5.12A/B</i>
<b>Subject:</b>	<i>Involvement of Individuals with Lived Experience</i>	<b>Effective:</b>	<i>February 2017</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>January 2020</i>	<b>Next Revision Date:</b>	<i>January 2021</i>

## Policy: Involvement of Individuals with Lived Experience

Toronto North Support Services strives to include individuals with lived experience of mental illness, homelessness and/or substance dependency in all aspects of its work. We believe that participation at all levels of the organization promotes more responsive, client-centered services. The agency strives to obtain input from individuals with lived experience through various means, including but not limited to: participation on the board of directors, employment of Peer Support staff, participation at the committee level (Recovery Committee, Client and Family Advisory Committee), input into program reviews and completion of satisfaction surveys such as the Ontario Perception of Care (OPOC).

## Procedures:

### Seeking Input:

Programs are expected to seek regular input about their services through the annual Program Review Process. Management staff ensure that a variety of options exist for clients to provide feedback, such as focus groups, satisfaction surveys, joint visits and follow-up phone calls to clients. Contributions of people with lived experience will be recognized through the provision of honoraria, gift cards or payment for services.

### Providing Peer Support:

Each program at Toronto North Support Services is tasked with determining if there are opportunities for people with lived experience to work alongside case managers as part of the service provided. Peer Support Workers fulfill different functions in different programs, some of which include:

- Phone support to waitlisted clients (The Access Point)
- Group facilitation of social –recreational activities

- Individual community support in areas such as keeping appointments, using public transit and developing life skills
- Community networking

The organization's policies and procedures are written with consideration of all agency personnel, including peer support staff. Peer support staff are expected, like any other staff member, to sign and comply with the agency's Code of Ethics and Code of Conduct and Respect in the Workplace.

All staff members who work with peer support positions receive training to gain a clear understanding of, and respect for, the unique role of peer support workers and how their role differs from other team members.

Peer support staff receive training based on a recognized peer-support curriculum with the involvement of peer support specialists. The training includes: personal advocacy, engagement, recovery and resiliency principles, community connections and supports, and effective use of personal disclosure. The training is appropriate and understandable to the peer support staff being trained. Ongoing training is provided on current practices in peer support services.

Direct service activities may be provided individually or in group settings and may be face to face or via telephone. Services are provided in locations that meet the needs of persons served. Services are consistent with the client's identified needs. Communication with clients via electronic means is subject to the same guidelines as all other program staff within the organization. Peer Support Workers document in the client's electronic chart using the same guidelines as other staff members.

Recruitment of Peer Support Workers is done using the same processes as for any other staff position. Candidates must not be current or recent (less than two years since discharge) clients of the agency.

## **Contracting with People with Lived Experience:**

Whenever possible, consideration is given to using people with lived experience of mental illness, homelessness or substance dependency to fulfill roles within the organization. These roles might include administrative functions such as cleaning, courier services, catering, etc. The agency also contracts with individuals who are qualified to deliver specialized peer run programming such as WRAP (Wellness Recovery Action Plan). When contracting with individuals with lived experience for positions other than Peer Support, there is no absolute guideline against recruiting individuals who are current or recent clients. Rather, this particular issue is dealt with on a case by case basis in order to protect the privacy of all clients. Contracted staff other than Peer Support Workers have no access to client files, electronic or paper.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	<i>Operating Guidelines</i>	<b>Policy #:</b>	5.13A/B
<b>Subject:</b>	<i>Reporting Child Abuse</i>	<b>Effective:</b>	June 2014
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	June 2014
<b>Last Revision Date:</b>	<i>January 2020</i>	<b>Next Revision Date:</b>	<i>January 2021</i>

## Policy: Reporting Child Abuse

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The Child and Family Services Act states that any person who has reasonable grounds to suspect that a child is or may be in need of protection must promptly report the suspicion and the information upon which that suspicion is based to a children's aid society (i.e. Children's Aid Society of Toronto, Native Child and Family Services of Toronto, Catholic Children's Aid Society of Toronto or Jewish Family and Child Services of Toronto). This duty is ongoing, meaning if the person has additional reasons to suspect that the child in question is in need of protection, they must report again. Reporting must be done by the staff person who received the information. It cannot be done by another staff member on their behalf.

While everyone must report suspected harm to a child, the Act acknowledges the increased level of responsibility for a person who performs professional or official duties with respect to children. These individuals have a particular responsibility to report their suspicions, and it is an offense under the Act for them to fail to report. **Toronto North Support Services staff are considered professionals under this Act.** The professional's duty to report overrides their requirements to keep information confidential and protects them from liability in any resulting civil action brought against them in this matter (provided he or she has not acted maliciously or without reasonable grounds for his or her suspicion).

## Procedure: Reporting Child Abuse

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### What does reasonable grounds to suspect mean?

You do not need to be sure that a child is or may be in need of protection to make a report to a children's aid society. "Reasonable grounds" are what an average person, given his or her training, background and experience, exercising normal and honest judgment, would suspect.

### What constitutes child abuse?

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child.

2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's, failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child.
3. The child has been sexually molested or sexually exploited.
4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.
5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.
6. The child has suffered emotional harm, demonstrated by serious, anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or delayed development, and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.
7. The child has suffered emotional harm of the kind described in paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.
8. There is a risk that the child is likely to suffer emotional harm of the kind described in paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.
9. There is a risk that the child is likely to suffer emotional harm of the kind described in paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.
11. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.
12. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.
13. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

## Informing the Client

If the situation permits, every reasonable effort should be made to discuss the duty to report with a new client at their first visit. If a staff person has reason to suspect that a child is in need of protection, they should first give the person in charge of the child the option of making the first contact with a children's aid society with the staff person present, except when it is not in the best interest of the child and/or when reporting would be delayed. In instances where a prior consultation with a Society may have taken place, the person reporting may be directed by the society not to inform particular individuals.

## Informing Supervisors

The person providing the service must inform the appropriate program manager of all reported abuse allegations immediately. If it is not possible to reach the appropriate supervisor, the abuse allegations should be reported to the Executive Director. **If neither can be reached immediately and the person providing the service feels the children are at immediate risk, they must inform the police and CAS.**

## Documentation

When a report to a Children's Aid Society is made, the following information must be recorded in an Occurrence Report and in the client record, if an agency client is involved:

- Name, age and religion (if known) of the victim
- Nature and known details of the suspected abuse
- Name or identity of the alleged abuser
- Response of other caretaker
- Assessment of current risk
- Content and outcome of discussion with client
- Date and time of the report
- Name of the person reporting the abuse and the relationship to the child
- Name and telephone number of the Children's Aid person who received the report
- Children's Aid Society response and follow-up to the report
- Revised treatment plan if any, withdrawal of client from service if such is the case and any further follow-up by Children's Aid



# Part Six: Finance

# Guidelines: Expense Claims

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Toronto North Support Services will pay staff members for incurring approved expenses during the course of their work. Staff members are required to submit the proper paperwork in a timely fashion in order to be reimbursed.

Staff members are responsible for keeping receipts for work-related expenses and submitting them in a timely fashion for repayment. This should be done on the Toronto North Support Services expense form (**see Appendix G**). While it is accepted that there will be some expenses related to seeing clients in the community, it is expected that staff members will keep these to a minimum, as there is limited funding to cover these costs. Please follow the guidelines below, and discuss any exceptional situations with the appropriate Manager.

## Travel

1. Toronto North Support Services will reimburse staff members for work-related travel within the catchment area defined by their program, excluding their first and last trips of the day, or the equivalent number of kilometers from home to their home office and back.
2. Mileage reimbursement is determined by the Board of Directors and is reviewed periodically. Taxis should only be used with the approval of the Manager, or in crisis situations when other options are unavailable.
3. Parking for client-related activities can be claimed and staff members must keep dated receipts and attach these to their expense claim.

## Client Engagement Related Expenses

It is acceptable to occasionally buy a client a coffee or soft drink, if doing so will assist in the engaging process. Meals cannot be paid for except under very exceptional circumstances, and these must be approved by the Manager.

