Policies and Procedures Manual

Revision June 2025

Community Living St. Marys and Area
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Community Living St. Marys and Area

Policy and Procedures

Introduction

The Policy and Procedures Manual is intended to be a complete book of the current policy decisions of the Board of Directors.

Policies are the Board's statements of the decisions it has made regarding certain questions that have been raised. Generally, policies follow good practice. The spirit of the policies should reflect the mission and principles of the Association. Policies should be looked at as direction and parameters in which decisions are made. It would be impossible to create a policy for every action that will be taken within the Association. Attempts to do so, lead to lack of creativity, compassion and initiative. However, there are questions that are asked again and again. In these instances, policies are created. Policies are motions that are moved and seconded and noted in the Board of Directors minutes.

Under extraordinary circumstances, there may be times when an exception or modification to a policy or procedure is required before a fulsome review can be accomplished. In these limited conditions, the Board may vote to override part or all of a policy on a one-time basis. In this case, a two-thirds majority of the whole board must approve the variation.

Procedures are the how to's. They describe how a particular policy is to be carried out.

Since both policies and procedures are decisions made from time to time by the Board of Directors, they can be changed by the board. It is a good rule of thumb, that if a policy is getting in the way of providing the level of support outlined in the mission and principles, then it is time for review.

Please note:

- 'Association' refers to Community Living St. Marys and Area.
- On our website, additional information is located under Resources.

Community Living St. Marys and Area

Policy and Procedures Manual

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Community Living St. Marys and Area

Section: Vision

Policy # V 1

Policy: Vision, Mission Statement and Principles

Approved by the Board of Directors: Nov 24, 2014

Ministry requirement

Community Living St. Marys and Area is committed to working from a solid vision, mission and principles; as well, adhering to the United Nations Universal Declaration of Human Rights.

Our Vision: A community where everyone belongs.

Our Mission: To nurture the ability and willingness in our community to welcome and support all people as valued and contributing citizens.

Procedures

We recognize that it takes action to achieve our mission. Our principles are:

Principle # 1
We believe everything starts with the person.

- We will help people plan for their good life
- All supports are tailor made together with the person and their family
- All budgets are individualized
- We will advocate for the Ontario government to individualize funding for disability supports

Principle # 2
We believe we are accountable to the person first while honouring relationships in the person's life.

- We will support the individual's right to call on family and friends for support and advocacy throughout his or her life
- We will support families to be active decision-makers in the lives of their children and youth

Principle # 3
We believe that a range of relationships are valuable and important to everyone.

- We will support people to explore and develop those relationships through intentional and natural opportunities

Principle # 4
We believe everybody has the right to self-determination.

- We will support people to be full citizens of their community
- We will support people to direct and monitor their services and budget
- We will support People First

Principle # 5
We believe that inclusive communities are created and strengthened by recognizing and acting on the belief that each person has unique gifts that are necessary contributions.

- We will help people discover their gifts, abilities, and skills
- We will help people use/share/contribute their gifts

Principle # 6
We believe in our commitment to people with developmental disabilities from St. Marys and area.

- We will walk with people through their journey
- We will find ways to support people currently not supported
- We will have a clear, transparent, equitable process for how decisions are made regarding who receives what service (including the allocation of funds, existing and new, human resources and assignments)

Principle # 7
We believe that being involved in your community leads to full citizenship.

- We will create inclusive supports
- We will not create or operate segregated and congregated supports

Principle # 8
We believe we have a role in grassroots community development.

- We will support people who use our service, families, Board members and staff at every level to lead and take part in community initiatives
- We will support self-advocacy
- We will support family advocacy

Principle # 9
We believe it's important to plan for future needs of people living in our community.

- We see our role as an agent of change in the areas of education, seniors, transportation, housing, recreation, and employment
- We will advocate for individual and system change to help people get supports they need

Principle # 10
We believe in an organizational culture that encourages learning, risking, evolving and innovating.

- We will learn together by continuing to question ourselves and each other
- We will stay connected to movements within human services including citizenship, human rights, advocacy and best practices

- We will share information and stories – team-to-team, general staff, newsletter and newspaper

Principle # 11
We believe in the honourable role that staff play in people's lives.
- We will recognize and appreciate staff, encourage leadership and mentoring opportunities, invest in training, and advocate for good wages, benefits and employment opportunities

Principle # 12
We believe in planning that is separate and local and also, we believe there is a role for independent, unencumbered planning in Ontario's developmental service system.
- We will explore issues of further separating planning from services
- We will continue to act as a provincial resource while balancing local needs

Principle # 13
We believe that our organization is healthier when there is an active quality assurance process in place in every area of the organization.
- We will regularly ask people who use our service and their families about the quality of services they receive

Community Living St. Marys and Area

Section: Vision Policy # V 2

Policy: Services Values

Approved by the Board of Directors: May 28, 2012

The Association provides services which are responsive to the person using or requesting these services and to their family and friends. Supports and/or planning are based on the person's talents, needs, hopes and desires, choices and preferences as expressed by the person themselves or through those closest to them and the principles of service.

Provision of Service is based on:

1. **Individualization**
   All support and planning and facilitation services provided by the Association are individual and reflect what the person, their family and friends have said are needed.

2. **Choice and Empowerment**
   Each person receiving support and their family and friends provide the major input to planning and decision making regarding the support required from the Association. In making these choices, the person and their group accept the obligations and responsibilities inherent in the decisions made.

3. **Flexible, Portable Resources**
   The Association has limited resources in terms of human resources and funding. These resources are allocated based on individual needs and circumstances in a fair and equitable manner.
   The Association has a system of individual budgets. Disbursement of these funds is directed by the person and their family and friends and/or the Association. All or part of the funds identified for a person's support may also be moved to another service provider with the assistance of the Association and in consultation with the Ministry.

Procedure

1. Any services provided will be based on the plan developed by the person; and be consistent with the Association's vision, mission, and principles and meet any relevant regulations.

2. If the resources allocated to a person are insufficient, it is the responsibility of the person and their family and friends to actively seek and/or provide the additional resources. The Association will provide support to do this as requested.

3. If a person chooses services which fall outside the vision, mission and principles of

service, the Association will assist the person to acquire these services from another service provider.

Board of Directors

The Board of Directors of the Association is an elected body that acts on behalf of the membership to carry out the activities of the organization. It is mandated by the Corporations Act of Ontario through the Letters Patent. The board is responsible for the management of the whole Association. It is accountable to the membership for all of its decisions.

The board is the body within the organization that is liable for all actions taken on its behalf by employees and volunteers. Given this level of responsibility, the board creates policies to be followed when making decisions.

The membership gives the board a mission and principles to act as guidelines when making decisions. It is the board's responsibility to ensure that the policies adhere to these parameters.

In order to accomplish this undertaking the board has developed ways of organizing its activities. These include committees which recommend policy to the board and employees to carry out the policies of the board through procedures.

The Board's functioning is outlined in the Bylaws of the organization. These need to be consulted for the election procedures, terms of office, officers, job description of officers, committees, fiscal year and removal of officers or board members.

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Community Living St. Marys and Area

Section: Board of Directors Policy # BD 1

Policy: Board Member Orientation

Approved by the Board of Directors: May 28, 2012 Ministry requirement
Jan 22, 2018
Revised: January 2018

When new members join the Board of Directors, it is often confusing and overwhelming. In order to alleviate some of the initial uneasiness, an orientation to the Association and all its activities is undertaken. On-going orientation is provided to all board members through retreats and participation in conferences and training events.

Procedure

1. When first elected to the board, each new member will receive an orientation to:
   a. Vision, Mission statement and Principles.
   b. Rights of people using our services.
   c. Abuse prevention, identification and reporting.
   d. Privacy and confidentiality.
   e. Role and responsibility as a board member.
   f. Policy and procedure regarding ethical governance practices.

2. Each new member will be given the opportunity to discuss the information with the President or their representative.

3. New members will be invited to participate in the regular new employee orientations.

4. All Board members are encouraged to participate in board retreats, Association retreats, conferences and training events that are relevant to their position within the organization.

5. A record of the date of orientation for each Board member will be signed off and kept in their file.

6. The Board will do a yearly review of the Association's policies on abuse prevention, identification and reporting.

7. The Board will assess its performance as a group and individually on a bi-annual basis to ensure it is functioning effectively and carrying out responsibilities and duties and making improvements when identified as being needed.

8. When a board member voluntarily leaves their position, the nomination committee will present names at the next Annual General meeting and will also call for nominations from the floor. The Board will seek diversity and balance in welcoming new members.

Community Living St. Marys and Area

Section: Board of Directors Policy # BD 2

Policy: Involvement in Decision Making

Approved by the Board of Directors: July 6, 2006
Revised: August 2013

The Association actively encourages and promotes the meaningful involvement and participation of all those people using the services of the Association in the decision-making bodies such as the Board of Directors and its Standing Committees.

The Association engages in organizational planning retreats to study and make recommendations to the Board. The Board encourages the participation of people using the services, family members, employees, Association members and community members.

Procedure

1. The Board of Directors will ensure that the people using the services and their families receive information on the benefits of becoming a member of the Association.

2. The Board will make sure that people using the services are invited to sit as members of Standing or Ad Hoc Committees and Task Forces.

3. People who are using the services of the Association will be invited to stand for nomination to the Board of Directors.

4. New Board or Committee members will be provided the necessary supports to meaningfully participate in the meetings and processes.

5. Support to participate effectively may be provided by technology, a relative, friend or advocate. Employees of the Association may not provide support at the Board level.

6. The Board of Directors will ensure an organizational planning retreat with external facilitation that will be held at minimum every five years.

Community Living St. Marys and Area

Section: Board of Directors | Policy # BD 3

Policy: Conflict of Interest

Approved by the Board of Directors: July 6, 2006 | Ministry requirement
Revised: June 2015, August 2016

The Association wishes to conduct its business in a fair and open way that is not seen to be unduly prejudiced by Board and committee members who may derive a personal benefit from the decision being made.

Procedure

1. **Definition of Conflict of Interest**

A conflict of interest occurs when:

a. A board member has a private or personal interest sufficient to appear to influence a decision made in their official capacity.
b. A board member has a direct or indirect financial interest in a contract or a proposed contract with the Association.
c. A spouse, child, blood relative or family member of the board member has control of the contracting firm or has influence over the firm.
d. A board member has control or influence over the contracting firm.

2. **Declaration of the Conflict of Interest**

The board member upon realizing that a conflict of interest exists must:

a. Inform the Executive Director as soon as possible.
b. If attending a meeting (staff, board, committee or any Association meeting) when the conflict becomes apparent, the board member must disclose the conflict at the beginning of the meeting.
c. Once conflict is disclosed, the board member will not take part in any discussion or consideration of the situation.

3. If the board member is absent from the meeting or becomes aware of the conflict of interest following the meeting, they will inform the Executive Director and/or comply with the declaration of the conflict at the next meeting attended.

4. If the board member fails to declare their conflict of interest, appropriate action will occur in accordance with CLSMA bylaws.

Community Living St. Marys and Area

Section: Board of Directors Policy # BD 4

Policy: Attendance at Board Meetings

Approved by the Board of Directors: July 6, 2006

The Board of Directors meets regularly throughout the year. It is expected that all directors will attend these meetings to ensure the proper functioning of the board. Absence of a director at three consecutive meetings without good regrets will result in the termination of the directorship.

Procedure

1. If a board member fails to attend three consecutive board meetings, the President will contact the board member to obtain an explanation for the absence.

2. The President will bring the findings to the next board meeting for consideration.

3. If it is deemed by the board that there is not just cause for the absence, the board will terminate the director's term of office.

4. The President will send a written notice of the termination to the director.

5. The board may appoint from eligible members a person to complete the term.

Community Living St. Marys and Area

Section: Board Policy # BD 5

Policy: Public Awareness

Approved by the Board of Directors: July 6, 2006
Revised: August 2016

Any public awareness campaigns for the purpose of fundraising and public education must adhere to the vision, mission and principles of the Association.

Any public/media communications about the Association are to be made by the President, Executive Director or a person delegated by either. Refer to Policy HR 1.

Community Living St. Marys and Area

Section: Board of Directors Policy # BD 6

Policy: Terms of Reference of Committees

Approved by the Board of Directors: July 6, 2006

The Board of Directors recognizes that it is important to define the scope of the committees undertaking board business. As such, each committee either standing or ad hoc will have terms of reference approved by the board.

Procedure

1. At the beginning of each year, the standing committees will review and submit their terms of reference to the board for approval.

2. When striking an ad hoc committee, the board will determine the terms of reference for the committee.

3. The terms of reference will include the following:
   - Name of committee
   - Composition of the Committee
   - Mandate
   - Quorum required
   - Objectives
   - Responsibilities
   - Resources of the Committee
   - Time frame of Operation/ yearly action plan

4. All terms of reference are to reflect the Mission and Principles of the Association.

Community Living St. Marys and Area

Section: Board of Directors Policy # BD 7

Policy: Review of Bylaws and Letters Patent

Approved by the Board of Directors: July 6, 2006
Jan 22, 2018
Revised: January 2018

The Bylaws of the Association are the rules for running the organization. The Letters Patent are the legal guidelines of the corporation known as the Association. Both of these documents are to be reviewed regularly to ensure that they reflect the current operations of the Association.

Procedure

1. The Board of Directors will establish an ad hoc committee to review the Bylaws and Letters Patent of the Association at least every five years.

2. This committee will invite suggestions from members for changes, deletions and additions to both the Bylaws and Letters Patent.

3. The committee will make recommendations to the board.

4. Any changes to the Letters Patent or the Bylaws need to be approved by the membership at either the Annual General Meeting or at a meeting called to discuss the Bylaws and Letters Patent.

Community Living St. Marys and Area

Section: Board of Directors | Policy # BD 8

Policy: Review of Policies and Procedures

Approved by the Board of Directors: May 28, 2012 | Ministry requirement

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The policies of the Association are the board's decisions of what needs to be done to achieve the mission. The procedures are how the policies are to be carried out. Both policies and procedures need to be reviewed regularly. The review should include looking at changes to existing policies and procedures, additions and deletions.

Procedure

1. The Board of Directors will do an annual review and update as needed the policies on vision, mission statement, principles and Rights of Persons Using Services.

2. The Board of Directors will establish an ad hoc committee to review all other policies and procedures at least every two years. This may be the same committee charged with looking at the Bylaws and Letters Patent.

3. This committee will invite suggestions from members, employees, people using the services and their families for changes, deletions and additions.

4. The committee will make recommendations to the board.

5. Any changes to the policies need to be approved by the board. These changes are to be circulated to all employees, filed in the master Policy and Procedure Manual and added to the appropriate handbooks.

6. Any changes to the procedures are approved by the Executive Director who will inform the board. These changes are circulated to all employees, filed in the master Policy and Procedure Manual and added to the appropriate Handbooks.

Community Living St. Marys and Area

Section: Board of Directors Policy # BD 9

Policy: Delegation to the Executive Director

Approved by the Board: July 6, 2006

The Board of Directors has delegated the authority of the day-to-day operations to the Executive Director of the Association. The Executive Director is expected to carry out these duties in accordance with the Mission and Principles of the Association and to comply with the policies and relevant government laws.

Procedure

1. The Executive Director takes direction from the Board of Directors and reports back on the activities undertaken.

2. The Executive Director acts as an advisor to the board and ensures that the board is informed of all relevant information needed to make decisions.

Community Living St. Marys and Area

Section: Board of Directors Policy # BD 10

Policy: Job Description of the Executive Director

Approved by the Board of Directors: July 6, 2006
Jan 22, 2018
Revised: January 2018

The job description for the Executive Director is developed and updated by the board when appropriate.

Procedure

1. The board will review the job description at least every five years to ensure it reflects the activities required.

2. The board will review the compensation package for the Executive Director as deemed necessary.

Community Living St. Marys and Area

Section: Board of Directors Policy # BD 11

Policy: Monitoring the Performance of the Executive Director

Approved by the Board of Directors: July 6, 2006
Jan 22, 2018
Revised: January 2018

The Executive Director position carries with it a lot of responsibility. To support, encourage, and recognize these efforts, the board will undertake to formally review the performance of the Executive Director on a yearly basis. Such a review will look at the achievement of goals set previously and identify future performance expectations, the leadership shown, any training or professional development needed or requested and continuation of employment.

Procedure

1. When first hired there will be an informal review at three months. This will be conducted by the representative(s) appointed by the board. A formal review will be conducted at six months and at least every 2 years thereafter.

2. The format of the review is determined by the Board of Directors. They will seek input about the performance of the Executive Director from the Executive Director, board members, employees, people using the service including their family and friends and appropriate community organizations.

3. The results of the review will be in written form and will be attached to the Executive Director's personnel file with a copy in the board's private file.

4. Both the board president's and the Executive Director's signature on the form will indicate agreement with the written review.

5. The Executive Director is free to request a review at any time.

Community Living St. Marys and Area

Section: Board of Directors Policy # BD 12

Policy: Fundraising

Approved by the Board of Directors: Sept 28, 2015

The Board of Directors and Executive Director are responsible for ensuring that the financial needs of Community Living St. Marys and Area are met. They are also responsible for ensuring that all fundraising activities fall within the ethical guidelines established by the Association and adhere to and where possible promote the values, vision, mission and principles of the Association.

Procedure

1. The fundraising needs and goals of the Association shall be determined each year by the Board of Directors.

2. All fundraising activities suggested for the Association require the approval of the Board of Directors.

3. Fundraising support services must be approved by the Executive Director.

4. Employees may volunteer as a member of a fundraising committee and follow all guidelines set in place by the committee.

5. The Executive Director or their delegate shall secure and complete all the required licenses and permits for each fundraising event.

6. The Executive Director, the Finance Manager or their delegate will determine what new accounts will be required to satisfy the security and fiduciary needs of each new fundraising activity and will also be responsible for reconciling and closing the accounts once the fundraising event is ended.

7. Central Administration will issue tax receipts to all donors within twenty working days following the reconciliation of an event's revenue and expense accounts.

Community Living St. Marys and Area

Section: Board of Directors Policy # BD 13

Policy: Investments

Approved by the Board of Directors: Sept 28, 2015

The Board of Directors is responsible for the security and preservation of Community Living St. Marys and Area's assets, capital, and reserves and will only accept investment risks common to its peers.

Procedure

1. The Executive Director and Finance Manager will invest all excess cash. Investments will be limited to low to medium risk instruments. Investments in excess of fifty thousand dollars will require the pre-approval of the Board of Directors.

2. All purchases and sales (excluding maturities) must be approved by an officer of the Board signing authority and the Executive Director.

3. At least once a year, Board Treasurer and/or designate and the Executive Director will meet with the Association's Investment Consultant who shall provide a detailed investment summary. At the minimum the report should include the type of investment held, the cost and the market value of the investment, the stated rate of return if applicable, the maturity date and any activity since the previous report. The summary will be presented to the Board of Directors at the next meeting.

4. This policy is intended to provide limits within which the investment portfolio will operate. If a specific situation arises, where it appears advantageous to go beyond these set limits, then the written approval of the Board of Directors must be obtained prior to the investment taking place.

5. It will be the Executive Director's responsibility to ensure that the investments in the portfolio adhere to all governing bodies overseeing non-profit charitable organizations.

Community Living St. Marys and Area

Section: Board of Directors Policy # BD 14

Policy: Succession and Continuity of Senior Leadership Team

Approved by the Board of Directors: August 3, 2016
Revised: August 21, 2017

To promote continuity and minimize risk from the loss of Executive Director services and senior leadership, the Board of Directors has a succession and continuity plan which will be implemented in the event of absence, resignation or termination of the position.

Procedure

For Executive Director:

1. The Executive Director will maintain a task analysis of critical duties and ensure senior staff are cross trained in these functions.

2. In a planned absence, the Executive Director will appoint one or more Directors to assume duties and notify the Board.

3. In a resignation or termination, the Board President will call a special meeting of the executive for the purpose of establishing a transition team that can appoint an Acting Executive Director and begin a recruitment process.

4. The transition team will work closely with the outgoing Executive Director (if appropriate) to ensure a smooth transfer, addressing concerns and priorities for the new Executive Director and conducting an exit interview.

5. The outgoing Executive Director and/or Acting Executive Director will develop a report on the agency priorities that require the attention of the new Executive Director. This report will be given to the Board President and transition team.

6. The transition team will develop an orientation plan for the new Executive Director, including, but no limited to; a letter of welcome, introductory meeting between the Board and the new Executive Director, staff meetings, letter to the stakeholders of the organization, media announcement, review of agency policies and procedures and review of performance priorities.

For Senior Leadership Team:

1. The Senior Leadership team will maintain task analysis for critical duties and ensure there is cross training for priority areas.
2. In a planned absence, the Executive Director will arrange for someone to fill in temporarily or reassign duties as appropriate.

3. In a resignation or termination, the Executive Director will begin the recruitment process and reassign duties for the interim as appropriate.

Administration

The administration of the Association is delegated by the Board of Directors to the Executive Director. The Executive Director is responsible for the day-to-day running of the organization. This includes overseeing both the human and financial resources of the Association.

The administration needs to act in a way that is consistent with the vision, mission and principles of the organization. The administration is the public face by which the organization is judged, whether it be the person who answers the phone, Executive Director speaking to the media or a director attending a meeting.

The Administration oversees the accounting for all money matters of the Association. It makes sure that the Association has an accounting system in place that meets the needs of the Association, fulfills any requirements of reporting to funding bodies and complies with the Association's responsibilities as a corporation.

The Board of Directors is responsible for the financial management of the Association, so the board must ensure that monies are used in accordance with the vision, mission and principles of the organization.

The financial practices are audited yearly and the annual audited statements are open for public view. So it must, as well, reflect the vision, mission and principles of the organization.

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Community Living St. Marys and Area

Section: Administration | Policy # A 1

Policy: Accounting

Approved by the Board of Directors: July 6, 2006 | Ministry requirement
Revised: July 2016

As a corporation and a charity, the Association is required by law to have an accounting system for its money and assets. It needs to follow generally accepted rules for accounting and have the books audited each fiscal year.

Procedure

1. In the chart of accounts, each number includes the account, department and identification designations.

2. Assets are listed yearly taking into account actual cost, depreciation, insurance coverage and petty cash system.

3. Incoming monies from sales or services, rents, operating grants, donations are tracked by invoices, receipts and notification slips.

4. Deposits are to be made if the total receipts on hand exceed $500.00.

5. Invoices and bills to be paid are authorized for payment. Cheques are signed by two of the four signing officers. Cheque and EFT registers are provided at time of signing. EFTs are authorized before posting.

6. A general ledger and bank reconciliation is done weekly with all corresponding reports.

7. An external audit is done annually by a company approved by the membership at the previous Annual General Meeting.

Community Living St. Marys and Area

Section: Administration | Policy # A 2

Policy: Budgeting

Approved by the Board of Directors: May 28, 2012 | Ministry requirement

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Each year the Association is required to submit budgets to funding bodies for continued monies. The Association has chosen to budget government funds on an individual basis and then produce an overall budget to be sent to the respective government agencies.

Procedure

1. Support Services prepares support requirement information for each person using the services based on the request outlined in their plan.

2. The individual support requirements information is forwarded to Central Administration for input into budget format.

3. Individual budgets are reviewed throughout the year by Support Services along with the person using the service and, if they choose, their family and friends.

4. Central Administration will prepare the central administration budget taking into account the previous year's expenses and projected costs.

5. Central Administration will consolidate the individual budgets and the Central Administration budget for submission to the Ministry of Community and Social Services using the forms provided.

6. The Executive Director will review all budgets prior to presentation to the Board of Directors. Once approved, the budgets will be submitted to the appropriate funders.

Community Living St. Marys and Area

Section: Administration Policy # A 3

Policy: Purchasing

Approved by the Board of Directors: July 6, 2006
Revised: July 2016

All purchases by or on behalf of the Association must be authorized by the appropriate person and documented by invoice, receipt or voucher.

Procedure

1. Purchases under $1,000.00 will be authorized by the appropriate director or team leader.

2. Purchases of more than $1,000.00 and less than $10,000.00 will be authorized by the director and endorsed by the Executive Director.

3. For purchases of more than $10,000.00, a proposal for the expenditure will be presented to the Board for approval prior to purchase. Each proposal will include three quotes.

4. A petty cash system is maintained by each department for purchases under $100.00. The director or delegate responsible for the petty cash will ensure that each expenditure is receipted and a voucher is completed. To replenish petty cash, a summary of all vouchers with receipts attached is to be forwarded to Central Administration for processing.

Community Living St. Marys and Area

Section: Administration Policy # A 4

Policy: Payroll and Attendance

Approved by the Board of Directors: July 6, 2006
Revised: July 2016, Aug 2019, July 2022

As a legal employer, the Association provides a mechanism to ensure the accurate documentation and administration of payroll and attendance information for all employees.

Procedure

Payroll

1. All employees are paid bi-weekly by direct deposit.

2. The pay period begins on Saturday and ends the second Friday following.

3. Each employee will use an-online payroll system to confirm payable hours worked, vacation, sick time, bereavement and training based on their schedule. Hours are approved by the employee's immediate supervisor or designate.

4. Changes including but not limited to rate of pay, hours or status are to be forwarded to Central Administration by the employee's manager or designated personnel using a notice of change form. Notice of Change Forms will be uploaded to the HR component of the payroll system. Personal information changes or special requests can be directed to Central Administration by the employee.

5. Employees can access their current and previous statement of earnings and T4's as well as vacation and sick time balances through the online payroll system if applicable.

Attendance

1. Attendance records are automatically generated within the payroll system and are kept to conform to Revenue Canada requirements, to establish eligibility for benefits and seniority.

Community Living St. Marys and Area

Section: Administration | Policy # A 5

Policy: Information and Records - Organization

Approved by the Board of Directors: July 6, 2006 | Ministry requirement
Revised: August 2013, Aug 2019, July 2022

Records of all business operations and activities of the Association will be maintained in an organized, efficient manner.

Procedure

1. **Personnel**

a. Personnel files for each employee will be maintained in the Central Administration office and the Association's secure web-based database; and will contain information required for Human Resources and payroll purposes such as:
- Personal data
- Initial employment information
- Employment history
- Termination of employment information

b. Employee medical/health information will be maintained by the Privacy Officer in the Central Administration office in a separate and secure cabinet.

c. Files of former employees will be retained intact for five years. All records will be maintained according to government requirements.

d. Personnel files are considered to be the property of the Association and will be maintained with due regard to confidentiality. Direct access for administrative purposes will be limited to:
- Executive Director
- Central Administration personnel
- President of the Association
- Designated Privacy Officer
- Managers

e. Employees have the right to view their personnel file following the outlined process. Information in a personnel file may be accessed only in the presence of one of the roles/positions listed in d) above by:
- The specific employee, with prior written authorization from an immediate supervisor.

f. Any record or document concerning performance or discipline will be included in the employee's personnel file, only after the employee has been given the opportunity to read it and sign it.

g. Information may not be added or deleted to a file without the knowledge of one of the roles/positions listed in d), above.

h. A personnel file may not be taken from the Administration Office, except in an

emergency endangering the files.

2. Applications for employment will be retained in a file for a period of one year.

3. Employee information will only be released with the employee's written and signed permission or emailed permission/electronic signature.

4. Following the required retention period of five years, all personnel documents will be shredded.

5. Following the required retention period of seven years, all financial documents will be shredded.

Community Living St. Marys and Area

Section: Administration Policy # A 6

Policy: Information and Records - Services

Approved by the Board of Directors: May 28, 2012 Ministry requirement
Mar 22, 2021
Revised: February 2016, June 2020, Mar 2021

The Association recognizes its responsibility to maintain personal files for each person using services for twenty (20) years after the last entry, or seven (7) years after the individual is no longer receiving supports and services.

These files must be stored in a safe, secure environment and comply with applicable privacy legislation.

Procedure

1. **Files for people using services**

   a. The Association requires an active file be maintained in Central Administration and the Association's secure web-based database for each person using service. The following information is generally included in the file:
      i. Name, date of birth, gender.
      ii. Address prior to involvement with the Association.
      iii. Names, addresses, and telephone number of parents or next of kin.
      iv. Personal, social and family history.
      v. Beginning date of involvement with Association.
      vi. All relevant medical and health information.
      vii. A contact list of people important to the person.
      viii. Copies of relevant legal and financial documents.
      ix. Current and past life and/or personal and/or support plans.
      x. Application package for Developmental Services and Supports (if there is one).
      xi. Supports Intensity Scale needs assessment (if there is one).
      xii. Children's assessments, agency agreements, etc. (if applicable)
      xiii. Quality Assurance Measures documentation (including annual abuse prevention training, consents, annual rights training and third party review etc.)
   b. Files are named using a standard format: 3 letters of the month, 4 numbers of the year, full first and last name, item. For example; Nov 2020 Jane Doe Correspondence (family).
   c. The file maintenance chart and file naming protocol chart are included in this policy.

2. **File Audits**

   Regular audits are done by the HR person on files of people using services to ensure they are complete. HR Admin will notify the team leader or person responsible of any

missing or outdated documents with a deadline attached and then follow-up as necessary with the manager until the file is complete.

3. **Files for people using services who have died**

The file must contain the following:

a. Details of circumstances surrounding the death of a person using services including date, time, place and name and address of the person who attended to the details of internment.
b. If the Association is involved in any of the person's financial affairs, evidence that the balance of any accounts and remaining monies have become part of the person's estate.

4. **Files for people who have discontinued services**

The file must contain the following:

a. Date and circumstances of discontinuing services.
b. Forwarding address and telephone number (if available).
c. If the Association has been involved in any of the person's financial affairs, documents clearly showing that all monies and trust accounts have been transferred at the person's direction.

5. A Personal Information Form for each person using services must be located at the front of their file in Central Admin and similar basic information is available on the web-based database. A team leader or facilitator is responsible for ensuring the information is current.

6. Written consent must be given by the person using services, or legal parent or guardian if under 18 years of age to release any information to other people or agencies.

7. Following the required retention period, all documents will be shredded.

File Maintenance Chart (updated Nov 2020)

Note: We will use the fiscal year as our file 'year' as well (April 1-March 31)

Personal-ORANGE
Support Plan-BLACK
Compliance-CREAM (for archived annual trainings/consents)
Medical-YELLOW
Financial-BLUE
Team-GREEN
Planning-PURPLE
Alternative Supports-RED (not audited)
Employment information-TEAL (not audited)
Miscellaneous-WHITE (hard copy files only-not audited)
External Communication-MINT (AIMS electronic files only-not audited)
Archived Documents-GREY (AIMS electronic files only-not audited, transferred scans from previous database)
***Hard copy files and AIMS electronic file colours will correspond*

File Location	Checked in Internal Audit	Document	Store hard copy for:	Shred	Archive	Other
ORANGE	yes	Personal & Historical Information	Life of File	no	no	Update hard copy every 3 years Make updates to AIMS overview page as they occur
ORANGE	yes	Support Plan (CURRENT)	Life of File (most recent in Orange, move older copies to purple)	no	no	Due date listed in AIMS Uploaded signed copy in AIMS (annually) Uploaded working copy in AIMS (once)
ORANGE	no	Sheltered Workshop	Life of File	no	no	
CREAM	yes	Annual Trainings	Life of File	no	no	Due date listed in AIMS Uploaded signed copy in AIMS
CREAM	yes	Annual Consent Form	Life of File	no	no	Due date listed in AIMS Uploaded signed copy in AIMS
YELLOW	yes	Medical Clinical Visits/Consultations	Life of File	no	no	PreAIMS: Paper copy exists PostAIMS: Clinical visits entered directly into system and will be kept indefinitely
YELLOW	yes	MAR Sheets & PRN Records	2 years	yes	no	Shred only after information has been summarized on Dr order form and uploaded to AIMS DMS. Paper MARS can be kept in people's home until they are uploaded
YELLOW	yes	Annual Standing Orders (medications)	Life of File	no	no	paper copy kept in person's MED binder, electronic version uploaded ot AIMS
YELLOW	no	Medication Errors	1 year	yes	no	PreAIMS: Remove paper copy from file and also remove copy from personnel file PostAIMS: medication errors will be entered directly into the

						system and will be kept in the database indefinitely.
YELLOW	no	Seizure Chart	2 years	yes	no	PreAIMS: Remove paper copy from file only after information has been summarized on Dr order form. PostAIMS: seizure activity will be entered directly into the system and will be kept in the database indefinitely.
YELLOW	no	Accident/Incident Report	1 year	yes	no	PreAIMS: At end of the year, information gets summarized and uploaded to Sharevision-to both person we support and involved staff. PostAIMS: Accident/Injury reports for **people we support** will be entered directly into the system and will be kept in the database indefinitely. Post Inclusion System: Accident/Injury reports for **employees** will be filled out and uploaded to Inclusion System HR and be kept indefinitely.
YELLOW	no	Medical Test Results/Reports	Life of File	no	no	
YELLOW	no	Health Trackers (blood pressure, BM charts)	as per Team Leader/Manager	no	no	
BLUE	yes	Third Party Financial Check	Life of File	no	yes	PreAIMS: Uploaded to Sharevision PostAIMS: Uploaded to AIMS DMS
BLUE	no	Personal Banking Information	Not Required	N/A	N/A	Information to be kept with individual-

						exceptional case only
BLUE	no	Monthly Association Budgetary Information	2 years	yes	no	File hard copies only, do not need to be uploaded to a database (electronic copies can be obtained from Finance Manager if required)
GREEN	yes	Team Meeting Minutes	Life of File	no	no	
GREEN	no	Team Schedules	5 years for paper copies	no	no	Pre Inclusion System: stored in hard copy Post Inclusion System: Stored in database indefinitely
PURPLE	yes	Support Plan (past years)	Life of File	no	no	
PURPLE	no	Life Plan	Life of File	no	no	
RED	no	Alternative Supports	Life of File	no	no	SYH Coordinatormanages this file
TEAL	no	Employment	Life of File	no	no	Employment Facilitator manages this file
OTHER (does not fit into file colours above)	no	Rental Assistance/night monitoring/support	1 year	yes	no	Shred copies of applications for funds
OTHER (does not fit into file colours above)	no	Equipment Checklists	no need to keep-can shred all	no	yes	As of Nov 2020, checklists go directly to JHSC (Linda P) for storage-DO NOT FILE
OTHER (does not fit into file colours above)	no	Legal Information	Life of file	no	no	
OTHER (does not fit into file colours above)	no	Communication Books	1 year	yes	no	in hard copy only
OTHER (does not fit into file	no	Log Books	Life of File	no	yes	PreAIMS: paper log books should be archived

colours above)						Post AIMS: log notes appear as 'daily notes' in database indefinitely
OTHER (does not fit into file colours above)	no	Nutrition/Meal Plan	Not Required	yes	no	PreAIMS: paper copies can be destroyed at any time Post AIMS: can be uploaded to DMS
OTHER (does not fit into file colours above)	no	~~Month End Reports~~ DISCONTINUED	Discontinued as of 2006, restarted as of 2015, and discontinued again as of 2018(ish)			

Central Filing Reminders

At year end:

a. Summarize monthly budget reports and retain on file for future reference. Original reports are to be shredded. If there is a need to see the original report, they are available at Central Admin.

b. MAR reports are to be kept for a period of 2 years. Summarize current year MAR sheet and archive. Shred MAR from 3 years ago, keeping 2 most recent years.

c. Medication Error Reports are kept in the person's file, as well as in the file of the staff making the error for the period of 1 year. Team Leaders are expected to keep record one year from when an error is reported and remove and shred from both the person's files and the staff's file.

d. Seizure charts are to be kept for a period of 2 years. Summarize current year Seizure chart and archive. Shred Seizure chart from 3 years ago, keeping 2 most recent years.

e. Rental Assistance/Night Monitoring records (applications for funds) are to be kept for one year. Copies of Applications for Funds can be shredded. If there is a need to see the original report, they are available at Central Admin.

f. Hard copies of Team Schedules are to be kept for a period of 1 year. Schedules/ summary of hours worked will be kept on the server by Team Leaders. No paper archives needed.

Community Living St. Marys and Area

Section: Administration | Policy # A 7

Policy: Privacy of Information

Approved by the Board of Directors: May 28, 2012 | Ministry requirement
Revised: Aug 2019

The Association is committed to keeping personal and personal health information private and safe and is governed by one or more of the following Acts:

- *Health Protection and Promotion Act,* R.S.O. 1990, c. H.7 *(HPPA)*
- *Municipal Freedom of Information and Protection of Privacy Act,* R.S.O. 1990, c. M56 *(MFIPPA)*
- *Personal Health Information Protection Act,* S.O. 2004, c. 3, Sch. A *(PHIPA)*
- *Other applicable provincial and municipal legislation*

Procedure

1. The Association only collects as much personal and personal health information as needed to support the delivery of services.

2. This information may include, but is not limited to:
   a. Name, address, date of birth, Ontario health card number.
   b. Information related to eligibility for services.
   c. Health-related assessments about individual or family health history.

3. Information will only be collected directly from the person using the Association services and their family and friends when consent is given.

4. Anyone using Association services can change or withdraw their consent at any time by notifying the Association in writing.

5. The personal health information collected will only be used for the purposes for which it was collected. This information will not be shared with others without consent unless required or permitted by law.

6. The Association will keep personal information private and safe from theft, loss or unauthorized use by others. Information will only be kept for as long as the law allows and will be stored and/or disposed of according to the law and Association policies.

7. The Association has a designated Privacy Officer who can answer questions about how personal health information is collected, maintained, used or disclosed.

8. The Association will ensure people know if they have a complaint or concern about how the Association handles personal health information they can contact:

Information and Privacy Commissioner/Ontario
2 Bloor Street East, Suite 1400
Toronto, ON M4W 1A8
Phone: 416-326-3333 or 1-800-387-0073
Fax: 416-325-9195
www.ipc.on.ca

9. All Police Vulnerable Sector Checks will be kept in a sealed envelope in employee's personnel file.

Community Living St. Marys and Area

Section: Administration Policy # A 8

Policy: Credit Card Purchases

Approved by the Board of Directors: February 24, 2014

All credit card purchases by or on behalf of the Association must be authorized by the appropriate person and documented by attaching the invoice, receipt or voucher to the "Credit Card Purchase" form.

Procedure

1. Any purchases requiring payment in this manner must be approved by the appropriate director or the Executive Director prior to receiving the credit card.

2. The Credit Card Purchases form must be totally completed and properly authorized. This includes amount, date of transaction, how the purchase was done, who the funds are payable to and an adequate explanation to support the request. All pertinent and available documentation must accompany the form.

