



# Employee Handbook

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## INTRODUCTION

The Peterborough Family Health Team (PFHT) works collectively with our five Family Health Organizations (FHOs) and includes over 85 family physicians and over 100 allied health professionals such as nurse practitioners, mental health clinicians, registered dietitians, pharmacists, registered nurses, registered practical nurses, a physician assistant and clerical staff, working collaboratively to provide comprehensive primary care across Peterborough City and County in Ontario, Canada.

The Peterborough Family Health Team is dedicated to expanding access to primary care in our community. Since their creation, the Peterborough Family Health Team has enrolled over 25,000 new patients and provides care to over 109,000 patients

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

Every attempt has been made to reflect a supportive and positive employment experience for everyone. PFHT is committed to continue benchmarking with our FHT comparators and the local healthcare community to ensure we remain an employer of choice.

PFHT believes that increased employee engagement in the broader strategic directions of the organization contributes to improved care for patients and a greater degree of job satisfaction for employees. Employee input and feedback is welcomed.

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

Our structure makes communication difficult and demands a concerted effort on everyone's part. Every PFHT employee is given a FHT email address, access to the Internet and access to the FHT Intranet site. All PFHT activities, announcements and events are communicated using these tools. In addition, each discipline has established protocols for regular meetings and communications. All PFHT employees are required to check their email on a regular basis and make use of these various communication vehicles in order to meet their obligation to the goal of effective communications. *Primary Cares - News Digest* is a bi-weekly publication intended for the primary care clinicians and support staff in the Peterborough Family Health Team and community partner organizations and is a key communication vehicle. It is expected that this is reviewed bi-weekly.

## **MISSION**

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

## **Vision**

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

## **Core Values**

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

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

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

### **Universality**

The health and well-being of all residents in our region motivates everything we do.

### **Trust**

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

### **Collaboration**

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

### **Innovation**

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

### **Transparency & Accountability**

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

### *Guiding Principles*

Five guiding principles reflect our values and shape our actions:

**1 – Relationships:** We focus on building strong relationships to support everything we do – on our teams, with our partners and with our patients. We believe that the relationship between primary care providers and patients is the foundation of high-quality patient-centred care.

**2– The Patient Experience:** We believe that the patient experience is influenced by the sum of all of their interactions with primary care. We engage our patients, seeking to understand their experience to improve the delivery of primary care.

**3 – Inclusive, Community Focus:** We collaborate and partner with others to leverage our collective strength to provide seamless care to all residents of our community.

**4 – Strong Leadership:** We focus on effective, forward-thinking leadership in the governance and administration of our organization.

**5 – Responsible Stewardship:** We are responsible and accountable for the financial resources allocated to us and for the trust our residents place in us.

## Greater Peterborough Health Services Foundation

*"Your Family Health Team Foundation"*

Opening its doors in 1985 as the St. Joseph's General Hospital Foundation, raising funds and providing capital for expansion, medical equipment and educational opportunities for hospital staff was top priority. St. Joseph's Hospital went through many changes over the years and the Foundation remained in step, changing its name and its focus of fundraising in response.

When St. Joseph's Hospital eventually closed in 1999, the Foundation found that its focus was no longer dictated by the needs of the hospital that it had served. Looking to the community, the Foundation recognized an opportunity to develop support for healthy aging initiatives not only for the region's seniors, but also for life-long healthy aging for all.

With the overwhelming success of its initiatives and community partnerships, St. Joseph's Care Foundation became the Greater Peterborough Health Services Foundation on May 27, 2009. The Foundation then formed a partnership with now Peterborough Family Health Team (then Primary Health Care Services of Peterborough) in support of their community-based healthcare services.

Today, Your Family Health Team Foundation continues to support the amazing work of Peterborough Family Health Team, its amazing family physicians and allied healthcare professionals through local fundraising and our successful annual flagship event, Peterborough SPEAKS.

As a grass roots organization committed to helping our Peterborough Family Health Team provide patients with exceptional out-of-hospital care, we have raised money for:

- Training for our Mental Health Clinicians that has led to a successful patient program in Mindfulness for Health & Wellness (proceeds from Peterborough SPEAKS 2015);
- A handheld ultrasound & Bilirubin meter for the Partners in Pregnancy Clinic;
- Hearing amplifying headsets for residents in long-term care;
- An emergency Transportation Fund to ensure patients suffering from severe anxiety and depression are able to make it to every appointment;
- Annual Grand Rounds educational sessions & the Brain FHT Conference through our Dr. Steve Senior Memorial Fund for Continuing Education;
- 3 Smokelyzer Units for the FHT to Quit Smoking Cessation program;
- The Youth Sports Concussion Program;
- 17 Automated External Defibrillators (in a number of community spaces);
- 56 Blood Pressure Monitors;
- 24 Vaccination Refrigerators;
- 13 Power Exam Tables; and
- Much more.

Your Family Health Team Foundation does not receive any government or United Way funding. We rely on the generosity of donors and community partnerships to help Peterborough Family Health Team provide the best care possible for patients at all stages in life.

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## **Recruitment and Hiring**

PFHT is committed to recruitment practices that are fair and transparent. Responsibility for recruitment and selection of PFHT employees rest with the Human Resource Coordinator or designate and the appropriate FHT/FHO Team Coordinator and Professional Practice Lead (PPL). Selection will be based on a competitive process that includes screening, interviewing, testing (if appropriate) and checking references and credentials. It is the responsibility of the Human Resource Coordinator or designate to ensure the objectivity of any competition panel of interviewers. Where a candidate is related to a member of the panel, that member must be removed from any interview or selection process affecting the outcome of the competition.

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

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

All employees must successfully complete their assessment period.

### **Review of Internal Candidates**

The HR Manager, Director of Allied Health Services & Programs and correlating Professional Practice Lead, and physicians will review all internal applicants that responded to the Expression Of Interest (EOI).

Due to the nature of the job, many elements must be considered prior to an existing Allied Health Professional filling a vacancy. This may include being the correct “fit” for the position or the potential disruption to the organization. PFHT generally only encourages internal movement when there is an opportunity to go from a temporary to a permanent position, from PT to FT or vice versa.

PFHT values patient-centred care and considers the possible effects on a clinic/patient when moving the allied health professional. Because of this, one cannot assume they will be the successful candidate.

The successful candidate (internal or external) will be chosen by the HR Manager, Director of Allied Health Services & Programs and correlating Professional Practice Lead based on their knowledge, skills, ability, years of experience and impact on the organization. Depending on circumstances, an interview may be required.

Temporary employees are entitled to the same as permanent employees (with the exception of Health & Dental and LTD & Life Benefits).

### **Criminal Records Search**

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

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

Documents dated within the preceding six (6) months will be accepted. The cost of this is to be borne by the employee.

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

### ***Full Time Equivalent***

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

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

### ***Assessment Period***

As you begin your job with PFHT, we will do everything we can to get you off to a good start and to acquaint you with the advantages and the opportunities that you will enjoy as a Team Member with PFHT.

The first nine (9) months are considered an assessment period for all new staff.

During this period, you and PFHT will have an opportunity to get to know one another. We will engage in various assessment processes to evaluate your performance. The assessment processes are designed to identify any areas requiring improvement or any training gaps, and to discuss any feedback received to date.

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

## Departures and Retirements

### *Resignation*

If you intend to resign, you are requested to do so in writing to the Human Resource Coordinator or designate. Minimum notice of two (2) weeks for administrative staff and four (4) weeks for management and professional staff is requested. In order to best ensure patient continuity, PFHT encourages longer notice periods where possible.

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

### *Deemed Terminated*

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

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

### *Retirement*

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

## Casual Employee Policy

### **Intent:**

Peterborough Family Health Team (PFHT) employs workers in casual positions. These employees work as needed, and as such do not have regularly scheduled hours of work. Therefore, special guidelines are needed to govern how PFHT will assign work and determine casual employees’ employment status. This policy establishes those guidelines.

### **Definitions:**

Casual employee – An individual employed by PFHT who works an irregular schedule based on the organization’s needs.

### **Guidelines:**

#### **Eligibility:**

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

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

### **Availability**

Casual employees are asked to confirm their availability by April of each year.

### **Scheduling**

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

### **Protected Leaves**

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

### **Training**

- Casual staff will be given all mandatory training as required by legislation.
- Mandatory training is considered to be work time. PFHT will provide for any costs associated with mandatory training, and staff will be compensated accordingly.
- Casual employees may be invited to attend optional staff training events that are applicable to their position.
- Participation in optional training events is voluntary, and casual employees are solely responsible for their time and attendance.

## Hours of Work and Compensation

### *Hours of Work*

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

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

All hours of work and time taken are required to be logged in the Information Management System (IMS) by the last day of the two week pay period.

As the recording of time is done on an honour system, regular audits will be completed, or done when concerns/complaints are received. If unaccounted variances are discovered, the Human Resource Coordinator or designate will meet with the employee involved to seek clarification which may result in discipline up to and including termination depending upon the magnitude of the unaccounted variances.

### **Flextime**

Employees are encouraged to maintain a regular work schedule that meets the needs of patients. When necessary to maintain work/life balance and/or patient access, and if acceptable to the requirements of the PFHT location, employees may flex their regular schedule. For example, an employee may require a day off during the second week of the pay period. The employee may adjust the hours worked during the other days of the pay period so that their total hours worked in that pay period equals their required hours worked. Flex time must be recorded in the Information Management System (IMS). Flex time is to be used in a timely manner and must never exceed 37.5 hours pro-rated to your FTE. All flex time must be expended prior to the issuance of a ROE for a leave as well as by the end of each calendar year. Time not taken will be lost.

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

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

### *Absence*

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

### *Compensation*

Employees of PFHT are paid in accordance with the MOHLTC approved salary ranges. PFHT has a bi-weekly payroll system with direct deposit. Payday is on alternate Thursdays for payment up to the previous Friday. Details regarding your hours worked MUST be logged in the IMS prior to processing of

the payroll, or payment will not be received until the following pay period. Changes to your banking information should be provided to Human Resources at least one week in advance of the next pay date. It is good practice to ensure you receive a pay in a new account before closing the old one.

### ***Personnel Records***

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

## **Benefits**

### ***Mandatory Benefits***

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

#### **HOOPP Pension Plan**

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

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

Enrolment is not mandatory for part-time employees, it is up to the employee to decide if they want to join HOOPP or not. Part-time employees who do not enroll immediately may join HOOPP on any subsequent date.

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

### ***Discretionary Benefits***

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

allowance will be paid to the employee so they may purchase their own benefits. The specifics of your in lieu benefit will be discussed and detailed in your individual employment contract.

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

Upon submission of receipts to the Human Resource Coordinator or designate the following items will qualify for reimbursement:

- Education, including course and conference registration
- Travel (either gas reimbursement or mileage), accommodation and meal expense for education events
- Membership fees
- Additional Liability Coverage
- Wellness up to \$500 annually
- Resource books

### ***Community/Professional Representation***

Consult with the HR Manager prior to accepting to ensure it aligns with PFHT’s strategic directions.

#### **Travel & Parking**

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

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

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

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

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

PFHT has a group benefit plan with the Chambers of Commerce which is optional for those employees who work more than 20 hours per week. Those employees who have spousal coverage can opt out of the Extended Health and Dental and choose the Long Term Disability & Life coverage only. The specific details of the plan are attached as Appendix A. As the plan is 100% employee funded, the employee will be responsible to provide postdated cheques to cover their benefit premiums for the duration of any unpaid absence. If you qualify and choose not to participate you will be required to sign a waiver of benefits. If enrolled you are responsible for the premium of payments during an unpaid absence and to inform the Chambers of any changes that may affect your coverage as well as premiums.

NOTE: all employees who have benefits through PFHT’s plan that retire, resign or are terminated are eligible to apply to continue to participate in a benefit program through a separate Chamber plan. It is the employees responsibility to contact the Chambers plan immediately to advise them and make the

request. This is separate and distinct from PFHT's plan. Contact the HR Manager or see your booklet for all of the details.

### **Group RSP**

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

### **Statutory Holidays**

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

New Year's Day	January 1st
Family Day	3rd Monday in February
Good Friday	Friday prior to Easter Sunday
Victoria Day	May 24th or Monday preceding May 24th
Canada Day	July 1st
Civic Holiday	1st Monday in August
Labour Day	1st Monday in September
Thanksgiving Day	2nd Monday in October
Christmas Day	December 25th
Boxing Day	December 26th
One (1) "floating day"	Used at employees discretion

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

- a) Employees of PFHT are not permitted nor required to work on recognized holidays.
- b) Full Time Employees

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

- c) Employees Working .5 FTE to .9 FTE

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

- d) Employees Working less than .5 FTE

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

### ***Sick Days***

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

### ***Personal Days***

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

### ***Vacation***

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

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

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

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

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

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

### ***Training & Development Hours***

As part of Peterborough Family Health Team's commitment to ongoing learning, NP's, RN's, RPN's, RD's MHC's, Physician Assistants and Pharmacists who work a .5 or higher FTE are eligible for up to 10 days (75 hours, pro-rated to FTE) per calendar year for training and development. Training & development time is to be used for professional development activities such as attending conferences and/or educational events related to your current position and must be logged in the IMS. Other professional development activities (reading, studying, webinars from home) will be considered on a case by case basis, please contact the HR Manager for prior approval. For those that work less than .5 FTE, requests will be reviewed on an individual basis.

PFHT will provide professional development opportunities to administrative staff. The frequency, nature and duration of such activities will be looked at on an individual basis and will be subject to the approval of the Human Resource Coordinator. Employees are encouraged to bring their ideas forward.

### ***Christmas/New Years***

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

If the practice does not close, the two days may be scheduled during the period of December 23rd – December 31st in collaboration with the practice/office environment. Any additional time taken during this period can utilize available vacation or lieu time.

### ***Recognition of Service***

As part of Peterborough Family Health Team recognition of employee's commitment to the organization, employees who have five (5) or more years of service and are a .5FTE or greater will receive 7.5 hours to celebrate your birthday off with pay. This extra time **MUST** be scheduled within four weeks, before or after the date that the birthday falls. Employees who have ten (10) years of service will be recognized with a gift to commemorate their dedicated service.

## **Leaves and Other Work Absences**

### ***Personal Unpaid Leaves of Absence***

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

Any leaves of absence will be subject to the following:

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

## ***Paid Leaves of Absence***

### **Pregnancy Leave**

- a) Pregnancy leave will be granted to female employees in accordance with the provisions of the Employment Standards Act.
- b) You must give written notification at least two weeks in advance of the date of commencement of such leave.
- c) You must confirm your intention to return to work four (4) weeks in advance thereof. You will be reinstated to your former position unless the position has been discontinued in which case a job comparable in both salary and responsibility will be offered. Please note that reinstatement to your former position does not necessarily mean returning to the same practice or location.
- d) The employee will be responsible to provide postdated cheques to cover their benefit premiums for the duration of the absence.
- e) Employees continue to accumulate vacation time off during a Pregnancy leave. This is unpaid time off, if they wish to access this time please advise the HR Manager in writing and with a minimum of 30 days' notice.
- f) All time banks will be pro-rated accordingly

### **Parental/Adoption Leave**

- a) A parent is defined as "a person with whom a child is placed for adoption and/or a person who is in a relationship of some permanence with a parent of a child who intends to treat the child as his/her own."
- b) If you have become a parent, and have been employed for at least thirteen (13) weeks immediately preceding becoming a parent, you are entitled to parental leave.
- c) Parental leave must begin no later than fifty-two (52) weeks after the day the child comes into the custody of the parent for the first time.
- d) The parental leave of a female employee who takes pregnancy leave must begin when the pregnancy leave ends unless the child has not yet come into the custody of the parent for the first time.
- e) The employee will be responsible to provide postdated cheques to cover their benefit premiums for the duration of the absence

- f) Employees continue to accumulate vacation time off during a Parental/Adoption leave. This is unpaid time off, if they wish to access this time please advise the HR Manager in writing and with a minimum of 30 days' notice.
- g) All time banks will be pro-rated accordingly.