## Phone Calls

Certain positions within the organization have an approved cell phone allowance for work-related calls. Staff members who are permitted to use their own cell phone plan for work-related activity must submit proof of their cell phone expenses on a monthly basis, by photocopying their invoice and attaching this to their expense form. A monthly limit is set for each position based on the requirements for that position. It is reviewed periodically by the Executive Director.

Most program staff members will be provided with an organization-owned cell phone for the purposes of contacting their clients and other contacts in the course of their work. Upon receiving the phone, staff will be informed about the allowable usage limits with respect to the voice and/or data plans that the organization subscribes to for their phone. Staff are expected to stay within these limits and will be asked to reimburse the organization for any costs incurred due to over-usage. Staff members are also

expected to treat the phone with care and return it, the adaptor and the charger to the organization in the same condition in which it was given when leaving their position with Toronto North Support Service or the program. The phone is to be used for Toronto North Support Services business only and should only be used for personal purposes in emergencies.

Long distance calls to clients/families should be made from the office and recorded in notes. Personal long distance calls made from the office **are only permitted in exceptional circumstances and with prior approval from the Manager.**

## Guidelines: Cash Advance Procedures

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From time to time, staff members may request a cash advance for the purpose of purchasing certain program supplies such as those required for client-related social recreational events. The employee must complete the Request for Cash Advance Form (**see Appendix J**) which must include a detailed description of the use of the funds. The approval of the cash advance is at the discretion of the Director of Finance. Upon approval, the Finance Department will issue the cheque to the employee.

Staff members should note that by accepting the cash advance, they are agreeing to be ultimately responsible and accountable for money they have received. Staff members receiving a cash advance are responsible for using the funds for the purposes explicitly described on the cash advance form, and it is their responsibility to obtain receipts for any and all funds used. All receipts and unused cash must be returned to the Director of Finance within thirty (30) days of spending the funds. If a receipt is lost, the staff member will be responsible for reimbursing the organization for the amount spent.

<b>STATEMENT OF POLICY AND PROCEDURE</b>			
<b>Section:</b>	<i>Finance</i>	<b>Policy #:</b>	<i>6.1A</i>
<b>Subject:</b>	<i>Staff Social Fund</i>	<b>Effective:</b>	<i>June 2007</i>
<b>Approved by:</b>	<i>Executive Director</i>	<b>Date Approved:</b>	<i>June 2007</i>
<b>Last Revision Date:</b>	<i>February 2020</i>	<b>Next Revision Date:</b>	<i>February 2021</i>

## Policy: Staff Social Fund

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The Staff Social Fund is funded by employee contributions via payroll deductions. The fund has been established in order to purchase gifts for staff members and for staff events. The purpose of this policy is to establish guidelines around the use of the funds. This policy applies to all staff members of Toronto North Support Services.

### Responsibilities

Staff are responsible for informing the HR Department whether or not they wish to participate in the fund via a Payroll Authorization Form. The Finance Department is responsible for deducting the contributions from each employee's pay and for accounting for the expenditures from the fund.

### Policies

#### Contribution Amount

The contribution amount per employee is two dollars (\$2.00) per pay. There are 24 pay periods in the year, for a total contribution per employee of \$48.00.

#### Contributing

Each employee is asked to complete a Staff Social Fund Payroll Deduction Form indicating whether or not they wish to participate in the fund. The form also acts as an authorization from the employee for Finance to deduct the contribution amount from each pay.

#### Expenditures from the Fund

The fund is to be used for the following events within the prescribed limits:

Event	Prescribed Limit
Extended Leave of Absences (Maternity, Adoption, etc.)	\$75
Wedding	\$50
Death of a Family member (as defined in the Policies and Procedures Manual)	\$50 Donation
Retirement or departure	\$75

Retirement or departure of Long Serving Staff (over 5 years)	\$150
Transfer from one team to another within the agency	\$25
Staff holiday party	TBD

**Non-participation**

Those employees who have chosen to not participate in the fund will have the option of paying into the staff holiday party and any other staff social fund funded event. Those who choose not to pay into the event should not attend the event

## POLICIES AND PROCEDURES

### SECTION 7: INFORMATION TECHNOLOGY



**TORONTO NORTH SUPPORT SERVICES**

# *Table of Contents*

## *Planning and Risk Management*

---

- [3 Strategic and Operational Planning](#)
- [4 Disaster Recovery Plans](#)

## *Security*

---

- [7 Access Administration](#)
- [10 Network Security and Firewall Protection](#)
- [11 Remote Access](#)
- [13 Wireless Access](#)
- [14 Malware Protection](#)
- [16 Document Security and Data Encryption](#)

## *IT Administration*

---

- [19 Asset Management](#)
- [22 External Website](#)
- [24 Staff Training and Support](#)

## *Database Management*

---

- [26 Data Backup & Storage](#)
- [28 Requests for Information](#)

## *Staff Responsibilities*

---

- [34 Computer and Information Technology Acceptable Use](#)
- [37 Telephones/Cellphones Acceptable Use](#)
- [39 Bring Your Own Device \(BYOD\)](#)
- [41 Email Acceptable Use](#)
- [43 Social Media](#)

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.A.1
<b>Group:</b>	Planning and Risk Management	<b>Effective:</b>	June 2019
<b>Subject:</b>	Strategic and Operational Planning	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

#### **POLICY:**

An Information Technology (IT) Plan will be developed to support the Toronto North Support Services' Strategic Plan. The IT Plan will reinforce the organization's objectives, service strategy, and consider associated risks.

The goals of the plan include:

- aligning IT investments with the organization's strategy and operational plans;
- identifying capital investments in IT;
- evaluating relevant best practices in IT;
- comparing costs, benefits and risks; and
- acquiring feedback from staff.

#### **DEFINITIONS:**

N/A

#### **PROCEDURE:**

Every 24 months, the Director, Information Systems and Technology will undertake the planning cycle as follows:

- 1) Input is requested from management and user groups regarding their IT needs relative to the Strategic Plan.
- 2) The IT Plan will include:
  - a) issues of importance to the organization that are most affected by technology;
  - b) summary assessment of current data architecture, applications, and technology;
  - c) key projects with estimated costs, benefits, and risks; and
  - d) prioritization of projects with a schedule.

- 3) The final IT Plan will be approved by the Executive Director subject to budgetary restrictions.
- 4) IT staff will implement the IT Plan and provide updates to the Executive Director.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.A.2
<b>Group:</b>	Planning and Risk Management	<b>Effective:</b>	June 2019
<b>Subject:</b>	Disaster Recovery Plans	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

**POLICY:**

Disaster recovery plans (DRP) allow critical services to be maintained or quickly resumed during an unplanned disruption in service. Examples of potential disasters include hardware and system failures, power and energy disruptions, natural and environmental disasters, and malicious attacks. Creating and maintaining plans will help the organization focus on what resources and actions are required during an IT emergency. Strategies for handling IT disruptions to networks, servers, computers and mobile devices are necessary.

The organization will:

- (a) take the essential steps to prepare for a disaster;
- (b) recognize failures and breakdowns when they occur;
- (c) ensure that critical data is adequately backed up and stored;
- (d) re-establish office productivity including manual workarounds so operations can continue until computer systems can be restored; and
- (e) aim to restore operations to the original state.

**DEFINITIONS:**

*“Critical IT process”* is a mission-critical business process that relies on information technology.

*“Critical data, hardware and software”* is the data, hardware and software that is needed for continued execution of one or more critical IT processes.

*“Data backup”* is the process of making one or more copies of data so that the data may be restored in the event of damage to or loss of the data.

*“Disaster Recovery Plan”* (DRP) is a documented set of procedures describing the key activities that are necessary to recover minimum IT services, applications and data to continue critical business operations, and to recover such operations after a disaster.