3. Credit Card Purchases by phone or online should only be used when absolutely necessary.

4. When completing the "Credit Card Purchases" form, attach all appropriate paperwork (record of contact, phone number, company, or printout of confirmation if online, etc.)

5. The "Credit Card Purchases" form must be sent to Central Administration when the purchase is authorized. Do not wait until the service is complete or the item is received.

6. Any additional paperwork received subsequently (packing slips, invoices, etc.) must be submitted to Central Administration as soon as possible.

Community Living St. Marys and Area

Section: Administration Policy # A 9

Policy: Technology and Office Equipment

Approved by the Board of Directors: August 3, 2016

The Association has a responsibility to ensure its technology and office equipment are appropriate to meet current and future needs.

Procedure

1. The Association has a technology plan that is implemented and reviewed regularly to assess the current IT (Information Technology) environment and to guide future changes.

2. The Association carries out regular maintenance and service on office equipment. Training is provided to employees using this equipment. Non-compliance with health and safety, proper operating procedures and standards is subject to disciplinary and performance review.

Refer to HR 31 Information Technology

Community Living St. Marys and Area

Section: Administration Policy # A 10

Policy: Inventory Control

Approved by the Board of Directors: Aug 19, 2019

The Executive Director will ensure that an annual inventory of the physical assets of the Association is undertaken.

Procedure

1. Assets consist of all items of property such as office supplies and furniture (including items at homes of people supported) of a minimum of $500.00 value, all housing and commercial real estate and all vehicles.

2. Assets are to be identified and a list maintained.

3. Serial numbers, original purchase prices, invoices and warranties on all property of considerable value are to be filed at the Central Administration office.

4. Assets are not to be transferred without the approval of the Executive Director or designated representative.

5. Assets are to be entered into inventory at purchase, verified at the time of annual count, and removed from inventory when no longer in use or discarded.

6. Damage to or loss of agency assets are to be reported immediately to the appropriate supervisor.

Refer to the Technology Plan and Computer Inventory.

Community Living St. Marys and Area

Section: Administration Policy # A 11

Policy: Disposal of Confidential Information

Approved by the Board of Directors: Aug 19, 2019

The Association will ensure that all confidential documentation is disposed of in a manner compliant with the Privacy Act. The objective of the policy is to comply with law regarding information security and privacy; help reduce the threat of a security incident and protect the confidential information for all parties.

Procedure

Paper Documentation Procedure

1. Any discarded paper documentation that contains information about the Association, employees, volunteers, people supported or associated partners will be placed into locked cabinets located within the James Purdue Centre that will be collected and disposed of on a regular basis by a reputable disposal company chosen by the Association.

Digital Information Procedure

1. CLSMA regularly stores sensitive information on computer hard drives and other forms of electronic media. As new equipment is obtained and older equipment and media reach end of life, sensitive information on surplus equipment and media must be properly destroyed or otherwise made unreadable to protect confidential information or personally identifiable information.

2. All computer desktops, laptops, hard drives, and portable media shall be processed through our IT contractor for proper disposal. The IT contractor shall ensure procedures exist and are followed that destroy or otherwise renders unreadable all of the information contained, either by:

a. In case of re-use: overwriting the information using the established [US] DOD *5220.22-M Procedure (3 pass overwrite).*
b. Physical destruction of the data carriers (disks, flash memory media) to conclusively render access to the information impossible.

3. Hardware and storage that has been used to process, store, or transmit confidential information shall not be released into general surplus until it has been sanitized and all stored information has been cleared using the appropriate method. Non-adherence to this procedure is considered a serious policy violation and can lead to disciplinary measures up to and including termination.

Community Living St. Marys and Area

Section: Board of Directors Policy # A 12

Policy: Knowledge and Discovery Research

Approved by the Board of Directors: Aug 3, 2016
Jan 22 2018, Mar 27 2023
Revised: Jan 2018, Mar 2023

The Association understands and values the potential of research in furthering our vision and mission. Refer to V1 – Principle 10. It also recognizes the importance of regular and ongoing activities that gather feedback from stakeholders for the purpose of continual improvement.

The decision to engage in any research project or to seek feedback will be made by the Executive Director and senior staff and the board will be kept informed.

The Association reserves the right to require that the standard for any research project or discovery activities is high and that it does not compromise the vision, mission and principles of the agency and does not interfere with the rights, privacy and preferences of any participant. The purpose of any knowledge discovery such as surveys, interviews etc. must be clearly outlined and organized and provide a way to share what is learned in appropriate ways. Any formal research must meet a standard academic ethical review from a credible research body.

Procedure

Any formal or informal research projects or knowledge discovery that seeks feedback and information from people supported or employees must meet the following criteria:

1. The Executive Director will be aware of all research/knowledge discovery.

2. The purpose and intended benefit of the research/knowledge discovery is clearly communicated to participants and in a way that they can understand.

3. The privacy of participants is protected and meets the Association's policies and procedures.

4. There is confidentiality around any information or data gathered.

5. There is voluntary and informed consent gathered.

6. Participants understand that they have the right to withdraw consent and end their participation at any time.

7. Activities adhere to research or project guidelines and agreements and are monitored throughout the project.

Human Resources

The most important and most visible resource of the Community Living St. Marys and Area is its people, both paid and unpaid.

CLSMA strives to hire and attract the most competent people. It strives to provide a work environment that uses peoples' strengths, provides opportunities for growth and development, encourages people to take risks and supports people to do so. It strives to provide a compensation package that recognizes peoples' value in both time and money.

HR 1 Manual Introduction & Maintenance
HR 2 Human Resource Philosophy
HR 3 Code of Conduct & Ethical Standards
HR 4 Conflict of Interest
HR 5 Confidentiality
HR 6 Attendance Management
HR 7 Whistleblower
HR 8 Privacy
HR 9 Diversity & Non-Discrimination
HR 10 Accessible Customer Service Standards (AODA)
HR 11 Accommodation
HR 12 Workplace Harassment
HR 13 Workplace Violence
HR 14 Complaint Resolution Process
HR 15 Drugs & Alcohol
HR 16 Working from Home
HR 17 Employment Status
HR 18 Probation
HR 19 Hours of Work
HR 20 Nepotism
HR 21 Confirmation of Employment
HR 22 Consent for Employment Reference
HR 23 Change in Employment Information
HR 24 Office Closures
HR 25 Technology & Electronic Communications
HR 26 Electronic Monitoring
HR 27 Video Monitoring
HR 28 Personnel Files
HR 29 Travel & Mileage
HR 30 Out of Pocket Expenses
HR 31 Disconnecting from Work
HR 32 Pay Statements & Schedules
HR 33 Use of Artificial Intelligence
HR 34 Recruitment & Hiring
HR 35 Competition Files
HR 36 Position Descriptions
HR 37 Criminal Reference Checks
HR 38 Offers of Employment

HR 39 Employment References
HR 40 Job Shares
HR 41 Resignations
HR 42 Exit Interviews
HR 43 Progressive Discipline
HR 44 Termination of Employment
HR 45 Compensation
HR 46 Salary Administration
HR 47 Job Evaluation
HR 48 Promotion
HR 49 Legislated Benefits
HR 50 Group Health & Welfare Benefits
HR 51 Vacation Entitlement
HR 52 Statutory Holidays
HR 53 Leaves of Absence
HR 54 Sick Leave
HR 55 Performance Review Process
HR 56 Professional Development

Community Living St. Marys and Area

Policy Title: Introduction & Maintenance **Policy Number:** HR 1	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The purpose of the Human Resource Policy and Procedure Manual is to provide a baseline for consistent and sound decision making.

POLICY: The Human Resource Policy and Procedure Manual is established under the authority of the Board of Directors, and the Executive Director. This manual applies to all full-time, part-time, relief, and contract employees except where superseded by legislation such as the Ontario Human Rights Code and the Ontario Employment Standards Act.

PROCEDURES: The manual is not intended to replace the good judgment exercised by management in the execution of their duties and responsibilities. While some flexibility may be required in exceptional circumstances, discretion must be exercised when flexing policies so as not to compromise the integrity of the policies

The Human Resource Policy and Procedure Manual should:

- Provide management and staff with documented processes and procedures relative to the terms and conditions of their employment with the agency.
- Contribute to consistent employment practices and provide a baseline for decision making.
- Ensure compliance with legislative requirements.
- Provide management with a vehicle to communicate terms and conditions of the employment relationship.

The Human Resource Policy and Procedure Manual may from time to time be revised to reflect changes in practice and/or legislation. In addition, policies and procedures are reviewed, revised or confirmed in accordance with regularly scheduled policy maintenance procedures which occur every three (3) years. This is done on an annual rotating cycle so that one third (1/3) of the manual is fully reviewed each year and the remaining two thirds (2/3) in subsequent years.

It is the responsibility of management to ensure that employees receive a timely introduction to the HR Policy and Procedure Manual and are advised of all subsequent revisions to policies and procedures in a timely way. Permanent full-time and part-time employees shall be required to sign a “Declaration of Understanding of Human Resource Policies and Procedures” within three (3) months of their commencement and prior to the end of their six (6) month probationary period. Relief and contract employees are required to sign off on key policies at the time of their commencement.

Community Living St. Marys and Area

Policy Title: Human Resource Philosophy **Policy Number:** HR 2	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: To communicate the organization's commitment to ensuring the fair and consistent administration and application of human resources policies and procedures and compliance with all relevant legislative requirements including: The Employment Standards Act, the Human Rights Code and the Occupational Health & Safety Act.

POLICY: The organization is committed to ensuring a model of human resource best practices, based on the establishment of processes that are respectful, transparent, and sensitive to the unique needs of all employees.

Management and the Board of Directors appreciate the valuable contributions made by staff, and are committed to fostering a respectful work environment which enables employees to enjoy a meaningful and fulsome career, and experience opportunities for ongoing learning and challenges while contributing to the delivery of quality service to the community.

Community Living St. Marys and Area

Policy Title: Code of Conduct & Ethical Standards **Policy Number:** HR 3	**Section:** Human Resources
Original Date: Code of Conduct- Apr./07 Code of Ethics -May 2015 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The organization has a professional, legal, and moral obligation to the people and families who utilize its services. Employees and volunteers will conduct themselves in accordance with the highest standards of ethical conduct and professionalism.

POLICY: The organization is committed to maintaining the highest standards of professional excellence in the delivery of service. We value honesty and integrity in our relationships with employees, individuals and families supported, and community partners.

It is an expectation that employees conduct themselves in a manner consistent with the organization's values and principles in the performance of their duties. Employees are expected to observe the laws of Canada and Ontario and comply with the policies and procedures of the organization. An employee's conduct shall at no time be in contravention of the law.

To maintain the highest standards of conduct and professionalism, and to ensure excellence in the delivery of service to individuals supported by the organization, employees are expected to comply with all Standards of Conduct, which are not intended to be all-inclusive, but rather represent broad standards of behaviour. Failure to comply with the following standards may result in disciplinary action up to and including termination of employment:

- The interests of people supported are to be regarded as the employee's primary professional responsibility.
- Employees shall treat colleagues, individuals served and their families, and community partners with dignity and respect always.
- Employees shall always conduct themselves in a professional manner and refrain from engaging in behaviour, which is deemed to be disrespectful, dishonest, deceitful, immoral, fraudulent, or illegal.
- Employees who observe inappropriate behaviour by other employees, or behaviour which is in contravention of this policy, or any and all other agency policies, are responsible for reporting the incident(s) to their direct supervisor immediately.
- Employees shall not engage in sexual or intimate relationships with people supported by the organization.
- Employees are expected to respond to communications such as emails, texts and phone calls from the organization in a timely fashion.
- Employees shall fulfill their responsibilities with integrity and competence, always demonstrating respect for the dignity and inherent worth of others.
- Employees shall work effectively, collaboratively and cooperatively with others.

- Employees shall not directly or indirectly benefit financially or otherwise from their association with clients or families of clients of the organization.
- Employees shall declare all real or perceived conflicts of interest and shall at no time be in contravention of the organizations' Conflict of Interest Policy.
- Employees shall safeguard the confidentiality and privacy of all client information obtained during their professional relationship. Such information is the property of the organization and will be disclosed only when authorized to do so, or when the employee is legally or professionally obligated to do so.
- Employees will participate constructively in the development of systems and services which are responsive to the organization's needs and enhance the quality-of-service delivery to those served.
- Consistent with the organization's commitment to life-long learning, employees shall engage in ongoing professional development in support of quality service.
- Employees shall comply with all the organization's policies, procedures, standards and guidelines.
- Employees shall conduct themselves in a manner which complies with the spirit and intent of the organization's Harassment Policy and the Ontario Human Rights Code.
- Employees shall comply with all legislation including the Employment Standards Act and the Occupational Health & Safety Act.

Outside Work Activities:

- Employees shall not engage in any outside work or undertaking, which is in contravention of the organization's Conflict of Interest Policy or which:
  - impacts an employee's performance of their job duties.
  - takes advantage of, or directly or indirectly benefits the employee, because of their association with those served by the organization.
  - negatively impacts the reputation of the organization and
  - conflicts with the work and values of the organization.

Safeguarding Proprietary Information:

Information that is proprietary to the organization must always be kept confidential. Employees are not authorized to disclose information to any third party, or to use agency information for any reason other than that which directly relates to their employment.

Community Living St. Marys and Area

Policy Title: Conflict of Interest **Policy Number:** HR 4	**Section:** Human Resource
Original Date: July 6, 2006 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: Employees are expected to avoid where possible, any situation in which their personal interests and/or the interests of their family members or personal contacts may conflict with the interests of the organization, or which would affect their ability to act in the best interests of the organization. Both the appearance of conflict, as well as actual conflict, is to be avoided.

Where a potential conflict exists, employees/volunteers are to promptly bring the matter to the attention of the Executive Director.

DEFINITION: A conflict of interest is defined as real, perceived, or potential breaches by staff/volunteers of ethical standards or principles, which conflict with the best interests of the organization and which:

- Place in question an employee/volunteer's objectivity and/or impartiality.
- Impair the employees'/volunteers' independence of judgment or influence their decisions or actions concerning the organizations' business.
- Occur when an employee/volunteer, or a member of their immediate family, gives or receives a direct or indirect personal gain or benefit, or a direct or indirect advantage or privilege.
- Jeopardizes the employees' ability to act in the best interests of the organization and interferes with the employees' ability to complete their job function.
- May or may not constitute inappropriate or unlawful activities

PROCEDURES: Employees/Volunteers are responsible for providing full disclosure to their direct supervisor in activities or situations, which might reasonably be regarded as creating an actual, apparent or potential conflict of interest. The employee/volunteer shall report on the situation and keep their direct supervisor informed of any changed circumstances.

Employees/volunteers are to immediately bring to the attention of their direct supervisor situations where they may have a pecuniary interest in matters of the organization which could pose a real, perceived or potential conflict of interest.

Employee/volunteers found to be in contravention of the Conflict-of-Interest Policy, may be subject to disciplinary action up to and including termination of employment or termination of the volunteer assignment.

Community Living St. Marys and Area

Policy Title: Confidentiality **Policy Number:** HR 5	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

POLICY: Consistent with the Personal Information Protection and Electronic Documents Act (PIPED), it is the policy of the organization, to protect the privacy of its employees and people supported. Information maintained in the employee file shall not be utilized for purposes other than that for which it was originally intended, unless required by law or for the organization's business purposes, nor should it be distributed, or provided to anyone without the written authorization of the employee.

Employees have an obligation to maintain confidentiality of information, which may include but is not limited to:

- employee files.
- documentation relating to people served.
- proprietary information belonging to the organization.
- confidential information relating to the operation of the organization.

All new employees must read and sign the "Oath of Confidentiality" at the time of hire, which is maintained in the employee file. Disclosure of confidential information is viewed as a serious breach and as such, is subject to disciplinary action up to and including termination of employment.

Community Living St. Marys and Area

Policy Title: Attendance Management **Policy Number:** HR 6	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The Attendance Management policy and program is in place to ensure an effective and consistent level of service and to contribute to the optimal functioning of teams

POLCY: Employees are expected to attend work regularly. When unable to attend work due to a bona fide illness, the organization has in place programs and policies to support employees during their absence and to assist in their timely return to the workplace.

Regular attendance at work includes attending work as scheduled, arriving at work on time and fulfilling the commitment to put in a full day's work. To meet this expectation, employees are encouraged to practice healthy lifestyle behaviours to reduce the amount of time away from the workplace due to illness.

DEFINITION: Attendance Management is defined as "being regularly present in one's place of work during the hours that one is scheduled to work and meeting the full requirements of one's position." In the event of absences due to a bona fide illness, the organization will provide eligible employees with protection from loss of earnings in accordance with the terms of the Sick Leave Policy.

The organization recognizes that on occasion, employees may need to be absent from the workplace due to illness. When such absences become frequent, even if short in duration, it becomes difficult for the organization to plan for the work that needs to be done. There are significant impacts on service resulting from employee absenteeism, whether short or long in duration.

The Attendance Management Program outlined below is designed to assist direct supervisors and their employees, by establishing and ensuring an acceptable standard of attendance and consistent application of this policy. The Attendance Management Program provides a comprehensive framework for the following:

- providing guidelines to direct supervisors to enable them to identify and respond to attendance issues.
- setting out mutual obligations and responsibilities for all employees of the organization.
- providing employees with clear expectations and comprehensive policies and procedures, aimed at supporting regular attendance at work.
- providing management with tools to monitor attendance.
- heightening awareness of the impact that absenteeism has on the workplace and ultimately on service to those supported.
- reducing the rate of absenteeism.
- recognizing employees who have excellent attendance; and

- meeting the organization's obligation to accommodate employees, as set out in the Human Rights Code and the Occupational Health and Safety Act.

Types of Absenteeism:

1. **Innocent Absenteeism:** Refers to absences due to genuine illness or injury, which typically are not within the employee's control.
2. **Culpable Absenteeism:** Refers to a continuous pattern of absence, for which the employee may be held accountable. Culpable absenteeism falls into the following 3 categories**:**
   - Late arrivals and early departures.
   - Failure to provide notification of an anticipated late arrival, or an absence without approval; and
   - Abuse of leave provisions.

PROCEDURES:

Employees are to report anticipated absences due to illness or injury to their direct supervisor or their designate as soon as it is practicable to do so. Employees must indicate the anticipated length of their absence. Leaving messages through voicemail, text or email are deemed to be unacceptable methods of communicating one's absence and, as such, the direct supervisor may contact the employee to follow up.

Direct supervisors shall be responsible for reviewing attendance with employees, where attendance is a concern. The direct supervisor shall:

- review and discuss the attendance record.
- review expectations.
- set goals, timeframes and strategies for managing attendance; and
- advise the employee of next steps, should absenteeism continue.

When an employee's attendance is consistently a cause for concern, and where there are successive absences over the course of the year(s), a letter of warning may be placed on the employee's file.

In the event of a disability, and when accommodation may be required, the employee is responsible for bringing forward the request for accommodation and providing the particulars of the accommodation being requested to their direct supervisor.

Personal Appointments:

Employees are encouraged to schedule personal appointments outside of work hours whenever possible. If this is not feasible, an attempt should be made to schedule appointments either first thing in the morning or late in the day. Time away from work for planned medical or dental appointments must be approved by the direct supervisor.

Doing personal business on paid work time is not permitted. There is a cost to the person using services and/or the organization when time is spent on personal business rather than work related activities.

Conducting personal business on paid work time is a job performance issue and will be dealt with accordingly.

Personal business may include:

- Use of the internet
- Personal phone calls
- Personal errands
- Personal shopping
- Personal texting and talking on cell phone

Accountability:
The organization recognizes that an effective Attendance Management Program is a mutual responsibility. Management is responsible for communicating and enforcing the Attendance Management Program in a consistent manner. Employees are responsible for complying with the terms of the policy and discussing attendance issues directly with their direct supervisor.

The following details the respective responsibilities of the Attendance Management Program:

The Employer

- Providing a safe and healthy work environment.
- Providing protection from loss of earnings in accordance with the Sick Leave Policy.
- Providing direct supervisors with clear policies and procedures related to attendance management.

The Employee:

- Reporting anticipated absences due to illness or injury to their direct supervisor or their designate as soon as it is practicable to do so.
- Indicating the anticipated length of their absence. Leaving messages through voicemail, text or email are deemed to be unacceptable methods of communicating one's absence.
- Complying with the terms of the Sick Leave and Attendance Management Policies.
- Practicing healthy lifestyle behaviours which include taking regular vacations
- Complying with safety policies, procedures, guidelines and practicing accident prevention.
- Recognizing that sick leave is a wage loss protection plan for employees, to be used solely for legitimate medical absences.
- Reporting illness, in accordance with the Sick Leave Policy; and
- Maintaining regular contact with the direct supervisor during medical absences.

The Direct Supervisor:

- Reviewing attendance patterns and regularly addressing concerns as they arise with employees.
- Developing appropriate plans for addressing issues; and
- Recording and authorizing employee attendance records.

Failure to comply with this policy may result in disciplinary action up to and including termination of employment.

Community Living St. Marys and Area

Policy Title: Whistleblower **Policy Number:** HR 7	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

PREAMBLE: From time to time, a situation may arise whereby someone connected with the organization becomes concerned about perceived irregularities, the activities of colleagues, possible financial malpractice, breach of trust, failure to observe, or violation of agreed procedures, departures from legislative, regulatory, or other requirements for good governance. It is important that the position of the 'whistleblower', especially an employee, not be jeopardized provided the expression of concern is done lawfully, without malice, and in public interest.

POLICY: The organization has a Whistleblower policy which is made known to all employees. This policy and procedures apply to all directors, officers, employees, volunteers, contractors, and all individuals and their families supported by the organization.

PRINCIPLES: The organization's Code of Conduct Policy (2.01) aims to provide general guidance to all employees on the standards of integrity and personal conduct expected in dealing with individuals supported and their families, volunteers, contractors, suppliers, community partners and other outside bodies and members of the public.

PROCEDURES: In most cases, an employee's direct supervisor is in the best position to address an area of concern. However, if they are not comfortable speaking with the direct supervisor or if not satisfied with the direct supervisor's response, individuals are encouraged to speak with someone in management whom they are comfortable approaching. Direct supervisors are required to report suspected violations to the Executive Director who has specific and exclusive responsibility for investigating all reported violations.

REPORTING RESPONSIBILITY:
It is the responsibility of all directors, officers and employees to comply with the Whistleblower Policy and all other policies of the organization and to report suspected violations in accordance with the procedures detailed in this Policy.

NO RETALIATION:
No individual who, in good faith, reports a violation of the Whistleblower Policy shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Policy is intended to encourage and enable employees and others to raise serious concerns within the organization rather than seeking resolution externally. During any investigation consideration must be given throughout to supporting and protecting the person(s) raising the concern as well as the person(s) implicated by the concern raised. This may involve decisions about whether the informant

and/or the person(s) implicated can continue with current responsibilities or if some other arrangements, perhaps temporary, are required.

ACTING IN GOOD FAITH:
Anyone filing a report concerning a suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

CONFIDENTIALITY:
Reports of suspected violations may be submitted on a confidential basis by the complainant, or may be submitted anonymously. Reports of suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

HANDLING OF REPORTED VIOLATIONS:
All reports will be taken seriously. The direct supervisor or designate will notify the sender and acknowledge receipt of the suspected violation within 15 business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted.

Community Living St. Marys and Area

Policy Title: Privacy **Policy Number:** HR 8	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

PREAMBLE: The Freedom of Information and Protection of Privacy Act (January 1, 2012) applies to Ontario's provincial ministries and most provincial agencies, boards and commissions, as well as many other organizations. The Act requires that the government protect the privacy of an individual's personal information existing in government records. It also gives individuals the right to request access to government-held information, including general records and records containing their own personal information.

PURPOSE: To provide a framework for the organization in dealing with privacy of information considerations which speaks to the collection, retention, use, disclosure and disposal of personal information in its custody and control.

POLICY: Personal data is subject to the Freedom of Information and Protection of Privacy Act R.S.O. 1990, CHAPTER F.31 (Provincial Legislation). Under the terms of the Act, personal data includes any information about a living and identifiable individual, including their name, address, telephone number and e-mail address. Information included in an e-mail or an attachment to an e-mail or fax, which is deemed to be personal data, must abide by the law.

In particular, the organization and employees must not:

- collect personal data without the person's knowledge.
- disclose or amend such information except in accordance with the purpose for which the information was collected.

The individual has the right to inspect what is held about him or her on the e-mail system or in e-mail archives. (In this context employees are expected to comply with a request from their direct supervisor to inspect their e-mail archives and/or print out items relating to a particular individual if that individual requests a copy of their file).

Individuals who are given access to their personal information have the right to request correction of that information where they believe there is an error or omission. If this request is refused, individuals may request that a statement of disagreement be attached to the information. A refusal to correct information or attach a statement of disagreement may be appealed to the Commissioner

The law also imposes rules for the storage of personal data. Data is to be kept only for as long as it is needed for the purpose for which it was collected. Employees who maintain their own storage of e-mails must ensure they are not maintained for longer than is necessary for the purpose for which they were collected. E-mails must be held in such a way that they can easily be identified, reviewed and when necessary, destroyed.

Community Living St. Marys and Area

Policy Title: Diversity & Non-Discrimination **Policy Number:** HR 9	**Section:** Human Resource
Original Date: Sept. 25, 2023 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The organization believes in the inherent worth of all individuals and their right to be treated with dignity and respect. The organization recognizes that individuals and groups can be unfairly discriminated against and acknowledges their responsibilities to eliminate discrimination, both direct and indirect and any form of discrimination that is unlawful.

POLICY: The organization is committed to full equality and in upholding the spirit and letter of relevant legislation in Canada, and the Province of Ontario in creating and maintaining an environment, where all people are valued for the diversity, they bring. All policies, procedures and practices shall be free of deliberate or unintentional (systemic) barriers, so that all employees receive fair and equitable treatment.

There shall be no differential treatment of individuals, on the basis of place or origin, creed, disability, family status, marital status (including single status), gender identity and gender expression, receipt of public assistance, (in housing only), record of offences (reviewed within the context of duties, and in accordance with the Criminal Reference Check policy established by the organization), sex (including pregnancy and breastfeeding), and sexual orientation.

The organization seeks to operate within a framework of fairness, openness, integrity and accountability and to extend its commitment to equality of opportunity via its expectations of those who provide services for the organization.

The organization aims to integrate equality of opportunity into all employment activities. We seek to recruit and retain a workforce that is diverse and representative of the community and those with whom the organization works or provides a service.

The organization will be responsible for the reasonable accommodation of the differences and needs of employees and those served by the organization, so that each person can contribute to their full potential. It is understood that equality does not necessarily mean the “same” and there may be instances, where the response to individuals may need to be different. Management will strive to manage, encourage, and support diversity, while remaining cognizant of the need for consistency and fairness.

The responsibility for upholding these principles rests equally with all staff and management of the organization.

Community Living St. Marys and Area

Policy Title: AODA **Policy Number:** HR 10	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The standards of the **Accessibility for Ontarians with Disabilities Act 2005 S.O. 2005 c 11 (AODA)** mandate, how organizations must remove and prevent barriers for people living with disabilities. The AODA standards govern how organizations can offer services that meet the needs of all Ontarians including citizens with disabilities. AODA Compliance broadly covers services, employment, buildings, and other facilities, and how these are designed and operated. Specifically, the five (5) standards are customer service, employment, information and communications, transportation, and public spaces.

POLICY: The organization is committed to eliminating barriers for employees, people served, community partners and all visitors with disabilities and improving accessibility in a manner that respects their dignity, independence and integration.

PRINCIPLES: Every reasonable effort will be made by the organization to ensure that:

1. People living with disabilities have equal access to the services provided by the organization
2. Service is provided in a manner which respects the dignity and independence of people living with disabilities
3. The provision of service to people living with disabilities is provided in the same manner as service is provided to other individuals unless an alternate approach is required to facilitate full access to the service.
4. Communications with an individual with a disability are conducted in a manner that fully considers the individual's disability.
5. Individuals who may require assistive devices (i.e. service animals, support people etc.) to access the organization, may do so as necessary

SCOPE: This policy applies to all employees of the organization who deal with the public or other third parties as well as people developing policies, procedures and practices pertaining to the provision of services to the public or other third parties, whether they do as employees, agents (Service Providers) or otherwise.

DEFINITIONS:

Persons with Disabilities shall mean those individuals that are afflicted with a disability as defined under the Ontario Human Rights Code.

Disability:

- Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing

impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device.

- A condition of mental impairment or a developmental disability,
- A learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language.
- A mental disorder, or
- An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

Assistive device – is an auxiliary aid such as technical aids, communication devices, cognition aids (reading, listening, talking aids) personal mobility aids and medical aids (i.e. canes, crutches, wheelchairs, hearing aids etc.) that is used to increase, maintain, or improve the functional abilities of people with disabilities to access and benefit from the services offered by the organization.

Barrier – As defined by the Ontarians with Disabilities Act, 2005 means anything that prevents a person with a disability from fully participating in all aspects of society because of their disability including a physical barrier, an architectural barrier, an information or communications barrier, an attitudinal barrier, a technological barrier, a policy, procedure or a practice

Service animal – Animals trained to assist a person with disability. The service animal is trained to assist people with disabilities in the activities of normal daily living, to enhance quality of life and mitigate their disabilities. The animal provides a variety of services, including but not limited to, guiding individuals with impaired vision; alerting individuals who are hearing impaired to sounds; providing companionship; pulling a wheelchair; alerting to seizures; opening/closing doors, or retrieving dropped items. A service animal may access all places open to the public with its human partner, as required by law (health and safety guidelines). Service animals may include dogs, cats, rabbits, etc.

Service equity: A process designed to result in consistent and fair quality of service to people who have been historically excluded from receiving equitable service; and elimination of barriers to access in service.

Support person: Persons with disabilities are permitted to be accompanied by their support person in areas/premises that are open to the public when accessing services. If a person with a disability is accompanied by a support person, the provider of goods or services shall ensure that both people are permitted to enter the premises together and that the person with a disability is not prevented from having access to the support person while on the premises. If there is confidential information to be disclosed, consent must be received from the person with the disability.

Service Disruption: In the event of a planned disruption to facilities, services or systems that are relied upon by people with disabilities to access services, notice of the disruption shall be provided in advance.

The notice of disruption will include information about the reason for the disruption, its anticipated duration and a description of alternative facilities, services or systems, if any, that may be available.

Notice may be given by posting the information in a conspicuous place on the organization's premises or on the website or such other method as is reasonable under the circumstances.

Information related to temporary disruption of local services (such as washrooms, elevators) will be available in person and by telephone. Information agents located at the premises provide verbal information about the suspension of such services. If requested, and where available, a staff person will guide the person to the alternative service available in the event of an unexpected disruption, notice will be provided as soon as possible.

Feedback Process: The organization will maintain a feedback process to enable members of the public to comment on the provision of services to people with disabilities. Feedback for the public is welcomed as it may identify areas that require change and encourage continuous service improvements.

Feedback shall be received in any form (i.e. in person, by telephone, in writing, fax or in electronic format including email) and all such feedback will be logged for reporting purposes.

All feedback received shall be maintained in strict confidence and used solely to improve service. All feedback will be reviewed and forwarded to the Executive Director for follow-up.

Modifications to this or other policies: The organization is committed to developing service policies that respect and promote the dignity and independence of people with disabilities. Therefore, no changes will be made to this policy before considering the impact on people with disabilities. The organization will consider the modification or removal of any policies that do not respect and promote the dignity and independence of people with disabilities on an ongoing basis.

RESPONSIBILITIES:

The organization

- Ensuring compliance with all AODA Standards.
- Including considerations for accessibility in annual planning processes.
- Budgeting for accessibility requirements.
- Communicating all policies, procedures and practices to staff and working with relevant committees to develop policies, procedures and practices.
- Identifying and coordinating required training requirements.
- Supporting staff attendance at required training.
- Maintaining training records.
- Establishing and maintaining an ongoing training program to ensure all staff are trained in all Standards including the orientation process.
- Communicating, coordinating and/or providing service to a person with a disability regarding the use, or who may use a service animal, support person or assistive device.
- Providing notification of service disruptions.

- Providing all documentation in appropriate formats upon request by a person with a disability.

References and Related Documents

Ontario Human Rights Code
http://www.ohrc.on.ca/en/ontario-human-rights-commission-submission-regarding-accessibility-ontarians-disabilities-act
Ontarians with Disabilities Act, 2001
http://www.e-laws.gov.on.ca/html/statutes/english/elaws.statutes.01o32.ehtm
Accessibility for Ontarians with Disabilities Act, 2005
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm

Community Living St. Marys and Area

Policy Title: Accommodation **Policy Number:** HR 11	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

POLICY: The organization encourages applications from individuals with disabilities included within the meaning of the Ontario Human Rights Code, including visual, hearing, communication, and mobility impairments and learning and other non-visible disabilities. Information to applicants and interview candidates should signal that the organization is prepared to accommodate disabilities in the interview and selection process and identify who the applicant should contact for the necessary arrangements to be made.

PROCEDURES: To secure appropriate accommodation, employees with disabilities are responsible for identifying their individual needs to their direct supervisor and working with the direct supervisor to develop and implement an accommodation plan. Examples of accommodation are attached to this policy for information.

Employees with disabilities who request accommodation must provide their direct supervisor with relevant professional supporting documentation as determined by the organization, generally from a regulated health professional practitioner (e.g., a physician, psychiatrist, clinical psychologist). The documentation must include a statement that the individual has an ongoing, recognized disability that requires accommodation and must specify the resulting limitations to the performance of the employee's job. The organization has a right to request a separate medical opinion.

If needed to clarify the accommodation requested or the adjustment in work tasks, the employee must be willing to sign a consent to release, to the organization, relevant accommodation information for the disabling condition in question.

1. **Implementation**

- This policy encourages dialogue between management and employees as to how the needs of individuals can be met within the terms of the legislation and current organizational guidelines in the area. All such dealings require mutual understanding and respect from the parties involved in the accommodation process.
- Employment accommodation is assessed and provided on an individual basis. For example, limitations that are traditionally attributed to a particular disabling condition cannot, and should not, be generalized. The organization is committed to maintaining confidentiality to the greatest extent possible when providing accommodation and related services to employees.
- The direct supervisor is responsible for identifying the essential duties of the employee's job. If the employee can perform the essential duties of the job, arrangements must be made for appropriate accommodation. Examples of possible accommodation are appended to this Policy.
- If a direct supervisor determines that an employee cannot perform the essential duties of the job, he or she must consult the Executive Director before taking any action.

2. Problem Solving

- The parties involved may seek advice at any time from a Human Resources Consultant, which may also provide assistance for communicating the situation with others in the workplace.
- While every effort will be made to provide accommodation, there may be times when it is not possible to do so. If the direct supervisor concludes that they cannot accommodate an employee's request for accommodation, they will meet and discuss the situation with the Executive Director.

3. Examples of Accommodation of Individuals with Disabilities

- To provide some guidance, the following are given as examples of the types of accommodation that could be provided, subject to cost, outside sources of funding, if any, and health and safety requirements, if any:
- Workstation modifications: specialized or adjustable furniture, signs with raised or Braille lettering, modified lighting, flashing signals, and handrails
- Job redesign: the reassignment of duties or the restructuring of job tasks for both the person with a disability and co-workers.
- Employment policy and practice modifications: flexible or part-time hours.
- Technical aids and devices: environmental control units (e.g., remote control to open and close doors, operate lights), hoists, grips, technical devices for the deaf, infrared systems, FM broadcast systems, Braille computer printers, optical character recognition systems, keyboard adaptations and the training and technical support required to use technical aids and devices and ergonomic furniture.
- Building modifications: ramps, retrofitted washrooms, elevators with audio signals, lowered elevator panels, automatic doors, visual-display alarm systems, suitable designated parking spaces.
- Accessible transportation: for employment-related activities that are held outside of the place where work is routinely performed.
- Communication services: captioning, sign language interpreters, in-meeting note takers, personal FM systems, transcription services from print to alternate formats (audio tape, Braille or computer disk).
- Human support services: personnel provided to assist in accommodation.

Community Living St. Marys and Area

Policy Title: Workplace Harassment **Policy Number:** HR 12	**Section:** Human Resource
Original Date: May 28, 2012 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The organization is committed to creating and maintaining an environment where individuals are treated with dignity, fairness, and respect and where barriers, because of harassment and discrimination, have been eliminated for employees, people served, volunteers, students, contractors and community partners. The organization believes in the inherent worth of individuals and in their right to equal treatment and access to service under the law.

POLICY: The organization upholds the principles of the Human Rights Code, and shall hold accountable, all employees, people served and their families, volunteers, students, contractors and community partners for ensuring that practices, actions and comments do not serve to exclude, degrade or limit individuals on the basis of any of the prohibited grounds (Human Rights Code).

It is the policy of the organization to hold accountable all employees, people served, volunteers, students, contractors and community partners for promoting and maintaining an environment free from harassment and discrimination. It is an expectation that everyone will take responsibility for preventing and stopping any statements or actions that conflict with this policy.

The organization will establish a process to review complaints of harassment and discrimination, which are respectful, just and fair. The organization is committed to implementing resolutions and actions which promote opportunities for learning.

DEFINITION: Harassment is defined as engaging in a course of vexatious comment or conduct against a worker in a workplace, including virtually through the use of information and communications technology, that is known or ought reasonably to be known to be unwelcome, or Harassment may include comment(s) or conduct linked to one or more of the following prohibited grounds: (place or origin, creed, disability, family status, marital status (including single status), gender identity and gender expression, receipt of public assistance,(in housing only), record of offences (reviewed within the context of duties, and in accordance with the Criminal Reference Check policy established by the organization), sex (including pregnancy and breastfeeding), and sexual orientation, initiated by one person towards another, which causes humiliation, offence or embarrassment. This policy also includes protection of employees against virtual harassment and virtual sexual harassment.

Single acts of sufficient severity may also constitute harassment.

Examples of unwelcome behaviour include:

- inappropriate or insulting remarks, gestures, jokes, innuendoes or taunting in relation to any of the prohibited grounds.