### Medical Leave

Should an employee be required to take a medical leave for personal illness or personal injury and is approved by Revenue Canada for Sick Leave, **Service Canada is the approver for sickness benefits under Employment Insurance.** PFHT will provide supplemental benefits to the employee.

The following criteria must be met to be eligible for SUB Benefits:

- 1) The SUB Plan is available to all employees who have successfully completed their assessment period and qualify for employment insurance.
- 2) The plan will supplement EI benefits for periods of unemployment caused by personal illness or injury to a maximum of 15 weeks, in conjunction with employment benefits.
- 3) Verification that the employee has applied and is in receipt of EI benefits will be made prior to the SUB payment.
- 4) The SUB is payable at 95% of the employee's normal weekly earnings while the employee is serving the one-week EI waiting period.
- 5) The bi-weekly SUB payment, plus the gross amount of EI benefit from this employment will not exceed 95% of the employee's normal weekly earnings.
- 6) All time banks will be pro-rated accordingly.

### Family Medical Leave

An employee may take an unpaid leave of up to 28 weeks to provide care or support for a family member or other person who considers the employee to be like a family member when a qualified medical practitioner has issued a certificate indicating that the family member or other person has a serious medical condition with a significant risk of death occurring within a period of 26 weeks. Employees may be eligible for Employment Insurance benefits during this unpaid leave. All rights and benefits will continue while on Family Medical Leave

The Peterborough Family Health Team is committed to uphold all Employment Standards Act regulations. Below is a list of leaves of absence that you may be eligible for. Please contact the HR Manager or refer to Employment Standards at [www.labour.gov.on.ca](http://www.labour.gov.on.ca) or by calling 1-866-567-8893 to see if you qualify.

- Family Care Giver Leave
- Critically Ill Child Care Leave
- Child Death and Crime Related Child Disappearance Leave (available to employees after 6 months of employment.
- Domestic or Sexual Violence Leave
- Personal Emergency Leave

### **Compassionate Leave**

Compassionate leave will be granted for the purpose of mourning the loss of a member of the employee's family.

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

The employee may request compassionate leave and shall be granted up to the maximum consecutive calendar days, listed above, without loss of pay. These days of leave will normally be confined to the period from the date of death up to and including the date of the funeral. Consecutive days does not include week-ends and legislative holidays.

Compassionate leave for those not listed above will be considered on a case by case basis in consultation with the HR Manager.

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

It is the employee's responsibility to contact the HR Manager to advise of the loss and to indicate if details of their situation may be communicated to other staff.

### **Jury Duty**

If you are required to serve on a jury on days you are scheduled to work, you will be paid the difference between your basic salary and the jury duty fee paid by the court. To receive this payment, you must ensure that Peterborough Family Health Team receives a letter from the Court stating the days that you were required to attend.

### **Court Service**

If, on days you were scheduled to work, you are called in for court service (not jury duty) under summons or subpoena to act as a witness, you will be paid the difference between your basic salary and the fee paid by the court. To receive this payment, you must ensure that PFHT receives a letter from the court stating the days that you were required to attend. No allowance of pay will be made to you if you are summoned to court as a result of an alleged infraction of the law on your part.

### **Voting on Election Day**

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

### **Job Sharing**

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

share arrangement to reduce the hours of work. Approval of the job share request resides with PFHT and will look at on an individual basis.

### ***Unexpected Office Closures***

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

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

## **Employee Wellness**

### ***Safety***

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

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

All employees are required to familiarize themselves with the Occupational Health and Safety Policies of their worksite and to work in a safe and responsible manner. No employee should engage in activities they believe to be dangerous to themselves or others. Such concerns should immediately be brought to the attention of the Human Resource Coordinator or designate.

Employees are particularly encouraged to familiarize themselves with the Health and Safety Policy on Violence in the Workplace as well as the Harassment Policy and Program. These policies are found in Appendix B and Appendix C respectively.

The Peterborough Family Health Team is committed to a work environment free of discrimination, harassment, abuse, violence or bullying of any kind. PFHT will not tolerate any form of physical, sexual, emotional, verbal, psychological abuse. Recent changes to the Occupational Health and Safety Act mandate that employers have a policy on Workplace Violence. It is absolutely critical that any incident of violence be reported immediately and documented as soon as possible following the incident.

These policies apply to all employees of PFHT and extend to all professional relationships, including employee/patient relationships, while the employee is representing the Peterborough Family Health Team.

### ***Accidents***

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

## ***Illness***

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

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

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

### **Chronic Disorders**

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

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

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

## **Policies and Responsibilities**

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

Employees of PFHT are required to work with confidential data related to financial matters, family practices, employees and patients. It is essential that each employee hold all information in strictest confidence, whether such information is obtained directly or indirectly. Employees of PFHT are governed by the Personal Health Information Protection Act (2004) and must ensure their familiarity with and compliance with the regulations and requirements of that legislation. Registered health professionals are also governed by their professional colleges. All employees are required to sign the Privacy policies upon hire. Breaches of confidentiality will not be tolerated and could result in loss of employment with PFHT. FHO's may have their own Privacy, Confidentiality and/or Conflict of Interest policy, and if does, it is deemed to supersede the above.

We are not able to support one on one shadowing or program observing for any person who is not a PFHT employee and/or involved in the patient's circle of care due to:

- the privacy legislation;
- the nature of patient discussions and confidentiality of information;
- the disruption of group dynamics;
- the patient's disclosure of information or interactions;

This includes "Bring your Kids to Work" programs.

However, we would like to recognize and support those that may be interested in learning more about positions held within PFHT. If you have a person, who would like to learn more about our positions please contact the HR Manager and s/he will make arrangements for the individual to meet with the appropriate person.

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

If applicable, employees of the Peterborough Family Health Team are required to submit to the Human Resource Coordinator or designate confirmation of registration with the appropriate professional college/association on an annual basis as a condition of employment. Liability coverage will be provided by PFHT. Employees may be required by their professional body to carry additional insurance and if this is the case, the cost will be borne by the employee. A copy will be kept in the employee's Human Resources file.

### ***Information Technology***

(Refer to Appendix K- Computer and Electronics Policy)

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

If you choose to communicate with a patient by email, it is essential to use the Clinician-Patient Email Communication Consent form (Appendix D) to ensure the patient is aware of, and accepts any risks.

All automated equipment provided to employees remains the property of the Peterborough Family Health Team and/or the primary care practice and is to be used as required for business purposes. PFHT recognizes that automated equipment may, from time to time, be used for non-business purposes. Employees are required to ensure that any non-business usage be conducted with respect for the employer and coworkers. Such use shall be restricted to breaks and lunch periods. Employees are reminded that the PFHT/Practice has the authority to inspect any communications conducted on PFHT/Practice equipment and no records or activity should be considered confidential.

Misuse of automated equipment includes but is not restricted to:

- distribution of inappropriate material;
- viewing of pornography or sexually suggestive materials
- internet purchases;
- excessive time spent on internet searches or non-business related sites, social networking sites, chat rooms, etc; and
- unauthorized or excessive telephone usage

Staff using equipment belonging to the Peterborough Family Health Team; for example, laptop computers, cell phones, audiovisual equipment, etc. are reminded of their responsibility to ensure security precautions are in place, properly maintain such equipment; follow the appropriate procedures for obtaining, using and returning it; and immediately report any loss or damage.

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

Teams may have their own Information Technology and or Security policy, and if does, it is deemed to supersede the above.

### ***Performance Management***

Performance reviews provide a formal opportunity to communicate feedback regarding performance and corporate expectations. Performance reviews also provide employees a formal opportunity to discuss their successes through the year, and to communicate their desires around future career goals and objectives.

The PFHT philosophy of collaborative care and the emphasis that PFHT has on team work supports the utilization of a multiple input rating process as a comprehensive method of assessing our employees' performance and ongoing professional development needs. For a full explanation of the 360 Degree Review and Development process please see Appendix F.

### ***Resolution of Concerns***

It is expected that day-to-day problems or issues will be resolved at your practice site. The FHT/FHO Team Coordinator at each site is the local support for problem solving at the site. Where resolution cannot occur within your practice site, the Director of Allied Health Programs and Services, and the Human Resource Coordinator or designate, and/or the Executive Director may be required to assist in coming to a resolution. Please see Appendix G for our full Resolution of Concerns and communications protocols and procedures.

### ***Discipline***

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

- 1) verbal warning
- 2) written reprimand
- 3) suspension or termination

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

### ***Absence from Practice***

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

Employees are expected to attend PFHT meetings for purposes of information sharing and updates on organizational matters. This may include participation in planning or advisory committees related to such matters as Human Resources policies or Occupational Health and Safety. Opportunities to participate in

meetings and activities help to build individual and team strengths and support the HR values of collaboration and professionalism and respect.

Where it is reasonable to do so, PFHT will facilitate participation via internet, conference calling or other electronic means to reduce the need for travel time. Absences from the practice will normally be planned well in advance and cause minimum disruption.

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

### ***Scent Free Workplace***

Medical evidence clearly shows that scented products are harmful to the health of sensitive individuals. Due to health concerns' arising from exposure to scented products PFHT acknowledges its responsibility in providing a healthy environment for its employees, service providers, patients and guests

The use of scented products will not be allowed within our facilities at any time. In order to achieve this facility becoming a Scent Free Workplace the following items must be considered and refrained from use, this list is not exhaustive and may be changed accordingly:

- Perfume
- Cologne
- Air fresheners
- Candles
- Pot-pourri
- Scented body lotions
- Highly scented flowers
- Highly scented hair products

## **Media Relations Process**

The following document will guide the Peterborough Family Health Team (PFHT), and all team members in their contact with the news media. PFHT believes in open and honest communications with the media. PFHT will endeavor to provide prompt and forthright answers to media inquiries, in addition to the timely release of information that is of public interest or importance, where it is not limited by its obligation to uphold the protection of patient privacy in compliance with the Personal Health Information Act (PHIPA).

Any and all statements made concerning PFHT should be regarded as public statements and are governed by this process.

### ***Media Inquiries***

All general media inquiries are to be directed to the Operations Assistant who is responsible for communications.

### ***Designated Spokespersons***

Designated spokespeople for Peterborough Family Health Team are the Executive Director, Medical Director, Director of Allied Health Programs and Services and or a delegate depending on the subject of the request.

Note when media inquiries about a featured story relate to one of PFHT's professional designation, the Professional Practice Lead will reach out to the media to provide information on their area of expertise. Subjects related to the operations of PFHT or to medical concerns will be directed to one of the executives mentioned above.

### ***Information Requests***

All requests for information from the media will take priority for the Operations Assistant and a follow-up call to media will happen promptly.

Media cannot request information about any of the patients of PFHT or the Family Health Organizations as this is private and confidential and cannot be released without the patient's permission.

### ***Requests to Interview, Photograph and Videotape***

All news media requests to photograph, videotape or interview patients, team members or physicians are to be directed to the Operations Assistant.

A dated and signed consent form must be obtained from all patients or the patient's immediate family, prior to the patient being interviewed, photographed or videotaped. The consent then becomes a permanent part of the patient's medical record. Please note, this consent form will also be signed when PFHT is using patient photographs, videotape recording or conducting interviews for promotional reasons.

### ***Media Authorization***

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

## APPENDIX A: Chamber Benefit Summary

- **Employee Life Insurance (Option: 1X)**  
One Times Annual Earnings  
Note: Life benefit capped at \$25,000 (additional insurance can be purchased)
- **Accidental Death & Dismemberment (Option: 1X)**  
One Times Annual Earnings  
Note: AD&D benefit capped at \$25,000
- **Long-Term Disability (Option: L3)**  
Benefits from the 121st day of disability up to age 65. "Disability" means employees are unable to perform all regular duties of their own job during the first 24 months, then unable to perform any gainful job they could become qualified to do.
- **Dependents Life Insurance**  
Spouse: \$10,000 Each Child: \$5,000
- **Extended Health (Option: E84)**
  - 70% coverage of prescription drugs listed on the ASSURE National Formulary
  - 50% coverage of prescription drugs NOT listed on the ASSURE National Formulary
  - 100% coverage of all other eligible benefits

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

- **Dental (Option: D8)**  
\$25 / \$50 calendar year deductible  
80% coverage of Basic services  
80% coverage of Endodontic and Periodontal procedures

Benefit Maximum of \$1,500 per person per calendar year

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

## **APPENDIX B: Performance Management**

### ***360 Degree Feedback and Self-Evaluation Procedure***

#### **Purpose:**

Professional feedback and development is an ongoing process. The purpose of the feedback review is:

- to provide a forum to recognize the individual contributions of team members
- provide an opportunity to match individual strengths to current and future opportunities
- provide an opportunity to assess and maximize team collaboration and synergies
- to provide team members with a formal opportunity to discuss their successes through the year, and communicate their desires around future career goals and objectives

#### **Benefits of 360 Degree Feedback Reviews:**

- The team member is an active participant in the evaluation process
- The team members strengths and areas for improvement are identified
- Ongoing goals and objectives are shared and aligned with the business plan
- Provides a tool to use when considering professional development needs, fit for new opportunities, or need for action
- Provide a variety of perspectives of the professional

#### **Timeframe:**

- Informal review and feedback will be sought and provided on an ongoing basis
- Formal reviews will be conducted prior to the end of the probationary period, biennial thereafter.

#### **Components of the Peterborough Family Health Team (PFHT) 360 Degree Feedback & Self-Evaluation:**

1. Multi-Reviewer Names Submission Form
2. Feedback Input Form
3. Self-Evaluation Form
4. Individual Evaluation Report
5. 360 Degree Feedback Review Meeting

##### **1. Multi-Reviewer Names Submission Form**

Team members will be asked to provide two to four names of individuals that they work closely with and who would best be able to provide an accurate report of their contribution as it relates to their FHT. The list of names should include:

- Min. 1 – Max. 2 Family Health Team members from the site(s) you work at (one should be the admin support person – if available)
- Min. 1 – Max. 2 Physicians from the site(s) you work with
- 1 or 2 Family Health Team members from a site that you do not work at, from same discipline if applicable and possible

From the list of names provided by the team member, at least three respondents will be chosen. PFHT may choose an additional one to two names to ensure a well-rounded evaluation. PFHT will monitor to

ensure individual reviewers are not being overburdened and you may be asked to select an alternate. The team member will be notified of any additions.