**PROCEDURE:**

Preparing the Disaster Recovery Plans

- 1) The organization will appoint an Emergency Response Team with defined responsibilities for documenting, testing, reviewing and maintaining an executive-approved DRP. The Emergency Response Team will:
  - a) Identify critical IT processes, data, hardware and software in the DRP.
  - b) Identify the roles and responsibilities of staff required to support the DRP.
  - c) Verify that Human Resources has updated the Emergency Contact List.
  - d) Check the data backup schedule for each critical application. ([See Policy “Data Backup and Storage”](#))
  - e) Update the plan annually to reflect any in-year changes.
- 2) Program Managers/Directors will:
  - a) Develop DRP to ensure that essential business operations are available during a disaster. The plans should address two primary IT scenarios:
    - i) Inaccessible and/or unavailable facility (e.g., main office)
    - ii) Technology failures (e.g., power outage, information loss, no connectivity)
  - b) Identify the team members, external vendors, partners and support agencies needed to assist in recovering from a disaster, as well as program partners and clients who may be adversely affected by delays in the business or program processes during the disaster recovery period.
  - c) Develop a notification script regarding the disaster for each audience (staff, clients, business partners) and assign the notification workload.
  - d) Maintain associated contact information (i.e., names, addresses, telephone numbers, email addresses).
  - e) Update the plan annually to reflect any in-year changes.
- 3) The Emergency Response Team is responsible for communicating with all staff on what to expect in the event of an IT disaster. Directors are responsible for communicating and training staff on their responsibilities to support disaster recovery.
- 4) The Emergency Response Team will run an annual test of the DRP and address any deficiencies uncovered as a result of the testing.

Implementing the Disaster Recovery Plans

- 1) All staff are required to notify Help Desk if they become aware of an IT service interruption.

- 2) An IT service interruption that is forecast to last more than 4 hours must be reported to the Management Team for evaluation so the Management Team can declare a disaster and initiate the disaster recovery process.
- 3) The Emergency Response Team will evaluate the disaster, assess the impact of the outage, and establish an estimated time to recover and notify the Management Team.
- 4) The Emergency Response Team will launch the DRP.
- 5) The Emergency Response Team will provide regular updates to the Management Team including the notification of full restoration.
- 6) If necessary, the Executive Director will be responsible for issuing information to the general public regarding the disaster and associated service impacts.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.B.1
<b>Group:</b>	Security	<b>Effective:</b>	June 2019
<b>Subject:</b>	Access Administration	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

**POLICY:**

Access controls are put in place to protect information by controlling who has the rights to use different information resources and by guarding against unauthorized use.

Access controls will be used to manage the admittance of staff to system and network resources by granting staff access to the specific resources they require to complete their job-related duties. Resources are not to be used by staff members for commercial gain.

Requests for a staff account and access privileges must be approved by the staff member's manager. Authorized staff will require a unique identifier and a password. Guidelines will be provided for the creation of strong passwords and their protection.

The access granted to the organization's information technology resources is intended for Toronto North Support Services business, and any incidental personal use should not be to the detriment of the organization or its staff.

Toronto North support Services will ensure that the organization is protected against:

- (a) security threats to IT systems;
- (b) abuse of organizational resources;
- (c) liability arising from illegal activities committed on organizational systems; and
- (d) liability arising from unauthorized violations of terms of applicable software licensing agreements and copyright laws.

**DEFINITIONS:**

N/A

**PROCEDURE:**

- 1) For employee access control requests, Managers/Human Resources should forward the “*New Hire: Onboarding Checklist Form*” to Help Desk, at least one week before the effective date. The Form should include:
  - a) first and last name of the person requiring access;
  - b) position title;
  - c) system(s) and level of access or privileges to be granted (including directories); and
  - d) start date and end date (if applicable; required for external consultants).
- 2) For external contractors or employees of other organizations that require access to Toronto North Support Services systems, Managers should forward the “*IT: Onboarding Checklist Form*” to Help Desk, at least one week before the effective date. The Form should include:
  - a) first and last name of the person requiring access;
  - b) position title;
  - c) affiliated organization;
  - d) system(s) and level of access or privileges to be granted (including directories); and
  - e) start date and end date.
- 3) For changes in access control to an existing user, managers should email the Help Desk at least one week before the effective date. The email should include:
  - a) first and last name of the person requiring access;
  - b) position title; and
  - c) changes to be implemented.
- 4) Help Desk will review requests for higher access levels (e.g., administrator) with the Director, Information Systems and Technology for authorization.
- 5) IT Staff will create a new user ID (unique identifier) and password or revise the level of access, as appropriate. A confirmation email will be sent to the manager and/or user upon completion, in addition to any training or follow up requirements (e.g., signed confidentiality/non-disclosure agreement). Staff members are accountable for all activity that is performed under their user ID.
- 6) If a staff member no longer requires access to a system, the manager/Human Resources must contact IT to remove access privileges.
- 7) Help Desk will review the access listing and remove or modify as appropriate.
- 8) Help Desk will review access logs to help identify potential breaches of privacy or security. Any discrepancies found will be escalated to the Director, Information Systems and Technology.

#### Password Guidelines

- 1) When any user is assigned a new log-in ID, the user will be assigned a password. Temporary passwords must comply with the complexity rules list below.

Password complexity must be:

- a) At least eight alphanumeric characters
- b) At least one numerical digit
- c) At least one upper case character
- d) At least one special character (e.g., !@#\$%)

In addition:

- a) Passwords must not be easily identifiable;
- b) Avoid using the same password for more than one system; and
- c) Avoid repetition or the use of a favourite password.
- 2) Users should not leave their passwords in view for others to find.
- 3) Users should not share passwords.
- 4) If the user suspects or becomes aware that the password has become known by another individual, the user must change the password immediately and notify IT staff.
- 5) After multiple failed logon attempts, systems are configured to lock out the user. The user should contact the Help Desk for assistance to regain access to the system(s).
- 6) To ensure the protection of unattended workstations by unauthorized individuals, an automatic timeout after a period of inactivity will be triggered requiring the user to log back into the system.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.B.2
<b>Group:</b>	Security	<b>Effective:</b>	June 2019
<b>Subject:</b>	Network Security and Firewall Protection	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

**POLICY:**

Toronto North Support Services maintains a secure network infrastructure to protect the integrity and confidentiality of operational and client data. The organization will ensure that our systems are protected against:

- (a) security threats from computer systems managed outside the organization's control; and
- (b) wireless threats from outside the organization's secure network.

Direct connection of computer equipment to the Toronto North Support Services network is restricted to:

- (a) organization-owned and supplied computers; and
- (b) personally-owned computers (e.g., laptops), if authorized by the Executive Director

All organization networks will have current firewall protection systems.

**DEFINITIONS:**

*"Firewalls"* are hardware devices or software programs that control the flow of traffic between networks, servers, and computer systems. They protect internal resources from intrusion and are an important part of information security.

**PROCEDURE:**

- 1) The Director, Information Systems and Technology will ensure that the network design incorporates firewall protection at each network access point and system server.
- 2) IT staff will ensure that network devices, servers, and organization-owned devices have their firewall applications configured appropriately.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.B.3
<b>Group:</b>	Security	<b>Effective:</b>	June 2019
<b>Subject:</b>	Remote Access	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

**POLICY:**

Remote access is any connection made to the organization's internal network and systems from an external source. Access from outside the physical walls and firewall protection of the organization can invite numerous connectivity, confidentiality, and information security challenges.

Toronto North Support Services will ensure that organization systems, networks and data are adequately protected against external threats that may materialize through the use of remote access.

The Executive Director may authorize remote access for senior managers and IT staff if remote access can be:

- (a) justified to achieve business or operational goals; and
- (b) implemented with sufficient security to minimize the risks of exposing organization systems, networks and data.

**DEFINITIONS:**

N/A

**PROCEDURE:**

- 1) A senior manager or IT staff person who needs to connect remotely to the organization network must request approval from the Executive Director.
- 2) The Executive Director will notify the Director, Information Systems and Technology if remote authorization has been granted to a senior manager or IT staff person.
- 3) The Director, Information Systems and Technology will inform the IT staff to set up the authorized remote access.
- 4) Upon completion, IT staff will email confirmation to the authorized user in addition to any instructions/restrictions that apply.