- questions or comments about an employee's private life and/or lifestyle choices.
- the posting or display of materials, pictures, pornography, articles or graffiti etc.
- sexually suggestive language, comments, gestures, or contact of a sexual nature, that is likely to cause offence or humiliation to an employee that might be perceived by that employee as placing a condition of a sexual nature on employment, continued employment, or an opportunity of retraining or advancement.
- unnecessary, or inappropriate physical contact such as touching, patting, pinching, punching, hugging or kissing.
- physical assault.
- verbal abuse, threats, suggestive or other sexually aggressive remarks.
- leering (suggestive staring) at a person's body.
- unwelcome invitations, requests or demands for sexual favours.
- practical jokes which cause awkwardness or embarrassment; and
- use derogatory nicknames based on an individual's race, origin, disability, appearance and age.

It is important to note that the scope of this policy make it clear that the requirements under the *Occupational Health and Safety Act* now expressly include telework.

Sexual harassment: Sexual harassment is defined as engaging in a course of vexatious comment or conduct against a worker in a workplace, including virtually through the use of information and communications technology, because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome. While harassment may come in a variety of forms, human rights law specifically states, that it is a violation of the law to make sexual advances, where the person making the advance, is in a position to grant or deny a benefit or advancement to the person who is the object of the advancement, where it is reasonably known that the advance is unwelcome. Conduct of this nature will not be tolerated and may result in discipline up to and including termination of employment. engaging in a course of vexatious comment or conduct against a worker in a workplace, including virtually through the use of information and communications technology, because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or

Electronic Posting: In accordance with Occupational Health and Safety legislation, this policy and the regulations are to be posted in a readily accessible electronic format if the following requirements are met. Employers are responsible for providing workers with direction on where and how to access this information. The information posted in an electronic format must be readily accessed by workers in the workplace.

Harassment does not include:
- properly carrying out one's job responsibilities; or
- mutually acceptable social interactions.

PROCEDURES: Employees who believe that they have been subjected to harassing or discriminatory practices within the workplace or have observed other employees being subjected to such behaviour, are to immediately report the matter to their direct supervisor.

When a complaint is brought to the attention of the direct supervisor, the supervisor is to bring the issue forward to their direct supervisor. The Director may arrange for an external consultant to investigate. While complainants may decide to withdraw their complaint, there is an obligation on the organization to investigate "the issue." While the individual cannot be compelled to participate in the investigative process if they elect not to participate, it is incumbent upon the organization to ensure that harassment is not occurring within the workplace.

Individuals in positions of authority, who have knowledge that harassment and/or discrimination has occurred, or is likely to have occurred, have a duty to report and will be held responsible for failing to act. Failure to act will be considered a violation of this policy.

The following process has been established to review complaints of harassment and discrimination. The process is intended, to be experienced by all, as respectful, just and fair. The organization is committed to a process which is timely, and which has as its goal, opportunities for re-dress and learning.

INVESTIGATION PROCEDURES:

1. All formal complaints shall be brought to the attention of the direct supervisor (or designate) **as soon as it is practicable** following the alleged incident. The complaint shall be made in writing, shall contain a summary of the relevant facts and be signed by the **complainant.**
2. The Executive Director shall be made aware of all formal complaints.
3. After considering the initial facts, the Executive Director may arrange for an external investigator to be retained to conduct the investigation.
4. The direct supervisor, in consultation with their direct supervisor, is responsible for taking whatever steps are necessary to ensure the safety of all parties throughout the investigation.
5. If the Executive Director is the complainant or the respondent in a complaint, the complaint shall be directed to the Board. The Board, or designate, shall arrange for an investigation to be conducted.
6. Within **five** (**5) business days** of receipt of the written complaint, unless agreed otherwise, an investigation shall be conducted, which commences with a meeting with **the complainant.** The focus of this meeting shall be for the purpose of taking a written statement signed and dated by the complainant, and obtaining sufficient details of the situation, which gave rise to the complaint. Should the complainant wish, they may have a support person of their choosing be present at the meeting. The statement taken during this meeting will include but not be limited to:
   - The specific nature and details of the complaint including number of incidents and dates and times.
   - Questions relating to what, if anything, the complainant had said or done, to address the issue.
   - Questions pertaining to issues of safety; and
   - Questions related to witnesses and other potential complainants.
7. A meeting with **the respondent** to the complaint, to advise him/her of the complaint and to obtain their response to the complaint. This meeting must be scheduled following the meeting with the complainant unless there are witnesses to be seen beforehand. A written

statement signed and dated by the respondent, which details their response to the complaint must be obtained.

8. Witness statements are to be dated and signed.
9. During the investigation process, all complainant, respondent, and witness information collected are confidential and will be shared on a need-to-know basis only.
10. All statements and disclosures made, information furnished, documents and materials provided or presented under this policy will be kept confidential and will be shared strictly on a need-to-know basis. All such information remains in the possession of the investigator.
11. Every effort will be made to preserve confidentiality; however, the organization cannot guarantee that confidentiality will be preserved in every instance.
12. A complaint under this policy by an individual does not constitute a waiver of their right to take any other action available by law.
13. False or frivolous allegations will not be tolerated and may lead to disciplinary action, up to and including, termination of employment.
14. A written report based on the evidence, analysis and conclusions resulting from the investigation will be submitted **within fifteen (15) business days,** or as otherwise agreed, following receipt of the written complaint. The report shall recommend a resolution and a plan of action.
15. Should either of the parties wish to appeal the outcome, a written appeal may be submitted to the Executive director/board, **within ten (10) business days** or as otherwise agreed, following receipt of the written decision.
16. The appeal process shall be completed **within twenty (20) business days** or as otherwise agreed, following receipt of the written appeal. The written decision of the Executive Director/Board or designate shall be considered final.

Note: The organization will endeavor to ensure that all time periods are honoured, however extensions may be practically unavoidable. In such circumstances the organization will communicate extensions to all parties.

RESOLUTION PROCESS*:* It is not necessary to prove that harassment/discrimination occurred beyond a reasonable doubt, which is the standard of proof used within a criminal context. The formula is based on the balance of probabilities. Where on the balance of probabilities, a determination is made that discrimination/harassment is likely to have occurred a process of resolution is initiated. Although the intent at resolution is remedial, the resultant action may include disciplinary action. Actions undertaken with the respondent may include opportunities for learning, facilitation between or amongst the parties, to reach a resolution where misunderstandings may have occurred, or serious disciplinary action up to and including termination. Serious disciplinary action shall be based on clear and cogent evidence.

REPRISALS & RETALIATION: Reprisals or retaliation against any individual involved in an investigation of harassment/discrimination will not be tolerated and will be dealt with severely.

COMMUNICATION*:* All new employees, students and volunteers to the organization must review this policy and sign off that they have read and understood this policy. This policy shall be posted in a prominent location and always be readily accessible to employees.

Community Living St. Marys and Area

Policy Title: Workplace Violence **Policy Number:** HR 13	**Section:** Human Resource
Original Date: May 28, 2012 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The purpose of this policy is to ensure the safety and security of staff by defining behaviour that constitutes workplace violence and establishing procedures to minimize and/or prevent the occurrence of violence in the workplace.

POLICY: The organization acknowledges that it is the right of every employee to work in a violent and harassment free work environment. Toward that end, the organization is committed to providing employees with a safe and healthy workplace which includes ensuring the personal safety and security of all employees.

The organization will take all reasonable precautions to identify potential sources of risk and to minimize such risk by establishing a comprehensive Workplace Violence Prevention Program and Policy.

All reported incidents of workplace violence will be taken seriously. Incidents will be investigated in accordance with the procedures detailed herein and appropriate action will be taken by management up to and including removal from the workplace, disciplinary action and/or legal action.
The organization will take every reasonable precaution to protect an employee from physical injury if we become aware of or believe that an employee is at risk of domestic violence.

APPLICATION & SCOPE: This policy pertains to acts of workplace violence and applies to all employees, volunteers, students, people served, contractors and visitors to the workplace(s).

Incidents classified as harassment or discrimination based on any one of the prohibited grounds are addressed under the organization's Harassment Policy.

Definitions:
The Ontario Occupational Health & Safety Act defines workplace violence as:
1) The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker.
2) An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker.
3) A statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

The following definitions illustrate types of violent behaviour considered to be unacceptable:

PHYSICAL ATTACKS OR ASSAULTS: Is any physical force or threat of physical force, to create fear and control of another person. Examples include hitting, blocking, shoving, choking, kicking, slapping, biting or hair pulling. This would also include using a weapon or inciting an animal to attack.

THREATS: Is any communication of intent to injure that gives an employee reasonable cause to believe there is risk of injury. Threats may be delivered in person or off-site through letters, phone calls, facsimile or electronic mail.

VERBAL ABUSE: Includes swearing, insults, condescending language, put downs, name calling and/or the use of language which communicates a direct or indirect threat of harm.

HARASSMENT: "Harassment" is defined as a course of vexatious comment or conduct that is known, or ought reasonably to be known as unwelcome. *Refer to the organization's Harassment Policy for specific policy and procedures guidelines.*

BULLYING: Bullying *is defined* as any incident where an employee is threatened, intimidated, assaulted or abused by another employee in the course of their employment.

ROLES & RESPONSIBILITIES:

Employer:

1) Ensure the existence of a Workplace Violence Prevention Program and Policy with appropriate measures and controls to respond and resolve issues and/ or complaints related to workplace violence.
2) Ensure compliance with the Program and Policy by employees and all who have a relationship with the organization.
3) Conduct initial workplace risk assessments, and annually thereafter or additionally as indicated, to identify potential workplace violence hazards and develop and implement violence prevention strategies when required.
4) Share results of risk assessment with all staff.
5) Track and analyze incidents for trending and prevention initiatives.
6) Ensure all existing new employees are provided with information/instruction on the organization's workplace violence prevention program and policy including incident reporting procedures.
7) Develop a comprehensive reporting process for incidents of workplace violence.
8) Ensure that all reports of workplace violence are promptly responded to, investigated and documented.
9) Ensure that all incidents of workplace violence which result in injury are documented and processed in accordance with the requirements of the Occupational Health & Safety Act and internal Health & Safety Policy.
10) Provide appropriate response measures in the event of an incident and facilitate medical attention and support for those directly or indirectly involved in the incident.
11) Report deaths and critical injuries to the Ministry of Labour (MOL) inspector and the police (as required).

Direct Supervisors:

1) Consistently enforce the policy and procedures and monitor compliance.
2) Respond and immediately report all incidents and threats of workplace violence.

3) Assist in the collection of facts and participate in the risk assessment process.

Employees:

1) Foster and contribute to a violence-free environment within the workplace.
2) Participate in education and training programs to facilitate appropriate response to incidents or threats of workplace violence.
3) Comply with the Violence in the Workplace Prevention Program and Policy.
4) Report all incidents, injuries and threats of workplace violence to the direct supervisor or his/ her designate immediately.
5) Participate in the risk assessment process.

PROCEDURES:

Reporting & Investigating:

1) Employees are to immediately report all incidents and threats of violence to their direct supervisor. Reports may be made confidentially at the request of the employee, however the safety of others within the workplace cannot be compromised by so doing.
2) The individual receiving the report must promptly report the matter to the Director. Swift action must be taken to investigate the incident to safeguard employees and curtail the violent and/or threatening behaviour.
3) The employer shall ensure that there are no reprisals against the reporting employee.
4) The employer must report all injuries to the MOL in accordance with requirements.

RESPONSE PROCEDURES:

1) Utilizing the Incident Reporting form, the direct supervisor will document all reports or threats of workplace violence, hazards and the measures taken to address them.
2) Where incidents are beyond the purview of the direct supervisor, it may be necessary to involve other members of the management team, for example where the incident or threat involves employees under another direct supervisor's responsibility or control.
3) All incident reports are reviewed by the management team to monitor and track trends, analyze actions and formulate recommendations to prevent future instances of workplace violence.
4) All incident reports are examined with a view of possible modifications to the program and/or policy and/or enhancements to the workplace as indicated.
5) Prompt interventions as appropriate will be made available to the employee(s) following an assessment of the situation which may include medical attention, debriefing, referral to employee assistance agency etc.

RISK ASSESSMENTS: An initial risk assessment of the organization will be conducted to determine and identify which positions are at greater risk of violence or threats of violence. Risk assessments will at a minimum be conducted on an annual basis, or more frequently if warranted (following a reported incident). Risk assessments may be conducted when new positions are created or if there are substantive changes to individual position descriptions.

INFORMATION & INSTRUCTION: All employees will receive an orientation to the Workplace Violence Prevention Program and Policy which encompasses as applicable, both general and
site-specific training. Training will be conducted on an annual basis for existing employees and will be incorporated into the Orientation Program for all new employees.

PROGRAM EVALUATION & POLICY REVIEW: The effectiveness of the Workplace Violence Prevention Program and Policy as well all measures instituted will be evaluated on an annual
basis by the management team. The information gathered from the evaluation shall be shared formally with employees and the Health and Safety Committee.

Community Living St. Marys and Area

Policy Title: Complaint Resolution Process **Policy Number:** HR 14	**Section:** Human Resource
Original Date: July 6, 2006 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: To outline the established procedures for the settlement of differences and disputes between employees and the organization.

PRINCIPLES:

- The purpose of this policy is to encourage the expedient and equitable settlement of differences.
- All possible steps will be taken to resolve complaints within the specified time frames at the lowest practical level where local knowledge of the circumstances and ownership of the issue exists.
- Reasonable timelines will be adhered to for any meeting, wherever possible, unless there are extenuating circumstances or where an extension is required.
- The timing and location of meetings will be reasonable, and meetings will be conducted in a manner that allows both parties to explain their respective cases appropriately.
- Employees are expected to use their best efforts to attend meetings when requested to do so. If the employee is unable to attend a meeting, they should explain this immediately to the direct supervisor or designate
- Internal resolution of complaints is an important measure of the organization's culture. Recourse to external parties will only be taken when all internal procedures have been exhausted.

PROCEDURES

Stage 1 – Informal Complaint
Employees are encouraged to raise their concern directly with the individual with whom they have the issue. Failure to resolve the issue at the initial level, the employee will raise their concern with their direct supervisor.

An employee who believes they have been treated unfairly by their direct supervisor pertaining to a work-related concern should first raise the matter with the direct supervisor and develop a plan for addressing the complaint.

Stage 2 – Formal Complaint
In the event the complaint was not successfully resolved at the informal complaint stage, the employee should proceed with making a Formal Complaint. At this stage it is the employees' responsibility to put their formal complaint in writing and submit this to their direct supervisor as well as the supervisor above.

It is the higher-level supervisor's' responsibility to further investigate the employees' concerns by meeting with the employee, where possible, within ten (10) days, or as

otherwise agreed. Wherever possible, another supervisor will be present to act as a note taker during the meeting.

Once all parties have been formally interviewed and the fact-finding has been completed, a report of findings will be sent to the employee which includes the results of the fact-finding and any recommended follow-up. A meeting will also be scheduled to further discuss in person the results of the fact-finding.The meeting will include the direct supervisor, the employee making the complaint, and a supervisor more senior to the investigating supervisor. A summary of the meeting will be prepared and provided to the parties. If the employee is not satisfied with the outcome of the meeting they are entitled to appeal against the decision as detailed in stage 3.

Stage 3 - Appeal
The employee may appeal the decision within ten (10) working days of receiving the letter confirming the meeting outcome. The notice of appeal should be in writing addressed to the Executive Director and outlines why the employee is appealing the outcome of the complaint meeting and the resolution they sought.

The appeal meeting will be convened within ten (10) working days wherever possible. The employee is entitled to have a colleague present as support during the meeting. This colleague is not a participant in the meeting and may not answer questions or advocate on the employee's behalf. The appeal meeting may be chaired by:

- The Executive Director. If it relates to the Executive Director, a member of the board shall hear the appeal.

The outcome of this meeting will be confirmed in writing to the employee within five (5) working days or as otherwise agreed. This represents the final stage of appeal.

RECORDS:
Records of the proceedings and outcomes of complaints will be confidentially maintained in the office of the Executive Director.

USE OF EXTERNAL CONSULTANTS:
The organization maintains the right to retain external consultants to carry out fact-finding into complaints.

Community Living St. Marys and Area

Policy Title: Drugs & Alcohol **Policy Number:** HR 15	**Section:** Human Resource
Original Date: August 2019 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: This policy applies to all employees, volunteers and contractors. While either at work or available for work e.g. after-hours support service individuals must not consume alcohol or misuse substances.

While in any work-related situation, e.g. conferences, it is not acceptable to drink alcohol or take substances to the extent that it negatively affects behaviour, attitude, decision-making skills, affects one's ability to carry out work the following day, or that behaviour brings the organization into disrepute.

PROCEDURES: Where necessary, employees should be sent home if the direct supervisor determines that they are a danger to themselves or others. Employees should be instructed not to drive themselves home in these circumstances. The direct supervisor may wish to ensure that the individual receives a drive home if necessary.

If a direct supervisor has reasonable grounds to believe that an employee is under the influence of alcohol and / or drugs, the organization reserve the right to suspend them from their duties pending further investigation. Suspension does not automatically imply guilt.

The Duty of Care:

If the organization knowingly allows any employee/worker under the influence of alcohol or substances to continue working/driving, this places the employee and others at risk and the organization could be prosecuted. All employees are required to take reasonable care of themselves and others who could be affected by what they do.

Employees under the influence of drugs or alcohol on the job can pose serious health and safety risks both to themselves, their fellow employees and the people we support. To help ensure a safe and healthy workplace, the organization reserves the right to prohibit certain substances from being brought on the premises.

Employees who fail to adhere to these expectations, or who engage in illegal activities such as selling drugs and/or alcohol while ono the organization’s property or while working will be subject to disciplinary action up to and including termination of employment and referral to legal authorities.

Definitions

Drug and/or alcohol dependency is defined as a mental, physical or psychological dependence
on drugs and/or alcohol that under Human Rights legislation constitutes a disability.

Drug and/or Alcohol Dependency

- The organization understands that employees may develop a chemical dependency to certain substances and that is defined as a mental, physical and psychological disability. The organization promotes the early diagnosis of this disability and encourages employees with a dependency on alcohol or drugs to pursue medical and/or psychological treatment.
- Any employee who suspects that they might have an emerging drug or alcohol problem is expected to seek appropriate treatment promptly from one of the many resources in the community.
- The organization defines a rehabilitated drug user, alcoholic, or any individual engaged in a supervised drug or alcoholism rehabilitation program that is no longer using drugs or alcohol, as an employee with a disability.
- All medical information shall be kept confidential by the organization.

Expectations

Leadership

- Shall identify any situations that may cause concern regarding an employee's ability to safely perform their job functions.
- If it is known or ought to have been known that an employee has a substance dependency, the employer shall accommodate the employee to the point of undue hardship.
- Shall ensure any employee who asks for help due to drug or alcohol dependence will not be disciplined for doing so.

Employees

- All employees are expected to abide by the provisions of this policy.
- Employees are encouraged to communicate to their employer that they have a dependency or have had a dependency so that their rights are protected, and they can be accommodated appropriately.

Accommodation Process: During the accommodation process, the organization will respect the dignity and privacy of the individual requesting accommodation. During this time, the following actions may occur:

- The employee may take a leave of absence to seek assessment and treatment for a drug and/or alcohol dependency.
- The employee will be allowed to return to work upon rehabilitation.
- The organization will accommodate relapses prior to, during, and post treatment, given the accommodation does not create undue hardship for the organization.

During the accommodation process, the employee shall:

- Inform the organization if they are currently experiencing drug and/or alcohol dependency.
- Disclose previous problems with a drug and/or alcohol dependency **only** if it is relevant to their current job duties.
- Provide medical documentation to confirm they have a drug and/or alcohol dependency.
- Fully cooperate with the recommendations of professional assessments.

Recreational Marijuana
Expectations

The following expectations apply to employees while conducting work on behalf of the organization:

- Employees are expected to arrive at work fit for duty and able to perform their duties safely and to standard; employees must remain fit for duty for the duration of their shift.
- Use, possession, distribution, or sale of drugs or alcohol during work hours, including during paid and unpaid breaks, is strictly prohibited.
- Employees are prohibited from reporting to work while under the influence of recreational marijuana and any other non-prescribed substances.
- Employees on medically approved medication must communicate to management any potential risk, limitation, or restriction requiring modification of duties or temporary reassignment.
- Employees are expected to abide by all governing legislation pertaining to the possession and use of marijuana.

ROLES AND RESPONSIBILITIES

The organization will clearly communicate all expectations surrounding marijuana use, misuse, and abuse. To help enforce this policy, leadership and employees are expected to adhere to the following:

Leadership will:

- Identify any situations that may cause concern regarding an employee's ability to safely perform their job functions.
- Ensure that any employee who asks for help due to a drug or alcohol dependency is provided with the appropriate support (including accommodation) and is not disciplined for doing so.
- Maintain confidentiality and employee privacy.

Employees must:

- Arrive to work fit for duty and remain fit for duty throughout their shift.
- Perform work safely in accordance with company-established safe work practices.
- Avoid the consumption, possession, sale, or distribution of marijuana, other drugs, or alcohol on company property, and during working hours even if off company property.
- When off duty, refuse a request to come into work if unfit for duty.
- Report limitations and required modifications because of medically approved marijuana use.
- Report unfit co-workers to leadership.
- Seek advice or appropriate treatment, where required.
- Communicate dependency or emerging dependency.
- Follow the after-care program, where established.
- Abide by all governing legislation pertaining to the possession and use of marijuana.

Medical Marijuana

Where an employee uses medical marijuana, it is expected they provide a copy of their medical license to use marijuana to the organization. Medical marijuana will be treated the same as all other prescription medications. The organization has the same

expectations from employees who use medical marijuana as those who use other types of medication and will accommodate individuals up to the point of undue hardship.

Guidelines

1. Employees may only use medical marijuana with a license registered to them from a physician.
2. If an employee is required to use medical marijuana while at work, they must inform the Privacy Officer. An employee is not required to disclose their specific medical diagnosis; however, they are required to provide a note from their doctor and a copy of the possession license.
3. All information provided regarding medical marijuana use is considered confidential and will be confidentially maintained in the office of the Executive Director.
4. Employees who have a medical condition which requires additional accommodation can discuss their marijuana use schedule in the context of the general accommodation plan with the organization and their primary care physicians.
5. The organization will work with the individual that requests accommodation to ensure that the measures taken are both effective and mutually agreeable.
6. If medical marijuana is deemed to pose a significant or potential hazard to people supported, the employee and/or other employees, the organization will attempt to find alternative work for the employee, up to the point of undue hardship.

Use of Medical Marijuana While at Work

- In the event that an employee is taking medical marijuana during regular working hours, they are expected to use it in moderation, only at the recommended level of dosage and the applicable frequency of the doses.
- The organization asks that, where possible, employees who require medical marijuana use a method of ingestion other than smoking.
- Employees who choose to smoke medical marijuana must abide by all provincial smoking regulations.
- Employees who choose to smoke medical marijuana are not permitted to smoke in the presence of other employees or people supported.
- The organization will determine an appropriate smoking area for the employee, with the goal of maintaining the confidentiality of the employee's medical situation.

Leadership is required to:

- Treat employees who use medical marijuana the same as all other employees using prescription medication.
- Provide accommodation up to the point of undue hardship.
- Be aware of the effects of marijuana use and ensure employees are not placed in any safety sensitive situations.
- Assess the effects of the use of marijuana on an employee's performance on the job.
- Ensure that the use of medical marijuana does not adversely affect the safety of the employee and/or their co-worker and/or people supported.
- Respond to employee queries regarding the use of medical marijuana, while maintaining the privacy of an employee's information.

Employees are required to:

- Work with the organization to develop accommodation plans that are mutually agreeable including the safe storage of medical marijuana.
- Follow the agreed accommodation plan and the guidelines of this policy.
- Never share their medication with any other employee or member.
- Maintain ongoing communication with management regarding the effects of marijuana on their ability to perform their job duties.
- Never participate in activities which could cause a safety risk such as driving while under the influence of marijuana.

Community Living St. Marys and Area

Policy Title: Working from Home **Policy Number:** HR 16	Section**:** Human Resource
Original Date: June 22, 2020 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: This policy is designed to ensure that the necessary procedures are in place to support home-based and working-from-home arrangements and to outline the processes that must be followed for a working-from-home arrangement to be approved.

Variation to any aspect of the policy can only be authorized by the employee's direct supervisor where any proposed exception has been appropriately risk-assessed and documented.

There are times when remote work is a useful and necessary solution. It might be on a short-term basis such as working from home during a snowstorm or for a longer period such as during the COVID-19 pandemic. The organization encourages flexibility in employee work arrangements where it is possible and practical to do so without compromising the efficiency and effectiveness of operations.

Telecommuting is an employee privilege and not a guarantee or an entitlement. All telecommuting arrangements require the approval of the employee's direct supervisor and may require a work plan and tracking of time. Due to the nature of work, telecommuting cannot be implemented for all positions. Some areas will have greater flexibility to facilitate telecommuting and as such, there will be variation across the organization with respect to the applicability of this policy.

This policy will help determine what positions are eligible for telecommuting and ensure consistent work practices are followed such that telecommuting employees continue to provide a level of service equal to or better than that provided on-site.

PROCEDURES:

Approval of Telecommuting Privileges:

The granting (as well as the termination) of any telecommuting privileges will be made at the
sole and absolute discretion of the organization considering the following:

- The current status of any, pandemic or widespread disease or disaster.
- The ongoing operational requirements of the employer.
- The operational requirements of a particular role.

All requests for telecommuting privileges must be approved by the employee's direct supervisor and if longer than three days must also be endorsed by the Executive Director.

Conditions under any Telecommuting Arrangements

All Employee's operating under this Policy agree to remain bound by the following conditions
for the duration of their telecommuting arrangements:

- All internet connections used to access the organization's related servers, email and information must be privately owned, password protected and have Wi-Fi connections that are not shared, or publicly accessible.
- Employees will perform due diligence to protect the security of the organization's documents and confidentiality while working from home or at an off-site location.
- All existing work plan targets and/or responsibilities shall continue and where necessary, roles and responsibilities will be reasonably adapted.
- All employees shall also remain available and contactable during ordinary business hours; and will continue regular communication with their direct supervisor.
- Employees will manage personal responsibilities in a way that allows successful completion of job responsibilities.
- All other terms and conditions of employment and policies and procedures remain in place and their application adapted accordingly.

Health, Safety and Liability

Given the private and residential nature of telecommuting work, the employer will have limited access and/or control over the employee's place of work. Employees will be responsible for keeping a safe and fit for work environment and will identify and remove potential hazards.

Privacy, Confidentiality and Data Security

Employees who work under this Policy acknowledge and agree that despite the flexible nature of their work arrangements, they will not have any expectation of privacy in relation to organization-owned electronic devices issued to them for the purposes of telecommuting work arrangements. This would include but not limited to computers, tablets and phones, organizational devices, along with the contents of devices will remain the property of the organization at all times and could be subject to inspection and / or repossession at any time. The employee acknowledges that they will not be entitled to retain possession of, or deny, any of the organization's issued equipment. Conduct of this nature will constitute a breach of this policy and may result in disciplinary action up to and including termination of employment for cause, and/or police intervention in circumstances that involve theft of employer property.

Employees are to ensure that no family member, relative, employee or third party has access to, or uses their employer issued equipment and that all computers, tablets and phones are password protected and placed in a locked state whenever the employee leaves their respective work area.

Employees are also obliged to ensure that all work products and information is backed up daily (if such facilities exist), in accordance with the employer's standard Information and Technology practices.

In the event of any data security breach or accidental access by any family member or third party, the employee will immediately contain the breach and inform a Director or the Executive Director.
If the employee experiences technical issues with the device, they will notify the organization's approved contractor for assistance.

Employees will not use third-party technicians for maintenance or repair of the organization's owned devices or software unless approved.

Duration, Amendment and Revocation

Any telecommuting work arrangements are a privilege, and the organization reserves its right to
amend or withdraw such privileges at any time it deems appropriate.

In the event of termination of employment, the employee agrees that the organization may immediately revoke access to the organization's issued accounts and equipment, without advanced notice, and that all information contained will constitute property owned by the organization.

The employee also agrees that in the event of termination of employment and within three (3) calendar days, to return and make available all agency equipment issued. In such cases, no copies, drafts or backups of any form may be retained by the employee. These obligations will similarly apply in the event that the employee is suspended, pending an investigation, *etc*.

General

Given the nature of telecommuting work and the potential tax implications thereof, the organization will not involve itself with the tax affairs of any employee, nor will it make any misrepresentations to the Canada Revenue Agency on behalf of any employee.

This policy will be reviewed from time to time. In the event of any changes, the employee will be informed and will be required to familiarize themselves with any additional obligations and amendments.

Community Living St. Marys and Area

Policy Title: Employment Status **Policy Number:** HR 17	**Section:** Human Resource
Original Date: July 6, 2006 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: It shall be the responsibility of the Executive Director to determine overall staffing needs, classifications, work assignments and hours of work for the organization. As such, the following categories have been established:

EMPLOYMENT STATUS:

Full-time Permanent:
Employees hired for an indefinite period, who have completed a six (6) month probationary period and who regularly work no less than thirty-two (32) hours and no more than forty (40) hours per week.

Part-time Permanent:
Employees hired for an indefinite period, who have completed a six (6) month probationary period and who regularly work at least seventeen and a half (17.5), hours per week but less than thirty-two (32) hours per week. Part-time employees may also be added to the relief roster up to five (5) hours per week or ten (10) hours per pay period.

Contract:
Full or part-time staff hired for a finite period, whose duties will terminate following completion of the assignment in accordance with the written terms and conditions of the employment contract.

Relief:
Employees whose hours of work are determined on an as needed basis with no guarantee of hours. Relief employees are on a Relief Roster and may be scheduled up to five (5) hours per week and may be asked to work additional relief hours as available. Part-time and full-time employees who are regularly scheduled for less than 40 hours per week are also eligible to join a Relief Roster.

Salaried:
Employees who hold a direct supervisory, administrative or managerial position where the expectation is that the requirements of the position will take a fixed number of hours each week. Salaried employees may be full-time or part-time.

Community Living St. Marys and Area

Policy Title: Probation **Policy Number:** HR 18	**Section:** Human Resource
Original Date: July 6, 2005 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: A probationary period provides both the employer and the employee an opportunity to assess fit within the organization. As such, all newly hired permanent full-time or part-time employees will be considered probationary for the first six (6) months of employment.

Prior to appointment to permanent staff, a preliminary review must be completed following completion of three (3) months of employment and a full review at the end of six (6) months of employment.

During the probationary period, the employee must demonstrate skills, abilities and quality of work, consistent with clearly communicated performance expectations and represent a good fit with the position, team and the organization. Upon successful completion of the probationary period, employees will be advised in writing of their appointment to permanent staff.

A probationary employee may be dismissed at the sole discretion of the organization, for any reason provided the decision is made in good faith. While extensions of the probationary period are not generally advisable, probationary periods may be extended due to absences such as pregnancy leave, parental leave, sick leave or pre-approved vacation. The length of the extension of probation is to correspond with the period of the leave.

Community Living St. Marys and Area

Policy Title: Hours of Work **Policy Number:** HR 19	**Section:** Human Resource
Original Date: April 23, 2007 **Last Revision Date:** March 2021	**Approved by:** Board **Next Review Date:** May 2028

POLICY: Employees are expected to attend work regularly in accordance with their scheduled shift, to arrive at work on time and to fulfill their commitment to put in a full day's work.

Hours of work for each employee will be set out in the letter of employment. It is expected that each employee will be available for work and will fulfill their obligations unless reassigned or otherwise authorized. The organization also recognizes that the actual day-to-day work time may vary depending upon the needs of the person receiving support services. Employees will need to be flexible in planning each workday.

PROCEDURES: A normal work period of two (2) weeks is up to eighty (80) hours. It is expected that this will only be exceeded if there is an emergency need for support.

It is understood that the employee will be available for work recognizing that from time-to-time sickness or injury may result in innocent absenteeism. If the employee expects or intends to be absent from work, they must notify their direct supervisor so that arrangements can be made.

If an employee is not required to work their regularly scheduled hours and is given less than twelve (12) hours' notice, then they are entitled to be paid for their regularly scheduled hours up to a maximum of three (3) hours. In the event a meeting specific to a person, such as a team meeting is cancelled with less than twelve (12) hours' notice, employees (provided they were attending) will be compensated for up to one (1) hour pay at their regular rate.

Overtime is calculated at time and a half. Overtime is considered to be any time worked over eighty-eight (88) hours averaged over two (2) weeks with a signed Overtime Averaging Agreement. (Applies to full-time, non-salaried employees only).

Authorization for overtime must be obtained prior to the work being done and may be a condition of payment.

In an emergency where, prior approval was not given, the employee will notify their direct supervisor of the hours worked as soon as it is feasible to do so.

Salaried employees will be compensated for overtime with the equivalent time off, with pay, at a mutually agreed upon time.

Community Living St. Marys and Area

Policy Title: Nepotism **Policy Number:** HR 20	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

POLICY: Immediate family members of employees of the organization such as, a parent, spouse, or child, may be hired, however, at no time shall a reporting relationship exist between family members, nor shall family members work within the same work team or unit.

Community Living St. Marys and Area

Policy Title: Confirmation of Employment **Policy Number:** HR 21	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

POLICY: Requests for information from institutions wishing confirmation of employment on an employee of the organization will be accommodated only when in receipt of a written release from the employee, authorizing the organization to release such information.

PROCEDURES: For confirmation of employment purposes, the employee shall be responsible for initiating the process to facilitate the release of information, by obtaining and completing the “Authorization for the Release of Information” document in anticipation of the request for information. This document shall be maintained in the employee’s file.

Community Living St. Marys and Area

Policy Title: Consent for Employment References **Policy Number:** HR 22	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

POLICY: Requests for information from other institutions seeking prior employment information on current or former employees of the organization will be accommodated, only when in receipt of a written release from the current or former employee authorizing the organization to release such information.

PROCEDURES: To expedite the release of information for employment purposes, the employee shall be responsible for initiating the process to facilitate the release of information, by obtaining and completing the "Authorization for the Release of Information" document in anticipation of the request for information. This document shall be maintained in the employee's file.

Requests for information from potential employers wishing **confirmation of employment** on an employee of the organization will be accommodated only when in receipt of a written release from the employee, authorizing the organization to release such information.

Community Living St. Marys and Area

Policy Title: Change in Employment Information **Policy Number:** HR 23	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: From time to time, the organization may be required to send pertinent correspondence to the employee's home.

POLICY: It is the responsibility of each employee to notify the organization promptly of any change in name, address, telephone number and banking information. The organization shall not be responsible if an employee fails to receive pertinent information as a result of incorrect contact details (address, telephone number and/or banking information).

PROCEDURES: Employees must advise the organization in writing promptly upon any change to name, address, home and cellular telephone numbers, email address and banking information.

The organization is responsible for updating changed employee information on all relevant hard files and systems.

Community Living St. Marys and Area

Policy Title: Office Closures **Policy Number:** HR 24	**Section:** Human Resource
Original Date: November 24, 2008 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: The organization does not expect staff to place their physical health and safety at serious risk due to inclement weather.

PREAMBLE: All employees, volunteers and people who use our services must be aware that severe weather conditions sometimes happen in our geographical area. In such conditions, traveling to and from work can become hazardous for employees who do not reside near the workplace. The organization recognizes the threat to health and safety posed by severe weather conditions and will reasonably consider any requests for adjustment to the work schedule so long as the support services can be maintained. Accordingly, some work shifts may have to be lengthened or shortened during such severe weather conditions to compensate for employee shortages.

PROCEDURES:

- The decision to close the office because of weather conditions will be made by the Executive Director or their designate. Arrangements will be made to have this decision immediately communicated to staff via email prior to the commencement of the workday wherever possible.
- Office employees who have arrived at work and are subsequently sent home due to inclement weather, do not lose any regular wages. Staff who have previously booked this day for vacation/personal leave will not have their approved absence reimbursed.
- In situations wherein the office remains open, staff members who are prevented from reporting to work due to inclement weather conditions (i.e. snowstorm, tornado, flood) are to notify their direct supervisor as soon as possible. Such staff members will be paid for this day, provided that their direct supervisor, in conjunction with their staff member, determine that the time lost can be rescheduled, performed at a later date and/or conducted from home. Failure to notify or contact the direct supervisor will result in that time off being considered vacation or lieu time. It is an expectation that the employee will make every effort to inform their direct supervisor, person being support or family member prior to the beginning of the shift.
- If an employee requests to leave the workplace early due to expected severe weather conditions, the request will be dealt with by the direct supervisor on a case-to-case basis, taking into consideration factors such as the well-being of the person receiving support, and/or availability of other employees in the area.
- To maintain adequate support services, those employees providing direct support employees already at their assigned workplaces may be asked to remain on duty after their regular shift if there is not sufficient relief available for the next shift due to severe weather conditions.

- If employees become stranded out of town while conducting the organization's business, and it is deemed unsafe to continue to travel, the organization assumes responsibility for costs associated with wages, accommodation and meals, until safe travel can resume.

Community Living St. Marys and Area

Policy Title: Technology & Electronic Communications **Policy Number:** HR 25	**Section:** Human Resource
Original Date: October 2014 February 2016 February 2019 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: The organization requires that staff and volunteers take the proper steps to ensure all technological devices, electronic communications and accessed information are used in a professional, ethical and lawful manner.

PURPOSE: The purpose of this policy is to define the boundaries of appropriate use and to ensure that all staff, are aware of their rights and responsibilities.

The organization recognizes the considerable benefits of electronic communication in the workplace. Information can be disseminated rapidly throughout the organization and beyond via the intranet, and the internet can be a valuable business and research tool.

The organization wants all employees to gain maximum business benefit from these facilities by ensuring that they are used efficiently, ethically and lawfully.

The communications facilities and computer resources covered by this policy include computers, (desktop, laptop, personal computers, servers, tablets, iPads, and electronic personal organizers, e-mail, facsimile, intranet, internet and telephones (including mobile telephones).

ACCESS:

Guidelines for use: The guidelines, which apply to all communications facilities and computer resources defined above, cover the following:

- Appropriate use of facilities and resources.
- Inappropriate use including unethical and unlawful activities.
- Desktop, laptop, personal computers, servers, tablets and iPad use.
- Communications (via email).
- Mobile phone use.
- Monitoring activities.
- Policy breaches and remedial action.

APPROPRIATE USE: The organization expects all employees to use the computer resources and facilities in a responsible way. Observing these guidelines will ensure that usage is appropriate, ethical and lawful.