## **2. Feedback Input Form**

The philosophy of collaborative care and the emphasis that PFHT has on teamwork supports the utilization of multiple input rating sources as a comprehensive method of gathering feedback for team members.

The **Feedback Input Form** as well as the online link will be sent out for completion by individuals identified by the team member and human resources as having a sound knowledge of the team member's role, and those who interact frequently on a professional basis.

## **3. Self-Evaluation**

The team member will receive the **Self-Evaluation Form** and has the option of completing the form manually or online. If completed online the completed form is automatically received, however if the manual option is chosen the completed **Self-Evaluation Form** needs to be forwarded to the Human Resource Coordinator or designate. The responses will be incorporated into the **Individual Evaluation Report** and reviewed at the meeting. The team member may use their most recent self-reflection/continuing competence/self-reflection document versus completing the development section.

## **4. Individual Evaluation Report**

The completed **Feedback Input Forms** and **Self-Evaluation** will be returned to PFHT within two and a half weeks of receipt, as clearly outlined in the cover letter. Once received at PFHT the information will be collated into the **Individual Evaluation Report**.

At the formal team member review, the **Individual Evaluation Report** will be available. The team member will not have the opportunity to review the individual feedback forms. A copy of the **Individual Evaluation Report** will become part of the permanent HR file and a copy will be given to the team member.

## **5. 360 Degree Feedback Review Meeting**

The **360 Degree Feedback Review Meeting** will take place between the team member and the Human Resource Coordinator or designate. The feedback provided will take into consideration all of the components described above. The team member may use their most recent self-reflection/continuing competence/self-reflection document versus completing the development section.)

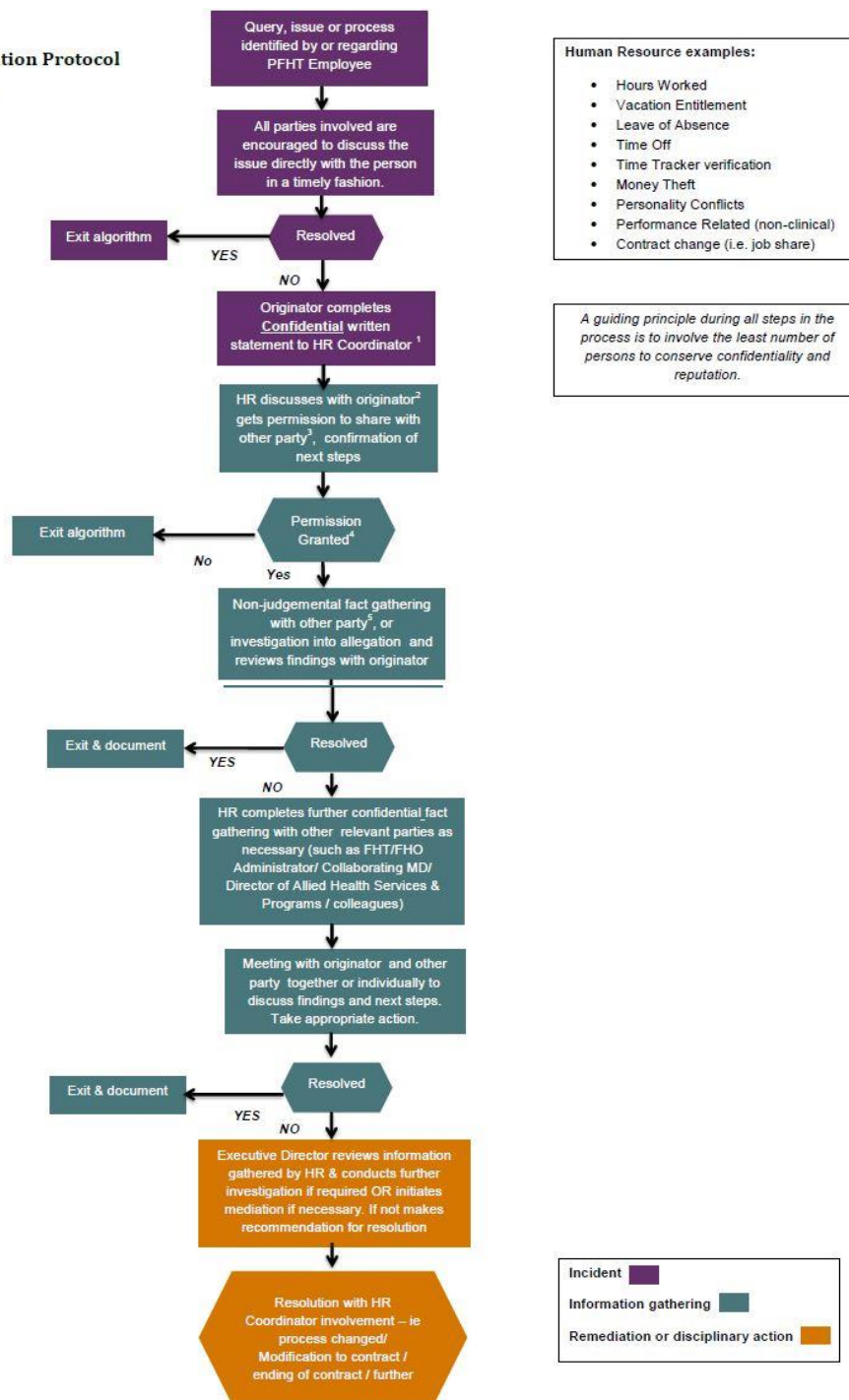
Additional comments to be added during the meeting will be comprised of:

- The Professional Development they have participated in
- Areas of recognition
- Areas for development
- Career goals and objectives

## APPENDIX C: Resolution of Concerns

### PFHT Communication Protocol

#### Human Resources



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

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

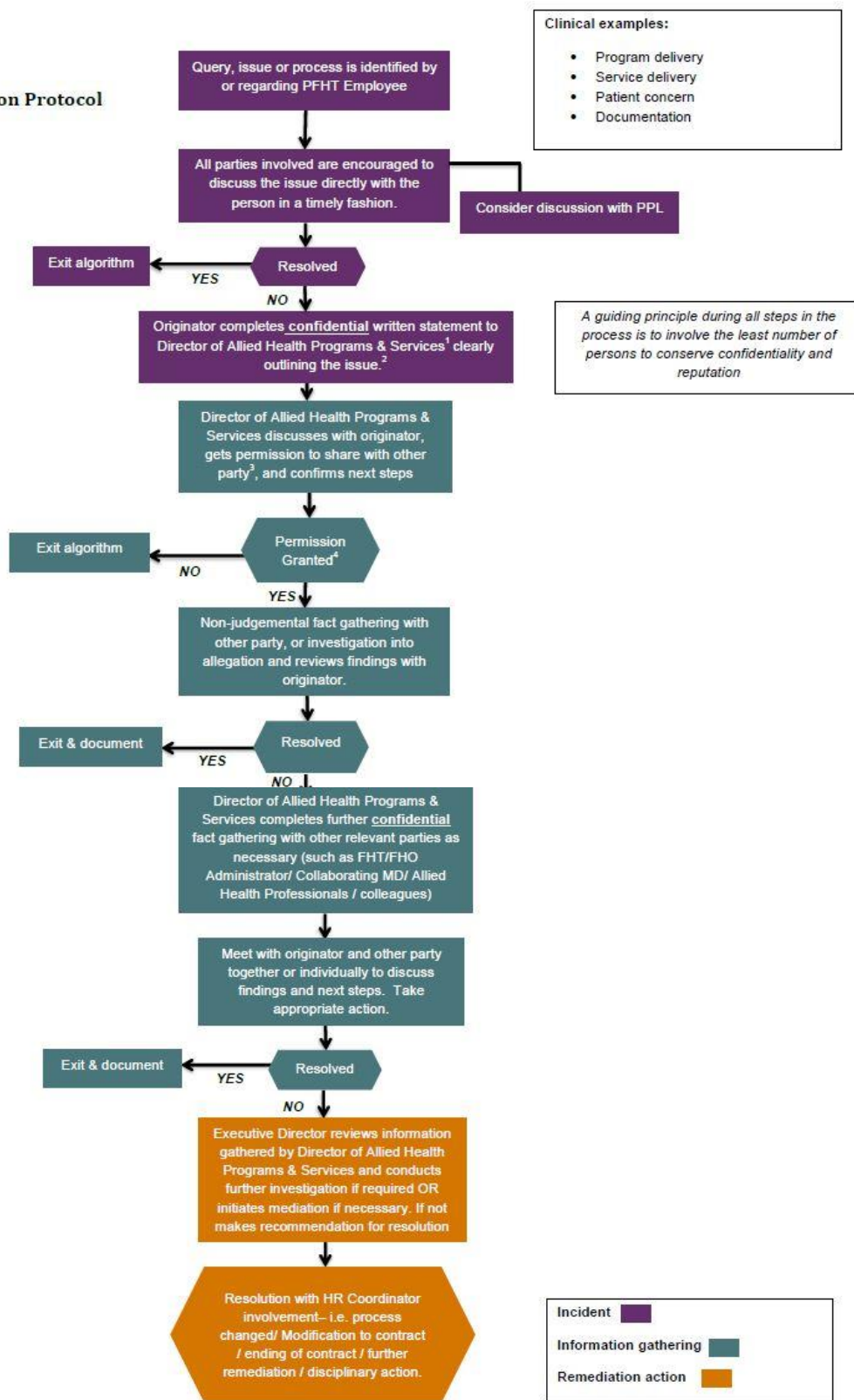
<sup>3</sup> If at any point there is a legal risk to the organization the Executive Director will be briefed by the HR Coordinator, the Executive director will then brief the Board (no permission required)

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

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

## PFHT Communication Protocol

### Clinical



<sup>1</sup> If the query or issue is regarding the Director of Allied Health Programs & Services, the written statement is submitted to the Executive Director.

<sup>2</sup> If at any point there is a legal risk to the organization the Executive Director will be briefed by the Director of Allied Health Programs & Services, the Executive Director will then brief the Board (no permission required)

<sup>3</sup> If the other party is a non FHT Employee, HR will involve the FHT/FHO Administrator. If the concern is regarding the FHT/FHO Administrator, the FHO Lead Physician will assume the role of the FHO personnel

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

## **Strategies for Reducing Conflict**

### **Process Conflicts:**

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

### **Role Conflicts:**

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

### **Interpersonal Conflicts:**

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

### **Direction Conflicts:**

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

### **External Conflicts:**

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

**Additional conflict resolution tools are available from Human Resources – RE: Conflict Reaction Profile**

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## APPENDIX D: Clinician-Patient Email Communication Consent Form

### CLINICIAN INFORMATION

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Email: \_\_\_\_\_

#### RISKS OF USING EMAIL

The clinician offers patients the opportunity to communicate by email. Transmitting patient information poses several risks of which the patient should be aware. The patient should not agree to communicate with the clinician via email without understanding and accepting these risks. The risks include, but are not limited to, the following:

- The privacy and security of email communication cannot be guaranteed.
- Employers and online services may have a legal right to inspect and keep emails that pass through their system.
- Email is easier to falsify than handwritten or signed hard copies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the email once it has been sent.
- Emails can introduce viruses into a computer system, and potentially damage or disrupt the computer.
- Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the clinician or the patient. Email senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients.
- Email is indelible. Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
- Use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Email can be used as evidence in court.

#### CONDITIONS OF USING EMAIL

The clinician will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, the clinician cannot guarantee the security and confidentiality of email communication, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of the clinician. Thus, patients must consent to the use of email for patient information.

#### Consent to the use of email includes agreement with the following conditions:

- Emails to or from the patient concerning diagnosis or treatment may be printed in full and made part of the patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those emails.
- The clinician may forward emails internally to the clinician's staff and to those involved, as necessary, for diagnosis, treatment, reimbursement, health care operations, and other handling.
- The clinician will not, however, forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- Although the clinician will endeavour to read and respond promptly to an email from the patient, **the clinician cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, the patient should not use email for medical emergencies or other time-sensitive matters.**

- Email communication is not an appropriate substitute for clinical examinations. The patient is responsible for following up on the clinician's email and for scheduling appointments where warranted.
- If the patient's email requires or invites a response from the clinician and the patient has not received a response within a reasonable time period it is the patient's responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
- The patient should not use email for communication regarding sensitive medical information, such as sexually transmitted disease, AIDS/HIV, mental health, developmental disability, or substance abuse. Similarly, the clinician will not discuss such matters over email.
- The patient is responsible for informing the clinician of any types of information the patient does not want to be sent by email, in addition to those set out in the bullet above. Such information that the patient does not want communicated over email includes:

The patient can add to or modify this list at any time by notifying the clinician in writing.

- The clinician is not responsible for information loss due to technical failures.

#### INSTRUCTIONS FOR COMMUNICATION BY EMAIL

To communicate by email, the patient shall:

- Limit or avoid using an employer's computer.
- Inform the clinician of any changes in patient's email address.
- Include in the email: the category of the communication in the email's subject line, for routing purposes (e.g., 'prescription renewal'); and the name of the patient in the body of the email.
- Review the email to make sure it is clear and that all relevant information is provided before sending to the clinician.
- Inform the clinician that the patient received the email.
- Take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email or written communication to the clinician.
- **Should the patient require immediate assistance, or if the patient's condition appears serious or rapidly worsens, the patient should not rely on email.** Rather, the patient should call the clinician's office for consultation or an appointment, visit the clinician's office or take other measures as appropriate.

#### PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between the clinician and me, and consent to the conditions outline herein, as well as any other instructions that the clinician may impose to communicate with patients by email. I acknowledge the clinician's right to, upon the provision of written notice, withdraw the option of communicating through email. Any questions I may have had were answered.

Patient name: \_\_\_\_\_ Patient D.O.B. : \_\_\_\_\_

Patient address: \_\_\_\_\_

Patient email: \_\_\_\_\_

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX D: Violence in the Workplace

**Policy:** Violence in the Workplace

**Approved by:** Board of Directors

**Date Approved:** June 15, 2010

**Date Revised:** September 13, 2016

### A. INTRODUCTION

The Peterborough Family Health Team is committed to building and preserving a safe working environment. Actions of violence in the workplace will not be tolerated against the Team's workers.

The Peterborough Family Health Team is committed to assessing the risk factors in the workplace to identify workers who may be exposed to violence. In conjunction with our workers, we will develop a program to minimize or eliminate the risks of violence in the workplace. The Peterborough Family Health Team is also committed to training and informing workers on the contents of the Program to ensure that they are knowledgeable of the risk factors and how to eliminate or respond to violent situations.

A copy of this Violence Policy and Program shall be posted in a readily accessible location for use by all workers.

### B. SCOPE OF VIOLENCE POLICY AND PROGRAM

This Violence Policy and Program applies to all full-time, part-time, temporary and casual employees. It also applies to all, contractors, students, AND volunteers who provide services to the Family Health Team. This policy will use the terms "workers" to refer to those persons who are covered by the scope of this policy.

This Violence Policy and Program applies to any incident of workplace violence perpetrated against workers by any other workers, including supervisors or other members of management/physician, members of the Board of Directors, patients, family members, visitors, any person working on behalf of or affiliated with the Family Health Team, or members of the public.