- 5) Remote access users are responsible for:
  - a) ensuring their remote access device has up-to-date antivirus/malware software installed;
  - b) limiting their remote access to those computing devices and networks that are approved by IT staff;
  - c) limiting remote access on their computing devices to users approved by the Executive Director (no family, friends, visitors, or intruders);
  - d) protecting their remote access mechanisms (identity, passwords, devices, etc.) against unauthorized use or loss;
  - e) keeping personal equipment with remote access capability in secure environments; and
  - f) refraining from the use of public access networks (e.g., coffee shops) while connecting remotely to Toronto North Support Services.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.B.4
<b>Group:</b>	Security	<b>Effective:</b>	June 2019
<b>Subject:</b>	Wireless Network	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

**POLICY:**

Toronto North Support Services will ensure that wireless connectivity to the organization's network does not increase the threat of loss or damage to the organization's IT resources and data.

Staff members using devices that are enabled for wireless connection to the organization's network, including personal computers, laptops, tablets, and cellphones that rely on wireless network connectivity, must observe all rules for preventing unauthorized access to the network.

IT staff will evaluate network security risks. This evaluation may result in:

- (a) suspension of wireless support until the risk can be reduced;
- (b) implementation of additional restrictions on wireless connectivity; and
- (c) implementation of new hardware and software to lessen or eliminate new risks.

**DEFINITIONS:**

N/A

**PROCEDURE:**

- 1) Annually, or more frequently if deemed necessary, IT staff will assess known threats to the wireless networks and review the availability of stronger controls or the upgrading of equipment and software to minimize risks.
- 2) IT staff will configure wireless equipment to eliminate or minimize risks.
- 3) Guests of Toronto North Support Services will be given access to "guest Wi-Fi" and not the internal network Wi-Fi. This will provide guests' access to the Internet.
- 4) Personal devices (e.g., cellphones) that may not meet Toronto North Support Services' network requirements ([Policy: Network Security and Firewall Protection](#)) will only be given access through the use of the "guest Wi-Fi."

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.B.5
<b>Group:</b>	Security	<b>Effective:</b>	June 2019
<b>Subject:</b>	Malware Protection	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

#### **POLICY:**

Toronto North Support Services will minimize the risks to the organization's computer systems from the infestation of malware.

All computers and servers that are connected to the Toronto North Support Services' network (organization-owned and personal) must run an approved and current anti-malware product that continuously monitors for malicious software.

When a computer system is infected with malicious software, that system may be blocked and removed from the network until IT staff have verified that the system is virus-free.

Staff education will promote the awareness of malware risks and provide advice to staff on what they can do to prevent an attack.

#### **DEFINITIONS:**

*"Malware"* is a term that describes any program or code that is harmful to computers or systems. Common forms of malware include adware, viruses, trojans, spyware, worms, ransomware, etc.

#### **PROCEDURE:**

- 1) IT staff will apply multiple layers of defences to ensure that the organization is protected from malware.
  
- 2) All staff will comply with the organization's policies and procedures to mitigate the risks associated with malware. Staff will:
  - a) incorporate procedures for password and user responsibility into all technology activities;
  - b) know how to recognize the symptoms of a ransomware or other malware attack;
  - c) know how to avoid phishing and other traps;
  - d) participate in IT training and education programs which the organization provides; and
  - e) immediately report any confirmed incidents to IT staff, even after accidentally falling prey.

- 3) Staff members who suspect the presence of malware or network intrusion must disconnect the computer resource from the network and contact Help Desk immediately. Staff members are asked not to shut down or restart the infected computer.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.B.6
<b>Group:</b>	Security	<b>Effective:</b>	June 2019
<b>Subject:</b>	Document Security and Data Encryption	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

#### **POLICY:**

Toronto North Support Services will ensure that sensitive data is safeguarded to protect:

- Confidentiality – protecting data from unauthorized access or disclosure
- Integrity – ensuring data is not changed in transit
- Accountability – authenticating data origin, so senders cannot deny sending it

Examples of sensitive data include planning documents, client information, and employee information. At a minimum, documents containing sensitive information must be password protected.

If necessary, data encryption tools are available to ensure the protection of sensitive data. These tools must be considered under any of the following circumstances:

- a) data residing on a shared-use or non-secure computer;
- b) data transmitted through a hostile environment;
- c) portable devices containing sensitive data that are physically transported outside the organization;
- d) data transmitted over the Internet or other unprotected networks needing protection, e.g., email, email attachments, backup data for offsite storage, and data provided from the organization's website; and
- e) sensitive data requiring protection from unauthorized use or disclosure.

#### **DEFINITIONS:**

*"Encryption"* is a process of scrambling data unless authorization is given to the user to view it.

*"Encryption Key"* is a password, file or piece of hardware that is required to encrypt and decrypt information, essentially locking and unlocking the data.

*"Personal Identifiable Data (PID)"* is any data that could potentially identify a specific individual.

*"Personal health information (PHI)"* refers to factual or subjective information about an identifiable individual in any form whether verbal, written or electronic. This includes unique identifiers, information

that relates to the physical or mental health of the individual, and/or relates to the provision of health care services provided.

“Portable Devices” includes any mobile device that can store data (e.g., laptops, smartphones, USB memory sticks/hard drives, tablets, SD cards, etc.).

**PROCEDURE:**

Users must keep their username and password confidential. As with conventional passwords, encryption passwords should only be shared with approved recipients of encrypted data.

Database Encryption

- 1) Data stored in client databases (i.e., Pirouette, The Hub) are automatically encrypted.

Email Encryption

- 1) Email is not a secure means of communication. Toronto North Support emails sent via ONE Mail are encrypted.
- 2) Staff members should not send an email containing confidential, PID, and/or PHI.
- 3) Staff should inform clients that email is not the most secure way to send information.
- 4) Staff members responding to client emails containing confidential, PID, and/or PHI should start a new email rather than using the “reply” option.

File Encryption

- 1) To minimize the risk of unauthorized disclosure of PID and or/PHI information, staff should limit their creation of client documentation outside of the organization’s client information systems.
- 2) Documents created with MS Office (i.e., word, excel) offer a layer of protection by setting a password. Files containing confidential, PID, and/or PHI must be “locked” with a password.
- 3) When using an encryption key to lock documents, staff should use the Password Guidelines in the [Policy, “Email Acceptable Use.”](#)
- 4) Staff should not email encrypted files with the encryption key noted. Separate communications should be sent.

- 5) At a minimum quarterly, staff should delete documents containing PID and/or PHI that have been sent or transferred to the organization's client information systems.

#### Portable Device Encryption

- 1) Many incidents involving unauthorized exposure of confidential, PID, and/or PHI is the result of stolen or lost portable computing devices. As a general practice, confidential, PID, and/or PHI should not be copied to or stored on a portable computing device.
- 2) In situations requiring confidential, PID, and/or PHI to be stored on such devices, encryption reduces the risk of unauthorized disclosure if the device becomes lost or stolen. When a device is capable of encryption, it is required that device encryption be applied.
- 3) Staff should delete copies of files from portable devices as soon as possible.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.C.1
<b>Group:</b>	IT Administration	<b>Effective:</b>	June 2019
<b>Subject:</b>	Asset Management	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

#### **POLICY:**

This Policy provides for the management of IT assets from their initial purchase to their final disposal.

Toronto North Support Services will ensure for new acquisitions that:

- information technology purchases are in alignment with the organization's strategic and IT plans;
- all applicable organizational and volume discounts are received;
- all capital assets related to information technology may be accounted for and located;
- all installed application software that requires a software license is approved, and all restrictions in the license agreed to are being observed; and
- any incidence of missing assets is noted, and appropriate action is initiated to minimize or recoup the losses.

