



SOUTH-EAST GREY SUPPORT SERVICES POLICIES & PROCEDURES

Contents

- Introduction 7
- Scope 8
- Mission Statement 9
- Statement of Principles 10
- Statement the Rights of Supported Individuals..... 11
- 1. Mission and Philosophy 12
 - 1.1 SEGSS Philosophy 12
 - 1.2 Code of Conduct..... 13
 - 1.3 Standards of Conduct 14
 - 1.4 Social Media 15
- 2. Board of Directors 18
 - 2.1 The Role of Board Members 18
 - 2.2 Orientation..... 19
 - 2.3 Annual Reviews 20
- 3. Administration..... 21
 - 3.1 Timesheets..... 21
 - 3.2 Vacation..... 22
 - 3.3 Public Holidays 25
 - 3.4 Discretionary Pay 26
 - 3.5 Training and Education Stipend 29

3.6 Employee Expense Claims	30
3.7 Volunteering	31
3.8 Pay Policy	32
4. Support Service Standards.....	33
4.1 General	33
4.2 Orientation of Supported Individuals	34
4.3 Financial Management on Behalf of an Individual	35
4.4 Financial Overview	37
4.5 Health Information, Monitoring and Record Keeping	42
4.6 Medications- Handling, Administering and Record Keeping	43
4.7 Right to Refuse Medications	46
4.8 Medical Management Overview	48
4.9 Emergency Medical Services	52
4.10 Right to Refuse Medical Services.....	53
4.11 Inventory, Care and Maintenance of Possessions	54
4.12 Pets and Service Animals	55
4.13 Nutrition and Healthy Lifestyle	56
4.14 Bathing and Showering Supervision.....	57
4.15 Behavioural Management and Safety	58
4.16 Abuse and Supported Individuals	62
4.17 Communication Binder	68
4.18 Planning.....	70
4.19 Host Families.....	71

4.20 Monitoring Third Party Contractors	81
4.21 Access to Services.....	82
4.22 Consent to Supported Individuals.....	83
4.23 Continuity of Care.....	84
4.24 Use of SEGSS Vehicles	85
4.25 Personal Use of SEGSS Vehicles and Assets.....	87
4.26 Environmental Consideration	88
4.27 Standard Operating Procedures.....	89
5. Human Resources.....	93
5.1 Privacy.....	93
5.2 Privacy and Confidentiality of Information	96
5.3 SEGSS Email Addresses	97
5.4 Contract of Employment	99
5.5 Job Postings.....	100
5.6 Selection for and Allocation of Internal Postings	101
5.7 External Postings.....	103
5.8 External Hiring Policy	104
5.9 Orientation.....	106
5.10 Shadowing	108
5.11 Training and Education.....	110
5.12 Employee Review	112
5.13 Progressive Discipline and Termination of Employment	114

5.14 Hours of Work	117
5.15 Scheduling.....	120
5.16 Benefits	122
5.17 Termination of Group Insurance Benefits	124
5.18 Harassment and Workplace Violence	125
5.19 Independent Workplace Injury and Sickness Insurance & Return to Work Program .	135
5.20 Receiving Feedback.....	137
5.21 Mediation	142
5.22 Working Group	143
5.23 Personnel Files of Records.....	144
5.24 Disconnect from Work.....	145
5.25 Electronic Monitoring	148
6. Health and Safety	152
6.1 Accountability	152
6.2 Joint Health and Safety Committee	153
6.3 Emergency Planning.....	155
6.4 Hazardous Materials	156
6.5 Accident Reporting.....	157
6.6 Driving SEGSS Vehicles	161
6.7 Operating SEGSS Plant and Landscaping Equipment	162
6.8 Equipment Standards and Maintenance	163
6.9 No Smoking/Vaping Policy	164

6.10 First Aid..... 165

6.11 Property Maintenance and Inspection..... 166

6.12 Water Temperature 167

6.13 Public Health Information 168

6.14 Inclement Weather..... 169

6.15 Management of Workplace Injury and Sickness Insurance Claims 171

6.16 COVID-19 Vaccination for All Staff..... 172



Introduction

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

Legislative developments and the continuing move towards ever greater accountability have made it a necessity for South-East Grey Support Services (SEGSS) to document our existing policies in one cohesive publication that can act as a set of fundamental rules for all at SEGSS to follow. The purpose of this policy document is to enable the safe and efficient operation of SEGSS supports and the intention is to maintain the philosophy and mission which so clearly defines the path that the agency has forged throughout its history; to enable discretion and to use the wisdom that we all bring to our daily lives, while maintaining proper accountability.