Any workers that subject other workers to workplace violence may be subject to disciplinary action up to and including termination of employment for cause or any other applicable and available disciplinary remedies.

Other perpetrators of workplace violence against workers will be subject to whatever measures are reasonably available to ensure the safety of the workers.

### C. DEFINITIONS

#### ***Workplace Violence***

- The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker.
- An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker.
- A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker

**Violence can be classified into four categories:**

- The perpetrator who has no relationship to the workplace, i.e., burglary by stranger
- The perpetrator who is a patient or visitor or other third party affiliated with the Family Health Team who becomes violent towards a worker
- The perpetrator who is a current or former worker or other individual performing work at the workplace
- The perpetrator who has an intimate relationship with a worker e.g., domestic violence.

Examples of workplace violence include, but are not limited to, the following:

- Verbally threatening to attack a worker
- Leaving threatening notes at, or sending threatening e-mails, to a workplace
- Shaking a fist in a worker's face or making other threatening gestures
- Wielding a weapon at work
- Hitting or trying to hit a worker
- Throwing an object at a worker
- Sexual violence against a worker
- Kicking an object the worker is standing on, such as a ladder.

Workplace violence does not require that the perpetrator have the capacity to appreciate that his or her actions could cause physical harm. For example:

- A person with a medical condition that causes them to act out physically in response to a stimulus in their environment, resulting in injury to a worker. This would still be considered workplace violence.
- Situations where two non-workers, patients for example, are fighting. A worker could be injured when he or she intervenes. The non-worker may not have intended their violence to spill over to anyone else, but they used physical force, which could ultimately cause physical injury to a worker.

However, workplace violence does not include a situation where a worker is accidentally hurt, i.e., a worker's tripping over an object and then falling or pushing into another worker.

**Workplace**

Any location where any worker is carrying out any work-related function

Examples of possible "workplaces" for the Family Health Team's workers:

- Multi-site office environment
- Family Health Team-sponsored conference or training site
- Worker-accompanied patient transport
- Patient residences or community settings

**Management/Physician**

Managers/Physicians who control or direct the business of their practice and/or the Family Health Team

**Supervisor**

A person who has charge of a workplace or authority over a worker, whether or not they are managers

**Complainant**

The worker who reports a violent or potentially violent incident

**Respondent**

The person (worker, patient, etc.) about whom a complaint of violence or potential violence is made

**D. ROLES AND RESPONSIBILITIES****Supervisors and Management**

The Family Health Team supervisors and management must ensure, as much as reasonably practical, that workers are not subjected to violence in the workplace.

Management/supervisors will take corrective action with anyone under their direction who subjects workers to violence.

Supervisors and management will ensure all workers are aware of the risks of violence in the workplace. Management/supervisors will ensure that workers are properly trained and equipped to protect themselves.

The Family Health Team, its managers, and supervisors are responsible for creating a safe working environment, free from violence. Anyone aware of violence in the workplace must bring it to the attention of their supervisor or management/physician so that the issue can be addressed immediately.

**Workers**

Every worker contributes to the creation of a safe and healthy work environment by demonstrating respectful and appropriate conduct at work.

All workers must accept as a personal responsibility their own role in eliminating the risk of workplace violence in the day-to-day activities of their own work. Therefore, workers must:

- comply with this Violence Policy and Program and refrain from any acts of violence
- work together in a professional manner and resolve issues in a non-violent Manner.

Workers are to bring issues to their physician supervisor, if they cannot be mutually resolved

- Report to their immediate supervisor or Human Resources any incidents of violence or potential risk of violence they may experience or witness. This includes issues in the worker's non-work life that may impact on the worker's or other workers' safety, such as domestic violence
- Attend training and information sessions provided by the Family Health Team to reduce violence or risks of violence
- Co-operate with police, Family Health Team investigators or other authorities as required during any investigation related to violence.

The Officer in Charge of the Violence Prevention Program will

- ensure that the procedures in the Violence Policy and Program are implemented
- review all reports submitted regarding workplace violence and other incident reports as appropriate pertaining to incidents of workplace violence that result in personal injury or threat of personal injury, property damage, or police involvement and make recommendations for corrective measures to minimize recurrence of incidents
- in conjunction with the Health and Safety Representative ("H/S Rep.") or workers (where the H/S Rep does not exist), respond to concerns related to workplace violence and communicate these to management/physician
- review violence policies and procedures annually to ensure that this Violence Policy and Program and procedures are current and relevant
- conduct a workplace violence risk reassessment as necessary and provide recommendations to management/physician to reduce or eliminate the risk of violence.

## **E. WORKERS' RIGHT TO REFUSE UNSAFE WORK**

A worker who reasonably believes that workplace violence may endanger himself or herself has a right to refuse work. The process for a work refusal is set out in Schedule A attached to this Violence Policy and Program.

A worker's right to refuse work in unsafe conditions is important. However, it should not be the first and automatic response to an unsafe working condition. A worker who identifies unsafe situations must first (if time permits) report the health and safety concern to his/her supervisor/physician and the H/S Rep (if exists). The worker should work in conjunction with these parties to find solutions to reduce/eliminate the risk before it becomes an immediate danger

Workers must also be cognizant of their standards of practice as established by their professional college or regulatory body.

Please note that workers cannot be threatened, dismissed, disciplined, intimidated or coerced for complying with the work refusal process.

**F. REPORTING PROCEDURES**

1. In situations where the violent act or threatened violent act is serious, workers should call 911 immediately. In sites where panic buttons are installed they should be used.
2. Workers must report all threats and attempted or actual violence, to their immediate supervisor/physician or to the FHT/FHO Team Coordinator (Officer in Charge of Prevention Program).
3. The supervisor/physician or FHT/FHO Team Coordinator will take immediate action to resolve any situation that involves violent behaviour and to ensure the safety of workers.
4. The supervisor/physician or FHT/FHO Team Coordinator will ensure the Complainant and any other workers receive first aid or medical aid as required.
5. If the Respondent is a patient, the supervisor or FHT/FHO Team Coordinator will notify the patient's attending physician.
6. The Complainant must complete the Violent Incident Reporting Form which records important details of the incident including the date and time of the incident, the nature of the violence, and names of people who may have witnessed the incident.
7. If the Complainant refuses to complete or sign the Violent Incident Reporting Form, the supervisor/physician or FHT/FHO Team Coordinator will complete the form to the best of their ability.
8. The failure of the Complainant to complete the Violent Incident Report Form will not preclude the Family Health Team from investigating or dealing with the alleged violent incident; however, it may restrict the Family Health Team's range of possible actions in this regard. Due diligence is required.
9. The supervisor/physician or FHT/FHO Team Coordinator will report all incidents of violence (including situations where there is a reasonable expectation that the threat may become violent) to the Human Resources Manager as soon as possible.
10. Incidents that constitute criminal acts will be referred to the local police department or other appropriate policing agency.

**G. Notification of Workers at Risk**

When an actual incident of violence has occurred or when it is reasonably expected to become violent, the Family Health Team will take the following steps to ensure the safety of all workers:

- The supervisor/physician or FHT/FHO Team Coordinator will advise the workers who are at risk. They will also coordinate a review of current procedures to minimize risk.
- Depending on the circumstances, appropriate steps will be taken to protect workers.

### **Incident Reporting Requirements**

If a person is disabled from performing his/her usual work or requires medical attention because of an incident of workplace violence at a workplace, but no person dies or is critically injured because of that occurrence, the Family Health Team must give written notice and details of the occurrence within 4 days to:

- The FHT/FHO Team Coordinator
- a Director from the Ministry of Labour if an inspector from the Ministry requires notification.

### **INVESTIGATING VIOLENT INCIDENTS**

1. Physician/FHT/FHO Team Coordinator and or Human Resources will appoint an internal or external person to investigate all reported incidents of actual or threatened violence.
2. The Complainant and the Respondent will be advised of the investigation.
3. The investigation will be conducted in a fair, efficient and prompt manner. The exact conduct of the investigation will depend on the nature and seriousness of the allegation. Management/physician has the discretion to determine the appropriate investigation procedures in the circumstances. Generally, the investigation will consist of the following:
  - a. Interviews will be conducted of the Complainant, the Respondent, and any witnesses.
  - b. The investigation will involve:
    - obtaining all pertinent information from the Complainant
    - informing the Respondent of the details of the complaint, and getting her or his response
    - interviewing any witnesses
    - deciding whether, on a balance of probabilities, the violent incident or threat of violence did take place
    - recommending appropriate remedies, penalties, or other actions.
4. The Complainant and the Respondent may be separated during an investigation, if necessary and if reasonably possible.
5. If the Respondent is a patient, the investigation will also focus on the possible cause of the abusive behaviour and the level of responsibility of the abusive patient, including the patient's cognitive ability to understand his/her actions.
6. All documents related to a complaint or incident of workplace violence, including the written complaint, witness statements, investigation notes and reports, and documents related to the complaint, will be maintained by the investigator separate from personnel files.
7. The investigator shall determine whether there is:
  - a. Sufficient evidence to substantiate that workplace violence has occurred and/or that this Violence Policy and Program was contravened; or
  - b. Insufficient evidence to substantiate that the workplace violence has occurred and/or that this Violence Policy and Program was contravened

8. The investigator will complete a Violent Incident Follow Up Form.
9. All Violent Incident Reports and Violent Incident Follow Up Forms will be sent to the Officer in Charge of the Violence Prevention Program for review. Certain information may be withheld to protect the confidentiality of workers and other parties, as deemed appropriate by management/physician.
10. The Officer will review current procedures, and any recommendations to revise the Violence Prevention Program will be forwarded to Human Resources.

#### **G. CORRECTIVE ACTION AND DISCIPLINE**

##### **Corrective Action where the Respondent is a Worker**

If management/physician decides there has been a violation of this Violence Policy and Program by a worker, the following conditions should be considered when determining corrective action:

- the impact of the incident on the Complainant
- the nature of the incident
- the degree of aggressiveness and physical contact
- the period of time and frequency of the incidents
- the vulnerability of the Complainant

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

- apology
- violence risk assessment by professional
- referral to an assistance program
- reassignment or relocation
- report to a professional body
- suspension (with or without pay)
- demotion
- discharge
- legal action.

##### **Corrective Action where the Respondent is a Patient**

Following the incident of violence where the Respondent is a patient, all reasonable measures will be taken to ensure the safety of workers, including:

- requiring that the patient be accompanied by family member when visiting the workplace
- issuing verbal or written warnings
- imposing conditions which the patient must agree to abide by to continue receiving care
- contacting the police
- discharging the patient
- issuing a trespass warning letter or trespass order

In addition, the health care team will conduct an assessment of the patient including reviewing any behavioural triggers and successful de-escalating actions.

The patient's plan of care will be updated and the team will ensure appropriate documentation in the patient chart and ongoing evaluation. The plan of care:

- must be documented
- must describe all precautions to be taken by caregivers and recorded in the Care Plan
- must include all medications reviewed by the physician as the patient's condition changes
- must be evaluated for effectiveness on a predetermined periodic basis; those evaluations must be reflected in ongoing documentation
- will include appropriate educational programs, materials and resources for workers to provide help in problem solving and assistance in caring for the abusive patient
- must be revised as needed
- must be red-flagged

#### **Corrective Action where the Respondent is neither a Worker nor a Patient**

If the Respondent is not a worker or a patient, the Family Health Team will take whatever measures are reasonably available to ensure the safety of its workers.

#### **Personnel Files (where Respondent is a Worker)**

No record of the complaint, investigation or decision will go in the Complainant's personnel file, if the complaint was made in good faith.

If the investigation does not find evidence to support the complaint, there will be no documentation concerning the complaint placed in the Respondent's file. When the investigation reveals a violent incident has occurred, the incident and the discipline that is imposed on the abuser will be recorded in the Respondent's file.

#### **Complaints made in Bad Faith**

This Violence Policy and Program must never be used to bring fraudulent or malicious complaints against workers or other parties. In the rare event that a complaint is made in bad faith ☐ in other words, the person making it had absolutely no basis and deliberately and maliciously filed the complaint ☐ that person will be subject to the same remedies as set out above, and a record of the incident will be put in his or her file, if applicable.

#### **I. TARGET ASSISTANCE**

Workers who have been the target of violence will be:

- encouraged to obtain medical help
- provided with the opportunity to be examined by a physician
- provided with transportation if required.

## **J. CONFIDENTIALITY**

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

The Family Health Team will strive to maintain confidentiality in its handling of any complaint in an attempt to protect the privacy of all individuals. Management/physician will not disclose the name of a complainant or the circumstances of the complaint to anyone except where disclosure is:

- necessary to protect the Family Health Team's workers
- necessary to investigate the complaint
- required to take corrective action
- necessary to improve the Family Health Team's Violence Prevention Program
- required by law.

## **K. ASSURANCE AGAINST RETALIATION**

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

## **L. TARGET'S LEGAL RIGHTS**

Nothing in this Violence Policy and Program prevents a worker who has been a target of violence or threat of violence from seeking or pursuing his/her own legal remedies.

## **M. RECORD KEEPING**

The documents corresponding to the investigation will be kept on file in a secured location by the FHT/FHO Team Coordinator, for a period of seven years from the date of the incident.

## **N. ANNUAL REPORTING**

The Officer in Charge of the Violence Prevention Program will make an annual report to the Lead Physician of the number of complaints proceeded with, and the resolution, mediation, and dispositions made under this Violence Policy and Program. The Lead Physician will present his/her report including the report received from the designated workers to the Board of Directors, together with any recommendations with respect to matters contained in the report.

## **O. VIOLENCE POLICY AND PROGRAM REVIEW**

The Violence Policy and Program will be reviewed as often as necessary, but at least on an annual basis, by the FHT/FHO Team Coordinator.