Toronto North Support Services establishes standard computer specifications and applications to avoid incompatibilities and to simplify training and maintenance. Acquisition of IT assets (e.g., computer equipment, installable hardware upgrades, and system and application software) will be controlled and documented.

For equipment disposal, the organization will:

- control the disposal of information technology assets;
- provide appropriate accountability of disposed assets; and
- protect information from being exposed inadvertently through improper disposal techniques.

Surplus or obsolete IT assets shall not be sold, donated or otherwise transferred directly to staff, individuals, or external organizations without the approval of the Executive Director.

#### **DEFINITIONS:**

"IT Assets" are technology items that include but are not limited to, computers, laptops, networking equipment, printers, copiers, software, and phones. Computer accessories, such as mice, keyboards, speakers, are excluded from this Policy.

**PROCEDURE:**

Acquisition of IT Assets

- 1) Acquisition of IT assets must be coordinated through IT with the appropriate level of management approval.
- 2) An Asset Inventory Log is maintained for all IT asset purchases. IT staff must update the log for all purchases, including the type of equipment, serial number/asset number, purchase date, vendor, cost, applicable warranty, and assigned user or physical location.
- 3) Software license information will also be recorded. License software may only be used based on the license agreement. IT staff must track standard software licenses acquired versus those in use to ensure that every licensed software installed is supported by an available license.
- 4) IT staff are responsible for the initial setup for all computer systems, physical, operating systems, and the standard utilities and applications.
- 5) Where there is a business need (including accessibility supports), a manager who needs customized equipment or software must submit rationale and specifications for review by IT. IT staff and the appropriate management will review requests.

Disposing of IT Assets

- 1) All staff must contact IT for the disposal of obsolete and unwanted information technology items. Only IT staff may dispose of information technology assets.
- 2) IT staff will:
  - a) determine the best way to manage unwanted information technology assets. Options include but are not limited to:
    - i) upgrading - enhancing the asset to extend the lifecycle within the program
    - ii) cascading – reassigning the asset from one program to another
    - iii) sale - some equipment may be sold (subject to Toronto North Support Services policies)
    - iv) parts extraction – salvaging components for reuse
    - v) donation to public or charitable institutions (subject to Toronto North Support Services policies)
    - vi) e-waste - responsible waste disposal

- b) ensure that confidential information remaining on hardware is destroyed before the hardware is relocated;
- c) remove licensed software and update the license records when the licenses are not moving with the item;
- d) notify Finance regarding the cancellation of a service contract for equipment that no longer requires service;
- e) notify Finance regarding any cash recovery from the disposal of IT equipment; and
- f) update the IT Asset Log regarding the new location of reallocated hardware or the disposal of hardware that has left the organization.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.C.2
<b>Group:</b>	IT Administration	<b>Effective:</b>	June 2019
<b>Subject:</b>	External Website	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

#### **POLICY:**

Toronto North Support Services' external website is considered a key communication and marketing tool to promote the organization's programs and services.

Toronto North Support Services' external website aims to:

- protect, promote and positively reflect Toronto North Support Services' brand;
- enhance the client experience and satisfy the inquiries of those visitors and users of the site, by offering engaging content, focused upon end-user needs; and
- provide a framework to assist in the delivery of professional and effective website communication for a range of audiences.

All external webpages must be:

- (a) reviewed and approved for organization standards, content accuracy, and editorial style;
- (b) reviewed and approved for copyright material usage, company logo usage and privacy considerations; and
- (c) compliant with the *Accessibility for Ontarians with Disabilities Act, 2005*, by meeting internationally-recognized Web Content Accessibility Guidelines (WCAG) 2.0, where reasonable.

#### **DEFINITIONS:**

N/A

#### **PROCEDURE:**

- 1) Each web page on the website must include the following:
  - a) approved logo and organizational name;
  - b) current contact information;
  - c) privacy policy link;
  - d) copyright notice; and
  - e) feedback email link.

- 2) Before implementing new or changed web pages, the Decision Support Analyst will determine that the following reviews have been completed and approvals are in place:
  - a) The Executive Director has signed off on the pages conforming to the image and style for the external website.
  - b) All submitting managers have approved the correctness and acceptability of all of their content and external linkages.
  - c) All pages of the website should meet the requirements of the organization's style guide (e.g., punctuation and grammar, inclusiveness).
  - d) The website should comply with *the Accessibility for Ontarians with Disabilities Act, 2005*, by meeting internationally-recognized *Web Content Accessibility Guidelines (WCAG) 2.0*, where reasonable.
- 3) Website content will be reviewed and approved by the Executive Director before forwarding it to the Decision Support Analyst for release. Only approved content will be posted.
- 4) Website content will be viewable and operational through a variety of currently popular web browsers and devices.
- 5) Any data collected through the website will be treated confidentially and in accordance with Canadian federal and provincial privacy legislation.
- 6) The Decision Support Analyst will, on a semi-annual basis, review all web pages for currency and relevance of content and review with management if any changes are required.
- 7) The Decision Support Analyst is responsible for ensuring the website domain(s) and hosting remains in effect during its use.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.C.3
<b>Group:</b>	IT Administration	<b>Effective:</b>	June 2019
<b>Subject:</b>	Staff Training and Support	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

**POLICY:**

Toronto North Support Services will ensure that staff can acquire the maximum benefit from the organization's investment in IT services. The organization will provide IT support whenever there is reliance on supplied IT applications and tools for conducting business.

All staff will be provided with:

- a) training on IT policies;
- b) IT orientation materials identifying and documenting the IT services and systems available;
- c) information regarding training options for each service; and
- d) Help Desk support information.

The organization has a technical support team that provides staff support for computing services. IT requests will be gathered and tracked until resolution.

**DEFINITIONS:**

N/A

**PROCEDURE:**

Training

- 1) IT staff will:
  - a) Deliver user orientation materials and education sources to all new hires for the following systems:
    - i) Email
    - ii) Network files
    - iii) Printing
    - iv) Database access
    - v) Telephony
  - b) Deliver ongoing training and support to staff in combination with managers.
  - c) Identify and document ongoing IT training needs.
  - d) Provide technical support to staff for all supported IT services via Help Desk.

- 2) Managers will:
  - a) Assess and identify their staffs IT training needs.
  - b) Provide for or organize training on client information databases (e.g., Pirouette); exception, Access Point Team Lead, will provide training for the Access Point Database.
  - c) Ensure staff attend associated training.

### Support

- 1) Staff should contact Help Desk when IT assistance is needed.
- 2) The Help Desk is managed by IT staff. IT staff will:
  - a) Collect and log initial information, including:
    - i) contact information of the person who encountered the problem
    - ii) date and time when the problem occurred
    - iii) environment when the problem occurred, including computer identification, operating system, programs and services running
    - iv) actions available to reproduce the problem
  - b) Assess the impact on the user from the problem, including:
    - i) system usable
    - ii) program usable
    - iii) data integrity issues, if any
  - c) Determine resolution or temporary fix;
  - d) Log problem as closed (solution applied) or pending resolution;
  - e) Identify with the user what is needed for the problem to be closed;
  - f) Identify and assign resources to resolve; and
  - g) Follow up with technical staff for resolution and update log.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.D.1
<b>Group:</b>	Database Management	<b>Effective:</b>	June 2019
<b>Subject:</b>	Data Backup and Storage	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

#### POLICY:

Toronto North Support Services will establish procedures for the backup and recovery of data in the event of accidental or intentional corruption, loss or destruction of the data.

Data will be protected by regular backups. For critical data, a backup will be kept at an offsite storage location to help keep the organization operational in the event of a physical disaster at the original site.

The purpose of the system's backup is to provide a means to:

- (a) restore the integrity of the computer systems in the event of a hardware/software failure or physical disaster, and
- (b) provide a measure of protection against human error or the inadvertent deletion of important files.

#### DEFINITIONS:

*"Backup"* refers to the copying of physical or virtual files or databases in case the original data is lost or becomes unusable.