It would benefit no one to frame policies that remove personal discretion and individual accountability, and thus lead to a “flow-chart” style of support (if X happens, respond with Y). The wording of policies is intended to be comprehensive but not limiting; the subject matter is thorough in nature. Ultimately SEGSS’ goal is to ensure that individuals benefit from receiving our support. We achieve such goals with clear and consistent accountability by following the SEGSS mission and philosophy.

The policies contained in this document have deliberately been kept as clear, succinct and accessible as possible. Respect is explicitly relied upon throughout this document as one standard of conduct at SEGSS. By making this statement it is intended that plain language policies can be every bit as comprehensive as those in obscure legal language.

There are some specific policy initiatives which require a more strict application, such as the prevention and reporting of abuse, the administration of medications and the management of finances. Staff should be aware of the importance of these, and other facets of our supports and it is therefore valued that staff will understand the more prescriptive nature of such policies. This requires accuracy of delivery and recording, and the corresponding high degree of accountability that these impose.

Respect is central to the way that SEGSS works every day, as an important element of the SEGSS philosophy of support. Respect has an inherent baseline; if one acts or reacts in a manner which most people would regard as inappropriate or unsound then one is not demonstrating respect. Each member of staff brings unique perspectives, values, core strengths, qualifications, and experience to the supports they offer, providing a diverse foundation for teamwork.

SEGSS maintains the right to adjust and change policies and procedures as necessary or as directed by our legislative bodies to include, but not limited to, Ministry of Children and Community Social Services (MCCSS), Ministry of Labour (MOL), Ministry of Health (MOH), etc.



Scope

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

This policy document applies to all SEGSS Board members, employees, volunteers, third-party contractors, and consultants. It applies in any location in which you are engaged in work-related activities. This includes, but is not limited to:

- The workplace and individuals' homes.
- During work-related travel.
- At restaurants, hotels or other meeting facilities that are being used for business purposes.
- In SEGSS-owned or leased facilities, SEGSS vehicles and personal vehicles while providing support.
- During work-related telephone, email, or other media communications.
- At any work-related social event, whether it is SEGSS sponsored or not.
- At any community-based location or event.

These policies also govern the conduct and work practices of third parties contracted to provide services and supports on behalf of SEGSS and therefore, such third-party contractors will be made aware of and will agree to abide by these policies.

This policy document must be read in conjunction with all other SEGSS policy, procedure and philosophy documents upon offer of employment and any future additions or amendments.



Mission Statement

Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010
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South-East Grey Support Services will strive to build inclusive citizenship in diverse communities. We will facilitate and nurture family and natural community connections and relationships. We will be creative, welcoming, and responsive to on-going change.

We seek to inspire personal development through empowerment and choice, based on our philosophy of individualized supports; guided by the principles of respect, dignity, equality, and the inherent rights of all citizens.



Statement of Principles

Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010
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SEGSS applies the following principles:

- An individualized model of support.
- A philosophy of giving individuals choice in where they live, with whom they live, what work they do, where and how they access community resources for education, employment, shopping, culture, social activities, recreation, spiritual needs, and connecting with family and friends.
- Utilizing the least intrusive model of support as possible.
- A 'good neighbour' model of support is available for individuals that do not require 24-hour support but have need of monitoring (SEGSS monitoring model).
- Families, friends, and community members are valued members of an individual's support.
- Network; non-paid support is valuable in a person's life.
- Community Inclusion opportunities enrich an individual's life.



Statement the Rights of Supported Individuals

Effective Date:
October 21, 2010

Revision Date:
June 9, 2022

Board of Directors Approval:
June 9, 2022

Any person who is served by South-East Grey Support Services has the right to be treated the way any Canadian citizen expects to be treated.

Rights upheld by the Canadian Charter of Rights and Freedom:


- Right to equal treatment without discrimination because of race, ancestry, origin, color, ethnicity, citizenship, creed, sex, sexual orientation, age, marital status, family status, disability, or other analogous ground.
- Right to vote.
- Right to enter, remain in or leave Canada or any province.
- Right not to be deprived of one's life, liberty, or security except in accordance with the principles of fundamental justice.
- Right not to be subjected to any cruel and/or unusual treatment or punishment.
- Right to be secure against unreasonable search or seizure.
- Right to equal protection and equal benefit of the law.
- Freedom of conscience and religion.
- Freedom of opinion and expression.
- Freedom of peaceful assembly and association.