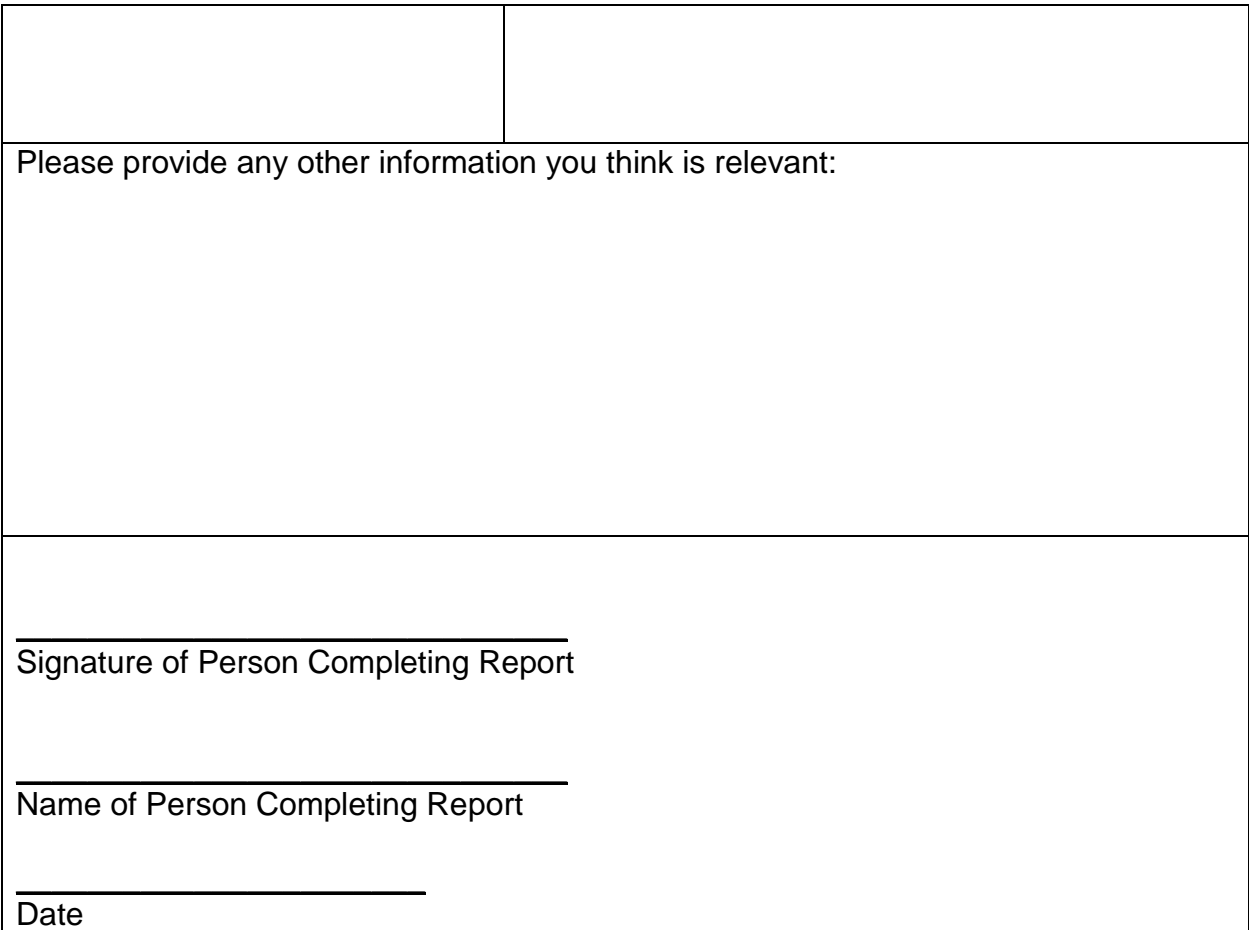
### ***Schedule A: The Work Refusal Process***

1. The worker must immediately inform the Physician and/or FHT/FHO Team Coordinator of a work refusal with an explanation.
2. The Physician and/or FHT/FHO Team Coordinator must investigate the situation immediately and resolve the issue in the presence of the worker and one of the following:
  - another worker.
3. The refusing worker must remain as near as reasonably possible to their work station and remain available to the employer for the purpose of the investigation. This period is defined as the “*first stage*” of a work refusal. If the situation is resolved at this point, the worker will return to work.
4. In the event that a worker is unsatisfied with the results of the investigation, he/she may continue to refuse the work provided he/she has reasonable grounds on which to base their continued refusal. This period is defined as the “*second stage*” of a work refusal and a Ministry of Labor inspector must be notified.
5. The Physician and/or FHT/FHO Team Coordinator may assign other reasonable work during normal work hours for a worker who has refused work.
6. The Ministry of Labour inspector conducts an investigation in consultation with the worker, and the employer.
7. The inspector will determine if the work is likely to endanger the worker or any other person.
8. The inspector’s decision must be given in writing, to the worker, employer.
9. If the work is found to be unlikely to endanger anyone, the refusing worker will be expected to return to work.

## APPENDIX E: Violent Incident Reporting Form

<b>Complainant Information</b>		
Name	Job Title	
Site/Location	Team	
Date of Incident		
Type of incident	<input type="checkbox"/> Physical	<input type="checkbox"/> Verbal <input type="checkbox"/> Other
<b>Assailant Information</b>		
<input type="checkbox"/> Worker	<input type="checkbox"/> Patient	<input type="checkbox"/> Visitor <input type="checkbox"/> Delivery Person
<input type="checkbox"/> Ex-employee	<input type="checkbox"/> Other (please specify)	
Age:	Weight:	Height:
Other distinguishing marks: Please fill out the attached Suspect and vehicle identification sheet if assailant is unknown		
Vehicle Description (if any)		
Description of incident. Give a thorough description of the incident (what happened, where it occurred, what led up to the incident, who else was present and what action was taken at the time):		

Location of Incident:	
Weapons or tools used:	
Has the assailant been involved in any previous incidents with workers? If yes, please provide details.	
Did any working conditions contribute to the incident?	
Name of witnesses and relationship to workplace or Complainant (i.e., co-worker, visitor, Complainant's spouse, etc.)	
Investigation conducted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reported to Physician/FHT/FHO Team Coordinator? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Investigators involved:	Name of Physician/FHT/FHO Team Coordinator:



## APPENDIX F: Harassment Policy and Program

**Policy:** Harassment Policy & Program

**Approved by:** Board of Directors

**Date Approved:** June 15, 2010

**Date Revised:** September 13, 2016

### A. Introduction

It is the policy of the Family Health Team (the “FHT”) to build and preserve a positive working environment for all its workers.

No one has the right to harass a worker at work or in any situation related to the workplace. This policy is one step toward ensuring that our workplace is a comfortable place for all of us.

The FHT promises to treat all complaints of harassment seriously, whether they are made informally or formally. We undertake to act on all complaints to ensure that they are resolved quickly, confidentially, and fairly. We will discipline anyone who has harassed a worker. We will discipline co-ordinators who do not act properly to end harassment.

A copy of this Harassment Policy and Program shall be posted in a readily accessible location for use by all workers.

### B. Scope of Harassment Policy and Program

This Harassment Policy and Program applies to all full-time, part-time, temporary and casual employees. It also applies to all health care professionals, contractors, students, and volunteers who provide services to the FHT. This policy will use the terms “workers” to refer to those persons who are covered by the scope of this Policy.

This Harassment Policy and Program applies to all incidents of workplace harassment perpetrated against workers by any other workers, including supervisors or other members of management, members of the Board of Directors, patients, family members, visitors, or any person working on behalf of or affiliated with the FHT.

Any workers who subject other workers to workplace harassment may be subject to disciplinary action up to and including termination of employment for cause or any other applicable and available disciplinary remedies.

Other perpetrators of workplace harassment will be subject to whatever measures are reasonably available to ensure a healthy and safe work environment.

## C. Definitions

### Workplace Harassment

Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome; or workplace sexual harassment.

### Workplace Sexual Harassment

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

Harassment is any behaviour that demeans, humiliates, or embarrasses a person, and that a reasonable person should have known would be unwelcome. Harassment may result from one incident or a series of incidents.

The definition includes, but is not limited to:

- making remarks, jokes or innuendos that demean, ridicule, intimidate, or offend
- displaying or circulating offensive pictures or materials in print or electronic form
- bullying
- making repeated offensive or intimidating phone calls or e-mails
- engaging in inappropriate sexual touching, advances, suggestions or requests
- spreading malicious rumours
- belittling a worker's opinions
- any unwelcome sexual advance or request for sexual favours
- implied or expressed threat of reprisal for refusal to comply with a sexually oriented request
- unwelcome remarks, jokes, innuendos, propositions, or taunting about a person's body, attire, sex or sexual orientation
- physical contact with an underlying sexual connotation
- leering
- displays of pornographic or sexual material

Harassment **does not** include:

- reasonable action or conduct by an employer, co-ordinator or supervisor that is part of the normal job function even if there are unpleasant consequences for the worker, e.g.,
- changes in work assignments or scheduling
- job assessment and evaluation
- workplace inspections
- implementation of dress codes
- disciplinary action
- differences of opinion or minor disagreements between co-workers
- consensual banter or relationships

- two or more workers bantering back and forth is not harassment if everyone involved is in agreement. But if any worker feels uncomfortable with this behaviour, and the behaviour continues even after that person has expressed their discomfort, or if the other worker(s) involved should have known the person was uncomfortable, then the behaviour does constitute harassment.
- Workers becoming involved in a romantic or sexual relationship, as long as the relationship is consensual. If one of the workers changes her or his mind, and the other person persists in trying to continue the relationship, this is harassment.

### **Workplace**

**Workplace is defined as: any location where any worker is carrying out any work-related function**

Examples of possible “workplaces” for the FHT’s workers:

- Multi-site office environment
- FHT-sponsored conference or training site
- Patient residences or community settings

### **Management/Physician/Coordinators**

**Management/Coordinators and/or Physician who control or direct the business of the FHT**

### **Supervisor**

**A person who has charge of a workplace or authority over a worker, whether or not they are managers**

### **Complainant**

**The worker who reports harassment**

### **Respondent**

**The person (worker, patient, etc.) about whom a harassment complaint is made**

## **D. Roles and Responsibilities**

### **Supervisors and Management/Coordinators**

- The FHT supervisors and management/coordinators and/or physicians must ensure, as much as reasonably practical, that no workers are subjected to harassment in the workplace.
- Management/coordinators and/or physician will take corrective action with anyone under their direction who subjects workers to harassment.
- The FHT, its management/coordinators and/or physicians and supervisors are responsible for creating a positive working environment, free from harassment. Anyone aware of harassment in the workplace must bring it to the attention of their supervisor or management and/or physician so the issue can be addressed immediately.

### **Workers**

Every worker contributes to the creation of a safe and healthy work environment by demonstrating respectful and appropriate conduct at work.

All workers must accept as a personal responsibility their own role in eliminating the risk of workplace harassment in the day-to-day activities of their own work. Therefore, workers must:

- comply with this Harassment Policy and Program and refrain from any acts of harassment
- work together in a professional manner and resolve issues in a respectful manner. Workers are to bring issues to their supervisor, if they cannot be mutually resolved
- report to their immediate supervisor or Human Resources any incidents they experience or witness.
- attend training and information sessions provided by the FHT to reduce incidents of harassment
- co-operate with investigators or other authorities as required during any investigation related to harassment

## **E. Reporting Procedures**

### **Speak Up**

All workers are encouraged to speak directly to the person who is acting in an offensive, harmful or humiliating manner. The offender should be advised that their behaviour is inappropriate and you want it to stop. Workers are advised to make notes of the offensive behaviour, the date it happened, the feelings it created, what was done about it, and who else was present, if there were any witnesses.

### **Informal Complaint**

If there are concerns about speaking directly to the person committing the offensive behaviour, or if the offender does not stop the behavior after the matter is raised with him or her, then workers are advised to seek advice from and report the matter to their immediate supervisor or manager/coordinator and/or physician with a view to informally settling the matter. Where the alleged harasser is a patient, the primary physician should also be contacted.

### **Formal Complaints**

If the informal route for resolving a harassing situation does not succeed or is not appropriate, the FHT supports its workers in filing a formal complaint on the FHT's Harassment Reporting Form. This form shall be sent to Human Resources or to the Director of Clinical Programs. If the Respondent is a patient, the primary physician should also be contacted.

*Note: All workers have a responsibility to report harassment if they or someone else is being harassed.*

## **F. Investigating Incidents of Harassment**

The Manager/FHT/FHO Team Coordinator and/or Human Resources will appoint an internal or external person to investigate all reported incidents of harassment.

The Complainant and the Respondent will be advised of the investigation.

The investigation will be conducted in a fair, respectful, efficient and prompt manner. The length and level of the investigation will depend on the nature and seriousness of the allegations. Management and/or Physician has the discretion to determine the appropriate investigation procedures. Generally, the investigation will consist of the following:

- a. Interviews will be conducted of the Complainant, the Respondent, and any witnesses.
- b. The investigation will involve:

- getting all pertinent information from the Complainant
- informing the Respondent of the details of the complaint, and getting her or his response
- interviewing any witnesses
- deciding whether, on a balance of probabilities, harassment did take place
- recommending appropriate remedies, penalties, or other action.

The Manager/FHT/FHO Team Coordinator and/or Human Resources may separate the Complainant and the Respondent during an investigation, if necessary and if reasonably possible. Depending on the nature of the complaint, PFHT reserves the right to implement a paid administrative leave to the respondent. The intent of the paid leave is to allow for a valid investigation. During paid leave, the Respondent is obligated to attend all interviews required by PFHT. The Respondent is also free to seek legal advice and include legal representation within the investigation process.

If the Respondent is a patient, the investigation will also focus on the possible cause of the abusive behaviour and the level of responsibility of the abusive patient, including the patient's cognitive ability to understand his/her actions.

All information obtained, including identifying information about any individuals involved, will not be disclosed unless the disclosure is necessary for the purposes of investigating or taking corrective action with respect to the incident or complaint, or is otherwise required by law. All documents related to a complaint or incident of workplace harassment, including the written complaint, witness statements, investigation notes and reports, and documents related to the Complainant, will be maintained by the investigator separate from personnel files.

The investigator shall determine whether there is:

- a. Sufficient evidence to substantiate that workplace harassment has occurred and/or that this Harassment Policy and Program was contravened; or
- b. Insufficient evidence to substantiate that the workplace harassment has occurred and/or that this Harassment Policy and Program was contravened.

The investigator will complete a Harassment Follow Up Form. Both the Complainant and Respondent, will be notified in writing, of the result of the investigation and of any corrective action that has been taken or that will be taken.

## **G. Corrective Action and Discipline**

### **Corrective Action where the Respondent is a Worker**

If management and/or physician decides there has been a violation of this Harassment Policy and Program by a worker, the following conditions should be considered when determining corrective action:

- the impact of the incident on the Complainant
- the nature of the incident
- the period of time and frequency of the incidents
- the vulnerability of the Complainant.

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

- apology
- training: to individuals, department(s) and/or all employees
- referral to an assistance program

- reassignment or relocation
- report to a professional body
- suspension (with or without pay)
- termination of employment or contractual relationship
- legal action.

#### **Corrective action where Respondent is a patient**

Where the Respondent is a patient, all reasonable measures will be taken to ensure a positive work environment for workers, including:

- Requiring that the patient be accompanied by family member when visiting the workplace
- Issuing verbal or written warnings
- Imposing conditions which the patient must agree to abide by to continue receiving care
- Discharging the patient or transferring him/her to another facility or services provider
- Issuing a trespass warning letter or trespass order

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

#### **Corrective Action where the Respondent is neither a Worker nor a Patient**

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

#### **Personnel Files (where Respondent is a Worker)**

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

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

#### **Complaints made in Bad Faith**

**This Harassment Policy and Program must never be used to bring fraudulent or malicious complaints against workers or other parties.**

In the rare event that the complaint was made in bad faith – in other words, the person making it had absolutely no basis and deliberately and maliciously filed the complaint – that person will be subject to the same remedies as set out above, and a record of the incident will be put in her or his file.

#### **H. Confidentiality**

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

The FHT will strive to maintain confidentiality in its handling of any complaint in an attempt to protect the privacy of all individuals. Management will not disclose the name of a Complainant or the circumstances of the complaint to anyone except where disclosure is:

- necessary to investigate the complaint
- required to take corrective action
- required by law.