#### PROCEDURE:

- 1) All data stored on the organization's file servers, email servers, network servers, database servers, domain controllers, firewalls, and remote access servers will be protected by regular backups according to the following schedule:

Data/System	How Often	Storage Location	Retention	Contact
Yonge St. File Server	<ul style="list-style-type: none"> <li>• Weekday, daily</li> </ul>	<ul style="list-style-type: none"> <li>• Backup to local disk</li> <li>• Backup to cloud</li> </ul>	<ul style="list-style-type: none"> <li>• Local, Cloud, Tape = 4 weeks</li> </ul>	<a href="mailto:elvis@etksolutions.com">elvis@etksolutions.com</a> 416-876-5874
Railside File Server: General and Home Drives	<ul style="list-style-type: none"> <li>• Weekday, daily</li> <li>• 3X/week</li> </ul>	<ul style="list-style-type: none"> <li>• Backup to local disk</li> <li>• Backup to tape</li> </ul>	<ul style="list-style-type: none"> <li>• Local, Cloud, Tape = 4 weeks</li> </ul>	<a href="mailto:elvis@etksolutions.com">elvis@etksolutions.com</a> 416-876-5874
Railside Admin Network Drive	<ul style="list-style-type: none"> <li>• Weekday, daily</li> </ul>	<ul style="list-style-type: none"> <li>• Backup to local disk</li> <li>• Cloud backup</li> </ul>	<ul style="list-style-type: none"> <li>• Local, Cloud, Tape = 4 weeks</li> </ul>	<a href="mailto:elvis@etksolutions.com">elvis@etksolutions.com</a> 416-876-5874
Railside Great Plains	<ul style="list-style-type: none"> <li>• Weekday, daily</li> <li>• 3X/week</li> </ul>	<ul style="list-style-type: none"> <li>• Backup to local disk</li> <li>• Backup to cloud</li> <li>• Backup to tape</li> </ul>	<ul style="list-style-type: none"> <li>• Local, Cloud, Tape = 4 weeks</li> </ul>	<a href="mailto:elvis@etksolutions.com">elvis@etksolutions.com</a> 416-876-5874
Railside Exchange Databases	<ul style="list-style-type: none"> <li>• 4X/week</li> </ul>	<ul style="list-style-type: none"> <li>• Backup to local disk</li> <li>• Backup to virtual machine</li> <li>• Backup to tape</li> </ul>	<ul style="list-style-type: none"> <li>• Local, Cloud, Tape = 4 weeks</li> </ul>	<a href="mailto:elvis@etksolutions.com">elvis@etksolutions.com</a> 416-876-5874
Railside Server Operating System	<ul style="list-style-type: none"> <li>• 3X/week</li> </ul>	<ul style="list-style-type: none"> <li>• Backup to local disk</li> <li>• Backup to tape</li> </ul>	<ul style="list-style-type: none"> <li>• Local, Cloud, Tape = 4 weeks</li> </ul>	<a href="mailto:elvis@etksolutions.com">elvis@etksolutions.com</a> 416-876-5874
Front Street File Server	<ul style="list-style-type: none"> <li>• Weekday, daily</li> </ul>	<ul style="list-style-type: none"> <li>• Backup to cloud</li> </ul>	<ul style="list-style-type: none"> <li>• Local, Cloud, Tape = 4 weeks</li> </ul>	<a href="mailto:elvis@etksolutions.com">elvis@etksolutions.com</a> 416-876-5874
hub.theaccesspoint.ca	<ul style="list-style-type: none"> <li>• Nightly at 10:00 p.m.</li> </ul>	<ul style="list-style-type: none"> <li>• GTA Computer &amp; Network Solutions Inc.</li> <li>• BackupStorage1 Server (Co-location #1)</li> <li>• (/data/Backups/TorontoNorth/WEBSITEBACKUPS)</li> </ul>	<ul style="list-style-type: none"> <li>• Cloud = 15 days</li> </ul>	<a href="mailto:alymeris@gtacns.com">alymeris@gtacns.com</a> 647-773-1086
Pirouette SQL Server	<ul style="list-style-type: none"> <li>• Hourly</li> </ul>	<ul style="list-style-type: none"> <li>• Microsoft Azure Blob Storage, geo-replicated to Montreal and Toronto.</li> </ul>	<ul style="list-style-type: none"> <li>• Cloud = 6 weeks</li> </ul>	<a href="mailto:support@roxysoftware.com">support@roxysoftware.com</a> 416-652-8922

- 2) Workstations are not backed up. Staff must ensure that documents are saved on the computer network and not the local hard drive of computers.
  
- 3) Backup copies will be stored in an environmentally protected offsite location with site security and climate control.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.D.2
<b>Group:</b>	Database Management	<b>Effective:</b>	June 2019
<b>Subject:</b>	Requests for Information	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

#### **POLICY:**

Toronto North Support Services may receive external data requests from partners, researchers, and decision-makers for client-related data. Client requests that fall under the Personal Health Information Act (PHIPA) are not covered by this Policy (refer to “*Privacy Policy*”).

Requests for data are either for anonymized aggregate data or for research proposals/projects requiring access to individual-level data. The Executive Director/Privacy Officer will evaluate all data requests.

If approved, organizations requesting access to information must meet the minimum requirements for:

- data security;
- encryption;
- secure destruction;
- non-disclosure/confidentiality; and
- ethical standards.

The organization responds to data requests on a cost-recovery basis.

#### **DEFINITIONS:**

“*PHIPA*” refers to Ontario’s Personal Health Information Protection Act (November 1, 2004). It is an Ontario law that governs the collection, use and disclosure of personal health information within the health sector. The object is to keep personal health information confidential and secure while allowing for the effective delivery of health care.

#### **PROCEDURE:**

- 1) Individuals or organizations seeking access to Toronto North Support Services’ data must complete the “External Data Request Form.” (attached)
- 2) Completed forms must be forwarded to Toronto North Support Services’ Decision Support Analyst for review.

- 3) Upon receipt, the Decision Support Analyst will review the request, estimate the time required to extract the data, and flag any issues that the request may present. The Decision Support Analyst will contact the Requestor to clarify information about the request.
- 4) A cost recovery estimate will be based on:
  - a. hourly rates of the individual(s) selected to perform the data extraction; and
  - b. the number of hours needed:
    - i. to review the data request
    - ii. consult on and develop specifications
    - iii. manipulate and/or analyze data
    - iv. seek advice from organizational support areas
    - v. perform data quality assurance, and
    - vi. transmit data.
- 5) The Decision Support Analyst will recommend to the Executive Director/Privacy Officer whether to approve, modify, or deny the request.
- 6) The Decision Support Analyst will communicate to the Requestor the decision.
- 7) If approved, the Requestor must be made aware of their data use obligations and sign an agreement confirming that the minimum requirements are met.
- 8) Payment must be received before data release.

**ATTACHMENT:**

- EXTERNAL DATA REQUEST FORM



## TORONTO NORTH SUPPORT SERVICES EXTERNAL DATA REQUEST FORM

*Completed forms should be sent to:  
Toronto North Support Services, Decision Support Analyst, melissad@tnss.ca*

*All requests will adhere to the use and disclosure guidelines set forth by  
Ontario's Personal Health Information Protection Act (PHIPA).*

### PRIMARY CONTACT INFORMATION

Name			
Position			
Institution/Organization			
Address		City	
Province		Postal Code	
Phone Number		Email	

### REASON FOR REQUEST

1. Please state the purpose/use for the data?

**2. Describe the plan for communicating the results:**

**3. Research Ethics Board**

- Plan submitted (please attach)
- Plan approved (please attach approval and conditions noted)
- Not applicable

**DATA REQUESTED**

**4. Type of Data:**

- Non-identifiable or Aggregate
- Identifiable or Record-Level
- To be determined

**5. Please describe in detail the data that you need. Specify any selection criteria, including the time period. Be specific, as possible.**

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**6. What is your preferred data format?**

- Excel
- Comma Separated
- SQL
- Paper Report
- Other \_\_\_\_\_

**7. Desired completion date? (MM/DD/YYYY)**

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**COMPLIANCE**

**8. How do you intend to comply with the following requirements:**

PHIPA	
Non-Disclosure/Confidentiality	
Ethical Standards	

Data Security	
Encryption	
Secure Destruction	

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By submitting this request, you understand and consent to the following:

- Should the request be approved, there will be a cost-recovery fee before the release of any information; the exact fee will be communicated in advance, and payment must be made in full before the start of any work required.
- If approved, requesters will be required to enter into an agreement with Toronto North Support Services before the release of the data.
- There is no guarantee that a request will be granted.