E-MAIL

- Be careful to whom you pass your e-mail address. There is a danger that the entire e-mail system could become the target of junk mail. If you do have problems with unwanted email, please inform your direct supervisor.
- Be security conscious. Adequate security is to be maintained to protect personal information held in e-mails and related archives and software.
- Take care when sending confidential or sensitive email or attachments. Ensure that you email the intended recipient, who in turn will email you to confirm the correct delivery address. Ensure that you set the necessary delivery options to confirm that it has been received and read. It is essential that we ensure the safe and confidential delivery of all information to and from the organization.
- Ensure no one else uses your e-mail ID and password without your explicit prior approval.
- Ensure your e-mail is not left logged on and unattended when you are out of the office (e.g. at lunchtime) or away from your workstation so that others may not read the screen, send a message or amend/delete e-mails.
- Remember that e-mails sent outside of the organization may be construed as organizational policy or opinion and are subject to the laws of libel. (Employees, who, in the course of their duties, communicate internally and/or externally by email or the internet must be cognizant of the law of defamation.
- Employees must not under any circumstances write any derogatory statements about an individual or another organization. These rules apply equally to internal and external communication. If any employee is in doubt about the content of an email message or internet communication, they should seek advice from their direct supervisor before the communication is sent.
- Use face-to-face conversation when it is more appropriate than e-mail.
- In the event of resignation/termination, the employee must return to the organization, all e-mail records, documents, and photographs in their possession as well as all passwords associated with email accounts, the internal scheduling system and all other passwords associated with information proprietary to the organization.
- Emails that are discriminatory will be dealt with according to the organization's Workplace Harassment Policy (HR-2.10)

All email accounts and related messages contained on the organization's email system are the property of the organization. Information contained within the email system is considered part of the organization's record. The organization reserves the right to audit, intercept, access and disclose all messages created, received or sent over the email system for any purpose. Users expressly waive any right of privacy in anything they create, store, send or receive on the organization's computer system or email system. The organization can but is not obliged to monitor emails without prior notification. If there is evidence that an employee is not adhering to the guidelines set out in this policy, the organization reserves the right to take disciplinary action.

INAPPROPRIATE USE: The following activities are inappropriate use of email and, in some cases, unethical or unlawful and are therefore not permitted:

E-MAIL

- Do not use e-mail to send images or sound clips unrelated to work.

- Do not use e-mail for criticism of individuals, the organization, or other partner organizations.
- Do not use e-mail for defamation, harassment (including unwelcome sexual or personal attention), bullying, and intimidation, offensive language including any of the prohibited grounds
- Do not use a false identity to send e-mails.
- Do not create or respond to chain letters, advertisements or unsolicited e-mails.
- Do not use mail servers or other systems for the widespread distribution of unsolicited and unwanted mail.
- Do not use e-mails to operate a business or solicit money for personal gain.
- Do not use e-mail accounts of others to send mail unless specifically delegated to do so.
- Do not rely on memory to access your password. Ensure that when you log in, you type in your password each time.

LEGAL RISKS: It is important that employees are aware of the legal risks of email. If an email with libelous, defamatory, offensive, racist or obscene remarks and/or comments, the employee and the organization can be held liable.

INTERNET

- Be aware that information retrieved from the internet may be inaccurate and often unregulated and therefore should not be relied upon.
- Respect copyright laws when downloading or forwarding any material. The law of copyright is the same for electronic publications as it is for hard copy.

INAPPROPRIATE USE OF THE INTERNET

- Do not download or distribute any copyright information, software, programs and/or files. The Copyright Act (R.S., 1985, c. C-42) prohibits copying of any information including electronic copying, unless prior permission has been sought from the owner of the copyright.
- Do not view or download sexual or pornographic material or anything that encourages racism or intolerance in any manner.
- Do not view, download, publish, store or disseminate any other undesirable, indecent, offensive or unlawful material.

INAPPROPRIATE USE OF SOFTWARE

- Do not install unauthorized executable software including shareware, public domain and commercial software unless specifically asked to do so by the appropriate Director in the case of approved programmes, and with the prior agreement of the direct supervisor. There is a significant risk of virus transmission by downloading programs and executable files as well as leaving the system open to attack from hackers.

TELEPHONE AND FAX: The same principles apply to the use of the telephone and fax as detailed for e-mail and internet.

LAPTOPS

The organization's laptops are exclusively for the organization's business. They are configured to connect to the organization's intranet, email and database only. Under no

circumstances can the settings be changed to accommodate a different type of internal connection.
If you are in possession of a laptop provided to you by the organization to assist you in your role, you must ensure that it is secured appropriately by way of locking it away when not in use.

COMMUNICATIONS
The organization deals with a vast array of highly confidential reports and documents. When emailing from outside the organization, wherever possible ensure the accuracy of the address. If possible, reply to a return address to ensure confidential information will not go astray.

MOBILE PHONES
All of the organization's mobile phones are supplied wholly and exclusively for use in the performance of the employees' duties associated with their employment with the organization.

The organization receive monthly itemized bills for each phone and reserve the right to question employees about unexplained high value calls and if private calls are identified, payment for these may be collected from the employee.

PERSONAL USE:
The organization's computer resources and communications facilities are provided for business purposes. Some personal use (except for mobile phones) is permitted providing it does not interfere with job responsibilities, does not contravene this policy and does not adversely affect the nature of the business or bring the organization's reputation into disrepute. Examples of appropriate personal use include accessing information on the internet for study purposes or communicating with persons external to the organization, to share (non-organization) information/ideas to expand professional knowledge. Usage is based on trust. If use becomes excessive and/or inappropriate, trust is diminished, and the organization may remove such privileges on an individual or organization-wide basis. Where there is serious misuse of organization resources or facilities, employees may face disciplinary action.

TEXTING:
Communication between employees via text messaging on a personal or organizational device should be limited to non-identifying matters that maintain the privacy of people supported and employees.

SOCIAL MEDIA:
Social media includes forms of electronic communication through which users create online communities to share information, ideas, personal messages and other content.

- Employees are expected to conduct themselves professionally both on and off duty.
- Employees are prohibited from using personal social media during regular working hours. Refer to Policy HR 30 Personal Business on Work Time.
- Posts involving the following will not be tolerated and should be reported to management:
    - Exclusive and confidential information about the organization.

    - Discriminatory statements or sexual innuendos regarding co-workers, management, and people we support.
    - Defamatory statements regarding the organization, its employees/ volunteers, or
- Employees/volunteers are prohibited from using the organization's protected materials (copyright material, branding and/or logo(s)) without prior consent.
- Community Living St. Marys and Area employees/volunteers are prohibited from speaking on behalf of the organization, releasing/circulating private, confidential or sensitive information, posting photographs of coworkers or people we support, releasing news, or communicating as a representative of the organization without prior authorization to act as a designated Community Living St. Marys and Area representative. Refer to Policy HR 1.
- The organization may request an individual to withdraw certain posts or comments.
- Use of personal social media may not conflict with any of Community Living St. Marys and Area's existing policies. This includes (but is not limited to) the Code of Ethics Policy (HR 1) and the Standards of Conduct Policy (HR 2).
- Community Living St. Marys and Area wants to ensure employees/volunteers understand that the internet is permanent and not anonymous. Everything written or posted on the internet can be traced back to the person who wrote it. Thus, Community Living St. Marys and Area strictly prohibits employees/volunteers to post or link to any materials that are defamatory, harassing or indecent while using any organization email, website or social media.

Community Living St. Marys and Area

Policy Title: Electronic Monitoring Policy **Number:** HR 26	**Section:** Human Resource
Original Date: October 27, 2014 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: In accordance with Ontario's Employment Standards Act (ESA), employers who employ more than twenty-five (25) employees and who utilize electronic monitoring in the workplace, are required to have in place a written policy on the electronic monitoring of employees. Employees will be informed about the presence (if any) of electronic monitoring software or equipment either in the workplace or on any of the organization's servers or programs.
All employees will be provided with written notification of the pending policy as well as a written copy of the policy regarding Electronic Monitoring in the workplace.

POLICY: This policy is based on Bill 88: Working for Worker's Act, 2022. The organization is committed to abiding by its obligations under the Ontario's Employment Standard's Act, 2000, specifically those that apply to electronic monitoring. The organization is committed to ensuring a balance between one's right to privacy and the employer's right to ensuring the safety, security and well-being of employees, students, volunteers, visitors, people supported as well as property and assets. Electronic monitoring, including the location and placement of the system is the exclusive responsibility of the Executive Director.

This policy applies to all employees of the organization who are covered by the Employment Standards Act, whether their primary location of work is in the home of someone supported, at the main office, working from home, on the road, or a combination of any or all of the above. The organization will provide this written policy to all employees within 30 days and when any changes are made to it in the future. The organization requires all newly hired employees to review policies as part of the onboarding process.

BRING YOUR OWN DEVICE (BYOD)
The organization does not have an I.T. department but is able to provide support to employees through its off-site consultant. This is available to employees who use their personal devices for work purposes to ensure security for the organization's data.

The organization supports individuals who have video and audio monitoring systems in place at their residences. The original suppliers maintain these systems.

Community Living St. Marys and Area

Policy Title: Video Monitoring Policy **Number:** HR 27	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

POLICY

Any site that has video monitoring will have the following guidelines included in the person's support plan.

PROCEDURE

GUIDELINES FOR THE INSTALLATION OF VIDEO MONITORING:

1. Describe how, why, and in what circumstances, the organization may electronically monitor employees.
2. The purposes for which the organization may use the information obtained through electronic monitoring.
3. Video monitoring should only be utilized for health and safety purposes as part of a Behaviour Support Plan.
4. Identification of other measures which have been considered and excluded.
5. Electronic monitoring equipment should be discreet and will be placed in common areas where there is no expectation of privacy (i.e. washrooms, bedrooms).
6. The design and operation of the video monitoring will minimize privacy intrusion.
7. Electronic monitoring equipment will be installed to monitor only those spaces identified as requiring monitoring and considered common or shared spaces.
8. That data collected is for the purpose of informing sound business decision making.
9. The date the policy was prepared and the date any changes were made to the policy.

ACCESS TO RECORDS:

While cameras may record footage twenty-four (24) hours per day, seven (7) days per week, footage will only be analyzed and reviewed in response to suspected, reported or observed incidents and where the video footage would be beneficial in terms of corroborating or supporting a fact-finding. Access to video footage is restricted to the following positions:

- Executive Director
- Directors
- Managers
- I.T. staff

POLICY BREACHES AND REMEDIAL ACTION:
The organization will take an informal approach when dealing with a minor contravention of this policy. However, more serious breaches such as the downloading or forwarding of inappropriate and/or copyright material or anything which breaches this policy will be considered as acts of gross misconduct. In addition, excessive personal use or persistent misuse will also lead to disciplinary action.

When video footage is required for purposes of a legal investigation, only those authorized positions noted above, will have access to the footage. The review of such footage will occur in a private location and a formal record kept which will include the following information.

- Reason for reviewing the video footage
- Name and title of person(s) reviewing the footage
- Date and time of the incident
- Site of camera location
- Review date
- Outcome

Recordings shall be backed up and securely stored in Human Resources with limited access to authorized staff only.

Any unauthorized disclosure of a video record which breaches this policy must be immediately reported to the Executive Director who shall:

- Notify the Privacy Commissioner of Ontario
- Seek to mitigate the extent and impact of the breach
- Revisit the policy and current privacy protections and amend as required

DISCIPLINARY ACTION:
Contravention of this policy represents a significant breach and may result in disciplinary action up to and including termination of employment.

GUIDELINES:
Clear guidelines for when and how the video monitoring is utilized will be developed specific to the individual. These guidelines will be identified in the Behaviour Support Plan and Individual Support Plan or just the Individual Support Plan if monitoring is solely for health and safety purposes.

Community Living St. Marys and Area

Policy Title: Personnel Files **Policy Number:** HR 28	**Section:** Human Resource
Original Date: July 6, 2006 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The organization has a legal responsibility to safeguard the confidentiality of employee records and to ensure that information is kept up-to-date and contains accurate employee information in accordance with PIPEDA and legislative requirements.

POLICY: A confidential employee file shall be kept for each employee and stored securely. Information maintained in the employee file shall not be distributed or provided to any other employee, outside organization, or individual without the prior written approval of the employee, unless for business purposes and in accordance with PIPEDA and legislative requirements.

Employee files are the property of the organization and access to them shall be limited to the Executive Director and direct supervisor and shall be for the express purpose of conducting day-to-day business.

PROCEDURES: The employee has the right to examine their file upon giving reasonable notice to the direct supervisor. Review of the employee file shall be done in the presence of the Executive Director or designate.

Documents are not to be removed from the employee file. Reference check information, which has been provided to the organization in confidence, shall be temporarily removed from the employee file prior to the employee reviewing their file.

Interview notes, assignments and documentation related to the selection process shall be maintained in the competition file. The results of the Criminal Reference check shall be placed in a sealed envelope in the personnel file. Medical information will be maintained separately and securely from the employee file.

The employee file shall contain:

- the employee's resume
- the employee's application for employment
- copies of degrees/diplomas/certificates
- signed contracts and written offers of employment and extensions
- employment references
- position description(s)
- TD-1
- void cheque
- probationary Status notification
- copies of driver's license and automobile insurance where applicable
- copy of the employee's S.I.N. card

- payroll and banking information
- emergency contact
- performance reviews
- employment related correspondence
- notice of change documents (e.g. salary, position, status etc.)
- requests for leave of absence documents
- record of training/workshops
- letters of corrective action (where applicable); and
- letters of commendation (where applicable)

Employees are responsible for notifying the organization of changes in contact information, emergency contacts, banking information or other relevant information as soon as possible.

Records and files of former employees will be kept according to the requirements of Revenue Canada and retained intact for five years. Refer to Policy A 11 – Disposal of Confidential Information for disposal procedures.

Community Living St. Marys and Area

Policy Title: Travel & Mileage **Policy Number:** HR 29	**Section:** Human Resource
Original Date: November 24, 2014 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: Employees who use their personal vehicle to conduct business on behalf of the organization must possess and maintain a valid Ontario Driver's License. Employees will be required to sign off annually, confirming that they continue to have a valid Ontario Driver's License which is in good standing and every five (5) years provide the organization with a Driver Abstract form verifying that there has been no change. The organization shall be responsible for assuming the cost of updated driver's abstract.

PROCEDURES:

- All new hires will be required to provide the organization with a current Driver Abstract. This cost is the responsibility of the candidate. The organization will require employees to have their driver's abstract updated every five (5) years. Costs associated with the updated driver's abstract are assumed by the organization.
- Conditional offers of employment contingent upon the results of the driver's abstract may be made. In the event that there is a driving record that would cause concern about the suitability of the candidate, the offer of employment either expressed or implied may be withdrawn. Offers of employment in this instance must be approved by the Executive Director.
- Employees are required to sign off on an annual basis, that they possess the requisite amount of automobile insurance and demonstrate proof of this every five (5) years.
- It is the employee's responsibility to report any changed circumstances that would adversely impact their Driver Abstract. Any change must be reported to the direct supervisor within 48 hours. It is at the discretion of the organization to request a Driver Abstract at any time.

MILEAGE: The organization will reimburse employees for travel expenses incurred wholly, exclusively and necessarily while conducting the organization's business. Mileage must be recorded utilizing the organization's approved Mileage Claim form. The standard mileage rate at the time will apply in all situations when using one's own vehicle

In Canada, mileage reimbursement is not a taxable benefit so long as it is considered a "reasonable per-kilometre allowance". The organization will not under any circumstances reimburse vehicle-related fines and penalties.

Employees must have third party liability insurance policy in the amount of two million dollars public liability and property damage. Employees are required to provide proof of insurance coverage on an annual basis.

Community Living St. Mary's and Area

Policy Title: Out of Pocket Expenses **Policy Number:** HR 30	**Section:** Human Resource
Original Date: May 28, 2012 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: Employees or volunteers may incur personal expenses while performing assigned duties on behalf of the organization. Recognizing the organization's responsibilities within the Ministry's Transfer Payment Governance & Accountability Framework, the organization will reimburse these expenses when proper documentation and authorization are presented.

PROCEDURES: Expenses which are eligible for reimbursement are those that have:

- Been incurred as a direct result of carrying out employment or volunteer activities.
- Been authorized by the appropriate supervisor and may be approved by the person using services or their designate.
- Been supported by a proper receipt.
- Been claimed on the approved form.

Allowable expenses may include out-of-town expenses for accommodation, meals, travel, parking, registration fees or other authorized expenses while working.

Reimbursement for meal expenses is subject to a maximum of $55.00 per day, rates as follows: breakfast $15.00, lunch $20.00, and dinner $30.00. Alcohol cannot be claimed and will not be reimbursed.

If the approved expense is large and would affect the employee or volunteer negatively, an advance may be approved.

All authorized expenses for reimbursement will be submitted to Central Administration quarterly: March, June, Sept and Dec. Any mileage expenses received from a prior fiscal year will not be reimbursed.

Compensation for Damages:
When an employee, while working with a person they support, suffers damage to their personal property, the employee can present their claim for replacement or repairs in writing to the organization. Provided that the employee has used all precautionary measures, as directed by the organization and as dictated by common sense, the employee will be compensated by the organization for any damages. Such claims will not be unreasonably denied. The organization may require three written estimates prior to approval.

Community Living St. Marys and Area

Policy Title: Disconnecting from Work **Policy Number:** HR 31	**Section:** Human Resource
Original Date: August 3, 2022 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The organization provides a wide variety of essential services and support to people with developmental disabilities and their families on a 24-7 basis. The provision of these services works to promote and facilitate community inclusion, meaningful participation and full citizenship for the people supported.

POLICY: The organization values the contribution of all employees, encourages and supports them in protecting their health and well-being. Regardless of the nature of an employee's working arrangement, location or role, taking appropriate time to disconnect from work is vital for wellbeing and is essential for maintaining work-life balance.

In accordance with the **Working for Workers Act, S.O. 2021, c. 35 – Bill 27**, the organization encourages all employees to take time to disconnect from work when it is appropriate to do so.

PROCEDURES:

Hours of Work:

Based on the continuous nature of the organization's operations, regular hours of work vary from one employee to the next. Further, given the unpredictable nature of the organization's business, work outside of established working hours for any person may be required from time to time.

All employees are encouraged to know and conduct their assigned work within their established work hours, subject to ensuring that they meet their responsibilities and the needs of people supported by the organization are not neglected.

Besides, such times as work may be required outside of an employee's working hours (e.g. to deal with urgent matters that cannot wait until an employee's regular hours of work, where an employee is on-call, etc.), the organization encourages employees who are off duty to disconnect from work.

Communications:

Given that employees across the organization have differing hours of work it is not possible to ensure that all communications are only sent during employee's on-duty hours. All employees are expected to use their best judgement when determining whether to send a communication during a recipient's off hours. Similarly, all employees are expected to use their best judgement when determining whether to respond to a communication received during their off hours and set reasonable expectations for response time.

Nonetheless, employees continue to be expected to review and respond to communications from their employer and to participate in employer processes such as scheduling, investigations, absence management, performance management and other types of contact, communications and meetings that occur outside of regular working hours, as may be reasonably expected for the management of their employment. The organization will communicate expected response times for various types of communications.

Community Living St. Marys and Area

Policy Title: Pay Statements/Schedules **Policy Number:** HR 32	**Section:** Human Resource
Original Date: July 6, 2006 **Last Revision Date:** July 2022	**Approved by:** Board **Next Review Date:** May 2028

POLICY: The organization will reimburse an employee for hours worked based on approved scheduled hours in the Inclusion System.

PROCEDURES: The organization uses the Inclusion System, an online scheduling software database to publish schedules. The time verification component is used to pay employees. Employees are paid on a bi-weekly basis.

- Each employee will sign into the Inclusion System at the end of their shift(s) and confirm that the scheduled shift(s) were worked as originally posted or adjust to reflect actual time worked. Comments can be added.
- If an employee fails to verify a shift, the immediate supervisor or designate will do so on their behalf.
- Each shift confirmed by the employee will be approved by their direct supervisor or designate.
- Missed shifts may be paid the following pay period.
- ESOE (Electronic Statement of Earnings) will be emailed to an employee's work email prior to funds being directly deposited.

Community Living St. Marys and Area

Policy Title: Use of Artificial Intelligence **Policy Number:** HR 33	**Section:** Human Resource
Original Date: **Last Revision Date(s)**	**Approved by:** Board **Next Review Date:** May 2028

POLICY IN DEVELOPMENT: To be approved September 2025

Community Living St. Marys and Area

Policy Title: Recruitment & Hiring **Policy Number:** HR 34	**Section:** Human Resource
Original Date: May 28, 2012 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: To ensure the highest standards of professional excellence in the delivery of service, the organization is committed to recruiting, selecting and hiring the most qualified candidates for the position and can exemplify the vision and values of the organization.

POLICY: The organization is committed to the principle of promoting from within therefore, internal applicants who possess the requisite education, experience, knowledge, skills and abilities to perform the job will be given first consideration.

PROCEDURES: All vacant positions shall be posted internally. Postings shall include: the position title, location, hiring requirements including qualifications, requisite experience, essential job functions, salary range, and application closing date. Positions are posted for seven (7) working days.

While job opportunities may be simultaneously advertised externally and posted internally, qualified, internal candidates shall be interviewed first.

To ensure a fair process for all candidates and to reduce the risk of bias, selection criteria shall be developed for each competition in accordance with bona fide job requirements and position specifications.

Selection criteria shall include:

- Identification of job criteria being measured
- A series of questions related to the job criteria being measured
- The possible range of suitable responses
- Question weighting and point value for each question
- Maximum and actual scores

From time to time, job specific assignments and/or tests may be used to assess candidate's skills and knowledge and suitability relative to bona fide job requirements. Assignments and tests are an adjunct to the interview and reference process, and as such, are not exclusively relied upon to select candidates.

The offer of employment to the successful candidate shall remain a conditional offer of employment and shall be formalized upon obtaining an acceptable criminal reference check and three (3) acceptable employment references.

Community Living St. Marys and Area

Policy Title: Competition files **Policy Number:** HR 35	**Section:** Human Resource
Original Date: May 28, 2012 **Last Revision Date**: May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY*:* A Competition file will be established for each competition once a position is deemed to be vacant.

PROCEDURES: Competition Files shall include:

- the position description.
- the job posting and advertisement.
- resumes of applicants deemed to be viable candidates.
- a copy of the selection criteria and interview assignments and/or tests.
- all completed interview notes and completed selection criteria; and
- a copy of the letter of offer to the successful candidate.

Upon acceptance of the offer of employment by the successful candidate, the competition file is closed. Committee members' selection criteria and interview notes are to be incorporated into the competition file and stored confidentially and securely in accordance with the organization's policy on storage and retention of data.

Community Living St. Marys and Area

Policy Title: Job Descriptions **Policy Number:** HR 36	**Section:** Human Resource
Original Date: July 6, 2006 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: To maintain accurate specifications on current positions, and to ensure the establishment of salaries commensurate with job responsibilities, the organization maintains complete, accurate and up-to-date job descriptions on all positions.

POLICY: All job descriptions and recommended revisions to job descriptions must be approved by the Executive Director. The input of the employee should be solicited when considering changes to the job description to ensure accuracy and a clear understanding of day-to-day job duties and responsibilities.

Job descriptions for each position will be available in the CLSMA All Staff Google drive.

Each job description will be reviewed at a minimum, every 5 years. Changes will be forwarded to the Executive Director for consultation.

Each position description includes the following:

- position title
- date prepared and iteration of position description
- number of direct reports (where applicable)
- reporting relationship
- position purpose and summary
- job category
- position responsibilities
- position requirements
- qualifications and education

Community Living St. Marys and Area

Policy Title: Criminal Reference Checks **Policy Number:** HR 37	**Section:** Human Resource
Original Date: May 25, 2012 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: In the provision of service to the community, the organization is responsible for ensuring the safety and well-being of all people served and as such, is committed to hiring employees who maintain the highest standards of professional conduct and integrity consistent with the values of the organization.

POLICY: It is the policy of the organization to conduct Criminal Reference checks (*Vulnerable Sector checks*) on candidates for employment, once a conditional offer of employment has been made. Criminal Reference Checks represent sound Human Resource practice and are one component only, in the overall selection process for new employees. Criminal Reference Checks are completed in conjunction with the pre-employment reference check process. Employees will be required to sign off annually, confirming that there has been no change whatsoever that would adversely impact their continued employment with the organization.

The organization requires that volunteers, including board members, who work directly for a person using the services, must also have a Criminal Reference Check.

PROCEDURES:

1) Where a conditional offer of employment has been made, the successful candidate shall be responsible for applying in person to their Regional Police Services office within their jurisdiction, or online to obtain a Criminal Reference Check. The applicant will be responsible
2) for bringing the original signed waiver to the organization which shall indicate that: no information has been found; or a summary of information has been found.
3) If the applicant does not provide a summary of the information found, the formal offer of employment shall not be made.
4) If information does exist for which a pardon has not been granted, the applicant shall provide the organization with a summary of the information.
5) The above information shall be forwarded to the Executive Director, who will make the final hiring determination.
6) Criminal Reference Checks six (6) months or older, shall be deemed unacceptable and the applicant shall be responsible for obtaining a new clearance.
7) Upon clearance**,** an offer of employment may be formalized, and the individual may commence employment.
8) All information obtained, shall be treated as confidential and maintained securely in a sealed envelope in the employee's file.
9) Applicants shall be responsible for all costs associated with obtaining the initial Criminal Reference Check.

10) The employee is required to obtain an updated Criminal Refence Check every five (5) years. The organization shall be responsible for costs associated with the updated Criminal Reference Checks
11) Employees shall be responsible for immediately informing the organization of any change in their criminal status.

Community Living St. Marys and Area

Policy Title: Offers of Employment **Policy Number:** HR 38	**Section:** Human Resource
Original Date: May 28, 2012 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: Offers of positions are legally binding and represent a formal commitment made by the organization to an individual. All offers shall be in accordance with the procedures detailed below.

PROCEDURES:

Formal written offers of employment are made to all successful candidates. Written offers may include but are not necessarily limited to the following:

- Title of the position
- Duration of the assignment where applicable
- Probationary period where applicable
- Salary
- Group Health and Welfare benefits where applicable
- Sick Leave provisions where applicable
- Vacation Entitlement
- Reporting relationship; and
- Any special provisions and/or conditions.

A copy of the offer letter must be signed by the new employee, indicating acceptance of the terms of the offer and returned to the organization no later than the first day of employment. The employee shall maintain a copy of the employment letter for their records.

Community Living St. Marys and Area

Policy Title: Employment References **Policy Number:** HR 39	**Section:** Human Resource
Original Date: May 28, 2012 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY STATEMENT: In its commitment to ensuring the highest standards of professional conduct and integrity, it is the policy of the organization to conduct comprehensive employment references on candidates under consideration for employment.

PROCEDURES: Prior to formalizing an offer of employment, three (3) satisfactory employment references must be obtained on external candidates from individuals who have directly supervised the work of the candidate within employment and/or student practicum contexts. Two (2) references will be satisfactory in the event the candidate is only able to provide the organization with two (2) references

For internal candidates, the hiring direct supervisor shall obtain a reference from the employee's current direct supervisor in conjunction with a review of the employee's personnel file.

References shall be completed by the Recruitment Specialist, in accordance with the standard approved reference format utilized by the organization.

Community Living St. Marys and Area

Policy Title: Job Shares **Policy Number:** HR 40	**Section:** Human Resource
Original Date: May 28, 2012 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: The organization will endeavour to offer job-sharing opportunities, which assist employees to meet the responsibilities in their personal lives while also ensuring the arrangement is in the best interests of the person using the service and the organization.

DEFINITION: Job sharing is defined as two employees, on a contractual basis, sharing all job responsibilities and hours equitably (50-50) within one full-time position. The job shall continue to be identified as a full-time position. Job sharing will be considered only for a contract of not less than one year.

EXPECTATIONS: There is an explicit expectation of a spirit of cooperation between the job-sharing partners. All facets of the job description will be accomplished by the job-sharing pair.

SENIORITY: The organization supports the concept of seniority for recognizing the contribution of an employee and for determining specified rights and benefits. Seniority will be maintained as accrued prior to beginning a job share. Seniority and related benefits such as vacation and sick time will be prorated equally during the job share.

BENEFITS: Employee benefit package will continue to be made available to employees who job share subject to insurance eligibility rules. The organization will only be required to
contribute or pay premiums or provide benefits consistent with the agreement as if there was one employee in the full-time position rather than two. Premium payment required of employees because of job sharing will be made by way payroll deduction.

ELIGIBILITY: Job share requests will be considered from full-time employees who have been employed by the organization for a minimum of two years. The final decision regarding the job share request, rests with the Executive Director in consultation with the employee's direct supervisor.

Community Living St. Marys and Area

Policy Title: Resignations **Policy Number:** HR 41	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

POLICY: Employees resigning their position are required to provide their direct supervisor with a minimum of two (2) weeks' written notice.

PROCEDURES: The last performance review on the employee's file will serve as the basis for employment reference.

Employment references will be in accordance with the organization's policy on Employment References.

All outstanding monies owing including accrued vacation pay to date, shall be paid out on the final pay cheque.

Community Living St. Marys and Area

Policy Title: Exit Interviews **Policy Number:** HR 42	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

POLICY: Prior to an employee's departure from the organization, the departing employee will be offered an exit interview. The exit interview will follow the standard format as detailed in the exit interview document.

PURPOSE: Is to obtain feedback on the organization and to gain insight into the employee's overall experience with the organization. The focus of the interview is to obtain meaningful feedback in the following areas:

- highlights of employment
- opportunities for advancement, training and recognition
- leadership and supervision
- salaries and benefits
- perceptions of the organization's strengths and weaknesses
- suggestions for ways to improve service and the work environment; and
- reason for leaving.

Data obtained from the exit interview process will be tracked, collated and reported to senior leadership team quarterly. Trends will be reported to the Board by the Executive Director annually.

Community Living St. Marys and Area

Policy Title: Progressive Discipline **Policy Number:** HR 43	**Section:** Number of Pages: 3
Original Date: July 6, 2006 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The purpose of the organization's Progressive Discipline Policy is corrective in nature. The policy sets out a process for addressing job-related performance and/or behavior which fails to meet expectations and to foster positive change.

POLICY: It is an expectation that employees perform their work and conduct themselves in a manner consistent with the organization's values, principles, policies, procedures, practices, and standards of performance. When employees fail to meet and/or satisfactorily address performance expectations or exhibit behaviour which is contrary to the organization's values and expectations, a process of progressive discipline may ensue.

In instances where employees fail to meet expectations and discipline is warranted, the organization will strive to achieve resolution with the employee.

All incidents will be reviewed on their own merit and a determination will be made as to the disposition of the matter in accordance with the following principles:

1. The objective of the policy is to bring about positive change in behaviour and performance and is intended to be corrective and non-punitive in nature.
2. All measures taken should be applied in an objective manner and free from any form of discrimination/harassment and/or bullying.
3. Employees are to be treated fairly and respectfully in the process and the policy shall be consistently and equitably applied across the organization.

PROCEDURES:

Verbal Warning:

The employee will be advised immediately of the issue and given a verbal warning for the first occurrence, or where the facts or circumstances do not warrant more severe sanctions.

In issuing the warning, the employee is advised that they are being given a verbal warning/reprimand and are provided the opportunity to correct and improve without adversely impacting their work record.

In issuing the verbal warning, the employee will be informed of:

- the specific inappropriate behaviour or unacceptable performance
- the desired behaviour and/or improved performance
- the policy or procedure not met.
- the improvement required and a plan of action to remedy the situation.
- the steps required to achieve the necessary results within appropriate time frames.
- the support if required that will be provided to the employee to assist them in achieving the desired performance/behaviour; and
- the consequences of failing to improve or correct behaviour, which could include disciplinary action.

Written Warning:

When the verbal warning has not yielded the improvement required, reinforcement of the warning may be necessary. A written warning may also be used for a first occurrence when a more severe sanction is warranted.
The written warning is a formal statement in writing to an employee, which outlines steps 1-7 above. The written warning is placed on the employee's file and becomes part of the employee's formal work record.

Suspension without Pay:
A suspension involves the unpaid temporary removal of an employee from the workplace. It is normally imposed, when an employee persists in conduct or behaviour, following repeated attempts to have the employee correct their behaviour. Suspensions may be imposed for a first occurrence for acts of a serious nature.

Prior to being placed on a suspension, the Executive Director will meet with the employee, to advise her of the reason for the suspension and the duration. Details of the suspension shall be documented in a letter to the employee, and copied to the employee file and shall include:

1. a description of the incident
2. the policy, procedure or standard breached and/or not met.
3. the reason for the suspension
4. the length of the suspension and applicable time frames
5. a description of the desired behaviour and/or improved performance
6. the detailed plan for achieving the necessary results, with appropriate time frames; and
7. the consequences of failing to improve performance and/or behaviour.

Termination:
Dismissal of an employee will occur, after the steps outlined above have been exhausted and repeated efforts at correcting behaviour, have failed to yield the desired results. Dismissal may occur at any time for serious misconduct.
The Executive Director shall meet with the employee to inform her of the action taken and the reason for it. Written confirmation of the termination shall be placed on the employee's file.
The document shall include:

1. the incident which precipitated the action
2. the policy, procedure or standard breached and/or not met.
3. the reason for the dismissal
4. the effective date of the dismissal; and
5. any conditions or terms agreed to at the time of the dismissal.

Community Living St. Marys and Area

Policy Title: Termination of Employment **Policy Number:** HR 44	**Section:** Human Resource
Original Date: April 23, 2007 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The organization reserves the right to terminate the employment of any employee whose conduct and/or work performance relative to their job responsibilities is unsatisfactory. Termination shall be in accordance with the provision of the Employment Standards Act (ESA).

PROCEDURES: Termination may occur in any one of the following ways:

Termination for Cause:

This occurs when, reasonable efforts to correct behaviour have occurred, and the employee continues to demonstrate an inability or unwillingness, to alter the behaviour and/or improve work performance. Termination would result only after all the steps in the progressive discipline process have been followed.

Immediate termination may occur, in situations where extreme and/or intolerable conduct has occurred. Such situations may include but are not limited to the following:

- violation of the Code of Conduct & Ethical Standards Policy
- falsifying employment information
- unauthorized absence from work without notice and/or reasonable explanation.
- deliberate misconduct, insubordination, and/or failure to follow direction from their direct supervisor.
- gross neglect of duties and/or serious breach of professional ethics
- abuse/harassment of clients, other employees, or members of the public.
- falsification and/or unauthorized disclosure of organization records
- unauthorized use, removal, or destruction of organization property
- criminal actions including theft and assault.

Following termination, an employee will be paid all wages and vacation pay owing. Contingent upon the situation, the employee may be given pay in lieu of notice in accordance with the provisions of the Employment Standards Act. In cases of serious misconduct and/or breaches of policy, a previous warning may not be necessary prior to termination and in this instance, the employee would not be provided with pay in lieu of notice.

Termination without Cause:

In the event of termination without cause, the organization will provide the employee with written notice, or payment in lieu of notice in accordance with the provisions of the Employment Standards Act. Any outstanding vacation pay will be paid-out in a lump sum in the employee's final pay cheque.

Return of Property

At the time of termination of employment, the employee must return all organization property including cellular phones, laptop computers, credit cards, office and desk keys, business cards and any other property belonging to the organization currently in their possession. In addition, they must provide the organization with a list of all telephone and computer passwords

Community Living St. Marys and Area

Policy Title: Compensation **Policy Number:** HR 45	**Section:** Human Resource
Original Date: July 6, 2006 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: To ensure fairness and equity in the administration and application of the organization's compensation program.

POLICY: The organization is committed to providing fair and just remuneration to employees commensurate with their duties and responsibilities and the qualifications, skills, abilities and effort that they contribute to the achievement of the organization's objectives, giving due regard to internal equity.

The organization will establish and maintain rates of pay, which are sufficient to attract, retain, motivate and reward competent and qualified employees.

As part of the annual budgeting process, a review of salaries will be undertaken. Increments (movement to the next step in the range) or economic adjustments (increase to the whole range) will be subject to annual approval by the board.

Community Living St. Marys and Area

Policy Title: Salary Administration **Policy Number:** HR 46	**Section:** Human Resource
Original Date: July 6, 2006 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The organization recognizes the value of its employees and endeavors to provide a level of remuneration that is in keeping with the responsibilities and duties of each position, reflects community standards in the Human Services field and is financially sound.

POLICY: The administration of the organization's salaries shall reflect the spirit of the organization's Compensation policy (6.01) and be in accordance with the procedures contained in both documents.

PRINCIPLES: The organization's Salary Administration principles are based on:

- stimulating high levels of performance which encourages staff to pursue positions of greater responsibility.
- a system that is perceived by all as fair and just; and
- ensuring competitive rates of pay are sufficient to attract, retain, motivate and reward employees.

PROCEDURES: All employees shall be paid in accordance with the salary classification, which corresponds to their position. Each salary classification shall have a salary range comprised of a fixed number of steps with a minimum and a maximum.

Jobs shall be assigned to a salary classification, based on the nature of the position, considering the qualifications, skills, abilities, responsibilities and working conditions inherent in the position.

PLACEMENT OF NEW EMPLOYEES:
New employees are assigned a salary within the salary range established for the position and typically will be placed at the first step on the grid unless the Executive Director determines that the employee's knowledge and relevant experience support placement at a step other than the minimum of the range.

A decision to start an employee above the minimum in the range for their classification will require the following:

- Identification of potential internal equity considerations within the same salary classification and/or job.

There may be certain circumstances where local market conditions (i.e. recruitment challenges and/or local salary rates) necessitate establishing starting salaries well beyond the lower steps in the range.

INCREMENTS:

As part of the budgeting process, the organization will review employee salaries on an annual basis. Subject to board approval, employees may be eligible to progress to the next step in their range annually following a favorable performance review.

Community Living St. Marys and Area

Policy Title: Job Evaluation **Policy Number:** HR 47	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

POLICY STATEMENT: To assess the value of all jobs, the organization utilizes a job evaluation tool for the purpose of determining the relative worth of jobs and assigning an appropriate salary classification to them.

Jobs are to be reviewed for evaluation purposes when any of the following conditions exist:

- A new job is created
- A job is changed substantially due to restructuring; or
- A job is changed substantially due to changed responsibilities

Substantial change is defined as:

- Changes which have a significant impact on the qualifications an employee must possess in order to carry out the job duties
- Changes to the knowledge and skills an employee must have; or
- Changes in responsibility, which are significantly different from those previously assigned.

PROCEDURES: If modifications to the position description occur, the employee is to be provided with a copy of the revised position description.