**I. Assurance Against Retaliation**

**This Harassment Policy and Program encourages workers to freely express any concerns about harassment in the workplace. Complainants must not be** penalized nor subjected to any prejudicial treatment as a result of making a complaint in good faith. Witnesses must not be subject to any negative repercussions as a result of participating in an investigation.

Any retaliation **by the Respondent or anyone acting on behalf of the Respondent against the Complainant or any witnesses is strictly prohibited and will result in appropriate disciplinary action.**

**J. Legal Rights**

Nothing in this Harassment Policy and Program prevents a worker who has been a target of harassment from pursuing legal action, include a claim under the Human Rights Code.

**K. Record Keeping**

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

**L. Harassment Policy And Program Review**

This Harassment Policy and Program will be reviewed as often as necessary, but at least on an annual basis by the FHT/FHO Team Coordinator, Lead Physicians and Joint Health & Safety Committee.

## APPENDIX G: Confidentiality And Conflict Of Interest Agreement

**TO:** Peterborough Family Health Team (“PFHT” or “Employer”)

I, the undersigned employee, in consideration of my employment with PFHT, and of the compensation paid in respect of my employment, agree as follows:

### 1. Confidentiality

I acknowledge that confidential information about PFHT, the business associates, Patients, suppliers, or employees should not be divulged to anyone other than persons who are authorized to receive such information. No disclosure under any circumstances other than in the normal course of business should be made without first asking appropriate management personnel. This basic policy of caution and discretion in handling of confidential information extends to both external and internal disclosure.

I acknowledge that confidential information obtained as a result of employment with PFHT is not to be used for the purpose of furthering any private interest, or as a means of making personal gains. Use or disclosure of such information can result in civil or criminal penalties, both for the individuals involved and for PFHT.

I agree that, in the course of any job within PFHT, I may become aware of personal and confidential information. In particular, I may obtain information about Patients’ financial and other sensitive information. It is imperative that I take all measures appropriate to ensure the confidentiality of Patients’ private and confidential information and records, including ensuring that all Patients’ records and information is appropriately safeguarded from any unauthorized access or disclosure, including compliance with any applicable privacy legislation.

I acknowledge that breach of confidentiality regarding any information or records relating to PFHT Patients may result in immediate termination of employment for cause. PFHT depends on the maturity and loyalty of each employee to keep private any such information.

I acknowledge that, confidential information includes, but is not limited to, the following examples:

- The names of Patients, suppliers or independent contractors or prospective Patients,
- Any information, including but not limited to medical and financial information relating to our Patients,
- Compensation data,
- Financial information,
- Marketing strategies,
- Pending projects and proposals,
- Proprietary production processes,
- Personnel/Payroll records, and
- Confidential conversations between any persons associated with PFHT.

## **2. Conflict of Interest**

I acknowledge that PFHT employees are expected to be independent in respect of their actions, decisions and judgments respecting all PFHT business practices. In this regard, I acknowledge that I am expected not to have any relationships, activities, or personal financial interests that might possibly impair or affect my judgment or influence my decisions concerning PFHT business.

I acknowledge that due to the nature of the services provided by PFHT, PFHT Patients frequently form personal relationships with employees. It is of the utmost importance that I act diligently to ensure that the Patients' interests are protected at all times. Even the appearance that a Patient has been taken advantage of can be disastrous to both the Employer and the employee.

I agree that, during the term of my employment, for the protection of PFHT, the employees and the Patients, I am required to adhere to the directives set out herein.

I acknowledge that this Agreement is not limited to the relationships between Patients and employees. It also encompasses relationships with other entities such as suppliers, funders etc.

I agree that, during the term of my employment, I am expected to act in a mature and responsible way at all times and to use common sense and good judgment. To avoid any possible confusion, some examples of obvious unacceptable conduct are, but are not limited to, those forms of conduct as noted below.

- Engaging in any business or transaction or have a financial or other personal interest which is incompatible with the discharge of my official duties;
- Placing myself in a position to derive any direct or indirect benefit or interest from any Employer contacts where I can influence decisions;
- Engaging in any outside employment, work or business undertaking that interferes with the performance of my duties as a PFHT employee;
- Engaging in any outside employment, work or business undertaking in which I have an advantage derived from my employment with PFHT;
- Demanding, accepting, offering, or agreeing to accept from a person who has dealings with PFHT, a direct or indirect commission, reward, advantage or benefit of any kind, whether to be received by me, by a member of my family, or by a third party whom I wish to benefit;
- Benefiting or causing friends or relatives to benefit from the use of information acquired during the course of my official duties and which is not generally available to the public;
- Using or permitting the use of PFHT property for any kind for personal convenience or profit or for any activities not associated with the discharge of my official duties;
- Disclosing any information concerning financial matters, plans, changes in service delivery, and prospective Patients; and/or

## **3. Gifts and Gratuities**

I acknowledge that I must never accept monetary gifts of any denomination or value from Patients, their family, relatives or friends for the performance of my duties. In all other instances, I acknowledge that I must explain politely to Patients, family and friends that I apologize but that it is against the policy of the Employer to accept monetary gifts for the care services provided.

If the Patient, relative or friend is insistent upon offering a monetary gift I agree to be polite, but firmly direct the individual to the Human Resource Coordinator or designate who will explain the policy. It is appropriate, however, to acknowledge that the gesture is much appreciated.

I acknowledge that the same principle will apply to bequests made in Patients' wills. If I have prior knowledge of a Patient's intention to make a bequest, I should attempt to dissuade the Patient from doing so and bring this to the attention of the Human Resource Coordinator or designate. Such instances must be recorded in the Patient's Plan of Care.

I acknowledge that should it transpire that I am bequeathed a sum of money or a specific gift from the estate of a Patient, I should report it immediately to the Human Resource Coordinator or designate. If necessary, legal advice will be obtained on my behalf and where relevant any records that were previously made of the Patient being asked not to make such a bequest I must provide as mitigating evidence.

#### **4. Patient Wills**

I acknowledge that a Patient seeking advice about making a will, or changing an existing will, should be encouraged to do so by contacting a Solicitor or the Citizen's Advice Bureau. The Patient's key employee may offer to assist the Patient in this respect, if necessary referring them matter back to the Human Resource Coordinator or designate for guidance.

I acknowledge that **Under NO CIRCUMSTANCES** am I to become party to or be involved in the making of Patients' wills. This includes helping the Patient draw up a will or act as a witness or Executor to the estate. If requested to do so by a Patient, I should politely, but firmly explain that it is contrary to PFHT's policy to become involved in the personal affairs of Patients to this extent and to do so could lead to disciplinary action up to and including termination of my employment for cause.

I acknowledge that should I discover that I have been appointed as Executor without my prior knowledge, that I have the right to disengage myself. In the event that this should happen I must report it to my Human Resource Coordinator or designate immediately for advice and appropriate action will be taken.

I acknowledge that if I have any questions concerning any of the unacceptable activities listed above or are in doubt about any particular situation that I will not hesitate to speak to the Human Resource Coordinator or designate for clarification or guidance.

I agree that, during the term of my employment, violation of this policy will lead to discipline up to and including termination of my employment for cause.

## **APPENDIX H: Accessible Customer Service**

**Policy:** Accessible Customer Service

**Date Approved:** November 2011

### **POLICY**

The Peterborough Family Health Team (PFHT) is committed to excellence in serving all clients including people with disabilities.

### **DEFINITIONS**

Becoming accessible means developing a plan on how our organization will provide service to clients with disabilities utilizing the principles of independence, dignity, integration and equal opportunity.

### **GUIDELINES**

#### **Assistive devices**

We will ensure that our employees are trained and familiar with various assistive devices that may be used by customers with disabilities while accessing our services.

#### **Communication**

We will communicate with people with disabilities in ways that take into account their disability.

#### **Service Animals**

We welcome people with disabilities and their service animals. Service animals are allowed in to our premises for clients attending for clinician appointments.

#### **Support Persons**

A person with a disability who is accompanied by a support person will be allowed to have that person accompany them on our premises. Fees will not be charged for support persons.

#### **Notice of Temporary Disruption**

In the event of a planned or unexpected disruption to services or facilities for customers with disabilities, PFHT will notify clients promptly. This clearly posted notice will include information about the reason for the disruption, its anticipated length of time, and a description of alternative arrangements, as feasible. The notice will be placed at the front entrance lobby of the site.

#### **Training for staff**

The Peterborough Family Health Team will provide training to employees who deal with the public. All individuals that have dealings with the public will be trained. This training will be provided to staff during their training orientation period effective with their start date with the organization.

Training will include:

- An overview of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the customer services standard.
- PFHT's plan related to the customer service standard.
- How to interact and communicate with people with various types of disabilities.

- How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or support person.
- How to use the equipment/devices that may help with providing services to people with disabilities.
- What to do if a person with a disability is having difficulty in assessing Primary Health Care Services.

Staff will also be trained when changes are made to our plan.

**Feedback Process**

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

All feedback will be directed to the Human Resource Coordinator or designate. Clients can expect to hear back within 2 business days. Complaints will be addressed according to our organization's regular complaint management procedures.

**Modifications to this or other policies**

Any policy of the Peterborough Family Health Team that does not respect and promote the dignity and independence of people with disabilities will be modified or removed.

## APPENDIX I: Privacy

**Policy:** Privacy

**Date Approved:**

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

Our physicians and interdisciplinary health professionals are each health information custodians (HIC) under the *Personal Health Information Protection Act, 2004* (PHIPA). For the purposes of privacy obligations, PFHT, FHO and our Team Members<sup>3</sup> are agents. All of the agents abide by this policy and reflect a shared commitment to protecting personal health information. Please be aware a FHO may have additional policies/procedures reflecting the expectations of the organization and the greater obligation must be adhered to. If a FHO does not have additional policies/procedures the obligation will be to these policies and procedures.

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

### Principle 1 – Accountability for Personal Health Information

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

<p><b>Robert O'Brien</b> <b>Peterborough Family Health Team</b> 185 King Street, 5<sup>th</sup> floor Peterborough, ON K9J 2R8 (705) 749-1564 ext. 314</p>	<p><b>Dr. Rick Binette</b> <b>Peterborough Clinic FHO</b> 26 Hospital Drive, Peterborough, ON K9J 7C3 (705) 743-2040</p>	<p><b>Kathy Grantham</b> <b>Medical Centre FHO</b> 707 Charlotte Street, Peterborough, ON K9J 7B3 (705) 743-6222</p>
<p><b>Dr. Stephan Ragaz</b> <b>Peterborough Community FHO</b> 170 Simcoe Street, Peterborough, ON K9H 2H7 (705) 742-3639</p>	<p><b>April Lawton</b> <b>Greater Peterborough FHO</b> 304 Bellevue Street, Peterborough, ON K9H 5G1 (705) 743-7101</p>	<p><b>Bethann Handley</b> <b>Chemong FHO</b> 150 Strickland Street, Lakefield, ON K0L 2H0 (705) 875-7990</p>

<sup>1</sup> Throughout this policy the terms “our”, “we”, and “us” refer to the Peterborough Family Health Team and Family Health Organizations as we work in conjunction with each other regarding privacy policies and those policies related.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Physical safeguards (such as locked filing cabinets and rooms);
- Organizational safeguards (such as permitting access to personal health information by Team Members on a "need-to-know" basis only); and
- Technological safeguards (such as the use of passwords, encryption, and audits).

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

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

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

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

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

- Contact information for a Privacy Officer, to whom complaints or inquiries can be made;
- The process for obtaining access to personal health information we hold, and making requests for its correction – details outlined within the *Access and Correction Policy*;

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

- A description of the type of personal health information we hold, including a general account of our uses and disclosures; and
- A description of how a patient may make a complaint to Peterborough Family Health Team, Family Health Organization or to the Information and Privacy Commissioner of Ontario.

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

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

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

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

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

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

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

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

PFHT and FHOs will investigate all complaints. If a complaint is found to be justified, PFHT or FHOs will take appropriate measures will be taken to respond.

The Information and Privacy Commissioner of Ontario oversees our compliance with privacy rules and PHIPA. Any individual can make an inquiry or complaint directly to the Information and Privacy Commissioner/Ontario by writing to or calling:

2 Bloor Street East, Suite 1400  
Toronto, Ontario M4W 1A8  
Phone: 1 (800) 387-0073  
[www.ipc.on.ca](http://www.ipc.on.ca)

## APPENDIX J: Privacy Breach Protocol

**Policy:** Privacy Breach Protocol

**Date Approved:**

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

### Report

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

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

### Privacy Breach

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

Examples include:

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

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

**Privacy Breach Protocol**

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

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

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

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

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

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

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

**Step 4: Investigation and Remediation**

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

## APPENDIX K: Computer and Electronics

**Policy:** Computer and Electronics

**Date Approved:**

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

All Team Members working/employed within PFHT and the FHO are expected to act in accordance with the computer policy when utilizing any computer resources provided by PFHT and the FHO. The following guidelines and procedures have been established to ensure our computer environment, including Electronic Medical Records (EMR) is safe, secure and utilized in an ethical and legal manner.

Violations of this policy will be treated like any other wrongdoing and may be subject to discipline, up to and including dismissal.

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

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

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

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

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

- Passwords should not be made up of common names, words or date sequences that could easily be identified (e.g. pet or children names, birth dates, etc.);
- To maintain confidentiality, users do not share patient files with unauthorized users or allow unauthorized users to view patient files;

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

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

### Email/Internet Use

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

1. Patient health information shall not be shared through emails without the expressed written consent of the patient.
2. The Team Member must always consider that emails are subject to FIPPA requests therefore discretion is to be used prior to distributing an email message.
3. The appropriate disclaimer associated to the organization is to be use within the signature of the email stating the following:

This email and any attachments are for the sole use of the intended recipient(s) and may be confidential. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.
4. Users will ensure the email is sent to the appropriate and correct person prior to pressing "send".
5. Team Members are expected to conduct themselves professionally and ethically when transmitting, receiving and storing information via email.

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

6. The Internet must not be used for any illegal or unlawful purposes, including but not limited to, copyright infringement, obscenity, pornography, libel, slander, fraud, defamation, plagiarism, harassment, forgery, impersonation, illegal gambling, and computer tampering.
7. The Privacy Officers have the ability to review team member's emails if inappropriate use is suspected.