I certify that, to the best of my knowledge, the information provided in this form is true and complete. I understand that a complaint may be made to the requesting organization and/or the Information and Privacy Commissioner/Ontario if the information provided herein is not true and complete.

Date: \_\_\_\_\_ Signature of Requester: \_\_\_\_\_

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STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.E.1
<b>Group:</b>	Staff Responsibilities	<b>Effective:</b>	June 2019
<b>Subject:</b>	Computer and Information Technology Acceptable Use	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

**POLICY:**

Toronto North Support Services provides information technology and equipment to assist employees in their work. This Policy defines end-user acceptable use of Toronto North Support Services' IT equipment. The Policy applies to desktops, laptops, printers, and other equipment provided by the organization. Acceptable use applies to proper care and maintenance of equipment as well as following documented security policies relating to equipment use.

**DEFINITIONS:**

N/A

**PROCEDURE:**

- 1) Staff members are expected to use organizational supplied technology for business purposes when provided and available. Staff are responsible for exercising good judgment regarding the reasonableness of personal use.
- 2) Information stored on electronic and computing devices remains the sole property of Toronto North Support Services.
- 3) User ID's will be assigned to staff to access equipment and systems. Staff members are accountable for all activity that is performed under their user ID.
- 4) The following appropriate use guidelines should be followed:
  - a) Staff are responsible for reducing the possibility of damage or theft of organization computers and information. Staff have a responsibility to promptly report the theft, loss or unauthorized disclosure of confidential and internal use information and/or equipment.
  - b) Staff should keep their equipment clean and free from dust. Staff should maintain "breathing space" around equipment and keep equipment away from direct heat.

- c) Staff should keep food and drink away from computer equipment.
  - d) Active desktops and laptops may not be left unattended for prolonged periods. Staff should "lock" or log out of their workstation when leaving the workstation unattended.
  - e) Computers should be shut down at the end of the workday.
  - f) During an electrical storm, computers should be turned off.
  - g) Organizational information displayed on screens or reports shall be treated as confidential and private. Staff must guard organizational information against unauthorized access or use. Any employee-signed confidentiality agreement shall fully apply to information accessed with organization IT equipment.
  - h) Some offices have computers set up for client use. These designated computers have a word processor installed. These computers also have Internet access but cannot access the network directories.
  - i) Staff should not store organizational information or files locally. The use of shared or network drives for all organizational information is required. The organization does not provide backups at the desktop level.
  - j) Laptops should be provided to the Information Technology Department at least once each year for maintenance and updating.
  - k) When travelling for work, staff should keep laptops with them at all times. Laptops should not be visible nor left in vehicles for long periods of time since they are susceptible to temperature damage.
- 5) Unacceptable use of IT resources include but are not limited to the following:
- a) Using the resources for any purpose which violates local, provincial or federal laws.
  - b) Using the organization's equipment, systems or networks for personal gain.
  - c) Unauthorized copying of information stored on the organization's IT resources.
  - d) Attempting to circumvent or subvert system or network security measures.
  - e) Intentionally sending files or messages containing programs designed to disrupt other systems (e.g., viruses).

- f) Accessing another computer system without authorization.
- g) Intentionally possessing, using, or transmitting unauthorized material, in violation of copyright restrictions.
- h) Creating, viewing, storing, printing, or redistributing unlawful or potentially offensive material or information.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.E.2
<b>Group:</b>	Staff Responsibilities	<b>Effective:</b>	June 2019
<b>Subject:</b>	Telephones/Cellphones Acceptable Use	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

**POLICY:**

This Policy offers general guidelines for using organizational supplied telephones and cellphones.

Staff members are assigned confidential voicemail boxes that will only be accessed by authorized staff in the event of an unplanned or prolonged absence from work. Staff members should refrain from casual telephone use of a personal nature. Where personal calls are required, they should be brief and made during times that do not detract from client care. Staff members are not permitted to make personal long-distance phone calls except in emergencies.

Organizational cellphones are provided to all staff members who provide services in the community and/or where telephone contact supports client care.

**DEFINITIONS:**

N/A

**PROCEDURE:**

- 1) Staff members are expected to:
  - a) set up their mailbox greeting to include the organization name and the name of the staff member;
  - b) retrieve messages at least once a day from their voicemail box. Administrative staff will empty the general delivery box and redirect messages several times per day, throughout the work week;
  - c) discard messages in a timely fashion;
  - d) be mindful leaving voicemails in a public place that requires the use of names or communicating other work-related information;
  - e) refrain from casual telephone use of a personal nature. If required, it should be brief and not detract from client care. Staff members will reimburse the organization for personal, long-distance use;
  - f) identify clients in their phone/contract directory with the first name and last name initial. Full names must not be listed; and
  - g) discontinue cellphone use (e.g., talking, texting, emailing, other) while driving. The use of a hands-free feature does not permit use.

*Information Technology*

*Page 230*

### Landlines

- 1) For new requests, managers should send an email to Help Desk with:
  - a) person's name;
  - b) job title; and
  - c) office location.
- 2) Staff members will be assigned a voicemail box in their home office. This mailbox is confidential and will only be accessed by administrative staff in the event of an unplanned or prolonged absence from work to address client-related communications.

### Organization Provided Cellphones

- 1) Managers must email Help Desk with requests for cellphones. Information should include:
  - a) name of individual requiring the cellphone;
  - b) job title; and
  - c) department/program.
- 2) If the cellular device is to assist in the performance of duties and to improve client service, IT staff will acquire the cellphone based on organizational equipment standards.
- 3) A password/device lockout must be set on the cellular device.
- 4) If an organizational cellular device is lost or stolen, staff must notify Help Desk with the telephone number associated with the cellphone.
- 5) If a cellphone is lost, damaged or stolen, staff must notify Help Desk immediately. Help Desk will notify the appropriate Administration staff to cancel/suspend activity to prevent unwanted charges.
- 6) If a staff member leaves the organization, managers are responsible for collecting the equipment and returning items to IT staff.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.E.3
<b>Group:</b>	Staff Responsibilities	<b>Effective:</b>	June 2019
<b>Subject:</b>	Bring Your Own Device (BYOD)	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

**POLICY:**

Toronto North Support Services staff must be approved to use personal devices for organization-approved business purposes. This Policy provides guidelines for the authorized use of personally owned laptops, smart phones, and tablets to conduct business.

The organization will ensure that:

- (a) the organization's systems, networks and data are protected against security threats from external computing systems;
- (b) staff with approved devices have a secure means to access the organization's information systems; and
- (c) access to networks or organization data by an unauthorized user does not compromise the organization's systems.

**DEFINITIONS:**

**"BYOD"** Bring your own device is the use of employee-owned computing devices such as laptops, smartphones, and tablets, to access organizational networks and applications, both onsite and offsite via a secure connection.

**PROCEDURE:**

- 1) The staff member's manager must submit a request to Help Desk to participate in the BYOD program identifying:
  - a) employee's name;
  - b) the device(s) to be enrolled; and
  - c) the intended use of each device.
- d) The staff member must provide to IT staff the equipment for evaluation and inspection of each device to ensure it meets the required criteria and security measures.