At the time of the annual performance review, a review of the existing position description takes place and any changes in duties and responsibilities that have occurred during the preceding year are identified at that time.

If changes to the duties and responsibilities have occurred, the Executive Director will consult with the Board for the purpose of seeking approval to confirm the changes going forward. All changes to position descriptions shall be archived in a master position description file maintained by the Executive Director.

Position descriptions are to be formally reviewed every three (3) years, to ensure that the position description accurately reflects the position as it currently exists.

Community Living St. Marys and Area

Policy Title: Promotions **Policy Number:** HR 48	**Section:** Human Resource
Original Date: May 2025 **Last Revision Date:**	**Approved by:** Board **Next Review Date:** May 2028

POLICY: Employees promoted to a higher salary classification shall receive a promotional increase resulting in movement to the next step on the new salary grid.

DEFINITION: A promotion represents movement to a different position, classified at a higher salary classification than the employee's current position.

The promotion of an employee from one position to another position is made in accordance with the principles, policies and procedures established for the filling of job vacancies.

Where an employee is the successful candidate in a competition for a promotional opportunity, movement to the subsequent position shall not be unreasonably delayed. Assignment to the new position shall take place as soon as is practicable from the date the employee was advised of their success in the competition for the position, unless otherwise agreed.

Community Living St. Marys and Area

Policy Title: Legislated Benefits **Policy Number:** HR 49	**Section:** Human Resource
Original Date: August 2015 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: The organization recognizes that employee health and welfare benefits are an integral part of the employee's total compensation package. As such, the organization has in place a comprehensive benefit program, available to eligible staff and their families. The program includes the following benefits:

- All legislated benefits
- Group Health & welfare benefits.

LEGISLATED BENEFITS: The following benefits, are mandatory for all paid staff:

Employee Health Tax (EHT):
The organization is required to pay a percentage of payroll dollars to the Provincial Government in accordance with the parameters set out by the province for health care coverage.

Employment Insurance Commission (EIC):
Employment Insurance benefits provide income to staff, during periods of absence from work due to extended illness, termination, or pregnancy. Where an employee has been absent from work due to illness, and they have depleted their sick leave or short-term disability entitlement, they
may apply for E.I. benefits. The organization and its staff are required to make contributions as determined by the Federal government.

Canada Pension Plan (CPP):
Canada Pension Plan provides benefits to staff in the event of retirement, disability or death.

The organization is required by law, to deduct premiums from all staff over the age of eighteen (18). Employers and staff will contribute an equal amount to the plan, an amount which is established annually by the Federal Government

CHUBB Life Insurance Company of Canada
All employees, including full-time, part-time, relief and contract employees, are covered for injury on the job in accordance with the terms of the Plan.

PROCEDURES:
Central Administration will ensure the necessary payroll deductions and remissions on behalf of the employees and the organization are made. This is done in accordance with relevant legislation. Each employee will receive an ESOE (Electronic Statement of Earnings) in their work email account which contains the deductions made.

Community Living St. Marys and Area

Policy Title: Group Health & Welfare Benefits **Policy Number:** HR 50	**Section:** Human Resource
Original Date: July 6, 2006 **Last Revision Date:** May 2025	**Approved by:** Executive Director **Next Review Date:** May 2028

POLICY: Eligible active full-time, permanent employees are entitled to benefits paid in whole or in part by the employer and in accordance with the Annual Benefit Plan.

Group Health and Wellness benefits will be provided to eligible employees and their dependents following in accordance with the terms and conditions and eligibility requirements detailed in the Employee Benefits booklet.

Employees shall cease to be covered by the Group Health Care Plan upon termination of employment. Employees must complete a change of information form, available in the event of change, i.e. addition/deletion of dependent, beneficiary change, name change etc.

PROCEDURES: Central Administration will regularly review its financial situation to determine what resources are available to support an employee benefit package and the level of participation of both the organization and the employee.

Central Administration will negotiate with appropriate carriers on behalf of the employee group to get the best package available within the confines of the budget. Central Administration will develop procedures for dealing with the benefit packages that meet both the organizations and the carrier's needs.

The carrier will provide information for each employee that details the coverage, options, electives, and any other requirements of the benefit package.

Extended Healthcare Benefit package, including **Health Spending Account Class A**, is available to employees who:

- Are full-time employees as defined in HR policy 3.01 Employment Status:
- Have been continuously employed for six months
- Have specifically elected coverage for some or all the available benefit package.

Note: Waiting period for eligibility for benefit package is determined by the carrier.

Health Spending Account Class B is available to employees who:

- Are part-time employees as defined in HR policy 3.01
- Have been continuously employed for six (6) months and meet the 250-hour requirement if applicable.
- Have specifically elected coverages for all of the available benefit package.
- Note: Waiting period for eligibility for benefit package is determined by the carrier.

Long Term Disability (LTD) A Long-Term Disability benefit is available to employees in accordance with the terms and conditions and eligibility requirements detailed in the Annual Benefit Plan.

Employees whose LTD claim has been denied continue to have access to their full health benefits for the duration of their employment.

An **RRSP** matching program is available to all employees who:

- Have been continuously employed for two (2) years, this includes an approved leave of absence.
- Have minimum earnings of $10,000 on the previous year's T4.

Employee Assistance Program (EAP) is provided to all employees including full-time, part-time, relief and contract employees.

Compensation for carrying the organization's **Emergency Response Cell Phone** will be at the discretion of the Executive Director.

Reimbursement for the use of **personal tech devices** will be at the discretion of the Executive Director.

Community Living St. Marys and Area

Policy Title: Vacation Entitlement **Policy Number:** HR 51	**Section:** Human Resource
Original Date: July 6, 2006 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: The organization recognizes the value of time away from work for rest and relaxation. Regular periods of vacation contribute to employee wellbeing both in the workplace and in their personal life.

PROCEDURES:

1. Central Administration maintains a schedule of vacation rates. Rates are determined by negotiations with the funding bodies, authorized by the Board of Directors and at least meets the minimum requirements of the Employment Standards Act.

2. Specific rates for employees are based on their anniversary date and calculated as follows: a. First year - 6% of earnings.
   b. Second year - 8% of earnings.
   c. After five complete years, vacation pay will increase at the rate of .4% per year until a maximum of 10%.
   d. After 15 complete years - 10.4% of earnings.
   e. After 20 complete years - 10.8% of earnings.

3. Part-time employees will receive their vacation earnings on every pay. Entitlement is based on length of employment at April 1st and is calculated as follows:
   a. First year – 2 weeks
   b. Two to Five years – 3 weeks
   c. Five + years – 4 weeks

4. All employees are expected to exhaust their Annual Vacation Entitlement during the year.

5. Summer Support Workers and students will earn 4% vacation earnings on every pay.

6. Vacation time cannot be taken during a probationary period.

7. Upon the successful completion of the 6-month probation period, employees will gain access to vacation based on their eligibility.

8. If an employee goes from full-time to part-time, accumulated vacation will be paid out prior to change to part-time status.

9. Vacation accounts may not exceed the maximum annual entitlement unless prior approval has been given by the Director and confirmed by the Executive Director. (Under Review at this time.)

10. Vacation time must be arranged and approved by the employee's immediate supervisor in consideration of the support requirements of the people receiving the support services. Vacation requests that exceed 3 weeks consecutively require approval from the Manager and/or Executive Director.

11. CLSMA shall make every reasonable effort to grant chosen vacations. It is recognized that the final decision around vacation schedules resides with the employer. Seniority may take precedence.

12. In our payroll system your accumulated vacation earnings are converted into hours based on your current rate of pay. Therefore, the total number of vacation hours will change when an employee has an increase or decrease in their hourly pay rate.

Community Living St. Marys and Area

Policy Title: Statutory Holidays **Policy Number:** HR 52	**Section:** Human Resource
Original Date: July 6, 2006 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: The organization will ensure that statutory benefits and payroll deductions will be made in accordance with the relevant legislation and procedures.

The organization observes the following ten (10) paid statutory holidays. The organization **may** recognize any other day declared a statutory holiday by the Federal or Provincial government.
The Public or Statutory Holidays are as follows:

- New Year's Day
- Family Day
- Good Friday
- Victoria Day
- Canada Day
- Civic holiday
- Labour Day
- Thanksgiving Day
- Christmas Day
- Boxing Day

The organization also recognizes Easter Sunday.

PROCEDURES: Central Administration will ensure the necessary payroll deductions and remissions on behalf of the employees and the organization are made. This is done in accordance with relevant legislation. Each employee will receive an ESOE (Electronic Statement of Earnings) in their work email account which contains the deductions made.

When an employee works on a Statutory Holiday, eligibility for statutory holiday pay will be established in accordance with the Employment Standards Act. Eligible employees will receive:

- their regular daily wage plus time and one-half their regular wage for any hours worked
  or
- regular wage for any hours worked plus the equivalent time-off with pay

When an employee does not work, the Statutory Holiday, eligible employees will receive:

- Their regular wages
  or

- When wages vary, the payment will be based on the average hours worked per day (excluding overtime) in the four (4-week) period immediately preceding the Public Holiday.

Statutory pay does not count towards overtime.

When a Public Holiday falls on a Saturday or Sunday, the organization will declare that either the preceding Friday or the following Monday will be considered the Public Holiday.

If a Public Holiday occurs when an employee is on vacation, the employee is entitled to the equivalent amount of paid time off. This time off is to be taken at a time mutually agreed upon by the employee and their direct supervisor.

An employee that does not qualify for Statutory Holiday pay will be paid at least 1.5 times the regular rate of pay for each hour worked on a Public Holiday.

Community Living St. Marys and Area

Policy Title: Leaves of Absence **Policy Number:** HR 53	**Section:** Human Resource
Original Date: May 28, 2012 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

POLICY: The organization recognizes that an employee may need to take leaves of absence from time to time due to personal and/or familial reasons. To support employees during these times, the organization has in place the following leave provisions.

Apart from Pregnancy/Parental leaves of absence, all benefit entitlements shall be discontinued during unpaid leave of absence. An employee is not eligible for income replacement benefits for a leave of absence without pay.

Family Medical, Critical Illness, Child Death, Domestic or Sexual Violence, Crime Related Child Disappearance (minor child) and any other leave provisions, (Provincial or Federal) are granted in strict adherence to the provisions of the Employment Standards Act and the Employment Insurance Act

GENERAL LEAVE OF ABSENCE: Employees who have completed their probationary period may, at the discretion of the direct supervisor, be approved for an unpaid leave of absence. Requests for leaves shall be in writing. The employee's portion of benefit premiums must be paid by the staff during any unpaid leave of absence. An employee who wishes to continue benefit coverage during their leave shall be responsible for reimbursing the organization for benefit premiums for leaves more than one (1) month.

BEREAVEMENT LEAVE: is for the purpose of attending a funeral for family members, or of putting in order the deceased's affairs. The leave is with pay and all employees are eligible. The leave may be granted based on the following:

- A written request for leave is received by the employee's direct supervisor
- Up to five (5) days may be granted for the death of a spouse, common-law partner, or child, or child of the employee's spouse or common-law partner.
- Up to three (3) days may be granted for the death of a parent, grandparent, brother, sister, brother-in-law, sister-in-law, parent-in-law, son-in-law, daughter-in-law or guardian.
- In special cases, employer discretion can be allowed.
- For other important relationships in which attending a funeral is important to the employee, a half day for funerals that are within a one-hour drive radius, or one day for funerals that are more than one-hour drive, may be granted.
- If the bereavement leave is required while the employee is on their regular day(s) off or on vacation, an equivalent number of days off may be granted and scheduled at a time that is mutually agreed upon with the employee's direct supervisor.
- Bereavement leave shall be for the scheduled hours the employee would otherwise have worked.

PREGNANCY & PARENTAL LEAVE: In accordance with the Employment Standards Act, the organization has in place a Pregnancy and Parental Leave to enable staff to have time away from work both prior to and following the birth or arrival of a child. The organization requires four (4) weeks written notice of commencement of pregnancy leave.

Staff wishing to return to work following their leave must provide their direct supervisor with a minimum of four (4) weeks written notice of their intention to do so. Employees shall be reinstated to their former position if it continues to exist, or to a comparable position in the event, the position has been abolished.

FAMILY MEDICAL LEAVE: In accordance with the terms of Employment Insurance Act, all employees, whether full-time, part-time, permanent, or term contract are entitled to Family Medical Leave to provide care or support to certain family members and people who consider the employee to be like a family member in respect of whom a qualified health practitioner has issued a certificate indicating that he or she has a serious medical condition with a significant risk of death occurring within a period of 26 weeks. The medical condition and risk of death must be confirmed in a certificate issued by a qualified health practitioner.

FAMILY CAREGIVER LEAVE: Employees are entitled to up to eight (8) weeks of unpaid, job-protected leave to provide care or support to a family member with a serious medical condition. The eight (8) weeks do not have to be taken consecutively. All provisions and entitlements of this leave will be in strict accordance with the Employment Insurance Act and the ESA.

CRITICALLY ILL CHILD CARE LEAVE: Employees are entitled to up to thirty-seven (37) weeks of unpaid, job-protected leave during a fifty-two (52) week period to provide care or support to a critically ill child. All provisions and entitlements of this leave will be in strict accordance with the Employment Insurance Act and the ESA.

CRIME-RELATED CHILD DEATH OR DISAPPEARANCE LEAVE: Crime related child death or disappearance leave is available to employees whose child dies or disappears, and it is probable considering the circumstances, that it resulted from a crime. Employees may take a leave of up to one-hundred-four (104) weeks with respect to the death of a child and up to fifty-two (52) weeks in relation to the disappearance of a child. All provisions and entitlements of this leave will be in strict accordance with the Employment Insurance Act and the ESA.

DOMESTIC OR SEXUAL VIOLENCE LEAVE: Domestic or sexual violence leave is a job-protected leave of absence. It provides up to 10 days and 15 weeks in a calendar year of time off to be taken for specific purposes when an employee or an employee's child has experienced or been threatened with domestic or sexual violence. The first five days of leave taken in a calendar year are paid, and the rest are unpaid. All provisions and entitlements of this leave will be in strict accordance with the Employment Insurance Act and the ESA.

TIME OFF TO VOTE: The organization encourages all employees to participate in the electoral process, including municipal, provincial and federal elections. To ensure that employees have adequate time to exercise their franchise to vote, employees will have access to up to four (4)

consecutive hours away from work as needed and while the polls are open to vote. The organization reserves the right to approve and schedule this leave

DOCTOR'S AND HOSPITAL APPOINTMENTS: Employees are requested to book personal appointments so that they occur either first thing in the morning or last thing in the afternoon, to minimize the disruption and impact on service. Appointments should be booked considering workload and demands of the organization. An employee may use sick credits for scheduled procedures and medical appointments, and for the purpose of attending procedures or medical appointments in which the employee is a primary caregiver.

Community Living St. Marys and Area

Policy Title: Sick Leave **Policy Number:** HR 54	**Section:** Human Resource
Original Date: May 28, 2012 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: To ensure salary continuance for employees during brief absences from work due to illness.

POLICY: In accordance with the terms of this policy, the organization will provide salary continuance to full-time employees up to one-hundred and forty-four (144) hours per annum during periods of bona fide short-term illness.

On January 1st of each year, employees receive their lump sum sick leave entitlement.

In accordance with the Employment Standards Act, (ESA) part-time employees are entitled to three (3) days of unpaid sick leave

At no time will employees have more than one-hundred and forty-four hours in their sick bank. Sick time taken, over and above one-hundred and forty-four (144) hours will be unpaid.

While on probation, employees are not eligible for paid sick time however will accrue sick time credits during the probationary period. Following successful completion of their probationary period, employees will be eligible to take paid sick time.

At no time shall unused sick credits be carried forward into the subsequent year nor will unused sick time be paid out upon termination of employment.

While an employee is receiving their regular salary under the sick leave plan, all other contributions to benefit plans will continue to apply.

PROCEDURES: Employees unable to report to work due to illness, are required to contact their direct supervisor at the start of each day or as early as is practicable. Voice mails, emails and texts left for the direct supervisor or co-workers are unacceptable methods of reporting absences due to illness.

For absences of three (3) or more consecutive days, a medical certificate **may** be required from your legally qualified treating physician. CLSMA reserves the right to request at any time, and at its discretion, a medical certificate to cover any absences from work due to illness. The employer shall assume the cost of medical certificates/letters, only when requested by the employer. Medical certificates must be sent directly from the employee's treating physician to the employer.

In the event an employee receives in-patient treatment from a hospital while on scheduled vacation, sick leave credits may be applied to the period of the hospitalization or convalescence. The organization will require a letter from the employee's treating physician stating that the employee has been under their care. The rescheduling of vacation time must be mutually agreed by the direct supervisor and the employee.

The organization may request a certificate from a qualified health practitioner where the employee takes sick leave that is longer than three (3) days or where an employee has used up all three ESA sick leave days for the year and they take additional sick leave. Alternatively, the organization may request that the employee sign a **self-attestation form** stating that they are unable to attend work due to sickness and would include a statement confirming the date the illness started, the date it ended, and information about the illness, such as symptoms but not diagnosis.

RETURN TO WORK: Employees returning to work following a health-related absence may require some form of accommodation. It is the organization's "duty to accommodate" up to the point of undue hardship the organization may request information required to accommodate an employee in accordance with the Ontario Human Rights Code. The organization shall work in collaboration with the employee in the development of a return-to-work plan.

An employee's medical documentation shall be maintained in a file separate from the Employee file and confidentially maintained by the Privacy Officer.

Community Living St. Marys and Area

Policy Title: Performance Review Process **Policy Number:** HR 55	**Section:** Human Resource
Original Date: May 28, 2012 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The organization is committed to creating a dynamic work environment which enables employees to experience their full potential by attaining high levels of performance and demonstrating proficiency in job competencies in the performance of their job while contributing to the strategic imperatives of the organization.

POLICY: The performance review process represents the full cycle of the employer/employee relationship commencing from the time of hire to the time of the employees' resignation/ termination or retirement from the organization.
The performance review process consists of the following components:

- Orientation and training
- Establishing performance expectations
- The probationary period
- Ongoing feedback
- The Performance Review Process

Purpose of the Performance Review Process:

- assess employee performance relative to the duties and responsibilities articulated in the position description.
- utilize a consistent and reliable tool to assess individual performance.
- establish goals for the upcoming year.
- establish action plans for meeting goals.
- provide a forum for feedback, which focuses on employee contributions, successes and achievements as well as identifying areas requiring further growth and development.
- engage employees in a discussion regarding career development.
- provide the organization with data to support decision making relative to promotions and work assignments.

The performance review process is a mutual process and as such, provides employees with an opportunity to share with their direct supervisor, successes and challenges over the previous year as well as identifying learning needs and supports required to successfully move forward with expectations.

Expectations:
Upon hire of a new employee, transfer of an existing employee, or during the annual performance review process, written performance expectations, are established. For new employees, written expectations are established with the direct supervisor during the probationary period. The expectations established must be clear and concise, results oriented, realistic, measurable, time specific and based on:

- the organization's business and strategic objectives
- priorities within the individual's role, team and department; and
- personal development goals and objectives.

While the formal performance review process is conducted annually, it should be supplemented with periodic reflection, progress reviews and ongoing feedback throughout the year. It is important that expectations be reviewed regularly throughout the year, to assess status and progress and to accommodate changing priorities and circumstances where necessary. If a change to the employee's position description occurs during the year, expectations may be
modified or adjusted. The timing and nature of the modified expectations are taken into consideration when evaluating the employee's performance.

Supervisor Accountabilities:

- Ensuring a process with employees which incorporates the elements of planning, monitoring, coaching, feedback and appraisal.
- Determining performance objectives and expectations with the employee which are clear, concise, realistic, measurable and time specific.
- Working with the employee to establish action plans for meeting objectives.
- Approving general standards of performance.
- Providing direction, support and coaching to employees.
- Documenting steps taken to improve the employee's performance.
- Reviewing and updating the position descriptions when duties and responsibilities require modification; and
- Completing evaluations on probationary employees to determine suitability for appointment to permanent status.

PROCEDURES:

Prior to the formal review process, the employee and the direct supervisor each independently assess the employee's performance using the organization's standard performance review tool.

The employee and the direct supervisor meet to discuss their individual assessment and respective ratings on the goals. Where there is disagreement between the employee and the supervisor regarding specific ratings or content of the appraisal, the employee may submit an addendum to the appraisal with their comments.

Corrective Action takes place outside of the Performance Review process.

Community Living St. Marys and Area

Policy Title: Professional Development **Policy Number:** HR 56	**Section:** Human Resource
Original Date: July 6, 2006 **Last Revision Date:** May 2025	**Approved by:** Board **Next Review Date:** May 2028

PURPOSE: The organization is committed to the principle of life-long learning and places value on education and the ongoing pursuit of professional development activities, which maximize potential and promote excellence in the workplace.

POLICY: Education is viewed as a mutual responsibility between the employee and the organization and employees are encouraged to pursue work-related educational and professional developmental opportunities. Wherever possible and where relevant, the organization will strive to provide funds to support employees' attendance at conferences, workshops, symposiums and training sessions, which are directly related to their work.

PROCEDURES: Each new employee and volunteer are expected to participate in a specific orientation for the position for which they were hired, and a general orientation to the organization.

The specific orientation based on the support plan with the person purchasing the service will be conducted by the employee's direct supervisor, or designate and will include at least:

- Value base of the work we do, including our vision, mission statement and principles.
- Rights of people using services.
- Job description.
- Performance expectations.
- Policies and Procedures Manual.
- General health and safety procedures.
- Health and well-being need of the person using services.
- Emergency and fire procedures.
- General information about the organization.
- Medication procedure.
- Abuse prevention, identification and reporting.
- Privacy and confidentiality.
- Accessibility training.

A general orientation will be conducted at least semi-annually by members and/or staff of the organization. This orientation is open to all employees and volunteers and must include all employees hired within the last six months. This is an opportunity to review and discuss the following:

- Value base of the work we do.
- The organization's philosophy.
- The organization's vision, mission and principles.
- The organization's goals and objectives.
- The organization's policies and procedures.

- Areas of service and organizational structure.
- Planning process.
- Quality Assurance Measures.
- Board of Directors and Committee.
- Risks and responsibilities of providing financial support.

An annual review for staff and volunteers will be conducted on our vision, mission statement and principles, Rights of Persons Using Services and Abuse prevention, identification, and reporting.

A record of the date of all orientation and reviews will be kept for each staff and volunteer.

Individual training needs are identified through performance appraisals, professional development days and general staff meetings. An annual staff training and development plan will incorporate the combined staff training needs.

Every employee and volunteer are eligible and is encouraged to attend relevant training events, seminars, and conferences. The ability to attend such events is determined by:

- Availability of individual budget and/or the organization's resources.
- Consistent with the employees' training plan.
- Consistent with the organization's training plan.

Employees and volunteers who wish to attend professional development opportunities must:
submit a written request to their direct supervisor for authorization.

Paid mandatory training for all employees includes:

- W.H.M.I.S. Certification
- Worker Health & Safety Awareness
- Accessibility
- Quality Assurance Measures
- CPI – Nonviolent Crisis Intervention (as required – every 2 years)
- Compass training
- Recertification training – First Aid and CPR
- Infection Prevention & Control (IPAC)

Services

Community Living St. Marys and Area provides three forms of service - Planning and Facilitation Services, Support Services and Administration Services. All are within the confines of the vision, mission and principles of the organization.

People using services of the Association and those interested in using services are matched with a planning facilitator who will help them develop a personal plan. The person usually invites family and friends to participate in making a good life plan. Information from the plan is used in the design of support services.

The support is provided directly by the Association with teams of employees working with one or more people. Support is directed co-jointly by the person using services and by the Association. This direction is outlined in the personal support agreement.

Support is also provided to assist people in maintaining and monitoring purchase of service contracts they have with Community Living St. Marys and Area.

Most often people wish to purchase administrative services from the Association. These may include payroll, paying bills, auditing government monies, budgeting, supervising and monitoring situations.

Community Living St. Marys and Area firmly believes that the person receiving or purchasing the support is in charge. Planning and support services are then voluntary actions. The person receiving the assistance does so freely and is able to change the service request or withdraw. The Association has a responsibility, through its principles, to try, within its resources, to meet the person's requests.

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Community Living St. Marys and Area

Section: Services | Policy # S 1

Policy: Rights and Diversity of People Using Services

Approved by the Board of Directors: May 28, 2002 | Ministry requirement
Revised: Sept 2013, Aug 3 2016, Aug 2019

The Association and all employees and volunteers will honour and respect the diversity and rights people have when using services of the Association.

Procedure

1. The Statement of the Rights of Supported People will be respected.

2. Member of People First or someone with lived experience will be involved in orientation and ongoing training of all employees.

3. The requirements as outlined by the Ministry of Children, Community and Social Services Quality Assurance Measures, the Ontario Accessibility Act and other relevant legislation will adhere to where a person's support plan has requested or agreed to a right restriction.

4. The Association will review with each person when they begin to use Association services:
- Vision, Mission statement, Principles.
- Statement of the Rights of Supported People.
- Abuse prevention, identification and reporting.
- Privacy and confidentiality.

This will also be reviewed with each person every year.

1. Respect around the provision of personal care shall be addressed individually with each person supported in their support plan. In general, no personal care should be provided by a staff person until orientation is complete.

2. The restriction of any right should always be as a last resort and time limited. In certain circumstances such as the health and safety of the person supported or others, a specific right might be restricted at the request and or with consent of the person and their support network. In all cases this would be documented in an attachment to the support plan and will include:
   a. Naming the restriction and the rational for it.
   b. Setting a clear time frame for the restriction.
   c. A plan for monitoring and reviewing the restriction and who will be part of this.
   d. Should include and be based on a risk assessment.

Statement of the Rights of Supported People

Any person who is served by Community Living St. Marys and Area has the right to be treated the way any Canadian citizen expects to be treated.

- Rights upheld by the Canadian Charter of Rights and Freedom:
- Right to equal treatment without discrimination because of race, ancestry, origin, colour, ethnicity, citizenship, creed, sex, sexual orientation, age, marital status, family status, disability, or other analogous ground.
- Right to vote.
- Right to enter, remain in or leave Canada or any province.
- Right to life, liberty and security.
- Right not to be deprived of one's life, liberty, or security except in accordance with the principles of fundamental justice.
- Right not to be subjected to any cruel and/or unusual treatment or punishment.
- Right to be secure against unreasonable search or seizure.
- Right to equal protection and equal benefit of the law.
- Freedom of conscience and religion.
- Freedom of opinion and expression.
- Freedom of peaceful assembly and association.

- Rights that are important for the individuals who choose supports from this agency, but may not necessarily be upheld by the Canadian Charter of Rights and Freedoms, and therefore can be ensured only with advocacy:
- Right to equal treatment under the law.
- Right to participate in affirmative action programs designed to ameliorate the conditions of individuals or groups who are disadvantaged.
- Right to contract for, possess and dispose of property.
- Right to income support.
- Right to an education.
- Right to sexual expression, marriage, procreation, and the raising of children.
- Right to privacy.
- Right to adequate health care.
- Right to equal employment opportunities.
- Right to appropriate support services of the individual's own choosing
- Right to be treated in a courteous and respectful manner and to be free from mental, physical and financial abuse.

Community Living St. Marys and Area

Section: Services | Policy # S 2

Policy: Types of Services

Approved by the Board of Directors: May 28, 2012 | Ministry requirement
Revised: August 2013

The Association provides planning services, support services and administration services to people who have a developmental disability.

Definitions

1. **Planning and Facilitation Services**
   a. Help the person and their family and friends develop a plan which reflects the person's desired life style.
   b. Help the person explore any and all resources, including service providers that will help them achieve their plan.
   c. Help the person identify and develop the strategies to achieve the plan.
   d. Help the person to take advantage of the opportunities which may lead to the achievement of their plan.
   e. Are available to people living in St. Marys and Area who wish to participate regardless of whether or not they receive support services.
   f. May be available to people from outside of our area at special request.

2. **Support Services**
   a. Provide individual support services as outlined in the person's plan.
   b. Range from "as needed" to 24-hours per day.
   c. Are provided where the person wants them.
   d. Assist in the development of relationships.
   e. Help the person develop and manage their individualized budget.
   f. Human resources management.

3. **Administrative Services**
   a. Payroll
   b. Paying bills
   c. Auditing
   d. Budget reports
   e. Meeting relevant government requirements
   f. Human resources management
   g. Agency management

Community Living St. Marys and Area

Section: Services | Policy # S 3

Policy: Assisting People with Medical, Health and Well-Being

Approved by the Board of Directors: May 28, 2012 | Ministry requirement
Revised: September 2013, June 2020

People using services of the Association may request support with their medical, health and well-being.

Procedure

1. Any medical services the Association supports the person to access, such as medical and dental appointments, will be documented, including dates, details etc.

2. The Association will support the person to understand and monitor their health concerns when they have requested such support. When relevant, this may include providing information to the person in a way they understand, or supporting them to access community supports, about:
   a. Prescription medication
   b. Food and nutrition consistent with Canada's Food Guide
   c. Personal hygiene
   d. Fitness
   e. Sexual health
   f. Lifestyle choices that may be harmful
   g. Self-esteem
   h. Communication
   i. Relationships
   j. Pet care, including immunizations
   k. Proper storage of hazardous materials

3. A person using services may refuse medical services. The Association will support the person to understand possible consequences of their decision to refuse medical services.

4. Refusal to accept medical services will be documented.

5. For children and youth, the Association must adhere to the regulations set out by the Child, Youth and Family Services Act. Annual assessments and documentation of health, vision, dental and hearing conditions must be completed.

Community Living St. Marys and Area

Section: Services | Policy # S 4

Policy: Person Directed Planning

Approved by the Board of Directors: May 28, 2012 | Ministry requirement
Revised: August 2013, Aug 2019

The Association believes that person directed planning provides the foundation for future action. Therefore, each person involved with the Association will be supported to develop a personal plan, Life Plan and/or Support Plan.

Procedure

1. A person directed plan may be developed through either a formal or informal process with the person, and their family and friends (where the person chooses to have these people involved). The planning process will adhere to the agency's principles. The Association is required to ensure every person funded Developmental Services has a support plan. Some exceptions do apply.

2. Any workers paid through the Association who are involved in the planning process will act only in a facilitative and supportive role to the person and/or their family and friends who will make all the planning decisions. The staff role includes providing information so the person can make informed decisions about the benefits and risks of their decisions.

3. Where it is apparent that the person does not agree with their family and friends regarding the personal needs, goals and aspirations identified, the Association may have a role in mediating. The wishes of the person are primary.

4. Various planning tools may be used to support people in the development of their person directed plan, which may include goals, preferences and needs. People may be supported to develop a Life Plan and/or Support Plan.

5. In the development of the Life Plan and/or Support Plan, where appropriate, relevant risk assessments will be used to ensure the personal safety and security of person using services.

6. The person will be supported to review their plan annually and update as needed. A record of the date of the original plan and all reviews will be kept.

7. All employees are expected to have a good understanding of the underlying values of planning.

8. The planning process is captured in the attached *Guide to the Planning & Facilitation Process,* which is considered to be part of this policy.

Community Living St. Marys and Area

Section: Services Policy # S 5

Policy: Delivery of Support Services

Approved by the Board of Directors: May 28, 2012 Ministry requirement
Aug 19, 2019
Revised: August 2013, July 2019

Support Services provided will be based on what is identified in the support plan.

Procedure

1. Support Services will review the plan and determine how and to what extent the plan can be implemented by the Association. All support services will adhere to the agency's principles.

1. Support Plans will be developed with each person using services. The agreement will outline expectations of the person using the services and the Association. The agreement will also include a list of contact people designated by the person using services for the purpose of supportive decision making.

3. A secondary document may be required by the Association. This document will outline the roles, responsibilities and expectations of all parties including person, Association and may include family and friends.

4. The delivery of support services is outlined in the attached guide, *Community Involvement and Support Services Guide*, which is considered to be part of this policy.

5. Where support services are contracted out to a third party, the Association will ensure the contract includes quality assurance measures. The Association will actively monitor with each person using services the delivery of contracted services.

Community Living St. Marys and Area

Section: Services Policy # S 6

Policy: Requesting Services

Approved by the Board of Directors: July 6, 2006
Revised: August 2013, June 2020

Community Living St. Marys and Area is committed to all people with a developmental disability from within the agency catchment area.

Procedure

1. Initial contact with the Association may happen in many ways... the person, family, community members, services, Developmental Services Ontario etc.

2. Access to all provincially funded Developmental Services is by application to Developmental Services Ontario. The Association may assist the person with this process.

3. A planner may be assigned to assist the person to explore and develop their personal plan. In rare situations, Support Services will assist to address an immediate need.

4. If through the development of a personal plan, the person wishes to make a request for Support Services from the agency, a formal written request to the Executive Director will be made. The Association must adhere to the regulations as set out by the Social Inclusion of Persons with Developmental Disabilities Act.

5. For children and youth, the Association must adhere to the regulations set out by the Child, Youth and Family Services Act.

Community Living St. Marys and Area

Section: Services Policy # S 7

Policy: Distribution of Existing Resources

Approved by the Board of Directors: July 6, 2006
Aug 19, 2019
Revised: July 2019

Existing resources of the Association include human resources, donations and fundraised monies, and government grants and subsidies. Decisions about the distribution of existing resources will be made based on the best information at the time and the availability of resources, and with the involvement of Developmental Services Ontario.

Procedure

1. Requests for new, changed or additional services can be made at any time. Within a month, the request will be considered by a committee set by the Executive Director. The person making the request will be advised of the status of their request soon after.

2. On an annual basis, all individual budget requests will be reviewed for approval by the committee.

3. The Association operates on the understanding of fiscal sharing between individual budgets as needed.

4. From time to time, the Association may designate a limited fund for particular purposes. Processes to access this fund will be available.

Community Living St. Marys and Area

Section: Services Policy # S 8

Policy: Monitoring of Services

Approved by the Board of Directors: July 6, 2006
Revised: August 2013

People using planning and facilitation, administrative and support services of the Association will be supported to monitor these services. As well, the Association has an obligation to regularly evaluate the services provided.

Procedure

1. Every person using services will have a plan to monitor their services. Their plan will include but not be limited to the following:
   a. Clear and easy to understand budget statements.
   b. How the person will be involved in hiring choices.
   c. Input into employee performance appraisals.
   d. How and when the support plan is reviewed.
   e. Help in understanding the process for making compliments and raising concerns.

2. The Board of Directors will initiate a process to evaluate all services of the Association on a regular basis, at least every five years. This process will involve an independent third party.

3. The Association will ensure that the monitoring mechanisms that it has in place are implemented and any recommendations are dealt with.

Community Living St. Marys and Area

Section: Services Policy # S 9

Policy: Discontinuing Services

Approved by the Board of Directors: July 6, 2006
Jan 22, 2018, Sept 28, 2020
Revised: January 2018, June 2020

If an adult or family/parent with a child under 18 years of age chooses to no longer use our service, the Association will document information about their decision through planning documents and or a voluntary exit interview. The Association may offer assistance as needed if the person is transitioning to another situation. If a person supported dies, the Association will assist with final arrangements as needed.

Community Living St. Marys and Area

Section: Services Policy # S 10

Policy: Service Compliments and Complaints

Approved by the Board of Directors: May 28, 2012 Ministry requirement
Dec 13, 2018
Revised: May 2015, Dec 2018

People using services, their families, volunteers, and the general public have a mechanism to express their views of the services provided by the Association.

Positive comments about services are always welcomed by any employee or board member. Complaints about Association services are also welcomed without fear of reprisal. Positive comments and complaints will contribute to the agency's continued growth and development.

People who use services, their families, volunteers and the general public will be told the process for making a complaint.

Procedure

1. When a concern about Association services or employees has been received by any employee or board member, it is the obligation of that person to forward the information to the supervisor of the service. In the case of a concern about the Executive Director, the complaint must be forwarded to the board President.

2. Concerns or feedback come in a variety of ways including written or verbal. If the concern is received verbally, the person receiving it will document it immediately and forward it to the supervisor.

3. Depending on the nature of the complaint, it may be deemed a serious occurrence and therefore, reported to the Ministry of Community and Social Services. Refer to S 13.

4. The supervisor receiving the complaint will investigate the matter. If the supervisor cannot be free of conflict of interest, they will forward the complaint to the Executive Director. Depending on the nature of the complaint, it may be necessary to be reported to police. Refer to S 11.

5. The supervisor receiving the complaint will ensure that the process is free of any coercion or intimidation or bias, before, during or after the investigation.

6. The role and responsibility of people using services will be considered when a complaint is received.

7. The steps a staff member should take if they receive a complaint include:
   a. Tell their Supervisor or the on-call person within 24 hours in case the complaint is a Serious Occurrence.
   b. If it is a Serious Occurrence the Supervisor or on-call person should report it within 24 hours.
   c. The complaint should be reported to Management immediately. It can then be decided who should respond to the complaint.
   d. The complaint should be documented and added to a tracking report.
   e. The person responsible for responding should reply within 1 business day to acknowledge receipt of the complaint.
   f. The person responsible for responding will reply to the complaint within 5 business days with an attempt at resolution. If the issue cannot be resolved within that time period, they will respond identifying a reasonable time frame.
   g. If there is not a satisfactory response to the complaint, the person making the complaint should forward the information to the next supervisory level. The final level is the Board President.

8. Every year the Association will review complaints and compliments received to evaluate the effectiveness of policies and procedures.

Community Living St. Marys and Area

Section: Services | Policy # S 11

Policy: Preventing, Identifying and Reporting Abuse/Suspected Abuse

Approved by the Board of Directors: May 28, 2012
Aug 19, 2019
Revised: Aug 2013, July 2019

Ministry requirement

The people using the services trust that the Association will not wilfully harm them physically, mentally, emotionally, or financially. The Association has a zero tolerance to all forms of abuse.

The people using services, staff, volunteers and board members will receive training/education on the prevention, identifying and reporting of abuse/suspected abuse.

This policy will be reviewed annually by the Board or designate and updated as needed. All changes made during reviews will be implemented immediately and staff and volunteers will be trained in any changes.

It is the duty of all employees and volunteers to comply with the law in every aspect and at all times. This includes Regulation 299/10 Quality Assurance Measures under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act.

Abuse is any intentional act of an employee, volunteer or other person which is harmful to a person using the services of the Association. This includes failure to care for or refusal to provide service, treatment or remedy.

1. **Physical Abuse** is any physical act against a person using the services with the intent to hurt that person.

2. **Sexual Abuse** is any sexual act or exploitation of a person using the services of the Association.