### **Virus Protection**

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

#### ***Malware***

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

#### ***Ransomware***

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

### **Internet and Bandwidth Usage**

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

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

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

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

- Flickr
- Instagram
- Pinterest
- Tumblr

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

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

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

#### Storing of Documents on Computer – Letters

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

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

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

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

Do	Don't
<ul style="list-style-type: none"> <li>• Contact your IT coordinator immediately if a virus is suspected</li> <li>• Ensure computer is password protected</li> <li>• Turn off computer/laptop on weekends</li> <li>• Log off <b>every night</b> and when you are away from your device longer than five (5) minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Install new software without approval from appropriate personnel</li> <li>• Stream anything online (i.e. radio station, video games, movies) unless it is being used for work/educational purposes (i.e. group programs, related to your respected profession)</li> <li>• Share your password with anyone</li> </ul>

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<ul style="list-style-type: none"><li>• Ensure your password is unique</li><li>• Encrypt USBs and password protect the files stored on that USB</li><li>• <b>ONLY</b> used trusted and secure wireless accounts and networks</li><li>• Use the appropriate disclaimer within the signature of your emails</li><li>• Ensure email is sent to the appropriate and correct person prior to hitting send</li></ul>	<ul style="list-style-type: none"><li>• Click links from an unknown sender</li><li>• Log into another team members account</li><li>• Leave patient files or multiple patient files open on the monitor that is in public view</li><li>• Share patient health information through email without the expressed written consent from the patient</li><li>• Use the internet for any unlawful purposed, including but not limited to harassment, forgery, impersonation, illegal gambling and computer tampering.</li></ul>
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## APPENDIX L: Access and Corrections

**Policy:** Access and Corrections

**Date Approved:**

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

This policy addresses five activities:

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

### Consent and "Authorized Persons"

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

1. The patient, if the patient is capable
  - a. **Please note for capable patients under the age of 16:** If a patient is capable and also under the age of 16, the patient may consent AND the patient's parent or person who has lawful custody may also consent. BUT the parent or person with lawful custody may not consent if the information to be disclosed relates to "treatment" (as defined under the *Health Care Consent Act, 1996*) about which the child has made their own decision or "counseling" (as defined under the *Child and Family Services Act*) about which the child participated on their own. (That means if a child consented to the care on their own – a parent cannot consent to the release of that information on behalf of the child). **And if there is a disagreement between a capable child and the parent about the release of information, the capable child's wishes prevail. If team members have questions about consent for children, please ask one of the Privacy Officers.**
2. A substitute decision-maker, if the patient is incapable. Please refer to section 26 of PHIPA which lists the hierarchy of individuals/agencies that can act as substitute decision-makers:
  - The individual's guardian, or the person or guardian of property, if the consent relates to the guardian's authority to make a decision on behalf of the individual.

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

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

- The individual's attorney's authority for personal care or attorney for property, if the consent relates to the attorney's authority to make a decision on behalf of the individual.
  - The individual's representative appointed by the Consent and Capacity Board, if the Representative has authority to give the consent.
  - The individual's spouse or partner.
  - A child or parent of the individual, or a children's aid society or other person who is lawfully entitled to give or refuse consent in the place of the parent.
  - A parent of the individual with only a right of access to the individual.
  - A brother or sister of the individual.
  - Any other relative of the individual.
3. The estate trustee, in the case of a deceased patient
- a. We verify the identity of the estate trustee by reviewing the notarized "Certificate of Appointment of Estate Trustee with a Will" or "Certificate of Appointment of Estate Trustee without a Will". A copy of this certificate of appointment must be kept by the HIC. If the deceased patient does not have an estate trustee, consent can be obtained from the person who has assumed responsibility for the administration of the deceased person's estate – if documented in writing.

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

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

### **Copies versus Originals**

Because family physicians and other interdisciplinary health providers, such as mental health clinicians, dietitians, pharmacists and more are the custodians of the health record, originals of health records are not given to patients or released to other health providers or third parties (except in rare situations if originals are required by law). In most situations, only copies are released. Patients may ask to view original documents as set out below. Please note, there is a cost that is associated when patients request to see their record.

### **PROCEDURES:**

#### **1. Informal Patient Access**

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

received. Also, it is good practice to stamp “Patient Copy” to alert that a document has been released to the patient directly.

## 2. **Patient Access to Information**

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

### a. ***Written Requests***

- i. Patient requests for their own information should be made in writing. Team members should encourage patients to use the *Patient Request for Access to Health Records* form.
- ii. If a request for access is made to the health care provider, they should direct the patient to the process for release of records. PFHT or the FHO may assist the patient with locating the desired information/document in the record. Because records may be difficult to read and interpret and may mislead or alarm a patient, patients will be encouraged to review the records with their family physician/HIC (or a delegate) so the information can be explained.
- iii. If a patient wishes to read the original health record, someone must be present to ensure the records are not altered or removed. Patients may not make notes on their original health record or remove originals from the health record or otherwise alter their health records. If a patient requests a copy of a health record, copies may be given and fees may be applied as per policy.
- iv. The original of the written request for access shall be placed with the patient's records and must contain the following:
  - A description of what information is requested
  - Information sufficient to show that the person making the request for access is the patient or other authorized person
  - The signature of the patient or other authorized person and a witness to the signature
  - The date the written request was signed
- v. A notation shall be made in the record (e.g. a handwritten note) stating:
  - What information or records were disclosed
  - When the information or records were disclosed
  - By whom the information or records were disclosed

### b. ***Telephone Requests***

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

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

c. ***Walk-in Requests***

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

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

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

- The information is subject to a legal privilege that restricts disclosure to the individual
- The information was collected or created primarily in anticipation of or for use in a proceeding (and that proceeding and any appeals have not been concluded)
- The information was collected or created in the course of an inspection, investigation or similar procedure authorized by law or undertaken for the purpose of the detection, monitoring or prevention of a person's receiving or attempting to receive a benefit to which the person is not entitled under law (and the inspection or investigation have not been concluded)
- If granting access could reasonably be expected to:
  - Result in a risk of serious harm to the treatment or recovery of the individual or a risk of serious bodily harm to the individual or another person
  - Lead to the identification of a person who was required by law to provide information in the record
  - Lead to the identification of a person who provided information explicitly or implicitly in confidence (if it is appropriate to keep that source confidential)

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

3. **Correction of Health Records**

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

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

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

- Striking out the incorrect information in a manner that does not obliterate the record or

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

The record will not be corrected if:

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

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

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

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

##### a. *Express Consent*

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

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

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

- The request is unclear or unspecific
  - The request does not have the required consent
  - The date the patient's consent was signed is greater than 90 days from the date the request was received
- b. Document the date, time of the call, name of the person with who contact was made, a brief summary of the conversation and comments made by the requester.

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

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

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

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

**5. Transfer of Patient Records**

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

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

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

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

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

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

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

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

Any third party requests for release of information shall include:

1. The name, address and telephone number of person/agency requesting the information
2. The full name, address and date of birth of the person about whom the information relates
3. A specific description about the type and amount of information to be released

4. A consent for release of information form signed by the patient (or patient's authorized person) and this consent form must not be older than 90 days from the date of the request

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

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

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

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

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

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

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

The fact that a patient is suspected of being a victim of a crime or suspected of having committed a crime is not a recognized reason for breaching the patient's right to confidentiality. However, there is a recognized exception ("discretion to warn") to patient confidentiality where there is a significant risk of

serious bodily harm to someone (either the patient or someone else) **and if it is genuinely believed that disclosing information to police could eliminate or reduce that risk.**

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

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

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

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

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

Where the CAS is the legal guardian of a child, the CAS should be treated as any other parent or guardian would be in response to a request for access to or disclosure of the health records.

Any documentation from CAS claiming authority to release information to the CAS must be reviewed carefully before information may be disclosed (for the section of the legislation giving the legal authority that the release of information is **permitted or required** by law). This review should be done by the patient's primary health care provider, Health Records team member and/or one of the privacy officers before any information is released. The documentation from CAS will be scanned into the chart. Seek legal advice as appropriate.

#### ***Other Authorities***

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

#### ***Lawyers***

Most lawyers' letters require patient consent for the release of information to a lawyer. **Do not release information to a lawyer without patient consent unless you have some other documentation to state that you are required by law to disclose the information.** Any documentation from a lawyer claiming legal authority to release information to the lawyer must be reviewed carefully before information

may be disclosed (in most cases the lawyer is asking for the record – not advising the patient's primary healthcare provider or the Family Health Team that they are required by law to release the record). This review should be done by the patient's HIC and/or the Privacy Officer before any information is released. The documentation from the lawyer will be scanned into the chart.

### **Communicable Disease**

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

### **MANDATORY DISCLOSURES**

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

Air Crew	Information about flight crew members, air traffic controllers or other aviation license holders who have a condition that may impact their ability to perform their job in a safe manner (likely to constitute a hazard to aviation safety)	Organizations and optometrists	Medical advisor designated by the Minister of Transportation	<u><i>Aeronautics Act</i></u> , s. 6.5(1)
Seaman	Information about a seaman	Organizations	If requested by the seaman's employer	<u><i>Merchant Seamen Compensation Act</i></u> , s. 48
Railway workers	Information about patients who work in the railway industry who have a condition that may put the safety of rail travel at risk	Organizations and optometrists	A railway designated Organization	<u><i>Railway Safety Act</i></u> , s. 35(2)
Fraud	Information about health care fraud (including an ineligible person receiving or attempting to receive an insured service; an ineligible person obtaining or attempting to obtain reimbursement by OHIP for money paid for an insured service; or an ineligible person in an application, return or statement made to OHIP or the General Manager giving false information regarding their residency)	Organizations and registered nurses in the extended class	General Manager of OHIP	<u><i>Health Insurance Act</i></u> , s. 43.1(1) and <u><i>Health Fraud Regulation</i></u> , s. 1
Queue jumping	Information about an individual offering to pay, confer, charge or accepting a benefit in exchange for improved access to health care	Organizations and registered nurses in the extended class	General Manager of OHIP	<u><i>Commitment to the Future of Medicare Act</i></u> , ss. 17(1) and 17(2) and <u><i>General Regulations</i></u> , s. 7(1)
Reportable or communicable disease	Information about a patient who has (or may have) either a "reportable" or "communicable" disease. The report should include the patient's: <ul style="list-style-type: none"> <li>• Name and address in full,</li> <li>• Date of birth in full,</li> <li>• Sex, and</li> <li>• Date of onset of symptoms</li> </ul>	Organizations and registered nurses in extended class	Medical Officer of Health of the appropriate health unit	<u><i>Health Protection and Promotion Act</i></u> , s. 26 and <u><i>Reporting Regulations</i></u> , s. 1(1)

Communicable disease	Name, address of a patient receiving care and treatment for a communicable disease but who is neglecting or refusing to comply with the treatment regime	Organizations and registered nurses in the extended class	Medical Officer of Health	<u>Health Protection and Promotion</u> , s. 34(1)
Rabies	Animal bites or animal contact that may result in humans contracting rabies	Organizations and registered nurses in the extended class (and other persons with information about animal bites)	Medical Officer of Health	<u>Health Protection and Promotion Act</u> and <u>Communicable diseases Regulation</u> , s. 2(1)
Immunizations	Instances of adverse reactions to immunizations	Organizations, nurse, and pharmacists	Medical Officer of Health of the appropriate health unit.	<u>Health Protection and Promotion Act</u> , s. 38(3)
Immunizations	Information about a child whose eyes have become reddened, inflamed or swollen within two weeks of birth possibly due to a communicable disease. Report must be in writing and include: <ul style="list-style-type: none"> <li>The name, age and home address of child (or if not at home, where the child can be located)</li> <li>The conditions of the eye that were observed</li> </ul>	Organizations or other health care professionals who have attended the birth of a child	Medical Officer of Health	<u>Health Protection and Promotion Act</u> , s. 33(1) and <u>Communicable Disease Regulation</u> , s. 1 para. 2
Birth	Births	Organizations and midwives (or nurse if neither of the above are present at birth)	Registrar General	<u>Vital Statistics Act</u> , ss. 8, 9.1 and <u>General Regulation</u> , ss. 1(1) and 19(1)
Death	Facts surrounding the death of an individual in prescribed circumstances (e.g. violence, negligence or malpractice). Information requested for the purpose of an investigation.	Any person with information about the circumstances of the death	Coroner or designated Police Officer	<u>Coroners Act</u> , s. 10(1)
Death	Deaths	Organization and registered nurse in the extended class	Registrar General	<u>Vital Statistics Act</u> , s. 21(1) and <u>General Regulation</u> , ss. 35(2) and 35(3)

Occupational assessments	Reasonable conclusion of an occupational illness	Organizations who conduct medical examinations or supervise clinical tests for workplace safety	The worker's employer, the joint health and safety committee and the Provincial Organization	<u>Occupational Health and Safety Act</u> and the <u>Designated Substances Regulation</u> , ss. 29(2), 29(3), 29(6) and 29(7)
WSIB	Information requested by the WSIB about workers claiming benefits under the Workplace Safety and Insurance Act	All Organizations	Workplace Safety and Insurance Board (WSIB)	<u>Workplace Safety and Insurance Act</u> , s. 37(1)
Self-report of offence	Information if you yourself are found guilty of an offence to include <ul style="list-style-type: none"> <li>• Your name</li> <li>• The nature and description of the offence</li> <li>• The date you were found guilty of the offence</li> <li>• The name and location of the court where you were found guilty of the offence</li> <li>• The status of any appeals</li> </ul>	All regulated Organization	Registrar of your regulatory College	<u>Regulated Health Professions Act</u> , Schedule 2, ss. 85.6.1(1) – (3)
Self-report of professional negligence or malpractice	Information if you yourself are found guilty of professional negligence or malpractice to include <ul style="list-style-type: none"> <li>• Your name</li> <li>• The nature and description of the finding</li> <li>• The date the finding was made</li> <li>• The status of any appeals</li> </ul>	All regulated Organizations	Registrar of your regulatory College	<u>Regulated Health Professionals Act</u> , Schedule 2, ss. 85.6.2(1) – (3)
Employer report if end of professional relationship	A written report, within 30 days, regarding revocation, suspension, termination, or dissolution of health care professionals' privileges, employment or practice for reasons of professional misconduct, incapacity or incompetence	Employer or person who offers privileges to a member	Registrar of the college of the regulated health care professional	<u>Regulated Health Professionals Act</u> , Schedule 2, s. 85.5(1), 85.5(3)

## **APPENDIX M: Service and Therapeutic Animal Policy**

**Policy:** Service and Therapeutic Animal

**Approved by:** Employee Council

**Date Approved:** December 6, 2017

### **Intent**

The Peterborough Family Health Team (PFHT) recognizes the importance of service and therapeutic animals to individuals with disabilities. This policy has been established to ensure all individuals who require the use of service animals receive reasonable accommodation and access to our health services. The Peterborough Family Health Team makes every reasonable effort to ensure that all procedures and practices are consistent with the principles of dignity, independence, and equal opportunity, in accordance with the patient service standards under the *Accessibility for Ontarians with Disabilities Act, 2005*.

### **Definitions**

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

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

### **Guidelines**

#### **Service Animals**

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

### **Therapy Animals**

- It may not be readily apparent that a person has a disability requiring a therapy animal and that an animal is a therapy animal; PFHT has a right and responsibility to ask for verification from the patient. Verification should be authorized by a physician and/or nurse practitioner and support that the animal's presence is safe and healthy for patients and employees.
- The number of organizations certifying therapy animals is currently quite limited and this may result in a range of behaviours by therapy animals which, in some instances, may pose issues respecting the health and safety of patients and employees or which may be unduly disruptive to the provision of health services at appointment. Employees have a right to manage any such issues in a respectful and appropriate manner.
- Patients requiring the assistance of therapy animals must provide appropriate notice if they are planning to bring their therapy animal to any of our appointment, so that a proper assessment can be conducted by the clinician;
- If the patient requires the assistance of a therapy animal, the needs of the employee, patient, and other patients, when determining their access will be considered; and
- If it is not suitable for the therapy animal to participate in the appointment, the organization should find alternate solutions to accommodate the patient's needs.