- e) IT staff will maintain a list of approved staff and their devices.
- f) A staff member with a BYOD-approved device must:
  - i) Set up a “strong” password (See Password Guidelines in [Policy “Email Acceptable Use”](#));
    - (1) To initiate the use of the device;
    - (2) To enable the device’s connection to the enterprise network; and
    - (3) To extract, view or modify organizational data on the device.
  - ii) Ensure regular updates to their malware protection are installed on their BYOD device; and
  - iii) Inform IT staff if the BYOD device is lost or stolen.
- g) If a staff member leaves their area of responsibility, approval of the BYOD continued use must be re-evaluated by the new management.
- h) If a staff member leaves the organization, their BYOD device(s) must be cleaned of any organizational software and data.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.E.4
<b>Group:</b>	Staff Responsibilities	<b>Effective:</b>	June 2019
<b>Subject:</b>	Email Acceptable Use	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

#### **POLICY:**

Toronto North Support Services staff are provided email for work-related purposes. Security password requirements must be met.

All staff members using organization-provided email are prohibited from sending an email that:

- (a) is offensive;
- (b) may damage employee morale such as jokes, gossip, rumours, innuendoes or disparaging remarks;
- (c) may be construed as spam, or violates CASL – Canada Anti-spam Legislation;
- (d) knowingly or negligently includes malware in the form of attachments or Internet links;
- (e) is used to enable a personal business venture and not related to the organization's business;
- (f) tries to mask the identity of the sender or masquerades as having come from a different sender; or
- (g) violates information copyright.

Staff members using organization-supplied email services should assume that their email communications are not private. All email received or sent through organization-owned systems are the property of the organization and are subject to logging, archiving and inspection by authorized individuals to investigate violations of organization email policies.

The organization will provide a standard format for email signatures.

#### **DEFINITIONS:**

N/A

#### **PROCEDURE:**

- 1) For new email requests, Managers/Human Resources should forward the “*New Hire: Onboarding Checklist Form*” to Help Desk, at least one week before the effective date. The Form should include:
  - a) first and last name of the person requiring email access;

- b) position title; and
  - c) location.
- 2) Help Desk will create an email address using either, [firstname.lastname@tnss.ca](mailto:firstname.lastname@tnss.ca) or [firstname.lastname@theaccesspoint.ca](mailto:firstname.lastname@theaccesspoint.ca) and assign a password.
- 3) A confirmation email will be sent to the manager and/or user upon completion, in addition to any training. Staff members are accountable for all activity that is performed under their email address.
- 4) Staff members are responsible for updating their email signature using the English and French standard format approved for the Access Point and the remaining staff of Toronto North Support Services.
- 5) Emails should also include:
- This e-mail communication is CONFIDENTIAL AND PRIVILEGED. If you are not the intended recipient, please notify me at the telephone number shown above or by return e-mail and delete this communication and any copy immediately. Thank You
- L'information apparaissant dans ce message électronique est PRIVILÉGIÉE ET CONFIDENTIELLE. Si ce message vous est parvenu par erreur, vous êtes en conséquence prié de nous aviser immédiatement par téléphone ou par courriel. De plus veuillez détruire ce message immédiatement. Merci.
- 6) To terminate email access, Managers must complete the "Leaver checklist".

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.E.5
<b>Group:</b>	Staff Responsibilities	<b>Effective:</b>	June 2019
<b>Subject:</b>	Internet Access Acceptable Use	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

**POLICY:**

Use of the Internet by staff is permitted and encouraged where such use supports the goals and objectives of the organization. Staff are expected to use the Internet responsibly and productively.

Staff members who have access to the Internet via organization-supplied computer systems are prohibited from:

- (a) intentionally viewing, downloading, uploading, forwarding, printing, copying or storing offensive, non-business-related information content from the Internet;
- (b) engaging in harmful or malicious behaviour; and/or
- (c) using the Internet for unauthorized personal use, productivity wasters, resource wasters, and risk activities such as accessing dating, gambling and gaming sites, participating in chat rooms, shopping and downloading streaming audio, video and other files that use excessive network bandwidth.

Toronto North Support Services reserves the right to block access to websites that are in violation of this Policy or when a site is transmitting harmful content that interferes with the organization's networks, systems, and services.

**DEFINITIONS:**

N/A

**PROCEDURE:**

- 1) Internet access is available on organization-owned computers to support the organization's work. Staff should not use the Internet to carry out any of the prohibited activities listed in this Policy.
- 2) On-site, guests and staff using personal devices may connect through the "guest Wi-Fi" which provides basic access to the Internet but not the internal network.

- 2) IT staff will implement system controls on Internet access through organizational systems, monitoring Internet use, investigating suspected violations of Internet use, and reporting any Internet abuse discovered to the Director, Information Systems and Technology.
- 3) All sites and downloads may be monitored and/or blocked by Toronto North Support Services if they are deemed to be harmful and/or not productive to business.

STATEMENT OF POLICY AND PROCEDURE			
<b>Section:</b>	Information Technology	<b>Policy #:</b>	7.E.6
<b>Group:</b>	Staff Responsibilities	<b>Effective:</b>	June 2019
<b>Subject:</b>	Social Media	<b>Date Approved:</b>	May 2019
<b>Approved by:</b>	Executive Director	<b>Next Revision Date:</b>	June 2020

#### **POLICY:**

Although Toronto North Support Services has chosen not to have an official presence on social media, the organization knows the importance and benefits of communicating through social media. The organization recognizes that there are specific challenges raised because social media creates an intersection of personal and professional roles and identities.

This Policy does not intend to discourage or unduly limit the staff member's personal expression or online activities. However, staff members should recognize that they are personally responsible for the content they publish in a personal capacity. The same considerations that apply to the organization's messaging and communications in traditional media still apply in the online social media space, including our values, ethics, confidentiality policies, respect in the workplace, and employee professional conduct.

The organization will provide guidelines to staff for personal use as it relates to Toronto North Support Services.

#### **DEFINITIONS:**

*“Social media”* is the collective of online communication channels used for forums, microblogging, social networking, and wikis. Examples include Facebook, LinkedIn, Twitter, Instagram, YouTube, Google+, Wikipedia, Reddit, and Pinterest. It is inclusive of producing, posting and interacting using text, images, video, and audio to communicate electronically.

#### **PROCEDURE:**

Communications made via social media are not exempt from the expectations and obligations outlined in Toronto North Support Services' policies or from the laws and regulations that govern personal liability across general and traditional forms of communication. The following reference is intended to help guide staff member's social media behaviour:

- 1) Disclose your Affiliation - If a staff member talks about work-related matters that are within their area of job responsibility they must disclose their affiliation with Toronto North Support Services. Be mindful of the professional association with Toronto North Support Services. Staff members should

disclose their true identity. Staff members should be clear that they are expressing their personal views. Toronto North Support Services' email address, logos or insignia should not be used for non-work related discussions.

- 2) Be Professional – Staff members should be mindful of their professional association with Toronto North Support Services. Staff should use good judgment and be accurate and honest in their communications.
- 3) Work Communication – Staff members should not be using social media to conduct business with their colleagues.
- 4) Personal Information - Personal information about clients or staff should never be shared. This includes posting of images without the consent of the individual(s).
- 5) Confidential Information – Staff members should not publish, post, or release information that is considered confidential. Do not reveal confidential information gained through work. Staff who are unsure should contact Toronto North Support Services' Privacy Officer before disclosing.
- 6) Protect Yourself – Staff should be careful with the personal information they share online.
- 7) Act Responsibly and Ethically - When participating in online communities, staff members should not misrepresent themselves.
- 8) Do Not Harm - Live the values. Toronto North Support Services will not tolerate language that is discriminatory, hateful, or violent towards identifiable groups or that incites others to discriminate, practice hate or violence.
- 9) Public and Permanent – Communication in social media sites should always be considered public and permanent. Online communities are not private.
- 10) Friending – Toronto North Support services strongly discourages “friending” of clients on social media websites.

Staff members who become aware of posted content contrary to the above guidelines must notify their manager or Human Resources for further investigation. Human Resources will investigate to determine if the posting violated this Policy. If the investigation concludes that a violation occurred, the appropriate disciplinary action will be taken. (*See Policy “Discipline”*)