3. **Psychological Abuse** includes threats, destruction of personal property and withholding social interaction or contact as a form of punishment.

4. **Emotional Abuse** is a persistent pattern of belittling, degrading, criticizing, undermining and attacking self-esteem.

5. **Financial Abuse** includes stealing, charging for services already paid for in the person's individual budget and having control over the personal monies of a person using the services.

6. **Verbal Abuse** includes screaming at the person, using derogatory language, ridiculing the person in front of others or using language which devalues the person.

7. **Neglect** includes failure to provide basic levels of hygiene, deliberately withhold food, water or medication from people or isolate the person from family and friends.

Procedure

Reporting

1. All incidents of suspected, alleged or witnessed abuse of a person with a developmental disability that may constitute a criminal offence will be immediately reported to the police.

2. The agency will not initiate an internal investigation before the police have completed their investigation with respect to incidents of abuse that may constitute a criminal offence.

3. If the incident of suspected, alleged or witnessed abuse does not constitute a criminal offence, a supervisor should be contacted immediately to begin an internal investigation.

4. A written incident report is required as part of the service record for all incidents of suspected, alleged or witnessed abuse. Your incident report is considered documentation that can be used as evidence in a court of law. It is important that your documentation is accurate and clear and uses specific factual language. Use only black or blue ink. Do not use white out or rewrite the report; if you make an error put a line through it and rewrite the word.

5. Serious Occurrence Reporting procedures will be followed for the reporting of abuse as per Policy # S13.

Supporting

1. Where abuse of a person supported is alleged, the Association will ensure that the victim receives support and any assistance they need.

2. Employees should intervene to ensure the person's health, safety and well-being.

3. The person allegedly abused should have no contact with the alleged abuser.

4. The employee should not ask the person questions about the alleged abuse. If the person talks about the abuse, the employee should record the exact words only. Do not prompt, persuade or attempt to question the person.

5. As soon as the individual provides enough information that indicates the allegation of abuse may be criminal in nature, stop all discussion, support the individual and call the police. Ask the person if they would like to call or should you.
6. Do not discuss allegations with others until the police have arrived and taken your statement and that of the person who was abused. Discussing the allegation with others can result in contaminating the evidence.

7. The person who was allegedly abused must give consent, if possible, before notifying others such as family.

Dealing with Employees Alleged to have Abused

1. The employee suspected of abuse will be suspended with pay until any investigations are completed. The volunteer suspected of abuse will be suspended until any investigations are completed.

2. If an internal investigation is required, it will be carried out by the Executive Director and/or by an external person as quickly as possible.

3. The results of the investigation will be shared with the person accused, their supervisor and the victim or their family or friends.

4. If the alleged abuser is found guilty, they will be dismissed immediately, with no recourse for reinstatement of employment. Where investigation by authorities does not lead to conviction of a criminal offence the agency reserves the right to subsequent investigation and disciplinary actions may follow.

5. If the Executive Director is suspected of abuse, the police will be notified if the abuse may constitute a criminal nature. If not, the President of the board will be notified and the board or designate will complete an internal investigation.

Privacy and Confidentiality

1. Confidentiality will be maintained throughout the investigation process to the extent practicable and appropriate under the circumstances. All records, notes and files will be kept confidential except where disclosure is required by a disciplinary or other remedial process, or law requires as.

Community Living St. Marys and Area

Section: Services Policy # S 12

Policy: Reporting Incidents/Accidents/Injury

Approved by the Board of Directors: July 6, 2006

When a person using the support services of the Association is involved in an incident, accident, is injured or dies, the Association will ensure that the appropriate people are notified and that the proper documentation is completed.

Procedure

Once an immediate response to the incident/accident/injury has been made, it will be reported immediately to the people designated by the person using the service and/or the on-call person. The Association will ensure it will be documented on the appropriate form and kept on file.

Community Living St. Marys and Area

Section: Services Policy # S 13

Policy: Serious Occurrences

Approved by the Board of Directors: July 6, 2006 Ministry requirement
Jan 27, 2020
Revised: September 2013, January 2020

The Ministry of Community and Social Services has a policy and procedure for the reporting of all “Serious Occurrences” that happen to a person using the services of the Association. The Association follows the most recent procedure from the Ministry. The procedure will also comply with regulation for maintaining the privacy and confidentiality of personal information.

Procedure

1. When a “Serious Occurrence” happens, as defined by the Ministry of Children, Community and Social Services, the staff person will follow the procedures from MCCSS.

Serious Occurrence categories include:

a. Death – of an individual while receiving a service.
b. Serious Injury – which requires unscheduled medical attention or unplanned hospitalization.
c. Serious Illness – either new or existing which requires unscheduled medial attention and/or unplanned hospitalization.
d. Serious individual action – including serious examples of the following: suicidal behaviour; alleged, witnessed or suspected assault; contraband/safety risk; inappropriate/unauthorized use of information technology; unusual, suspicious or unauthorized individual absence; serious charges; relinquishment of care/threat of relinquishment of care.
e. Restrictive intervention – including use of physical or mechanical restraint or secure de-escalation.
f. Alleged, witnessed or suspected abuse or mistreatment while the person was receiving a service.
g. Error or omission – including a medication error or breach or potential breach of privacy and/or confidentiality.
h. Serious complaint – including by or on behalf of someone receiving a service regarding the violation of their rights or any other serious complaint regarding standards of the services by a person.
i. Disturbance, service disruption, emergency situation or disaster.

2. The Association will ensure that each staff member and volunteer is aware of the procedure for reporting serious occurrences upon hire and then reviewed on an annual basis.

3. If an incident occurs which is or may be a serious occurrence it should be responded to immediately with attention to safety and reducing risk. The employee or volunteer should take charge of the situation until further help is available. Once an immediate response has been made, report the occurrence immediately to your supervisor, manager or the on-call emergency phone. The Executive Director or designate is responsible for reporting the Serious Occurrence to MCCSS according to their procedures. Refer to HS 4 Accidents, Injuries and Emergencies.

4. A roll-up of all serious occurrence reports is done once every three months by the manager and reported to the Health and Safety Committee. An annual review and analysis of all incidents and SORs is completed and shared with the board for the purpose of identifying patterns or trends.

Community Living St. Marys and Area

Section: Services Policy # S 14

Policy: Assisting with Personal Finances

Approved by the Board of Directors: May 28, 2012 Ministry requirement
Jan 22, 2018
Revised: January 2018, June 2020

The Association nor their employees will assume legal or financial authority for people using services.

People using services may request assistance with the management of their day to day finances.

Procedure

1. No employee of the Association will take on legal or financial authority. (i.e. power of attorney, trustee, executor, co-signing at a bank). Exceptions to this will be brought to the Board of Directors for decision-making.

2. If an employee is asked to assume any of these roles, every effort will be made to support the person to find someone else who is able and willing to take on these roles.

3. If a person using Association services requests help with managing their personal finances, the Association will support the person to keep financial records. Employees will receive information on the risks and responsibilities of providing financial management for people supported. For children and youth, the Association must adhere to the regulations set out by the Child, Youth and Family Services Act.

4. The person using Association services will sign consent to have help to manage their personal finances and will be asked to sign an agreement that a third party will review their financial records to safeguard both the person using services and staff of the Association.

5. If the Association is assisting someone with their personal finances, their support plan will contain their specific information on how they choose to document financial transaction, how accounting is set up and monitored and how the person will access funds. It will also have information on the person’s assets and how to protect them. Area.

6. The Association will share information with people and their families about wills, trusts, power of attorney, etc.

Community Living St. Marys and Area

Section: Services Policy # S 15

Policy: Use of Self-Employed Workers

Approved by the Board of Directors: July 6, 2006,
Aug 19, 2019
Revised: August 2013, July 2019

The Association may approve and support people and families to use self-employed workers to provide ongoing direct service.

Procedure

1. The Association will consider the use of self-employed workers if the following criteria are in place:
   a. An employee is not currently providing the same service to that person.
   b. Current agreements between the person using the service and self-employed worker.
   c. Self-employed workers meet minimum requirements as established by the Association including valid first aid, police vulnerable sector check.

2. The Association will have a role in supporting people to monitor their individual budget and the quality of services delivered by the self-employed workers.

3. The Association will share information with people using self-employed workers about their obligations when engaging self-employed workers.

Community Living St. Marys and Area

Section: Services Policy # S 16

Policy: Guidelines for the Use of Alternative Support

Approved by the Board of Directors: Sept 28, 2020
Revised Aug 2022

The Association recognizes the benefit of people supported having choice in how their service is designed. Tailoring service to their needs may include alternative support such as Share Your Home, supportive neighbours and supportive roommates. The Association will operate alternative supports in accordance with all legislative requirements to provide a safe environment that encourages natural relationships and broadens community connections and participation. It is the role of the Association to monitor and evaluate the quality of service provided in each situation.

Alternative support can apply to full-time or part-time living situations or even as a respite option for adults or children living in their family home. It may also apply to providing permanent or temporary foster care to children and youth funded by the Ministry of Children, Community and Social Services through the local Children's Aid Society.

Guiding Principles

1. Community Living St. Marys has a set of policies that inform all service through the agency including alternative community supports. This includes a set of principle statements that guide the work.

2. These procedures also meet any requirements under the Ministry of Children, Community and Social Services including the Quality Assurance Measures Regulation and the Child, Youth and Family Services Act.

3. CLSMA wants people supported by this Association to have quality support that promote the safety and well-being of everyone involved.

4. CLSMA will work in partnership with other community organizations such as the local Children's Aid Society, The Avon Maitland School Board and Huron Perth Catholic District School Board.

5. CLSMA believes that children and youth are best served when they are supported to remain in their home community and school environments and have planning for a seamless transition to adult services

Procedure
Eligibility

1. Family members of the person supported generally cannot become host families or supportive neighbours for their own relative.

2. Employees of CLSMA are not eligible to provide alternative support unless there is a unique situation that is approved by the Executive Director.

3. Provision of service from CLSMA is dependent on funding. Access to funding for support through the Ministry of Children, Community and Social Services must go through Developmental Services Ontario.

4. CLSMA places a priority on community members who make a request for service. Others living outside of the service area may apply for consideration.

Requirements for ALL Alternative Support Providers

1. Police record check including vulnerable sector screening for every adult living in the home dated within the last six months. According to the Association's policies, the police record check will be completed again every five years or as requested due to a concern. A record check that is part of initial screening should be paid for by the applicant.

2. Two personal references for the primary care provider.

3. A driver's abstract and proof of personal vehicle insurance (one million dollars liability) will be requested as well as a copy of the provider's driver's license will be kept on file. The Association has the right at any time to request an updated abstract.

4. A copy of household insurance for situations where a person is living in someone's home either on a part-time or full-time basis.

5. Current First-Aid/CPR for the primary care provider.

6. Annual abuse prevention training along with signed oath of confidentiality.

7. Training on Association policies including rights of people supported, serious occurrence reporting and complaint process.

8. Statement of physical and emotional health signed by a doctor.

9. All alternative support providers will review and have a copy of these guidelines.

Screening for Alternative Support Providers

Any adult or family interested in becoming a host family, supportive neighbour or roommate must complete an application and submit it to the Coordinator of Home Share. Approval is based on the applicant meeting all requirements, successful screening and the person supported/family's agreement. The situation must have final approval from the executive director or designate.
To ensure the safety and well-being of the person supported, applicants for any alternative support must undergo a rigorous screening process to determine their suitability, skills and

capacity to provide optimal support according to the specific needs of the person. The screening process will look different depending on the amount of direct time spent with the supported person.

Screening for Share Your Home (full-time/part-time/respite)

When someone is sharing a home with an adult/family the following will be in place;
1. An assessment of Matching and Capability to provide care.
Key considerations are:
   a. A willingness and motivation to accept the person as part of the family and a willingness to foster and respect the person's independence, dignity, self-determination and community participation.
   b. Physically, mentally, emotionally and socially being able to provide quality care consistent with the demands and stress that may be experienced as a caregiver.
   c. The family has a secure financial status with adequate income to provide for the needs of the household.
   d. Matching that complements the person's goals, interests, cultural practices, religious background, physical needs, proximity to natural family members and any other determining factors.

2. Interviews with Family Members
The interview process provides the Association with information to assess the suitability of the prospective host family. Documentation will be kept to inform the approval process.
Topics include:
   a. Motivation to share life with someone.
   b. Nature and quality of the family's relationships.
   c. Soft skills such as patience, adaptability, understanding, warmth, open-mindedness, acceptance, maturity, integrity, cooperativeness and flexibility.
   d. Family history, attributes, lifestyle, substance use, outside interests, hobbies and philosophy of support.
   e. Attitude regarding the involvement of the person's natural family and other relationships.
   f. Experience, education and understanding of people with an intellectual disability.
   g. Appropriateness of the match with the person supported.

   The interview will serve as an opportunity to provide information to the host family regarding Share Your Home structure, roles, expectations and the range of supports and services provided by the Association.
   The host family must demonstrate their availability and willingness to participate in orientation, ongoing training and monitoring by the agency as outlined in the support plan and in the Agency's policies and procedures.

3. Environmental Assessment
As part of completing the initial and then annual house and fire risk assessment, an on-site assessment of the prospective home ensures a healthy and safe environment.
Examples of features assessed include:
   a. Entrances and exits.
   b. Medication storage.

c. Clean, safe water quality and temperature.
d. Hazards.
e. Air quality and temperature.
f. Fire safety including fire extinguishers, carbon monoxide, smoke detectors and properly maintained dryer vents and lint traps. In addition, fire evacuation plans.
g. Firearms and weapons.
h. Pets.
i. Vehicles.
j. Swimming pools, ponds and proximity to bodies of water.
k. Private bedroom with a window that opens.
l. Food storage.
m. Moisture/water problems.
n. Air conditioning and heating systems.
o. Woodstoves, chimneys and fireplaces including annual WET inspections.
p. Compliance with applicable provincial, municipal and zoning by-laws.

4. Placement Cap
The Ministry requires that Share Your Home situations will not have more than two children and/or adult placements by an agency funded by the Ministry of Children, Community and Social Services.

5. Approval by the Person Supported
The person supported and family if appropriate should be involved as possible in the screening process. At a minimum, they will meet the family, have visits and learn everything they need to know about the adult/family in order to make an informed choice about the living situation. The person will have final say on whether there is a good fit for them.

6. Confidentiality Requirements
CLSMA has policies and procedures dealing with privacy and confidentiality regulations. Providers sign an oath of confidentiality.

7. Caregiver Respite
Planned and emergency respite options for full-time share your home situations are important to sustaining healthy relationships and to provide security to the person supported. The agency will support the development of a respite plan that is appropriate for the person and meets all screening requirements. This could be a part-time provider, person's own family etc. This respite is part of a back-up plan that can be implemented if a full-time provider becomes sick or has an emergency that affects the supported person.

Screening for Supportive Neighbours

The intensity of screening for supportive neighbours will vary depending on the type of connection with the supported person and their needs. Some supportive neighbours spend time directly with the person through shared meals or activities and this requires more intense screening. Other supportive neighbours who provide overnight monitoring from outside of the person's home may require reduced screening.

In some cases, CLSMA is involved in establishing tenant relationships with the landlord. This is different in every case. Sometimes the landlord is a parent or family member or could be a third party or even William Hanly Incorporated.

Training

The Association will provide an initial orientation to the person's needs in all alternative support arrangements. The intensity and scope of the orientation will depend on the level and type of support that will be provided.

Training that is part of the requirements outlined earlier in procedure is required at the beginning of the agreement and may need to be ongoing such as annual abuse prevention training.

Agreements

An initial and then annual agreement will be completed for each alternative support arrangement. All agreements are signed. The agreements will include information on:

a. Support expectations.
b. Training and requirements to be met.
c. Monitoring arrangements.
d. Responsibility to report issues or concerns.
e. Outlines roles and responsibilities for providing a safe living environment, fostering independence, community participation, proper healthcare and good nutrition.
f. Responsibility for financial support and maintaining good records.
g. Problem resolution and dealing with conflicts.
h. Dealing with conflicts of interest.
i. Changing or ending the situation.
j. Outlines remuneration/compensation.

Remuneration/Compensation

1. If a per diem rate is being used such as for shared living arrangements, the rate will be determined based on all of the factors involved including the person's unique support needs, available support budget and any other considerations. A per diem should be based on a 24-hour period that includes an overnight.

2. Invoices should not be submitted ahead of hours worked or per diem nights worked. This is a best practice and avoids confusion if the visit is cancelled at the last minute.

3. Expenses such as transportation must be approved and or negotiated in the agreement.

Monitoring and Support

The Association will provide ongoing monitoring and support to ensure the safety and well-being of the person supported.

In Share Your Home situations, both part-time and full-time, there will be regular contact and visits (at least monthly) and at least one unscheduled/unannounced visit per

year/within a 12-month period. The Association will also ensure there is one meeting with the person supported on a quarterly basis. The Community Resource Coordinator will monitor share your home situations where the person living in them is an adult. The Youth Facilitator will monitor share your home situations where the person living there is a child. Visits will be documented and will always include a physical check of the residence and property for safety and security.

For supportive neighbours, the Community Resource Coordinator will check in at minimum every six months regarding agreement concerns. More regular and ongoing support for schedules or issues regarding the person supported will be dealt with by the team leader or designate.

Reassessment of Situations

The Association will reassess alternative support arrangements anytime there is a significant change in circumstance and this will be documented. Examples might include a family member becoming ill or the primary person being unable to provide care. If a new person moves into the home, requirements such as a vulnerable sector check must be completed for that person.

When an evaluation of an alternative situation is required, it would involve some or all of the following things:

a. Notifying family and friends and involving them in discussions and decision-making.
b. Spending additional time with the person supported to understand their wishes.
c. Meeting with the provider to discuss concerns or changes that may be needed. This will be documented in a letter and signed off by the provider.
d. Additional support, training or monitoring would be provided as needed.
e. In cases where there is a health and safety concern, emergency respite would be coordinated and the Executive Director would be notified.

Documentation

1. Information regarding the supported person’s health including medical appointments, injuries or monitoring health needs will be documented and signed by the provider.

2. Administration of medication for children will follow the CLSMA policy and procedures.

3. The Association will keep detailed files for each person supported.

4. If the provider assists the adult supported person with their personal finances then financial records will be kept including bank statements and budgets and reviewed during monthly visits.

5. Alternative Support providers will keep a daily journal for the person that contains any relevant information. It will be reviewed during visits by the agency.

Unique guidelines for Children and Youth

If the person has a developmental disability/dual diagnosis and is a child/youth under the age of 18 the following applies:

1. The Youth Facilitator will be the first point of contact for the agency.

2. The Youth Facilitator will work with the family, guardian, and/or CAS contact and involved organizations to create a future vision and immediate support plan tailored to the specific child/youth. The plan will ensure continuity of care (support services only when necessary, i.e., 1 in 3 weeks) for the child/youth.

3. The Youth Facilitator will ensure the vision is in line with CLSMA's Vision, Mission and Principles and the immediate goal is for the child/youth to remain in CLSMA's designated service area. If the vision is not a match with CLSMA, the Youth Facilitator will aid in making connections with other possible agencies.

4. CLSMA is committed to families living in St. Marys and surrounding area. Recognizing existing children/youth services and programs that are available in the area, CLSMA will provide services to child/youth with a focus on alternative, community support options first.

5. The Youth Facilitator will work with the family/guardian and/or CAS to clearly outline how parents will interact with the child/youth.

6. A support plan is designed for the child/youth and details how they will be encouraged to participate in community activities and who will support these activities. The support plan will also include the approach to take when the child's behaviour needs to change.

7. CLSMA policy and procedure including these guidelines will be made available to alternative support providers for children/youth.

8. CLSMA will be responsive to questions, concerns that come forward from outside community organizations and will respond within 2 business days.

9. Provide crisis planning and support connection to clinical support

Role and Responsibilities of Person Supported/Natural Family

1. Meet with the Coordinator of Alternative Support or Youth Facilitator to speak about their support.

2. Communicate issues and concerns to the provider and or the agency.

3. Provide direction on the support needed to meet their needs.

4. Participate in orientation and screening.

Role of Alternative Support Provider

1. Treat the person with respect and dignity, honour their rights and foster self-determination and community participation.

2. Uphold the person's right to privacy. Keep confidential all information and records of the person in accordance with the agency's policies and procedures and the signed confidentiality form.

3. Provide a safe and healthy environment.

4. Support the person as outlined in the agreement.

5. Request respite from the agency as needed. Agree that all respite will be screened by the agency prior to any support being provided.

6. Be available and willing to participate in orientation.

7. Keep the agency informed of any changes in the person's behaviour, health or needs.

8. Notify of any changes with the provider including ability to provide care, a new person moving into their home, moving to a new residence whether in or outside the agency's service boundary, status of charges or offences or any other circumstance that might impact the person supported.

9. If the role involves supporting the person with their finances, the provider will maintain a complete account of them and provide them as requested.

10. If the role involves assisting the person to attend medical and dental appointments, all documentation of these visits will be kept.

11. Advise the agency in instances of serious occurrences in accordance with policy.

12. Develop and keep current fire and evacuation plans.

Role of Association

1. Recruit and screen new alternative support providers.

2. The development of an agreement at the onset and then update it on an annual basis or sooner as needed.

3. Monitor the arrangement to ensure the safety and well-being of the person supported.

4. Proper documentation is kept for each arrangement.

5. An individual support plan is developed annually for each adult.

6. An individual budget is developed each year, monitored and may include collaboration with the person and or their family/network.

7. Where there is perceived risk in a situation the agency will address the issues and may access the risk analysis tool to investigate possible solutions.

8. Annual training is provided to the supported person as outlined in the QAM legislation.

9. Annual training that includes the person's rights.

10. The person can access planning/facilitation services as needed.

11. Regular contact is maintained with the person and family.

At regular visits, the Coordinator of Alternative Support would check in around the following things:

a. Catch up with the supported person separately to find out how things are going.
b. Find out from the provider what the person has been up to and how things are going in general.
c. Ask about their health and any medical appointments.
d. Review the person's financial information and check bank statements etc.
e. Ask about any goals from the support plan or life plan.
f. Ask about connections with family and friends.
g. Ask about any respite visits.
h. Ask about any changes in the home that might affect the fire or house inspection check-list. The Coordinator of Alternative Support would do visual inspections of the home when they visit to scan for issues.
i. Ask the provider about any concerns they have or where they might need support.

Community Living St. Marys and Area

Section: Services Policy # S 17

Policy: Buildings and Vehicles

Approved by the Board of Directors: July 6, 2006

The Association has the responsibility to ensure that its physical assets, buildings and vehicles, meet all the community and legal standards. The Association requires that all vehicles that it provides are operated in a manner which promotes the safety and well-being of all.

Procedure

Vehicles

1. The Association will carry out regular service and maintenance of its vehicles.

2. For insurance purposes, only authorized people are permitted to operate Association owned vehicles.

3. All drivers must adhere to all rules and regulations under the Highway Traffic Act.

4. All drivers are responsible for reporting any operating problems immediately to the Executive Director and/or maintenance personnel. Where appropriate, the driver may initiate repairs as needed under the circumstances.

5. All drivers are responsible for ensuring that the vehicle is free of garbage and clean.

6. Non-compliance with health and safety practices and standards is subject to discipline and performance review.

Buildings

1. The Association will have the major components of the buildings checked at least annually to ensure proper functioning. These inspections will include:
   a. Routine internal inspection using a check list.
   b. Annual inspection by the Fire Department.
   c. Heating equipment will be inspected annually and serviced as needed.
   d. Fire alarms and smoke detectors will be routinely inspected and tested.
   e. The sewage systems will be inspected and cleaned as needed.
   f. Chimney(s) will be annually inspected and cleaned as needed.

2. The Association will honour its responsibilities as Landlord under the relevant legislation.

Community Living St. Marys and Area

Section: Services Policy # S 18

Policy: Use and Booking of Association Vehicles

Approved by the Board of Directors: July 6, 2006
Revised: Aug 2019

The Association has vehicles to provide a cheaper transportation alternative for people receiving support services and those employees or volunteers on Association business. There is an established booking system to ensure vehicles are made available in an orderly and fair manner.

Procedure

1. When requesting to use an Association vehicle, the following factors will be considered by the team leader or director prior to approval:
   a. Need for transportation based on person's plan.
   b. The needs of those people who require the van due to limited mobility.
   c. The length of the trip proposed.

2. The booking system will be posted at the James Purdue Centre and will include procedures for standard order booking, pre-bookings, and unscheduled bookings. Conflicts or scheduling problems will be resolved with the appropriate team leader or director.

3. The Association vehicle may not always be available. It is the responsibility of the employees to assist people receiving support services to develop alternative means of transportation so that their activities are not compromised.

4. The Association vehicles are not to be used for personal staff errands.

5. Each vehicle and its key has been assigned to a specific location. After use, the vehicle and its key, is to be returned to its proper location free of any personal effects or garbage.

6. Smoking or vaping is not permitted at any time.

Community Living St. Marys and Area

Section: Services Policy # S 19

Policy: Use of Personal Vehicles

Approved by the Board of Directors: July 6, 2006
Revised: Aug 2019, July 2022

When alternative means of transportation are not available, it may be necessary for an employee or volunteer to use their own vehicle.

Procedure

1. When an employee or volunteer is authorized to use their own personal vehicle for Association business, the employee or volunteer will be reimbursed for their travel expenses.

2. The rate of reimbursement will be decided upon by the Board of Directors.

3. The employee or volunteer will make sure that their vehicle meets the minimum standards for insurance and mechanical fitness.

4. No smoking or vaping when transporting people supported.

5. Employees using their own vehicles to transport for compensation need to tell their insurance company that they are doing so.

6. If the employees' insurance company requires additional insurance the Association will compensate the employee up to $75 per year for the extra cost incurred on presentation of the insurance endorsement.

7. If a person using services damages an employee's vehicle, the Association will support the employee to obtain compensation from the person/family first, then from the Association.

Refer to policy HR 24 Out of Pocket Expenses.

Community Living St. Marys and Area

Section: Services | Policy # S 20

Policy: Providing Support with Controlled Acts

Approved by the Board of Directors: August 3, 2016 | Ministry requirement
Revised: August 2017, July 2022, Sept 2023

The Association will promote the safety and well-being of people using service and employees around the administration of a controlled act.

Procedure

1. Definitions and guidelines for controlled acts are set out in the Regulated Health Professional Act, 1991 (RHPA). Controlled acts are tasks and procedures that are considered to be potentially harmful if performed by an unqualified person.

2. Under the act, unregulated care providers can perform certain controlled acts when providing first aid or temporary assistance in an emergency and when assisting a person with their routine activities of daily living. Activities of daily living are defined as: procedures that involve established and predictable need, response and outcome.

3. The procedures that can be delegated as part of daily living are:
   a. Performing procedure below the dermis or mucous membrane.
   b. Administrating a substance by injection or inhalation.
   c. Putting an instrument, hand or finger into a body orifice or artificial opening into the body.

4. The Association will provide training from an outside regulated health care provider for employees who require it using a train-the-trainer model. The health care provider who teaches the controlled act must determine if/when the employee is competent to perform the particular procedure before delegation. Employees will sign off on the appropriate form. A detailed procedure specific to the person will be attached to their support plan as a reference.

5. In some cases, the outside regulated health care provider may use a ‘train the trainer’ model. This will be clearly outlined in the person's support plan detailing what the controlled act is, who the health care provider has deemed capable and competent to provide training to others, as well as a detailed procedure. The outside regulated health care provider will still monitor the training process closely and will be available to answer any questions and provide clarification as needed.

6. The Association will work with the outside regulated health care provider to ensure there is an ongoing process for monitoring competence. This monitoring includes a review of the timelines for training.

Community Living St. Marys and Area

Section: Services

Policy # S 21

Policy: Medication Orientation

Approved by Board of Directors: Aug 19, 2019

An orientation to all medications and medication Policies and Procedures is provided for new staff members or for staff members providing support in new and different situations. The orientation must be successfully completed prior to the staff person independently administering medication.

Procedure

1. A support worker giving medication must be eighteen years of age or older and must be first oriented to medication procedures by the team leader or trained designate.

2. Liquid medications and/or PRN medication may be in original containers and should be noted on the MAR sheet. Most often a person's pharmacy will pre-pour medications into a blister pack.

3. Each new support worker must complete a Medication Orientation BEFORE they can independently administer any medications or treatments.

4. The orientation prior to administration includes:
   a. Reading and understanding all Community Living St. Marys and Area Medication Policies and Procedures, including any individualized Medication Procedures.
   b. Reading and becoming familiarized with MAR sheets for each person.
   c. Reading all information regarding each medication on the information sheets from the pharmacy.
   d. Reviewing all current medical information regarding each person.

5. Each new employee must give evidence of proficiency during supervised administration by being observed by the trainer 2 (two) times at separate medication times.

6. Re-orientation of employees will be completed as required.

Medication Orientation Check List

Name of Employee: _____Date: _____

Evaluated by: _____
(Supervisor or trained designate)

Action:	Date Completed:
1. Read CLSMA Medication Policies and Procedures	
2. Read Individual Medication Procedures	
3. Read and familiarized with MAR sheets for each person supported	
4. Read all information regarding each medication on information sheets from pharmacy	
5. Review all current medical information regarding each person	
6. Observation of Administration (first check) as per the policy	
7. Observation of Administration (second check) as per the policy	

I have had the opportunity to read, understand and ask questions.

Signature of Employee _____

Community Living St. Marys and Area

Section: Services Policy# S 22

Policy: Medications; Administration and Self-Administration

Approved by the Board of Directors: Aug 19, 2019

Best practices will be employed by Community Living St. Marys and Area staff to effectively support people with medication administration. Self-administration of medications by people supported will be facilitated by ongoing assessment, documentation and training of the person supported and of the employees assisting.

The Association must support employees in meeting their obligations through orientation, monitoring and ongoing training.

Procedure

Administration of Medications

The Association and employees are accountable to ensure medication and treatment procedures are followed. Administration of Medication procedures are followed when it is understood that the agency and its employees are responsible for the medication, its care and administration. These procedures are to ensure that the correct person is given the correct medication and dose at the correct route and documenting accordingly.

1. The person administering medication must be eighteen years of age or older. Employees are responsible for the manner in which medication and treatments are administered and are accountable to the person involved and their family member(s) or designate, the person's physician and the organization.

2. The person administering must be first oriented to medication procedures by the supervisor or trained designate prior to administering medications. They must complete a Medication Orientation Checklist BEFORE they can independently administer any medications and treatments.

3. Medication must be in an original container with original pharmacy label. A person's pharmacy will pre-pour medications into a blister pack. When blister pack arrives, an employee will check the meds and initial 'person who checks' on the MAR sheet. Any mistakes should be taken back to pharmacy to be fixed.

4. Follow any special instructions on the label or Drug Information sheet, such as "keep refrigerated." Administer according to medication type recommendations, as per attached document, Medication Administration Methods: Recommendations.

5. Medication must always be locked and stored in a safe area where it will not be exposed to extreme conditions of heat, cold or moisture etc. Medications will be locked in order to ensure everyone's safety. All narcotic medications will be double locked.

6. Do not give medications if the person is showing signs of toxicity, vomiting, very sedated or unconscious, or showing signs of allergic reactions.

7. Check expiry dates of medications. Do not give if discoloured, chalking or unusual odour. Medications must be disposed according to Policy S 24.

8. Always wash your hands. Avoid handling medications.

9. Do not crush or take apart capsules unless the doctor gives the okay. Dispose as per procedure. Refer to Policy S 24.

10. Follow the Six Rights of Administering Medications:

#1 Right Person
- Read the name on the blister pack, and Medication Administration Record (MAR) sheet.
- Talk to the person and use their name.
- Give medication to one person at a time.

#2 Right Drug
- Read the blister pack and the MAR sheet.
- Research the drug actions, side effects and reason for giving.
- Do three checks when pouring.
- Know the generic and trade name for the medication.

3 Right Dose
- Check the blister pack and the MAR sheet.
- Look at the dose on the label.
- Consider the dose amount and how you will formulate that prescription.
- Measure accurately; know abbreviations, symbols and equivalents.
- Make sure the person takes all the medication.

#4 Right Time
- Read the MAR sheet and medication bottle.
- Give the medication at the time ordered, leeway of 30 – 60 minutes.
- For blood levels give at stated intervals, such as four to eight hours.
- Know abbreviations for times – a.c., p.c., od, b.i.d., etc.

#5 Right Method
- Read doctor's order, MAR sheet and blister pack.
- Give orally if no method is stated or indicated. Ask if unsure.
- Give as indicated – with milk, on an empty stomach, with applesauce, etc.
- Think and keep your mind on your work.
- Pour pill into lid of container first. Pour liquid directly into measured cup or spoon.

#6 Right Documentation

- Every medication must be recorded on person's file – doctor's order, MAR sheet, along with dose, time, route.
- The person checking the blister pack and giving medications must record after doing so.
- Any medication not administered must be recorded on MAR sheet, noted in log/communication books (indicating the reason).

Failure to do any of these is a medication error. Remember people have the RIGHT TO REFUSE. Document this if it occurs. This is not a medication error. Note when a medication is withheld using the proper code.

11. Doctors' orders are required for all medications, including PRN medications. No medication or treatment can be given without a doctor's signature.

12. Non-prescription medications and treatments require a Doctor's Standing Order.

13. The Medication Administration Record (MAR) are used for one-month period of times. Outdated MAR sheets are kept as part of the person's Medication History and placed in the person's binder under medical section or filed away.

14. Never administer a medication that you have not personally poured.

15. Each person receiving support to administer their medication and treatment must have a Med Book.

Contents of the Med Book

- Medication Administration Record (MAR)
- Physician's Orders
- Medication & Treatment Notes
- Medical/Consultation Appointment
- Related forms
- Information printouts of the person's meds (usually provided by pharmacy)

16. Non-compliance with medication procedures are subject to discipline up to and including dismissal from Community Living St. Marys and Area.

Self-Administration of Medications

1. It is important for people who can safely do so, to administer their own medication or to self-administer with assistance. The Association will be part of determining the safeguards that need to be in place, if any, for each person to self-administer their medication and the specific details will be outlined in the person's Support Plan.

2. Medication Self-Administration Plan

A plan may include but is not limited to the following steps:

a. The person's medicine is stored with other medications. The person self-administers and a support worker records. Or

b. The person's medicine is stored with other medications. The person self-administers and signs the medication sheet. A support worker performs documented spot checks and initials medication sheet. Or,
c. A pharmacy blister packs medications and the person self-administers. The support worker will monitor and document any concerns.
d. When new medications are prescribed, the self-administration procedure will be reviewed and amended as necessary.

3. Considerations to assessing a person's ability to Self-Administer Medications and Treatments.

a. Ability to swallow medication.
b. Ability to voluntarily and purposefully move hands and arms.
c. Ability to identify the correct route, drug, time and dose.
d. Ability to follow proper medication procedures.
e. Ability to physically access medications.
f. Ability to order and check prescribed medication.
g. Ability to seek assistance if needed.
h. Recognize the 5 rights of medication.
i. Willingness to allow monitoring of medication administration.

Community Living St. Marys and Area

Section: Services

Policy# S 23

Policy: Medication Incidents, Errors and Refusals

Approved by Board of Directors: Aug 19 2019, Sept 12 2024

Medication incidents including errors, omissions, refusals and other situations that don't follow best practice will be documented and reviewed to ensure consistent well-being of persons supported. Medication incidents may result in serious occurrence.

Procedure

1. In view of the life and death implications of drug administration, management and/or the Executive Director of Community Living St. Marys and Area will review error reports and make recommendations to prevent reoccurrence.

2. A progressive disciplinary action model will be followed and medication error reports will remain on file.

3. If an employee has two (2) medication error reports on file, they will be required to be re-orientated in medication Policy and Procedures at the discretion of the supervisor.

4. Repeated medication errors not resulting in harm, will result in the employee being shadowed by a supervisor or trained designate (i.e., forgot to sign MAR sheet).

5. Repeated medication errors that could or do cause harm may result in termination from employment at the recommendation of the Manager and/or Executive Director.

6. Medication errors include but are not limited to;
   a. Wrong dose (any dose above or below as ordered by a physician).
   b. omission (any dose not given by the time the next dose is given OR any dose not given).
   c. Wrong person.
   d. Wrong time (any medication given more than 60 minutes before or after the prescribed time).
   e. Wrong route.
   f. Failure to record properly.

7. Upon discovery of a medication error, the person who discovers the error will:

   STEP 1
   Determine who/if you need to call the pharmacy, on-call emergency cell, team leader, support staff, family physician who made the error as appropriate.

STEP 2
Determine with the information given from one of the previous mentioned resources what needs to be done as a result of the error (e.g., if MAR sheet was not signed, was the medication taken and not signed for, or was the medication in fact not taken, does it need to be given).

STEP 3
Implement recommendation.

STEP 4
Complete Medication Error Report in AIMS, including notification of the report to the Team Leader and Manager as per AIMS process.

STEP 5
All Serious Occurrences must be reported immediately. Refer to S 13.

Community Living St. Marys and Area

Section: Services Policy # S 24

Policy: Medication Access, Storage, Transfer & Disposal

Approved by Board of Directors: Dec 13, 2018 QAM requirement
Aug 19, 2019
Revised: July 2019

Prescribed medications are the personal property of people supported by the Association. Where a support plan and agreement has established that the Association bears responsibility for the management and administration of medications, then practices regarding access, storage, transfer and disposal of medications are in place and adhered to.

Procedure

Access and Storage

1. Where staff persons bear responsibility for the administration of medications, then medications and treatments are stored in a manner that is safe for all parties. Medications are stored in an accessible but secure manner to prohibit unauthorized access.

2. The storage location is made known and accessible to staff who are required to administer medication. Stored medications are labeled according to the med name, the person's name and dosage reference.

Transfer

1. The transfer of medication from one location to another or from one responsible person to another is in accordance with Administration or Self-Administration principles. This requires that the medication be secure, labeled according to the medication, dosage and the person, and accompanied by a **Medication Transfer Form** (see attached). This is only applicable where the transfer of medication is to a location when service or support is provided (does not include visiting family and friends).

2. When medications and the responsibility of administration thereof are transferred to a third party, sufficient administration information, labeling, and secure packaging should accompany the event of transfer. The proper notification of absence should be included on the CLSMA MAR.