### **General**

- If the animal is not a service or therapy animal, we will not allow the animal to come into any appointment;
- Patients accompanied by a service animal or therapy animal are responsible for maintaining care and control of that animal at all times.
- If there is a health and safety concern for another patient, such as a severe allergy to the service or therapy animal, all reasonable efforts to meet the needs of all individuals will be made, including creating distance between the two patients or eliminating in-person contact;
- Peterborough Family Health Team and the patient both must ensure the patient and service or therapy animal are never separated while receiving our health service;
- Employees should never touch, pet, or talk to the service or therapy animal; and
- Employees must ask the patient for permission to provide the service or therapy animal with water or anything else.

## APPENDIX N: Training Policy

**Policy:** Training Policy

**Approved by:** Board of Directors

**Date Approved:** January 30, 2018

### Purpose

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

### Policy

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

### Procedure

#### Mandatory Training for Employees, Students, Volunteers and On-Site Contractors

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

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

### Responsibilities:

#### New Employees

During orientation, new employees receive this policy, inclusive of Appendix A, and an overview of the procedures related to maintaining compliance with Mandatory Education. New employees are responsible for:

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

## HR Manager

HR Manager is responsible for:

- Monitoring and reporting the compliance of their employees with this policy.
- Ensuring that employees who have failed to complete a course within the required timeframe are placed on an unpaid leave of absence until the training is complete.
- Students are informed of this policy including the list of Mandatory Education (Appendix A). The HR Manager must be informed that an employee is planning to bring in a student before the student starts so that the necessary paperwork, including training can be deployed to the student.
- Students complete the required courses within the required timeframe.
- Students who have not completed the required courses within the timeframe (initial and ongoing) are not assigned shifts until these courses are complete.
- Informing volunteers of this policy including the list of Mandatory Education (Appendix A).
- Ensuring that volunteers complete the required courses within the required timeframe.
- Scheduling volunteers only after all Mandatory Education has been completed.
- Ensuring all on-site contractors have the proper required training.

## Return to Work

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

## Training Schedule

Where possible the following schedule will be maintained for mandatory training. This is intended to alleviate the burden of having to complete all the training at the same time. Each cycle will take approximately 2 hours to complete.

### February

- Privacy Policy
- Computer/Electronic Use Policy

### April

- AODA
- Workplace Violence and Harassment and Domestic Violence Policy

### June

- WHMIS
- Occupational Health & Safety

### November

- Job specific training, for example, sharps training, • Infection Prevention & Control Training

## Notifications

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

### **Consequence of Non-Compliance**

The day prior to the expiry of the employee's mandatory education and training, the HR Manager will contact the employee to determine the status of the education. If the education is not complete by the date required, the HR Manager is responsible for placing the employee on an Unpaid Leave of Absence.

### **Extenuating Circumstances for Non-Compliance with the Mandatory Education Policy**

Should extraordinary extenuating circumstances be encountered which present a barrier to compliance with this policy, the employee must contact the HR Manager to explain before the deadline takes place. Extraordinary extenuating circumstances may include personal accident, injury, or family emergency.

### **Accommodation**

Education will be customized to meet accommodation needs, as appropriate.

Should alternate methods of training be requested or required, a mutually agreed-upon delivery means will be provided.

### **Compensation**

- Where scheduling and job duties permit, employees are encouraged to use work time to complete mandatory education as appropriate,
- Mandatory education is not considered overtime,
- Mandatory education programs attended offsite are not eligible for travel costs or travel time.

#### **1. Appendices:**

Appendix A: List of Mandatory Training

## **APPENDIX A – List of Mandatory Training**

**Table of Contents:**

- Employees – Non-Clinical Employees without patient Contact
- Employees – Clinical Employees with direct patient contact
- Students
- Volunteers
- On-Site Contractors

**Employees – Non-Clinical Employees**

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

**Employees - All clinical Employees**

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

**Students:**

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

**On-Site Contractors:**

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

## APPENDIX O: Whistle Blower

Policy: Whistle Blower

Approved by: Board

Date Approved: March 27, 2018

### Intent

The purpose of this Whistleblower Policy is:

To provide direction to all current and former employees, volunteers, students, and Board members regarding the communication of events/occurrences or concerns, with respect to issues of integrity, honesty and professional ethics, of questionable financial or operational or clinical matters.

To encourage and facilitate the ability of an employee to report misconduct and/or wrong doing within the organization and to ensure the employee protection, freedom from recrimination, retaliation or reprisal.

### Definitions

For the purpose of this Policy and as defined by Federal and Provincial legislation, a Whistleblower event is triggered if any one of the following incidents occur:

- a) A contravention of any Act of Parliament or of the legislature of a Province;
- b) A misuse of public funds or public assets;
- c) A gross mismanagement or omission or neglect of duty;
- d) An abuse of authority;
- e) An act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment;
- f) A serious breach of PFHT Code of Conduct;
- g) Breach of fiduciary duty and/or abuse of trust;
- h) Inappropriate occurrences at an Agency event;
- i) Knowingly directing a person to commit a wrongdoing set out above; or
- j) Concealment of any of the above or any other breach of this policy.

Allegation: Action of bringing forth information related to potential wrongdoing

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

Good Faith: Acting with honest motives

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

Reviewer: The investigator of the allegation

Vexatious: Also referred to as frivolous, is lacking or insufficient in evidence, and serves only to cause annoyance to the respondent

**Whistleblower:** Also referred to as Complainant, an individual who makes an allegation of what is perceived to be wrongdoing

**Wrongdoing:** A departure from acceptable ethical, clinical, safety or administrative expectations, behaviours and procedures.

## Guidelines

- All allegations should be promptly reported to Human Resources Coordinator or designate.
- Allegations of crimes against people or property, such as assaults, rape, burglary, etc. should be immediately reported to the police by the complainant.
- Should the name of the person making an allegation have to be identified, the organization will treat reprisals towards this individual seriously and take appropriate disciplinary action given the circumstances.
- Allegations, which are determined to be vexatious, false or malicious after investigation, will be treated seriously and appropriate disciplinary action, will be taken, if warranted.
- The Organization will not attempt to knowingly conceal evidence and/or information relating to matters covered under this policy.

## Procedure

1. Allegations within the scope of this policy will be sent Attention to: **Human Resources Coordinator or designate (Privacy Officer)**.
  - Reports may be submitted in writing and delivered to the Human Resources office
  - Reports may be made via email to the confidential email of [hr@peterboroughfht.com](mailto:hr@peterboroughfht.com)
  - Reports may be made verbally through the Human Resources confidential **extension 303**
  - Reports can be mailed to; attention: HR Manager, 185 King St, 5<sup>th</sup> Floor, Peterborough ON K9J 2R8
2. All allegations will be treated in a confidential manner. The Human Resources Coordinator will review the allegation and assign the investigation process to the most appropriate individual or external agency. This decision will be made based on the position of the individual who is alleged to have committed the wrongdoing. For instance, if the allegation is about the Executive Director, the investigation will be assigned to the Board Chair and if it is about the Director of Allied Health Programs & Services, the investigation would be assigned to their Executive Director. Human Resources Coordinator will continue to support the primary investigator as required, including linking with any external agencies that may be involved in the investigation. This process will follow the communication protocol where possible.
3. Investigation of any allegation should begin within 5 business days of the report and be completed within 30 days from the date of initial report. The HR Manager may enlist the assistance of one or more employees and outside legal, accounting or other advisors, as may be appropriate to conduct the investigations.
4. The Whistleblower will not be discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against as a result of communicating a genuine Whistleblower occurrence/event or concern. Any PFHT employee found to be in violation of this policy (i.e. continued harassment of the Whistleblower) maybe subject to termination of employment, Similarly,

any PFHT Board member found to be in violation of this policy may have their relationship with PFHT terminated.

5. An individual is not required to prove the truth of an allegation, but he/she is required to act in good faith. Any individual who does not act in good faith in reporting a suspected violation may be subject to disciplinary action up to and including termination of the employment or relationship with PFHT.
6. If there are expenses associated with the investigation, the primary investigator is responsible for speaking with the appropriate senior leader to determine how the funding will be covered.
7. Once a Whistleblowing event/occurrence or concern is brought forward to the appropriate individual, an investigation will commence. The designated individual may enlist the assistance of one or more employees and outside legal, accounting or other advisors, as may be appropriate to conduct the investigation. A report will be prepared by the designated individual and any legal or other action will be taken as appropriate. Each Whistleblower occurrence/event or concern will be treated as confidentially as possible and with due care. The result of the Whistleblowing event/occurrence or concern investigation will be shared with the Whistleblower. This will not include details of any disciplinary action, which will remain confidential to the individual concerned.
8. All information related to the investigation and the recommendations linked to the investigation will be documented utilizing the **Investigations Allegation Investigation Summary Report (see appendix A)**.
9. The position of the Respondent of an allegation will dictate who will be included in the investigation of the allegation, or whether an outside firm will be retained to investigate.
10. All allegations will be reviewed based on the information provided and the type/complexity of the issue. The investigation will be completed by one or more of the following processes:
  - Investigated internally by the Organization
  - Referred to external auditors (financial)
  - Investigated by an independent external organization
  - One of the early steps in the investigation process will be to speak with the respondent
11. Following the investigation, some matters may need to be referred to a relevant outside organization, such as the police.
12. The support of all employees is necessary to achieving compliance with various laws and regulations. An employee will be protected from retaliation and is encouraged to bring forward the alleged unlawful activity, policy, or practice to the attention of the Peterborough Family Health Team. Peterborough Family Health Team will investigate to determine the need for an external intervention/investigation including police.
13. If any employee reasonably believes that a policy, practice or activity of Peterborough Family Health Team is in violation of law, a written complaint must be filed by that employee with the Executive Director and/or Board Chair.

14. The investigation process will follow procedures as outlined in Peterborough Family Health Team Communications protocol.
15. Where possible, we would endeavour to create physical distance, for example, if the whistleblower and respondent worked in the same office, PFHT would look to accommodate an alternate work space.

If the initial review of the allegation determines that no investigation is warranted, this decision and reasons for the decision will be communicated to the complainant in writing in instances where they are identified.

**References:**

Criminal Code (Section 425.1)  
Freedom of Information and Protection Act  
Personal Health Information Protection Act  
Public Hospitals Act  
Regulated Health Professions Act  
The Broader Public Sector Accountability Act  
Occupational Health and Safety Act  
Employment Standards Act

## APPENDIX A

### Allegation Investigation Summary Report

<b>Date of Event:</b>		<b>Date Allegation received:</b>		
<b>How Allegation Received:</b> <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Telephone		<b>Initial Reviewer Name:</b> <b>Title:</b> <b>Ext:</b>		
<b>Complainant Name:</b> <b>Contact Information:</b>  <input type="checkbox"/> Anonymous		<b>Respondent Name(s) &amp; Title:</b>		
<b>Issue Category</b>	<input type="checkbox"/> Workplace Conduct	<input type="checkbox"/> Occupational Health & Safety	<input type="checkbox"/> Third Party Relationships	
	<input type="checkbox"/> Legal/Legislative Compliance	<input type="checkbox"/> Privacy information and/or health information	<input type="checkbox"/> Hospital Asset	
<b>Allegation Summary</b>				
<b>Findings Summary</b>				
<b>Actions Taken</b> <i>(including measures and dates enforced)</i>				
<b>Recommendations</b> <i>(Policy/procedure changes, process changes, preventative measures to be implemented etc.)</i>	<b>Description</b>	<b>Completed By</b>	<b>Date to be Completed</b>	✓
<b>Response</b>	<b>To Complainant Date:</b>	<b>Leadership if required Date:</b>	<input type="checkbox"/> Response not required	
<b>Date Prepared:</b>  <b>By Name/Title:</b>		<b>Date Submitted:</b>		

## **APPENDIX P: Social Media Policy**

Policy: Social Media Policy

Approved by: Employee Council

Date Approved: September 12, 2018

### **Intent**

This policy provides guidance for the Peterborough Family Health Team (PFHT) employees, or students who contribute or reply to posts on social media. “Social media” should be understood in its broadest interpretation, including but not limited to Facebook, Twitter, Instagram, YouTube, blogs, electronic newsletters, online forums and other sites and services that permit users to share information with others in a contemporaneous manner. All communications should adhere to the visual guidelines.

### **Principles**

The following principles apply to professional use of social media on behalf of Peterborough Family Health Team as well as personal use of social media when referencing to PFHT or its employees, patients, or other stakeholders.

- Employees should be aware of the effect their actions may have on the Peterborough Family Health Team’s image as well as their own. The information that employees post or publish may be public information for a long time.
- Employees should be aware that Peterborough Family Health Team may observe content and information made available by employees through social media. Employees should use their best judgment in posting material to ensure that it is neither inappropriate nor harmful to Peterborough Family Health Team or its employees, patients or others stakeholders.
- Although not an exclusive list, some specific examples of prohibited social media conduct include posting content, commentary or images that are proprietary, defamatory, libelous, pornographic, salacious, sexist, racist, harassing, or that can create a hostile work environment.
- Employees are not to publish, post or release any information that is considered confidential or not public. If there are questions about what is considered confidential, employees should check with the Director of Allied Health Programs & Services, Human Resources Manager or Finance and IT Manager (depending on the situation).

- If employees encounter a situation while using social media that threatens to become antagonistic, employees should disengage from the dialogue in a polite manner and seek the advice of the Operations Assistant immediately.
- Subject to applicable law, personal online activity that violates the Peterborough Family Health Team's Social Media Policy or any other company policy may subject an employee to disciplinary action, which may include termination.
- If employees publish content on personal social media accounts that involve work or subjects associated with Peterborough Family Health Team, a disclaimer should be used, such as: "The postings on this site are my own and do not necessarily represent Peterborough Family Health Team's positions, strategies or opinions."
- Social media is not a substitute for inter-organization communications or customer service. PFHT kindly asks that if an employee discovers online forums or groups that have formed to discuss the organization, its employees or services, and bring this to the attention of the Human Resources Manager.
- Employees must adhere to relevant professional college standards
- When in doubt, don't post. At the end of the day, the employee will be responsible for what they share through social channels so exercise caution and common sense.

## ACKNOWLEDGEMENTS

I, \_\_\_\_\_ acknowledge that I have read and fully understand the content of the PFHT Employee Handbook and agree to abide by the terms and conditions outlined in this handbook. A copy of this acknowledgement will be placed in my personnel file

By initialling beside the policies listed below I further acknowledge that I have read and have had an opportunity to ask questions with respect to my obligations as an employee of PFHT:

Violence in the Workplace	_____
Harassment Policy & Program	_____
Confidentiality and Conflict of Interest	_____
Accessible Customer Service	_____
Privacy Policy	_____
Privacy Breach Protocol	_____
Computer and Electronics	_____
Access and Corrections	_____
Service and Therapeutic Animal	_____
Training	_____
Whistle Blower	_____
Social Media	_____

I understand that if I violate the rules or procedures outlined in the organization policies, I may face disciplinary action up to and including termination of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date