Disposal

1. Medications may need to be disposed for the following reasons:
   - Contaminated

- Refused
- Extra
- Expired
- Change in prescription

2. All medication must be disposed of by the pharmacy.

3. Complete **Medication Disposal Sheet** located in medical section of personal binder (see attached form).

4. Take medications to the pharmacy to be destroyed.

5. Notify the Team Leader in writing on the next business day when any medications are destroyed.

Medication Disposal Form

Name of Person Medication Belongs to:_____

Date	Name and Dose of Medication	Quantity	Reason	Pharmacy or Premises	Signature of two staff

MEDICATION TRANSFER FORM

Name of person supported: _____

Medication being transferred **from** _____ **to** _____

Name of Medication	**Dosage**	**Administration Time (s)**

Notes (important information regarding administration or possible side effects).

_____

_____

_____

Signature of Staff Sending: _____ **Date:** _____

Signature of Person Receiving _____**Date:** _____

Community Living St. Marys and Area

Section: Services Policy # S 25

Policy: Emergency Medical Services

Approved by the Board of Directors: Aug 19, 2019

Community Living St. Marys and Area will assist the person supported by the agency to acquire Emergency Medical Services in the event of a medical emergency.

Procedure

1. Community Living St. Marys and Area employees will access Emergency Medical Services when a situation requiring emergency medical treatment occurs.

2. Emergency Medical Services may need to be accessed immediately in a medical emergency according to the specific decision of the staff on duty.

3. It may be deemed necessary for staff members to seek Emergency Medical Services despite the person's and or family's right of refusal.

4. Emergency Medical Services may need to be accessed in accordance with a specific health protocol, for example, with respect to seizures. Where a specific protocol exists, it should be followed and will be part of the person's Support Plan and part of employee orientation and training.

5. Where uncertainty exists regarding the necessity of Emergency Medical Services an employee may consult the on-call emergency system (or the family as agreed upon) where time permits.

6. An incident involving Emergency Medical Services should be immediately reviewed and reported as an incident and a potential Serious Occurrence as per Policy S13 Serious Occurrences.

7. Staff person is required to stay with the person needing Emergency Medical Services until relieved or in consultation with a supervisor.

Community Living St. Marys and Area

Section: Services | Policy # S 26

Policy: Pets and Service Animals

Approved by the Board of Directors: Dec 13, 2018 | QAM requirement

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Community Living St. Marys and Area supports the rights and responsibilities of all persons receiving support regarding pets and service animals in and around their home.

Procedure

1. The owner of the pet may require assistance with managing the necessary immunization records. These records will be kept by the owner and may be requested by CLSMA.

2. As part of safe and healthy practices pets should be immunized and their food kept separate. Litter boxes and cages should be kept clean and maintained. Assigned responsibilities for pet care tasks should be clearly understood by the owner and their family.

3. Animals and their care should be considered with respect to safety for all people living in the home, for example, with respect to safety in mobility.

4. Person supported may need assistance to adequately care for their personal pets. This may be a necessary part of support provided. Consideration should be given to the right of the person to own the pet in conjunction with consideration of the impact on their house-mate, neighbours etc.

Community Living St. Marys and Area

Section: Services | Policy # S 27

Policy: Supporting the Well-Being of the Person:
Personal Property

Approved by the Board of Directors: Dec 13, 2018 | QAM requirement

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Respect for all persons supported by the Association is demonstrated by respect for the care, maintenance, and keeping an inventory of their personal property.

Procedure

Inventory

1. All people supported by the Association should be encouraged to own and care for their own personal property. People will have support to keep track of their own things in an ongoing inventory of possessions by list, photo or both. The inventory is updated and verified annually. New items are to be added as purchased.

2. A copy of the inventory is to be kept at the person's home with a duplicate kept at the central administration office.

3. Items should be removed from the list if they are discarded by or with the knowledge of their owner. Items missing from the annual inventory need to be reported to the Supervisor.

Care and Maintenance

1. The Association will support people to care for and maintain their personal property. Staff responsibility includes modeling and teaching care and maintenance of the items.

2. This differs in kind from agency owned and maintained properties. Please see Policy# HS 11 Equipment Maintenance.

Community Living St. Marys and Area

Section: Services | Policy # S 28

Policy: Supporting the Well-Being of the Person: Nutrition

Approved by the Board of Directors: Dec 13, 2018 | QAM requirement

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The well-being of people supported includes assistance to practice healthy and nutritious dietary habits according to the Canada Food Guide.

Procedure

1. People supported are included in the decision-making, planning, preparation and education about healthy and nutritious meal planning. Support and teaching will engage the person supported in the way that works best for them.

2. The support and teaching provided regarding nutritional practices are consistent with the recommendations made under Canada's Food Guide. The Association recognizes and encourages differences, reflecting the culture and diversity of the person supported.

3. Where staff are responsible for supporting the person with meal preparation, meal or dietary records, menus or planning records are utilized and kept to demonstrate that food provided is nutritious and consistent with the Canada Food Guide and reflects culture and diversity.

4. Where people supported by the Association are independent with meal preparation the service record may reflect notations of any dietary advice given, resources and teaching provided to demonstrate information about nutrition was shared.

Community Living St. Marys and Area

Policy Title: Right Approach and Use of Intrusive Supports **Policy Number:** S 29	**Section:** Services
Original Date: May 28, 2012 **Last Revision Date(s):** Jan 20, 2025	**Approved by:** Board **Next Review Date:** Jan 2027

Purpose: People who use our services sometimes communicate in unique ways and it is imperative for us to understand and respond in a respectful and effective manner. The agency seeks to maintain the safety of all people and promote the use of positive intervention strategies that lead to more community participation and independence.

Policy: CLSMA will always utilize positive support strategies and when intrusive interventions are needed to keep people safe, the least intrusive interventions will be used first. This includes the use of the Right Approach in Support Plans and/or Behaviour Support Plans as required in Ontario Regulation 299/10 Quality Assurance Measures (QAM).

Procedure:

Right Approach:
Clear strategies are developed with the person and family/friends to support a person's unique ways of communicating that can sometimes be difficult. Strategies are positive, respectful and look at building the person's skills. They reflect the organization's values and principles as well as policies and procedures and will be included in the person's Support Plan. The Right Approach will include an assessment of risk for the person and safeguards that are put in place. Examples of what might be included are refusal of support or choices that put the person at risk including eviction or social isolation.

Behaviour Support Plans:
1. A behaviour support plan is required for any person supported that has challenging behaviour. QAM defines "challenging behaviour" as "aggressive or injurious to self or to others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities and in the community or to learn new skills or that is any combination of them."

2. The behaviour support plan will be in addition to the person's individual support plan.

3. The behaviour support plan must address the challenging behaviour, consider risks and benefits of strategies, set out the least intrusive approach and be monitored for effectiveness.

4. Any prescribed medication recommended to be used to address a person's challenging behaviour will have a protocol for its use based on the prescribing clinician's advice that will be an attachment to the behaviour support plan. The medication and its use will be reviewed by the prescribing physician and is included and documented in the regular review of the person's behaviour support plan.

5. The behaviour support plan will be developed with the involvement of the person supported and family or others acting on their behalf. The person supported and or their family or others acting on their behalf will be asked to provide consent for the plan and strategies. The plan will also include information on when and how the family is updated and notified of incidents.

6. The behaviour support plan will be reviewed at least twice in each 12-month period and this review will be documented.

7. All staff and volunteers supporting the person will be trained on the strategies included in the behaviour support plan before they start working and on an ongoing basis. Training records will be kept.

8. All employees of the Association are required to be trained in CPI – Nonviolent Crisis Intervention every 2 years according to #HR 13 Orientation and Training.

9. Supervisors will monitor the use of strategies as outlined in the behaviour support plan and provide feedback to workers as part of overall performance management.

10. A behaviour support plan that includes intrusive behaviour intervention strategies such as physical restraint or prescribed medication to assist the person in calming themselves must be approved by a clinician such as a psychologist, physician, behaviour analyst or psychiatrist.

Intrusive Behaviour Intervention:

Intrusive procedures or actions are only used when the person supported is at risk of harming themselves or others or causing property damage. Examples of intrusive actions are physical restraint, or prescribed medication to assist the person in calming themselves with a clearly defined protocol developed by a physician as to when to administer the medication and how it is to be monitored and reviewed.

1. In a crisis situation where less intrusive interventions have not worked; physical restraint may be necessary to keep the person and others safe. The restraint must use the least amount of force that is necessary to restrict the person's ability to move freely and the person should be monitored at all times. Notification to the designated contact person (family, Substitute Decision Maker) of the use of a physical restraint during a crisis situation will occur upon obtaining consent from the person supported as they are able or as identified in the behaviour support plan. This notification will be documented in the incident report.

2. All incidents involving physical restraint will be documented fully.

3. Notification to the designated contact person (Family, Substitute Decision Maker) of the use of intrusive supports will occur upon obtaining consent from the person supported as they are able or as identified in the behavior support plan. This notification will also be documented in the incident report.

4. A debriefing process will be conducted as soon as possible among all staff involved any other witnesses when an intrusive procedure has been used. There will also be a

debriefing with the person supported when appropriate and based on their needs. All debriefings will be documented.

5. A serious occurrence report will be filed if necessary based on Ministry of Children, Community and Social Services requirements and policy #S 13 – Serious Occurrences.

6. The agency will have access to a third-party committee that will review behaviour support plans that include intrusive measures and provide advice on their compliance to best practice and Ministry requirements. Any feedback or recommendations from the committee will be documented and shared with the clinician that oversees the behaviour support plan.

7. The third-party committee will always include a clinician with relevant experience and the Executive Director and other members will be invited in as appropriate.

8. Meetings will be convened by the Executive Director as needed.

Secure Isolation/Confinement Time-out

1. When it is identified as part of an individualized behavior support plan, confinement time out must be developed in consultation with appropriate professionals. The formalized behavior support plan must include strategies and interventions that minimize the use of confinement time out. Those strategies include:
   - Verbal interaction and de-escalation techniques
   - Redirection
   - Limit setting
   - Prescribed medication

2. The physical space used for secure isolation/confinement time-out will meet the Site Inspection requirements of The Quality Assurance Measures Indicator List.

3. The formalized behavior strategy must identify objective criteria to determine the need for confinement time out. The behavior support plan will include the duration of time, extension periods and maximum time in isolation.

4. Once confinement time out has been implemented, the individual must be continuously monitored for the following purposes;
   - Maintain his/her health, safety and well-being.
   - Monitor and record behavioural changes in accordance with the behavior support plan.
   - Data collection and documentation as required by the behavior support plan and clinician follow-up.
   - Ensure compliance with policies, procedures and regulations.

5. The Behaviour Support Plan will clearly outline the stages of interval monitoring and required timing for regular record keeping.

6. Any incident involving the use of confinement time out must be documented using the internal Incident Report form and requires notification of the immediate supervisor if available or if unavailable, the emergency on call system.

7. Notification to the designated contact person (Family, Substitute Decision Maker) of the use of intrusive supports will occur upon obtaining consent from the person supported as they are able or as identified in the behavior support plan. This notification will also be documented in the incident report.

8. The duration of time that a person may spend in a secure isolation/confinement time out, any extension periods, and the total maximum amount of time that a person may spend in confinement time out, will be outlined in the behavior support plan and documented for the clinician to follow-up.

Community Living St. Marys and Area

Section: Services | Policy # S 30

Policy: Report Writing

Approved by the Board of Directors: Aug 19, 2019 | Ministry Requirement

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Employees of Community Living St. Marys and Area will ensure thorough report writing while maintaining dignity and respect for all persons.

Procedure

1. All employees of the Association are expected to adhere to the principles and procedures of reporting and record keeping.

2. All employees will be orientated in the principles and procedures of reporting and record keeping. Note: Resource document Report Writing available for all employees.

3. All employees are required to read relevant documentation immediately upon beginning their scheduled shift.

4. All documentation is to be completed as soon as possible – prompt recording ensures more accurate recording – no staff person shall leave a shift without having completed the necessary recording, unless under extenuating circumstances and with the approval of the Supervisor. Incident Reports and Serious Occurrences, are to be reported immediately to ensure prompt and accurate written reporting.

5. All documents not relevant to a current situation will be relocated to an appropriate location in a timely manner. Refer to A 6.

6. Report writing and record keeping to be reviewed annually at team or all staff meetings to ensure best practices.

7. Failure to comply with this Policy and Procedure may lead to disciplinary action up to and including dismissal.

Community Living St. Marys and Area

Section: Services Policy # S 31

Policy: On Call Emergency Response

Approved by the Board of Directors: Sept 27, 2021

Community Living St. Marys and Area will have an on-call system in place to ensure that staff and others can access assistance in case of an emergency outside of regular working hours.

Procedure

1. In an emergency situation that involves the health and safety of people, staff should call 911 for emergency services first and then the on-call system as soon as possible.

2. The on-call emergency system is mainly in place for staff support but is available directly to people supported, alternative supports or families. Employees and people supported will be oriented to the appropriate use of the emergency on-call system on an annual basis.

3. If there is no response, please leave a detailed message and call back. Do not leave a message about any emergency on voice mail without a follow-up. Staff's obligation to report, or to notify, is not discharged until actual contact has been made. If there is no response after 30 minutes please call the Manager involved.

4. The on-call emergency system will be available *outside* of regular office hours of 8am – 4:30pm during the week and at any time during the weekends and holidays. From Monday to Friday during working hours, staff should call their team leaders or manager for assistance.

5. Emergencies may include but are not limited to the following:
   a. Any situation that would fall under the Serious Occurrences reporting requirement to the Ministry of Children, Community and Social Services – see Policy S 13 Serious Occurrences.
   b. An injury to a supported person, the onset of illness, or the death of a person.
   c. The alleged abuse or mistreatment of a person.
   d. A missing person.
   e. A disaster on site such as fire, flood or significant plumbing or electrical problem.
   f. A problem with water quality.
   g. Significant concerns or complaints about the quality of service being provided.
   h. Similar concerns expressed by a supported person or family member.
   i. A significant incident involving the supported person or staff especially if police involvement occurs.
   j. Any use of physical restraint.
   k. Any other incident or issue that staff deem to be of a serious nature.

6. Situations that may not be defined as emergencies but may require staff to seek assistance or notify the on-call system:

a. Serious medication errors.
b. A staff person sustains a work-related injury or becomes ill at work.
c. A staff person needs to leave work before the end of the designated time.
d. A staff person is unable to be at work, for whatever reason, at the appointed time and is unable to search for or find a replacement.
e. A person supported or family member has become ill and assistance is needed.

7. Support services will manage the list of who will respond to the on-call emergency system and the schedule for rotation. All calls will be documented including the issues and outcomes for response or follow-up.

8. For non-emergency housing or maintenance issues outside of office hours, the person supported will have a list of specific information and contacts.

Health and Safety

The Association believes that the living and working environments of the people involved with the Association need to be healthy and safe. This includes both the people receiving support and the people providing the support.

In some instances, the Association is the landlord and is impelled by law to ensure that their buildings meet the municipal standards. In some instances, the Association provides support to people living in their own home or working in the community. In these circumstances, the Association, through its workers, is to assist the person in making sure that the community standards are met.

HS 1 Health and Safety Committee
HS 2 Providing Personal Supports
HS 3 Transferring, Lifting and Equipment
HS 4 Accidents, Injuries and Emergencies
HS 5 Fire Safety
HS 6 Dangerous Weapons and Firearms
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Community Living St. Marys and Area

Section: Health and Safety | Policy # HS 1

Policy: Health and Safety Committee

Approved by the Board of Directors: August 3, 2016 | Ministry requirement
Revised: July 2016

The health, safety and well-being of all people who use our service, employees, and volunteers are of primary concern to the Association. Promoting a safe working environment and the optimal health and well-being of all individuals is the responsibility of all people who use our service, employees and volunteers.

Procedure

1. A Joint Health and Safety Committee composed of representatives from the employee group and management will be empowered to deal with health and safety issues.

2. Members of the JHSC are expected to be certified under guidelines established and enforced by the Ontario Ministry of Labour. The Association will pay for the training.

3. The Committee will have a terms of reference. There will be a current terms of reference attached to the policy. The terms of reference will include mission and mandate, composition of the committee, duties of the committee, duties of committee members and committee procedures.

4. Duties of the Committee will include review of:
   a. Quarterly roll-up of incident and accident reports.
   b. Fire training and drills.
   c. Inspections of agency owned equipment maintenance.
   d. Inspections at applicable buildings.
   e. Oversight of any other regular health and safety activities.

5. The Committee will ensure that the Association meets its obligations of relevant health and safety legislation.

Community Living St. Marys and Area

Section: Health and Safety | Policy # HS 2

Policy: Providing Personal Supports

Approved by the Board of Directors: July 6, 2006 | Ministry requirement
Aug 19, 2019
Revised: February 2016, July 2019

The Association will promote and maintain safety practices while providing personal supports to ensure the health, safety and well-being of people using our service and employees.

Procedure

1. All employees and volunteers are expected to follow good personal hygiene practices to protect against infection, communicable diseases or any other medical circumstances that might pose a threat.

2. All employees who provide personal supports will have a thorough orientation to the safety procedures needed for that person, including any needed personal support such as bathing and showering.

3. Where a relevant medical condition exists within a person who receives services, employees may expect that management will:
   a. Inform all relevant employees so that they may be aware of any potential risk and can take precautions necessary to maintain their health and safety.
   b. Provide any special equipment or medical devices such as gloves, masks and eyewear.
   c. Provide information and accessibility to treatments or programs of immunization.

4. There is no medical reason justifying an employee’s refusing to work with a person with an infectious disease.

Community Living St. Marys and Area

Section: Health and Safety | Policy # HS 3

Policy: Transferring, Lifting and Equipment

Approved by the Board of Directors: July 6, 2006 | Ministry requirement
Revised: Sept 2015

The Association will promote the safe use of transferring and lifting techniques and all relevant equipment.

Procedure

1. Training in transferring and lifting is specific to the person using services and will be provided for anyone where manual lifting and transferring is necessary.

2. Employees or volunteers will receive specific training in all relevant equipment used by the person using our services.

3. Having received the appropriate training, the employee or volunteer is expected to use the proper techniques and the proper equipment. The Association will not be held liable for any accidents or injuries to trained employees or volunteers resulting from their failure to use such devices.

4. No one-person lifts unless pre-approved by the Association, except in emergency situations.

1. Non-compliance to these procedures will result in disciplinary action.

2. The Association will complete inspections on all relevant equipment at minimum on an annual basis and according to manufacturer's/Ministry guidelines.

3. Employees or volunteers are expected to report any needed repair to the team leader/director where necessary due to the nature of the equipment and its use, to repair or seek repair immediately.

Community Living St. Marys and Area

Section: Health and Safety | Policy # HS 4

Policy: Accidents, Injuries and Emergencies

Approved by the Board of Directors: July 6, 2006 | Ministry requirement
Revised: September 2013

It is the intent of the Association to reduce accidents and injuries to the greatest extent possible by the use of every reasonable precaution and by safety practices that promote the optimal health and well-being of people using our services, employees and volunteers.

Procedure

1. The employee is expected to respond immediately to any emergency, accident or injury which may include the calling of local emergency response systems.

2. Once an immediate response to the accident/injury has been made, it will be reported immediately to the people designated by the person and the supervisor on-call. Employees must ensure that the appropriate communication has been made. That person is required to take charge of the situation, unless a more appropriate person is identified, until the situation is resolved. The on-call person will ensure that all relevant and/or designated people are notified.

3. In the event of a missing person, follow the procedure as outlined in the person's Support Plan.

4. The Association will ensure the accident/injury and/or emergency will be documented on the appropriate form(s) and kept on file.

5. If the accident, injury and/or emergency constitutes a serious occurrence as defined by the Ministry of Community and Social Services, reporting procedures will be followed. Refer to S 13.

6. If notification of an employee or volunteer injury is not made by them, then an assumption will be made that the injury did not occur while on Association business.

7. Standard first aid supplies will be made available at designated work places.

Community Living St. Marys and Area

Section: Health and Safety | Policy # HS 5

Policy: Fire Safety

Approved by the Board of Directors: May 28, 2012 | Ministry requirement

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Fire safety is considered to be everyone's duty. All employees, volunteers and people who use our service must be aware of potential fire hazards and do all they can to eliminate or minimize these situations.

Fire Safety Plans are documented and accessible to staff and people who use services.

Procedure

1. Fire equipment, including fire extinguishers and smoke alarms in Association owned buildings must be inspected monthly by appointed personnel.

2. All employees of the Association must be aware of and abide by the comprehensive set of fire procedures developed for the James Purdue Centre, William Hanly Apartments as well as individual fire escape plans.

3. Fire drills will be conducted on a regular basis at William Hanly Apartments. Once a year, the fire drill will include a full evacuation of the building.

4. Training on the use of fire equipment will occur regularly.

Community Living St. Marys and Area

Section: Health and Safety | Policy # HS 6

Policy: Dangerous Weapons and Firearms

Approved by the Board of Directors: July 6, 2006 | Ministry requirement

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The Association will not permit any individual to have in their possession any dangerous weapon and/or firearm while conducting any Association related business. Possession includes having the weapon or firearm on person, on Association property, or any vehicle being used for Association business.

Procedure

1. Disciplinary action will be taken.

Community Living St. Marys and Area

Section: Health and Safety Policy # HS 7

Policy: Emergency Preparedness Plan

Approved by the Board of Directors: May 28, 2012, Sept 28 2020, Mar 27 2023 Ministry requirement
Revised: August 3, 2016, Sept 2020, Mar 2023

The Association will have an emergency preparedness plan that will outline actions required in the event of a fire, major accident, catastrophe or any other occurrence of a serious nature, including a person using services becoming lost. The disaster plan will include a Continuity of Operation plan in the event of service disruption. The Association has a separate Pandemic Plan to deal with preparing for and managing a pandemic crisis.

Procedure

1. The Association's Emergency Preparedness Plan will be reviewed annually by senior management. The Joint Health and Safety Committee will be consulted as needed.

2. Staff will be trained in the emergency preparedness response. New employees will read the policy as part of their orientation and then review during the annual training.

3. Each person supported will have individualized information regarding emergency preparedness available in their support plan.

<u>Community Living St. Marys and Area Emergency Preparedness Plan</u>

1. Emergency Response
Should include the following key elements for any type of crisis involving people supported, employees and or volunteers:

a. Leadership – taking responsible steps to attend to your role in responding.
b. Evacuation as appropriate to remove yourself and others from harm's way. In the case of immediate, impending danger, evacuate first and then make emergency contacts. Remember that even small fires require evacuation.
c. Calling for Emergency Response **#911** from outside of the home or situation, and ready to share information about address, circumstances of emergency and help needed.
d. Communication – staying calm while alerting others to the crisis. The Association has an emergency on-call phone number that would be the first contact within the agency (519) 949-1404. Each supported person would have his or her own personal emergency contact list as outlined in his or her support plan.
e. Provide first aid and reassurance as needed to maintain comfort and calm. Every person supported by the Association has a first aid kit in their home and the location

is noted in their support plan. In the same location is a list of meds and pertinent medical history (allergies, medical conditions, accommodations) that should go with the person being evacuated or taken to the hospital.

2. Fire Emergency

a. It is important to be proactive and check regularly for fire hazards. Test smoke alarms monthly and check fire extinguishers for expiry dates or any requirements for servicing.
b. Each person supported will have access to fire safety information and training.
c. A fire and home evacuation plan will be included in each person's support plan as well as details on practicing the plan such as fire drills.

3. Missing Persons

If a supported person has a higher risk of going missing or any other safety concern a specific plan to help prevent this from happening will be included in their support plan as well as an individualized response if it happens. This includes summer support plans for children using summer support.

In general, if a person goes missing it is important to consider the following:

a. Consider the history and individual nature of the situation including any health concerns.
b. Based on the level of independence of the person, the police are to be notified.
c. Contact local hospitals.
d. Once the missing person has been found, complete an incident report including recommendations for the future and any follow-up needed.
e. The manager in consultation with the team leader will determine when a serious occurrence report will be filed with the Ministry of Community and Social Services in accordance with guidelines.

4. Major Disaster Events

All people supported by the Association have a first aid kit in their home and are encouraged and supported to keep an emergency survival kit. The location of these are outlined in the person's support plan. Also outlined in the support plan are any other considerations including health or specialized support needs and a plan for meeting those needs. One example of this might be considering unique health needs that would make going to an evacuation centre very difficult.

In the event of a major disaster event such as a tornado, flood, extended power outage etc. Community Living St. Marys would follow the instructions in the community Emergency Response Plan for both St. Marys and Stratford. A very brief summary of the two plans are written below. The full plans are available on the Town of St. Marys website www.townofstmarys.com and the City of Stratford website www.stratfordcanada.ca there is a copy of both plans in the Central Admin office at JPC.

Town of St. Marys Emergency Response Plan

In the event that there is an emergency in the Town of St. Marys, public will be notified of the emergency and procedures to follow for personal safety in the following manner: Tune the radio or TV to any one of the following radio or TV stations for updated information:
1240 AM CJCS Stratford

107.7 FM Stratford
FM 1290 AM News talk 1290
92.7 FM BX 93
1410 AM Funny 1410
97.5 FM Virgin Radio
920 AM CKNX Wingham
CTV Kitchener – CKCO TV
CTV Two London – CFPL-TV
Check the Town of St. Marys website. www.townofstmarys.com
Social Media:
Facebook
Twitter
211 Ontario

Stratford Emergency Response Plan
In the event that there is an emergency in the City of Stratford, officials will notify the public through local media releases. The Stratford Rotary Complex will be the registration centre for any declared emergency. A call centre would be set up at the City Hall (or alternate location).

5. Emergency Survival Kit
The Perth Health Unit recommends that every citizen prepare in case of an emergency. They suggest that you have an emergency survival kit that should have everything you and your family would need to be safe and take care of yourselves for at least three days immediately following an emergency.

The following list is broken down into the essentials, items you may need to meet your family's unique needs, and items to have ready in case you have to leave your home.
WHAT TO PUT IN YOUR SURVIVAL KIT

Essentials

- Food (non-perishable and easy-to-prepare items, enough for 3 days) and a manual can opener
- Bottled water (4 litres per person for each day)
- Medication(s)
- Flashlight
- Radio (crank or battery-run)
- Extra batteries
- First-aid kit
- Candles and matches/lighter
- Hand sanitizer or moist towelettes
- Important papers (identification, contact lists, copies of prescriptions, etc.)
- Extra car keys and cash
- Whistle (to attract attention, if needed)
- Zip-lock bag (to keep things dry)
- Garbage bags

Special Considerations

a. Items for babies and small children—diapers, formula, bottles, baby food, comfort items.
b. Prescription medication.
c. Medical supplies and equipment.
d. Pet food and supplies.
e. Any other items specific to your family's needs.

Extra Supplies for Evacuation

a. Clothes, shoes.
b. Sleeping bags or blankets.
c. Personal items (soap, toothpaste, shampoo, comb, other toiletries).
d. Playing cards, travel games, other activities for children.

OTHER TIPS

1. Pack the contents of your kit in an easy-to-carry bag(s) or a case on wheels.
2. Store your kit in a place that is easy to reach, and ensure that everyone in your family knows where it is.
3. Your kit does not have to be built overnight. Spread your shopping over a few weeks. Purchase a few items every time you go to the store.
4. Your water supply should be able to cover what you would drink as well as what you might need for food preparation, hygiene and dishwashing.
5. Check and refresh your kit twice a year—when the clocks shift to/from daylight savings time is a good time. Check all expiry dates and replace food and water with a fresh supply. Check batteries and replace as needed.
6. Keep your cell phone or mobile device fully charged.

The Ministry of Community Safety and Correctional Services has resources on how to build your own emergency kit for your home and a tool for creating a personal emergency preparedness plan.
http://www.emergencymanagementontario.ca/english/beprepared/beprepared.html
The government of Canada also has resources available at
http://www.getprepared.gc.ca/index-eng.aspx

6. Continuity of Operation Plan

a. Prevention and Preparedness:

i. Ensure critical records are maintained through the use of secure web-based data systems for people supported and employees. Access to AIMS and Inclusion System can be done from any location.

ii. Offsite storage of computer backup is done on a weekly basis.
iii. All paper files for people supported and employees are kept in fireproof filing cabinets.
iv. Emergency contingency plans are developed for people supported that include family. Emergency contacts are updated. Support plans include individualized safety plans.
v. Staff are cross-trained for essential services.

vi. There is an inventory of critical supplies and equipment necessary for operations. This includes a stockpile of PPE for infectious diseases.

b. Response:

i. The Executive Director or delegate is responsible for implementing the Continuity of Operation Plan during a location specific or agency wide emergency.

ii. The Executive Director or delegate will work with external contacts and senior management team to develop a specific response plan for the situation. The plan will include identification of essential service and CLSMA staff will be redeployed based on the need.

iii. The Executive Director or delegate will lead all communication both internal to people supported, families and employees as well as external contacts including the media.

iv. Serious Occurrence reporting to the Ministry will happen as required.

v. If evacuation is required for people supported, alternate temporary living situations or emergency shelters will be accessed.

c. Follow-up:

i. Following an emergency, the Executive Director or delegate will lead debriefing and coordinate ongoing support activities. This may include use of the Employee Assistance Program, or other community resources to support people using services, employees and volunteers.

Community Living St. Marys and Area

Section: Health and Safety Policy # HS 8

Policy: Pandemic Plan

Approved by the Board of Directors: Sept 28 2020 Ministry requirement
Mar 22, 2021
Revised Mar 2021

In the event of a pandemic, the Association will take the necessary measures to establish safeguards for people supported and employees based on information and direction provided by appropriate Health and other officials.
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Procedure

Roles and Responsibilities:
Everyone is Responsible
To undertake our ongoing objective to provide a healthy and safe environment for the people we support, employees, and community members, all staff share the following responsibilities contained in the Pandemic Plan:

1. Be aware of current information and CLSMA's response, as contained in the Pandemic Plan and ongoing communication.
2. Assess yourself and others for signs and symptoms of illness.
3. Maintain infection control practices.
4. Follow CLSMA procedures throughout the pandemic.
5. Report to CLSMA if you are unwell.

Management Responsibilities:

1. Assess pandemic situation and their impact on people supported, families and employees.
2. Develop and carry out health and safety policies and procedures, including infection control.
3. Develop a comprehensive and individualized Pandemic Plan to be used across CLSMA.
4. Provide regular, ongoing employee training and education in pandemic preparedness.
5. Develop a plan to respond to increased absences and interruptions to business, due to pandemic situations.
6. Develop an effective communication strategy for pandemic situations.

Operational Phases of a Pandemic
There are six distinct phases related to a pandemic situation. This plan is organized along the line of these six phases, which include:

1. **Pre-Pandemic Phase**

Before the pandemic is local, i.e. when a global pandemic has been declared or there are international hotspots:

a. Develop and test specific pandemic plan.
b. Educate and train employees to fulfill their specific responsibilities in the event of a pandemic.
c. Acquire and document appropriate resources and equipment including personal protective equipment.
d. Develop/update appropriate policies and procedures.
e. Develop a plan for back-up/increased employee support

2. **Assessment Phase**
When local pandemic is imminent, i.e. pandemic has been declared in other regions of Canada or there are significant hotspots in North America:
a. Evaluate the nature, seriousness and urgency of the pandemic.
b. Monitor the pandemic.
c. Consider potential implications of the situation.
d. Communicate and share information between management, employees, people supported/families, and healthcare providers.
e. Activate a plan for back-up/increased employee support if required.

3. **Response Phase**
When local pandemic is in progress, i.e. pandemic has been declared, or there are confirmed cases in the local area:
a. Activate pandemic response plan.
b. Communicate and share information between management, employees, people supported/families, and healthcare providers.

4. **Recovery Phase**
When the pandemic is over:
a. Communicate and share information between management, employees, people supported/families, and applicable other groups.
b. Provide or facilitate counseling to people supported/employees.
c. Facilitate immunization for employees/people supported, where appropriate.

5. **Rehabilitation Phase**
a. Prevent further pandemics.
b. Monitor potential aftereffects.
c. Communicate and share information between management, employees, people supported/families and others.
d. Support recovery.

6. **Evaluation Phase**
Lessons learned and critique of response:
a. Evaluate and if required, revise pandemic plan.
b. Communicate and share information between employees, people supported/families and other.
c. Assess need for pandemic plan funding.

Developing a Pandemic Specific Plan

Pre-Pandemic Phase

Preparations could include:

1. Engaging the CLSMA Health and Safety committee and Employee Management Relations committee in preparations.
2. Provide pandemic specific health and safety policies and procedures, that are reviewed by all employees.
3. Update the Pandemic Plan, including roles and responsibilities in widespread outbreak situations.
4. Activate a communication strategy to share information and directives to employees, people supported/families, home share providers and supportive neighbours. Regular communication will encourage people to access reliable sources of information including Huron Perth Public Health.
5. Develop and maintain comprehensive emergency contact information for including local fire, police, ambulance dispatch, hospital, hydro, municipal services, pharmacies, transportation and Public Health services.
6. Develop individualized essential support plans for each person who accesses any service from CLSMA. Information gathered should include; age, relevant health info, level of support etc. Identify a point of contact within the agency for each person supported to ensure there is support.
7. Reinforce infection control practices and provide training for frequent hand washing with soap and water, use of hand sanitizer while out of the home, using paper hand towels instead of cloth, properly wearing masks, keeping distance from others, not touching one's face, covering coughs and sneezes, proper cleaning of home surfaces and avoiding public gatherings.
8. Develop infection control supplies inventory for each worksite, which offers a description of the item and number on hand, e.g., disposal gloves, face masks, sanitizing hand wipes. CLSMA will also keep an inventory of personal protective equipment such as gowns, face shields, that can be handed out as needed.
9. Develop a forecast/plan for dealing with employee absences.
10. Cancels non-essential work related travel and Executive Director/designate will determine whether self-isolation is necessary for employees returning from travel near international hotspots.

Assessment Phase

1. Communicate with local Public Health Services for direction and/or updates on pandemic conditions.
2. Communicate with the Ministry of Children, Community and Social Services on sector specific protocols.
3. Begin use of the screening tool for all employees, people supported/families and visitors and monitor illness.
4. Work with families to determine where they provide essential services and create plans for this.
5. Begin using risk assessment tools to determine where risk of transmission can be reduced in all areas of service.
6. Continue with communication strategy.

7. Develop human resource strategies that may be required such as cross training, remote work procedures, remote interview process, streamlining teams and reducing employees with other employment.
8. Provide training on use of personal protective equipment.

Response Phase

1. The Executive Director will declare when there is a pandemic emergency and is the person authorized to speak to the media on behalf of CLSMA.
2. Continue communication strategy.
3. Provide clear written delineation of authority regarding employee responsibilities.
4. Cancel training events and meetings.
5. Implement necessary travel restrictions for employees and people supported.
6. Reduction of community activity such as volunteer work, attendance at large gatherings or recreation for people supported based on the individualized essential service plans.
7. Reduction of visitors to people's homes and implement alternative methods of keeping contact with family and friends.
8. Protocols developed for the offices at JPC that could include, closing public access, having one locked entrance to the building with a sanitization station set up, additional cleaning, monitoring social distancing etc.
9. Where possible, remote work begins.
10. Activate staff redeployment plan if required.
11. Monitor self-isolation for employees who are returning from travel outside of Canada.
12. Communicate effectively with the Ministry of Children, Community and Social Services and implement directives.

Recovery and Rehabilitation Phase

1. Communicate and share information between management, employees, people supported/families, family home providers, supportive neighbours, health care providers, Ministry on status of the situation.
2. Replenish supplies used.
3. Develop and implement a plan and guidelines for return to typical operations.
4. Debrief and provide support to people support and employees as needed.

Evaluation Phase

As soon as the Executive Director deems appropriate, CLSMA will proceed with an evaluation of the pandemic response and a summary will be made available to employees and the Board.

Conditions for Operational Planning

In the event of a pandemic emergency and/or critical staff shortage, CLSMA will prioritize and maintain essential services through value-informed decisions.

1. Implement the individualized essential service plan for each person supported that identifies prioritized service and non-essential service that could be suspended.
2. Notify all people supported/families of the decision to prioritize service, and the impact on service currently provided.
3. Move all available staff resources onto redeployment list for possible reassignment.

4. Cross-train staff to be prepared for redeployment.
5. Redeploy staff once critical shortage is experienced.
6. Care for ourselves and each other is critical.
7. Learn from this experience.

Human Resource Plan

During a pandemic, there is a high likelihood that there will be a reduction in staff.
The human resource plan deals with:

1. Identifying key personnel in decision making roles and delineation of authority.
2. Reviewing employee leaves and tracking this.
3. Redeployment of staff.
4. Overtime
5. Leaves such as vacation and sick time.
6. Health and safety issues such as work refusals, managing work related illness and wellness of employees.
7. Work from home.

Delineation of Authority

The authority to implement all or portions of the pandemic plan lies with the Executive Director or delegate.
The senior staff team will confer with the ED and act as an incident management team.

Redeployment of Staff

The incident management team will make all decisions about redeployment.
Redeployment may occur due to non-essential support being cancelled.
Orientation will be provided to ensure everyone deployed to work is qualified to work with the person.

Overtime

Depending on staff availability, all efforts will be made to maintain regular contract hours. In the event CLSMA experiences staff shortages, staff may be required to work longer shifts or additional shifts as required.

Vacation

In a pandemic emergency, all vacation requests will be reviewed and may need to be rescinded.

Work Refusal

If a staff person wished to exercise their right to refuse work they feel is unsafe, CLSMA will adhere to HS10 Work Refusal Protocol unless directed otherwise by appropriate Health and other officials.

In Case of Known or Presumed Exposure

Employees are expected to self-isolate and follow other protocols in accordance with CLSMA and Public Health guidance.

Supporting New People from the Community

During a pandemic, requests for supporting new people will still be considered however will be reviewed individually to determine the risks involved. Decisions will be made based on which phase of the pandemic the request is made in, the amount and type of support needed, staffing availability and the person and family's situation. Steps to move ahead with planning will be based on current guidelines from MCCSS and Huron Perth Public Health.

Community Living St. Marys and Area

Section: Health and Safety Policy #HS 9

Policy: Severe Weather

Approved by the Board of Directors: November 24, 2008

All employees, volunteers and people who use our services must be aware that severe weather conditions sometimes happen in our geographical area. In such conditions, traveling to and from work can become hazardous for employees who do not reside near the workplace. The Association recognizes the threat to health and safety posed by severe weather conditions and will reasonably consider any requests for adjustment to the work schedule so long as the support services can be maintained. Accordingly, some work shifts may have to be lengthened or shortened during such severe weather conditions to compensate for employee shortages.

Procedure

1. During severe weather conditions, an employee who chooses not to attend work due to genuine fear of personal safety in their travel to the workplace, or who is unable to attend work because of road closures, is required to exercise best efforts to inform their supervisor, person being supported or family member, (whoever is most significant) prior to the beginning of the shift.

2. If an employee requests to leave the workplace early due to expected severe weather conditions, the request will be dealt with by the supervisor on a case to case basis, taking into consideration factors such as the well-being of the person receiving support, and/or availability of other employees in the area.

3. In order to maintain adequate support services, those on-shift employees already at their assigned workplaces may be asked to remain on duty after their regular shift if there is not sufficient relief available for the next shift due to severe weather conditions.

4. An employee who is unable to get to work due to severe weather conditions will not receive pay for the shift, but can apply their accumulated credits towards the time lost – i.e. time owing or vacation days.

Community Living St. Marys and Area

Section: Health and Safety Policy #HS 10

Policy: Work Refusal Protocol

Approved by the Board of Directors: August 21, 2017 Ministry requirement

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The Association will adhere to the work refusal process outlined below, in accordance with the provisions of the Ontario Occupational Health and Safety Act.

A worker may refuse to work or do particular work where they have reason to believe that:

a. Any machine, equipment or tool that the worker is using or is told to use is likely to endanger themselves or another worker [section 43(3)(a)].
b. The physical condition of the workplace or workstation is likely to endanger the worker [section 43(3)(b)].
c. Any machine, equipment or tool that the worker is using, or the physical condition of the workplace, contravenes the Act or regulations and is likely to endanger themselves or another worker [section 43(3)(c)].

Certain workers who have a responsibility to protect public safety cannot refuse unsafe work if the danger in question is a normal part of the job or is the refusal would endanger the life, health or safety of another person [section 43(2)]. **In every situation, Association employees are working with vulnerable people and therefore the employee must ensure their own physical safety and that of the person they are supporting until the situation has resolved or additional assistance has arrived.**

Procedure

1. The worker must immediately tell the supervisor or employer that the work is being refused and explain why [section 43(3)(c)].

2. The supervisor or employer, the concerned employee and an employee member (preferably certified) of the Joint Health and Safety Committee shall investigate the situation promptly.

3. The employee must remain in a safe place where they have been working until the investigation is completed [section 43(5)]. If the situation is resolved, the worker will return to work.

4. If the situation is not resolved, (the worker), the employer or someone acting on behalf of either must notify a Ministry of Labour inspector.

5. If the Ministry of Labour inspector is satisfied that the worker has the legal right to refuse unsafe work, they will come to the workplace to investigate the refusal in the presence of management, the employee and the Health and Safety committee representative.

6. While waiting for the Ministry of Labour to arrive the employee concerned may be assigned to alternative work.

7. The inspector will give his decision in writing. Any directives must be followed, but may be appealed. If the inspector finds that the work is not likely to endanger anyone, the refusing worker is expected to return to work [section 43(8) and (9)].

8. During any part of this refusal to work, the employee shall be deemed to be at work and paid accordingly.

9. Other employees may be assigned to do the work of the concerned employee, but first such other employees must be informed of why the first employee is refusing to do that particular job.

Community Living St. Marys and Area

Section: Health and Safety | Policy # HS 11

Policy: Buildings and Equipment Maintenance

Approved by the Board of Directors: Dec 13, 2018 | QAM requirement
Aug 19, 2019
Revised: July 2019

The safety and well-being of persons supported will be ensured by inspection and routine maintenance of all buildings and equipment on premises owned or operated by Community Living St. Marys and Area.

Procedure

1. The Association demonstrates its commitment to safety by ensuring that buildings, pertinent equipment and maintenance inspections are conducted routinely by qualified technicians. These include, but are not limited to: fire extinguishers, smoke and carbon monoxide detectors, alarm systems, mechanical lifts and lift systems, elevators, appliances, heating and cooling equipment and agency vehicles.

2. Copies of evidence of routine inspections will be filed at the central administration office. These may include: Certificates of Inspection, letters, Service Invoices, Billing Statements, or other detailed documentation confirming regular maintenance as recommended by the manufacturer.

3. Where possible the actual equipment may be tagged and/or service sticker affixed confirming regular maintenance.

4. Drinking water filtration equipment is maintained in accordance with the Ontario Safe Drinking Water Act, 2002, by a Licensed Operator, where required by the Regulations.

5. Items determined to require maintenance can be dealt with by the tenant or homeowner, the support staff, landlord or referred to the Supervisor as required.

Community Living St. Marys and Area

Section: Health and Safety | Policy # HS 12

Policy: Water Safety

Approved by the Board of Directors: Dec 13, 2018 | QAM requirement

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All people supported by Community Living St. Marys and Area who experience water safety issues including seizure activity will be reviewed annually to determine the amount and type of support required during bathing/swimming, while respecting their right to privacy.

Procedure

1. The person and/or family, friends, advocates will make an informed decision about the amount and type of support required based on the following factors:
   a. Age of the person.
   b. Type and intensity of seizure activity.
   c. Frequency and pattern of seizure activity.
   d. Presence of other reasons for close supervision.
   e. Safety features available, such as grab bars, non-slip rugs, pressure balanced taps, and temperature-controlled water.
   f. Current level of support being provided and additional support available.
   g. The degree to which seizures have been controlled.
   h. The person's understanding of the risks involved in their personal preference which might include having a risk assessment completed.

2. The final determination of support must be documented, reviewed annually, or at any time the person's medical/health situation changes or at the request of the person. This is to be noted in the Support Plan either directly or in an appendix by stating the level of supervision needed first and the specific details of support. In situations where the person chooses not to have staff present during bathing/showering it will be clearly identified in the Support Plan and reviewed on a regular basis with the person and/or their family.

3. The bathing protocol will be included as part of orientation for new staff members to the team.

4. Support is to be provided in the least intrusive manner possible to ensure both privacy and safety.

5. Staff will supervise people with active epilepsy at all times while swimming or bathing according to the details of their support plan. They will also provide instruction on proper use of safety equipment.

6. This procedure will be applied to any situation where personal safety around water is a concern.

Community Living St. Marys and Area

Section: Health and Safety | Policy # HS 13

Policy: Water Temperature

Approved by the Board of Directors: Dec 13, 2018 | QAM requirement
Applicable only where Intensive Support Residences (I.S.R.) funding applies

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Community Living St. Marys and Area will ensure safe and healthy environments for the people we support with respect to safe and healthy water temperature. This will be done by:

a. Systematic instruction.
b. Mechanical tempering valve regulators.
c. Routine testing and documentation.
d. Providing close personal support.

Procedure

Safe water temperature management will be ensured by:

Instruction

1. Support staff will teach people supported to participate in safe water temperature management as a daily practice and as a life skill. Running water will be tested at the shower, tap or tub faucet by; setting the correct running water temperature by touch – starting from cold to hot, maintaining an ongoing contact by hand throughout a physically assisted shower to ensure that the temperature does not change. Standing submersible water will then be tested again by; stirring standing water by hand in the tub and submerging your elbow or forearm prior to the person entering the tub. The standing tub water should be 1 to 2 degrees higher than body temperature.

Mechanical Regulators

2. Tempering valve regulators will be installed and maintained in Association properties. These will be designed to heat water to a sufficient level to meet health requirements, while delivering water at a temperature not to exceed 49 degrees celsius.

Routine Testing and Documentation

3. Water temperature testing and documentation will be carried out on a daily basis in each support location. Water temperature verification will be documented on the attached *Water Temperature Testing* form which includes; date of testing, location of testing and the temperature recorded. Water will be tested in any location where bathing occurs. Water will be tested by the following method:

a. Run hot water for two minutes.
b. After two minutes, allow the water to flow into a cup.

c. With the hot water still running, place the thermometer into the cup.
d. Wait until the temperature has stopped climbing. This is the temperature to record.

Water tested which measures or exceeds 49 degrees Celsius must be reported immediately to the Team Leader or Director of Support Services.

Close Personal Support

4. Support staff are responsible to ensure safe water temperature directly or by supporting the person to do so. This is true for situations at home or at incidental locations where bathing is staff supported.

COMMUNITY LIVING ST. MARYS AND AREA
WATER TEMPERATURE TESTING AT :

DATE (day,month,year)	TIME	LOCATION IN HOUSE	PRINT NAME	SIGN NAME

Note: Use the instructions provided for how to test water temperature.

Community Living St. Marys and Area

Policy Title: IPAC Education **Policy Number:** HS 14	**Section:** Health and Safety
Original Date: March 24,2025 **Last Revision Date(s):**	**Approved by:** The Board **Next Review Date:** March 2027

PURPOSE:
To support the adoption and maintenance of safe and effective Infection Prevention And Control (IPAC) practices through consistent, ongoing, evidence-based IPAC education for all Community Living St. Marys and Area staff.

POLICY:
CLSMA commits to ensuring that all employees complete a comprehensive IPAC Education program upon hire and annually, to ensure that they understand the basic principles of Infection Prevention and Control.

PROCEDURES:
A basic IPAC education program designed for all CLSMA employees will at a minimum cover the following topics:

- Hand Hygiene
- Point of Care Risk Assessment
- Routine Practices and Additional Precautions
- Cleaning, Disinfection, and (if applicable) Sterilization
- Occupational Health and Safety

CLSMA will retain records from each employee confirming completion of annual IPAC education.

Community Living St. Marys and Area

Policy Title: IPAC Healthy Workplace **Policy Number:** HS 15	**Section:** Health and Safety
Original Date: March 24, 2025 **Last Revision Date(s):**	**Approved by:** The Board **Next Review Date:** March 2027

PURPOSE:

The purpose of this policy is to create a safe and healthy environment and to reduce the risk of transmission of infection between workers, the people we support, family members,and others in the environment through worker controls.

POLICY:

In addition to practicing excellent hand hygiene and following routine practices and additional precautions, employees can help to prevent infections in their settings by taking care to keep themselves and each other healthy.

This policy outlines how employees can help prevent infections by staying home when sick, practicing respiratory etiquette, and maintaining up to date immunizations.

PROCEDURES:

Stay home when sick

Wherever possible, all employees should not come to work if they are ill with a potentially infectious illness as they may infect others. See the chart below for a list of illnesses requiring work exclusion.

Specific Work Exclusion

If a person supported is medically at high risk or immunocompromised, there may be additional work exclusions based on their needs.

Illness amongst people supported

Wherever possible, the people we support, family members and visitors should also be asked to reschedule their visit if they are not feeling well.

Recommended Work Restrictions

	ILLNESS	**SYMPTOMS**	**EXCLUSION PERIOD**
Respiratory	Common cold	Cough, runny nose, sore throat, sneezing, congestion	Until feeling well enough to return. Wear a mask if working while symptomatic.
	Influenza or influenza-like illness	Fever, body aches, fatigue, headache plus respiratory symptoms.	5 days after onset of symptoms and feeling well enough to return to work.

	Strep Throat	Very sore throat, fever, red swollen tonsils, throat swab will confirm.	24 hours after start of effective antibiotic treatment.
Gastro	Gastroenteritis	Diarrhea, vomiting, abdominal pain and cramping.	24 hours after last symptom.
	Norovirus gastroenteritis	Sudden onset diarrhea and vomiting, often more severe.	48 hours after last symptom.
Rashes	Chicken Pox/Shingles	Chicken Pox - rash of itchy, fluid filled blisters, fever, headache, fatigue. Shingles - painful or tingling rash that most often develops on one side of the body or face in a single stripe. Fever, headache, chills	Chicken Pox - excluded for at least 5 days, all blisters must be dry and crusted. Shingles - Cover weeping rash with a dressing while at work. If rash cannot be covered, exclude until dry and crusted.
	Pink Eye	Red, swollen eyes with yellow green discharge.	Exclude until symptoms improve and eye is not draining, usually 24 hours after start of antimicrobial treatment.
	Scabies	Itching, pimple-like skin rash.	24 hours after application of scabicide.
Other	COVID-19, measles, mumps, rubella, pertussis, tuberculosis.		Workers experiencing illness due to suspect or confirmed COVID-19 or another reportable disease must follow Public Health direction regarding return to work.

Respiratory Etiquette

All support workers will practice respiratory etiquette and will encourage the people we support and others in community living program settings to do the same. Respiratory etiquette refers to personal practices that help to prevent the spread of the germs that cause respiratory infections.
These practices include:

- Staying away from others when ill with a respiratory infection
- Maintaining a two-meter distance from others when coughing or sneezing
- Turning head away from others and coughing or sneezing into your elbow or a tissue rather than your hands
- Immediately dispose of tissues after use
- Immediately perform hand hygiene after disposal of tissues

Employee Immunization

Immunization programs are highly effective and essential for keeping employees safe from infection.
The following immunizations are recommended by the Ontario Health Team:

VACCINE	REQUIREMENT
Influenza	Annual
Measles, Mumps, Rubella (MMR)	2 doses, or lab confirmation of immunity
Varicella (Chicken Pox)	2 doses, or lab confirmation of immunity
Hepatitis B	Full vaccine series followed by lab confirmation of immunity for any workers who may be exposed to blood or bodily fluids.
Tetanus Diphtheria Polio	Primary series plus booster dose of Td every 10 years.
Pertussis	Single dose of Tdap if not previously received in adulthood.
Turberculin skin test (TST)	Previous 2 step TST, at least one dose within 12 months of start date for those at risk of exposure to TB in their work setting. Additional TST as indicated based on risk.
COVID-19	Full series.

Community Living St. Marys and Area

Policy Title: IPAC Hand Hygiene **Policy Number:** HS 16	**Section:** Health and Safety
Original Date: March 24, 2025 **Last Revision Date(s):**	**Approved by:** The Board **Next Review Date:** March 2027

PURPOSE:

The objective of this policy is to establish guidelines and procedures for hand hygiene practices for all employees. This policy aims to promote and maintain the highest standards of hand hygiene among the people we support, staff, and family to prevent the spread of infections.

POLICY:

Hand hygiene is the single most important way to prevent the spread of infection. Community Living St. Marys and Area (CLSMA) will ensure access to safe and effective hand hygiene products including alcohol-based hand rub (ABHR) at a minimum concentration of 60% alcohol, for any situations where there is limited access to sinks with soap and water.

Hand hygiene products should be available at the point of care.

Support workers must perform hand hygiene when required. The people we support, and others will be encouraged to perform hand hygiene as required.

PROCEDURE;

1. Handwashing: All individuals should wash their hands thoroughly with soap and water:
   - Before eating and drinking.
   - Before preparing, handling or serving food.
   - Before and after administering medication or assisting with medication administration.
   - After using the toilet or assisting others with personal hygiene.
   - After coming in contact with bodily fluids, such as blood or saliva.
   - After handling waste or contaminated items.
   - After handling animals or animal waste.
   - After coughing, sneezing, or blowing the nose.
   - After touching surfaces or objects that may be contaminated.
   - Whenever hands appear dirty.

Proper handwashing technique:

- Wet hands with clean, running water.
- Apply soap and lather well, ensuring to cover all surfaces of the hands (including palms, back of hands, fingers, and nails) for at least 20 seconds.
- Rub hands together vigorously to create a good lather.
- Clean under nails using a brush or by rubbing fingertips against the palm.
- Rinse hands thoroughly under running water.
- Dry hands with a single-use towel or air dryer.
- Use the towel to turn off the faucet.

- DO NOT routinely use alcohol based hand rubs immediately after washing hands, as skin irritation will be increased.

2. Hand Sanitizing:
Alcohol-based hand sanitizers with a minimum of 60% alcohol content can be used as an alternative to handwashing when soap and water are not readily available. Individuals should apply an adequate amount of hand sanitizer to cover all surfaces of their hands and rub hands together until dry.

3. Education and Resources:
All employees will complete hand hygiene education on hire and annually. CLMSA will provide information on hand hygiene to people supported.

Community Living St. Marys and Area

Policy Title: IPAC Routine Practices and Additional Precautions **Policy Number:** HS 17	**Section:** Health and Safety
Original Date: March 24, 2025 **Last Revision Date(s):**	**Approved by:** The Board **Next Review Date:** March 2027

PURPOSE:

To prevent the spread of infection between employees, the people who use services and others through adherence to Routine Practices and Additional Precautions.
All people are potentially infectious, even when not symptomatic. Adhering to consistent, safe standards of practice in all interactions and with people using services will prevent the spread of microorganisms causing infection.
In situations where people are known or suspected to be infectious, extra infection prevention and control measures will be put in place in addition to Routine Practices to further interrupt the transmission of infection.

POLICY:

This policy requires all employees to use the Point-of-Care Risk Assessment (PCRA) for support situations.

PROCEDURE:

When a risk or potential risk of infection is identified, Additional Precautions will be used to reduce the risk of transmitting infection.
Environmental controls such as the support setting, ventilation and cleaning and disinfection are also considered part of Routine Practices and Additional Precautions.
Routine Practices and Additional Precautions are to be used in conjunction with other IPAC measures including hand hygiene, respiratory etiquette, staying home when sick, and cleaning and disinfection. Please consult the additional Infection Prevention and Control (IPAC) policies for these procedures.

Employees will assess their risk of exposure to blood, body fluid, secretions, excretions, mucous membranes, non-intact skin, or soiled items prior to every interaction with the person supported to determine the PPE that is to be worn. This assessment is referred to a Point-of-Care Risk Assessment (PCRA). This is done in conjunction with other IPAC measures including hand hygiene, respiratory etiquette, staying home when sick, and cleaning and disinfection.

Employees may be directed to always wear the appropriate PPE by their Supervisor in situations where/when the risk of transmission of infections have increased such as in an outbreak at a location.

Point-of- Care Risk Assessment (PCRA)

A thought process used to help identify what steps need to be taken to reduce risk of infection to yourself, the person you support and others in the environment.

The person:

- Does the person have new or worsening symptoms? Do you notice any unusual changes in the person's behaviour or activity level from their baseline?
- Have you been informed that the person requires Additional Precautions (droplet, contact, airborne) due to an infection?
- What is the person's health status (i.e., immunocompromised)?
- Are there any unpredictable behaviours that may put you or others at risk?

The task:

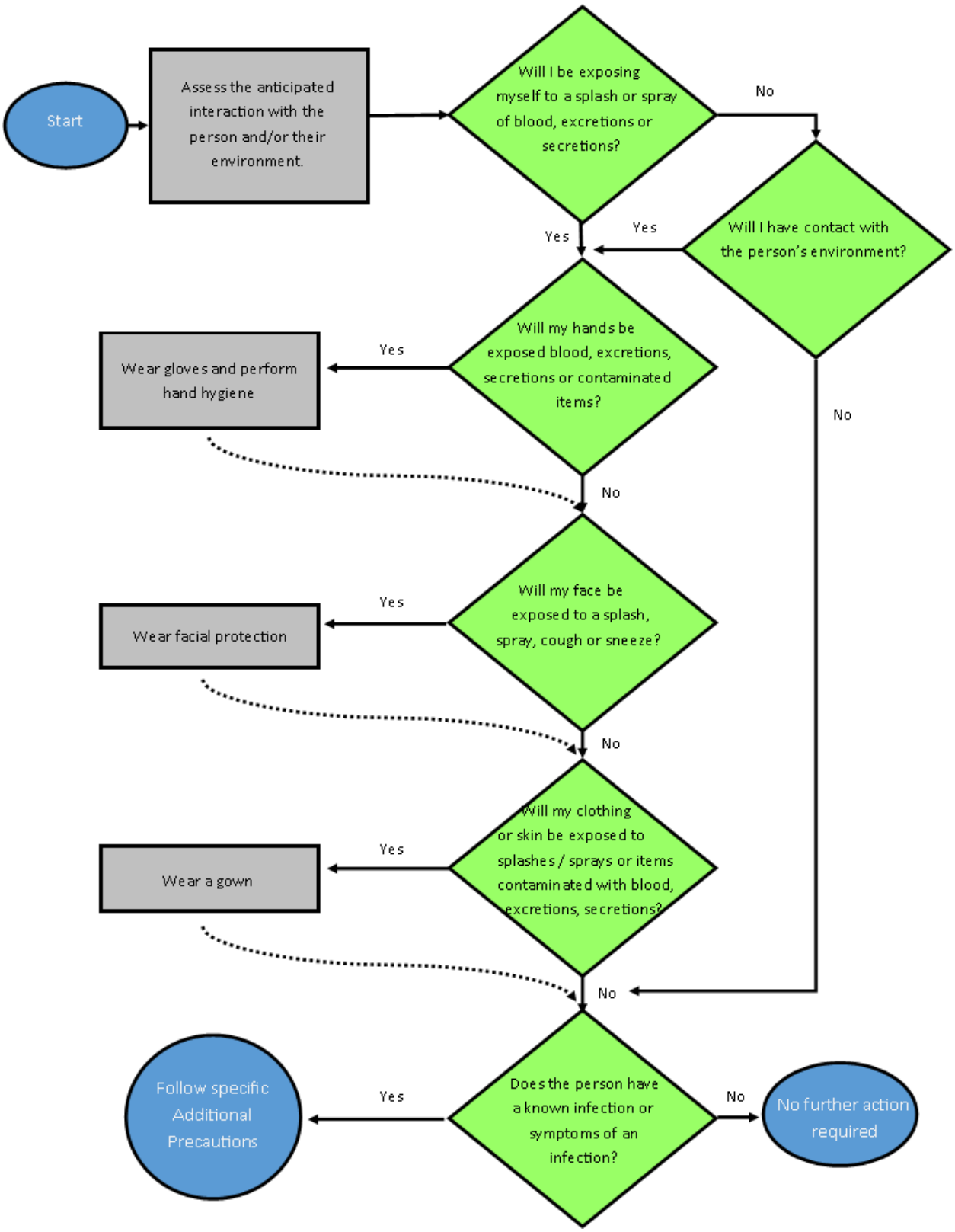
- What type of task are you carrying out (i.e., providing direct face-to-face care, coming into contact with body fluids, direct care)?
- Are you prepared for the task (i.e., supplies ready, equipment required, knowledgeable about the process etc.)?

The environment:

- What is required to prepare the environment to protect yourself and others?
- Does the person have their own bedroom? Is the bathroom shared?
- Will cleaning and disinfecting be required, and where are the supplies?

When a risk or potential risk - of infection is identified, Additional Precautions will be used to reduce the risk of spreading infection within the support setting such as isolating the individual, wearing appropriate PPE that could include eye protection, masks, gowns and gloves, and enhanced cleaning and disinfection.

The following chart illustrates the steps involved in a PCRA.


Start
Assess the anticipated interaction with the person and/or their environment.
Will I be exposing myself to a splash or spray of blood, excretions or secretions?
No
Yes
Will I have contact with the person's environment?
Yes
No
Will my hands be exposed blood, excretions, secretions or contaminated items?
Yes
Wear gloves and perform hand hygiene
No
Will my face be exposed to a splash, spray, cough or sneeze?
Yes
Wear facial protection
No
Will my clothing or skin be exposed to splashes / sprays or items contaminated with blood, excretions, secretions?
Yes
Wear a gown
No
Does the person have a known infection or symptoms of an infection?
Yes
Follow specific Additional Precautions
No
No further action required

<u>Routine IPAC Measures:</u>

Hand Hygiene:

- Routine Practices always includes appropriate hand hygiene. For more information on how and when to clean your hands please refer to the IPAC Hand Hygiene Policy.

<u>Personal Protective Equipment (PPE)</u>

Gloves:

- Wear gloves for contact with mucous membranes, non-intact skin, blood, body fluids, secretions, excretions, rashes, when touching any contaminated equipment or environmental surfaces, and when the person supported has or is suspected of having an illness spread via contact (i.e., on Contact precautions).
- Gloves are task-specific and single use and do NOT replace the need for hand hygiene.
- Gloves are NOT required for routine care involving contact with intact skin (bathing, dressing, taking vitals) unless criteria in risk assessment are met.

Gown:

- Wear a gown when splashes or sprays of blood, body fluids, excretions or secretions are likely to occur.

Eye protection:

- Wear eye protection to protect the mucous membranes of the eyes, nose, and mouth from splashes and sprays of body fluids, secretions and excretions and act as a barrier to splashes from the front and side
- Remove and clean or dispose of after use.
- Eyeglasses are NOT acceptable eye protection.

Surgical masks:

- Wear a mask to protect the mucous membranes of the nose and mouth from splashes and sprays of body fluids, secretions and excretions.
- Masks also protect the person supported from the respiratory secretions of the worker if they must work while symptomatic.
- People supported should be asked to wear a mask if they have symptoms of a respiratory illness.
- Mask should securely cover the mouth and nose, do not let it dangle or rest under chin/ Do not touch mask while wearing it/ Do not reuse a disposable mask / Change the mask if it becomes wet or soiled /Dispose of mask immediately after use
- When donning (putting on a mask); wash your hands first; do not touch the inside of the mask with your hands; circle the elastic around your ears; pull the mask at the top at your nose and at the bottom gently to open the pleats; squeeze the metal piece at the bridge of your nose.
- Follow all guidelines provided for use of masks, ‘donning and doffing’ of masks, and disposal of masks

N95 Respirator Mask:

- Wear a fit-tested seal-checked N95 respirator in specific situations where you may be exposed to infectious airborne particles.

- N95's that are not the appropriate size for the wearer will not be effective and should not be used.
- N95 fit testing must be completed at least every 2 years
- Seal-check the respirator every time it is worn

Types of Additional Precautions

Contact Precautions
Required for organisms spread via direct and indirect contact. Indirect contact refers to a susceptible person touching a surface that has been contaminated by an infected person, rather than the person themselves.
Required PPE for Contact Precautions includes:
- Gloves
- Gown

Droplet Precautions
Often combined with Contact precautions, Droplet precautions are required for organisms that spread via large respiratory droplets that are spread primarily through coughing and sneezing. A person becomes infected when the droplets enter their body through the mucous membranes of the eyes, nose, and/or mouth.
Required PPE for Droplet Precautions includes:
- Eye protection
- Mask
- Add gown and gloves if Contact Precautions are also required

Airborne Precautions
Airborne Precautions are used in addition to Routine Practices for people supported known or suspected of having an illness transmitted by the airborne route. There are a very small number of infections that spread via the airborne route, including measles, respiratory tuberculosis, chickenpox, disseminated zoster, and some emerging infections. Some organisms may become airborne during certain medical procedures.
Required PPE for Airborne Precautions includes:
- N95 respirator
- Add gown and gloves if Contact Precautions are also required
- Add eye protection if Droplet Precautions are also required

Environmental Controls
Environmental controls include changes that can be made to the physical environment that will help to decrease transmission of infection in the healthcare setting.

<u>Heating, Ventilation and Air Conditioning (HVAC)</u>
Building ventilation systems (e.g. HEPA Filter Air Purifiers) can be utilized to reduce the amount of infectious organisms in the air by altering the amount of fresh air coming into the building, or changing the pressure between rooms.

<u>Enhanced Cleaning and Disinfection</u>
In some cases, additional cleaning and disinfection is required based on the PCRA or the person supported or diagnosis. More frequent cleaning can reduce the amount of contamination in the environment, thereby reducing the risk of transmission of infection.

See organization-specific policies and procedures and the IPAC Cleaning and Disinfection Policy.

Education

All support workers will be provided with education on Routine Practices and Additional Precautions, including the use of PPE, upon hire and annually. Please see the IPAC Education Policy.

Safe Handling of Sharps

When the use of needles is required for a person using services, safe handling of sharps is an essential part of Routine Practices.

Before Use

- Hepatitis B vaccine will be required for all non-immune support workers who may be exposed as part of their employment. Refer to Public Health for questions around Hepatitis B immunization and serology.

During Use

- CLSMA will provide authorized sharps containers in locations where people using services may use needles or other sharps for prompt disposal after use.
- Do not leave used sharps unattended.
- Do not pass exposed sharps from person to person.
- Never recap used needles.

After Use

- Do not overfill sharps containers. Disposed needles should not exceed the line on the side of the container and the lid must shut properly.
- Follow appropriate guidelines for disposal of all filled sharps containers. Do not dispose in regular waste.
- If no sharps container is available, use a rigid, sealable, puncture-resistant plastic container.

Community Living St. Marys and Area

Policy Title: IPAC Cleaning and Disinfection **Policy Number:** HS 18	**Section:** Health and Safety
Original Date: March 24, 2025 **Last Revision Date(s):**	**Approved by:** The Board **Next Review Date:** March 2027

PURPOSE:
To create a safe and healthy environment and to reduce the risk of transmission of infection between employees, people supported, families and others by reducing the microbial contamination of surface, items, and equipment in settings such as homes and offices.

POLICY:
The homes of people supported and office settings can become contaminated with harmful microorganisms due to the number of people sharing a space and/or due to the type of support being provided. Employees will work to reduce the amount of contamination in the environment through routine and effective cleaning and disinfection of surfaces, items and equipment, as described in this policy. Cleaning and disinfection are to be used in combination with, not in place of, other Infection Prevention and Control (IPAC) interventions including hand hygiene, routine practices and additional practices.

When working in the homes of people supported, workers will provide information on the importance of cleaning and disinfection to the individual and encourage following IPAC protocols. At the same time they will respect the rights of people receiving support in their own home.

PROCEDURE:

Responsibility for Cleaning:
Every employee has a responsibility for environmental cleaning. The primary focus of the policy is on higher risk areas such as bathrooms, kitchens and spaces where personal care is provided. CLSMA will provide information on protocols for enhanced cleaning when required due to outbreak or the presence of a specific infectious agent resistant to the normal cleaning process.

Compliance with the cleaning and disinfection policy and procedures should be included in the employee's performance appraisal as part of IPAC practices.
If cleaning is done by a contracted service, the policies and procedures of the service provider must be consistent with policies around cleaning, disinfection and health and safety.

Cleaning Standards: Hotel Clean vs. Healthcare Clean

<u>Hotel Clean</u>
Cleaning should be approached differently based on the purpose of the area to be cleaned. The most basic level of cleaning is referred to as "Hotel Clean" and involves removal of dust and dirt, cleaning windows, wiping surfaces, and waste disposal. **Hotel**

Clean is required at a minimum everywhere and results in a visually clean space. Hotel clean is adequate for public spaces such as administrative offices, lobbies and hallways.

Healthcare Clean

Healthcare Clean is Hotel Clean PLUS more intense, thorough, and frequent cleaning AND the use of disinfectants. The goal of Healthcare Clean is to reduce or eliminate microbial contamination within the environment. It is required for areas such as washrooms, kitchens or rooms where personal care is provided.

Surfaces must be clean for disinfectants to be effective. Many can be inactivated by the presence of organic material (ie. blood, secretions, excretions). Often one-step cleaner-disinfectants are adequate; however, for heavily soiled areas, the area will need to be cleaned prior to disinfection.

Healthcare Clean is the standard that CLSMA strives to reach. Extra cleaning should be performed in cases where a person supported is known or suspected to have a specific organism that could persist in the environment for long periods of time, or in outbreak situations.

Personal Protective Equipment (PPE)

PPE should be used when cleaning if it is required based on the Point-of-Care Risk Assessment (PCRA) to protect against exposure to infectious microorganisms OR if recommended by the product manufacturer or the organizational policy to protect against exposure to harmful chemicals in the cleaning product.

At a minimum, gloves should be worn while handling cleaning products. Hands must be cleaned prior to putting on gloves and immediately after removing them. Gloves should be changed when soiled or torn and between cleaning the equipment or environment of different individuals.

Disinfectant products used in people's homes MUST:

- Be effective in inactivating all of the microorganisms most likely to cause infections within the setting it will be used - check the label for verification.
- Be easy to use.
    - The disinfectant should have a sufficiently short contact time and should keep surfaces wet long enough to ensure that the contact time is met. This is especially important for disinfecting wipes which are more convenient, but may dry quicker.
    - The disinfectant should be simple to prepare and use at the required concentration.
    - Consider using a one-step cleaner disinfectant; they are quicker and simpler to use than separate products. Remember that an additional cleaning step will still be required in soiled areas.
- Be compatible with the items and surfaces requiring disinfection. Some materials and surfaces break down with repeated use of certain chemicals.
- Be safe for use by both staff and people supported:
    - Most disinfectants require use of gloves for safe use.

    - People are more likely to use products that are nontoxic, non-irritating and have an acceptable odour.
    - Flammability and safe storage should be considered.
- Cost and impact on the environment should also be considered.

Note that products designed for skin (hand sanitizers, antiseptics) are NOT effective disinfectants for equipment and surfaces.

General Cleaning Principles

Before Cleaning

1. Wash or sanitize hands and put on clean gloves. Perform a Point-of-Care Risk Assessment (PCRA) to determine if additional PPE is required. See IPAC Routine Practices and Additional Precautions Policy for more details.
2. Follow the manufacturer's instructions for frequency of changing cleaning solutions, and proper dilution of cleaning and disinfecting products. Disinfectants must be clearly labeled and dated with expiry date. Do not use expired products.
3. Gather required equipment prior to entering the space to be cleaned;

During Cleaning

1. Progress from least (low touch) to most soiled areas (high touch), and from high to low surfaces.
2. Follow manufacturer's instructions for required contact time for cleaning and disinfecting products. When using wipes this is especially important as it can be difficult to keep the surface wet for the required time. If the surface dries too quickly, disinfect again with a fresh wipe or cloth;
3. When using cloths and a pail of cleaning solution, do not double dip. Cloths must not be immersed in a disinfectant after they have been used. Get a fresh cloth every time.

Frequency of Cleaning

High touch surfaces need to be cleaned more frequently than low touch surfaces, items that become heavily contaminated must be cleaned more often than items with very light contamination, and shared personal care equipment must be cleaned between each use.

Community Living St. Marys and Area

Policy Title: IPAC Respiratory Protection Program **Policy Number:** HS 19	**Section:** Health and Safety
Original Date: Aug 3, 2022 **Last Revision Date(s):** March 24, 2025	**Approved by:** Board **Next Review Date:** March 2027

PURPOSE: To prevent the spread of all respiratory illness that may impact service and the lives of people supported, employees and others.

POLICY: Community Living St. Marys and Area is committed to ensuring the health and safety of its staff, volunteers, alternative support providers and all those who receive support and services. To ensure compliance with the Occupational Health and Safety Act in regard to the use of N95 approved respirators, the organization recognizes the need for and will provide fit testing for respiratory protection equipment and related staff training to minimize the potential risk for respiratory infection to all staff, coming into contact with a respiratory hazard. Non-compliance with this policy is subject to discipline, up to and including dismissal from employment/volunteerism.

PROCEDURE:

The Employer will:

- Ensure that the respiratory protection program is prepared and implemented as a means to increase awareness of respiratory hazards and to inform on the means of protection against the hazards.
- Maintain an adequate supply of accepted respirators and a list of all respirator users in the organization.
- Ensure that all persons required to use respirators receive fit testing and are trained on use and care of respirators and refresher training as needed.
- Monitor the use of respirators.
- Ensure that the respiratory protection program is reviewed as needed with the Joint Health and Safety Committee.

The Employee will:

- Use the respirator in accordance with the written instructions and training provided by the employer.
- Will be clean-shaven for fit testing or when respirator is required, to ensure a proper seal between their face and the respirator face piece.
- Inspect the respirator and perform a user seal-check prior to use.
- Notify their supervisor in writing of any condition or change that may impact on their ability to use a respirator safety.
- Report inventory shortages to the supervisor.
- Attend and participate in any training or fit-testing sessions as requested.

Joint Health and Safety Committee will:

- Be consulted on any changes to the program. Monitor the program in an advisory capacity.
- Address any health and safety concerns brought to the committee's attention.

PROCEDURE:

1. Hazard Assessment:
   The decision to use respiratory protection must be based on a risk assessment of the specific situation. This assessment will be conducted by a manager or delegate, based on consideration of the type of infection present and who may be exposed. It is important to recognize that personal protective equipment for workers is only one component of the overall program required to provide a safe environment. When all other control measures have been implemented, but the hazard has not been eliminated or reduced to safe levels, the employer should provide appropriate respiratory protection and other personal protective equipment for workers.

2. Fit Testing: NIOSH approved N95 respirators do not work properly unless they fit the wearer. The quality of the respiratory fit is determined by the seal where the respirator meets the wearer's face. A fit test is required for all tight-fitting respirators including the NIOSH approved N95 and must be completed prior to initial use. More specifically, AFTER the employee has completed the employee's health assessment and BEFORE they are required to wear the respirator at work. Exceptions applied when a government declared pandemic directions allow use of respirators without fit testing. Fit testing will be repeated every two years or may be required sooner when there is a change in available respirators (make, model or size), or there is a change in the employee's physical condition that could affect respirator fit (dental changes, cosmetic surgery, facial injury, or >10% increase or decrease in body weight). Fit test records will include;
   - Date and name of person tested.
   - Name of fit tester.
   - Specific make, model and size of respirator.
   - Type of fit test and agent used.
   - Pass/fail criteria of method.
   - Notes on restrictions (e.g. facial hair, dentures, eyewear). –
   - Info on unsuccessful fit test and nature/cause(s) for the failure.
   - Maintenance and repair of equipment.

3. Health Assessment: At the time of fit testing, employees will complete an initial health assessment to identify medical conditions that may make the use of the respirators themselves a hazard to the individual. If the assessment identifies a health concern regarding the use of a respirator, the employee should obtain an opinion from a health care professional regarding their ability to use a respirator. For employees who are unable to use a respirator in a specific work situation every effort will be made to provide a work accommodation. Employees may be required to provide updated medical information for continued accommodation. The agency

maintains a confidential record of each employee's fit testing requirements for the life of the employee file.

4. NIOSH Approved N95 Respirators will be provided to all employees and are currently the minimum standard for most scenarios with airborne infectious agents. Respirators must not be worn for any other purpose without the knowledge and approval of the supervisor. No employee will be allowed to wear a respirator or be fit tested unless they are clean-shaven and a proper seal can be made. An employee must only use the specific respirator (same manufacturer, model and size) they were fit tested with and shall not share respirators. In addition, the respirator shall not be altered in any manner.

5. Training for the Use and Care of Respirators will include:
    - Donning, user seal check and safe removal (doffing) of respirator.
    - Assessing the user's comfort level of respirator.
    - Communication with the user as to what model of NIOSH approved N95 respirator has been determined for their use.
    - Care and storage of the respirator.
    - Use of the respirator in conjunction with other PPE.

6. Reassignment: During an outbreak, if an employee has not already passed a N95 fit test, the organization will reassign hours if possible.