Rights that are important for the individuals who choose supports from this agency, but may not necessarily be upheld by the Canadian Charter of Rights and Freedoms, and therefore can be ensured only with advocacy:

- Right to equal treatment under the law.
- Right to participate in equitable action programs designed to enhance the conditions of individuals or groups who are disadvantaged.
- Right to contract for, possess and dispose of property.
- Right to income support.
- Right to an education.
- Right to sexual expression, marriage, procreation, and the raising of children.
- Right to privacy.
- Right to adequate health care.
- Right to equal employment opportunities.
- Right to appropriate support services of the individual's own choosing.

PURPOSE

To create a cohesive approach to our supports that ensures that all staff work with the same inclusive, enabling, and caring purpose.

	Policy Section: 1. Mission and Philosophy	Policy: 1.1 SEGSS Philosophy	1.1
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

POLICY


All SEGSS staff should be familiar with the SEGSS philosophy of care and support and should apply this philosophy in their work. SEGSS philosophy shall be included in orientation for all new SEGSS staff.

Individuals receiving support, their close family members and/or guardians should be offered an opportunity to discuss SEGSS philosophy with a Team Coordinator or other designated staff member prior to receiving supports from SEGSS. This should be seen as an opportunity to assess whether there is a mutual understanding and a match between the individual’s preferences and SEGSS for the provision of services by SEGSS. The same personnel should be contacted by SEGSS annually and offered the opportunity to review the philosophy, or at any time upon request of the Supported Individual, family member or guardian.

PROCEDURE

SEGSS shall prepare and maintain a document providing details of the SEGSS philosophy of care and support in plain and accessible language. This document will form the foundation of each new employee’s job orientation and should be reviewed annually as part of the annual Employee Review process.


The dates of the SEGSS philosophy staff orientation and reviews shall be noted on each staff member’s personnel file. Where no such note currently exists on an employee’s personnel file then a review of the philosophy should be conducted with that staff member at the earliest opportunity, and the date of the review noted on the staff personnel file.

	Policy Section: Mission and Philosophy	and	Policy: 1.2 Code of Conduct	1.2
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	

POLICY

Each employee should conduct themselves, whether alone or with others, in a conscientious and respectful manner which enhances the quality of life of individuals receiving support. Professionalism should be demonstrated at all times with particular attention being given to subject areas in this policy and procedure document including, but not limited to:


- SEGSS Mission and Philosophy
- Confidentiality
- Supported Individual Support Standards
- Harassment and Workplace Violence

	Policy Section: Mission and Philosophy	and	Policy: 1.3 Standards of Conduct	1.3
	Effective Date: October 21, 2010	Revision Date: February 21, 2019	Board of Directors Approval: February 21, 2019	

POLICY

SEGSS is confident that staff will conduct themselves appropriately in accordance with our Code of Conduct at all times while representing the agency. The following list includes conduct which is not acceptable to SEGSS and which will, subject to investigation, lead to disciplinary action, up to and including termination of employment:

- Abuse or harm of a Supported Individual.
- Theft from a Supported Individual, from SEGSS or from other employees, volunteers or third-party contractors.
- Willful damage to property belonging to a Supported Individual, to SEGSS or to other employees, volunteers or third-party contractors.
- Sexual activity or other inappropriate behaviour with individuals receiving support.
- Inappropriate use or possession of alcohol, non-prescribed or illegal drugs during work hours.
- Willful misconduct, disobedience, or neglect of duty.
- Possession of firearms or weapons during work hours or on SEGSS property.
- Conviction for a criminal offence which results in being unable to work for an extended period.
- Violations of the Ontario Human Rights Code.

	Policy Section: Mission and Philosophy	and	Policy: 1.4 Social Media	1.4
	Effective Date: February 15, 2024	Revision Date:	Board of Directors Approval: February 15, 2024	

PURPOSE

This purpose of this policy is intended to provide guidelines and restrictions for employees and volunteers, pertaining to South-East Grey Support Services (SEGSS) (referenced as ‘the agency’) use and interaction on social media. Given the reach of the internet, it is important that when employees and volunteers, *as agency representatives*, use various media, that basic procedures are followed, to support SEGSS Mission and Philosophy, which protects not only SEGSS reputation but the privacy of individuals we serve and their families, employees, and volunteers.

This policy applies to all employees and volunteers, with a purpose of the agency’s commitment to inform and update employees and volunteers on the expectation, rights and responsibilities when engaging in and using social media. Employees and volunteers must always conduct themselves professionally.

POLICY

It is the policy of SEGSS to encourage clear and effective communication with all employees and volunteers when using and engaging in a variety of accepted tools, including social media. In online social networks, the lines between public and private, personal, and professional may become blurred and social media, as like all forms of communication, must meet tests of credibility, privacy, authority, and accountability.

Definition of Social Media: Social media is digital technology of a collection of websites and applications that focus on communication, community-based input, interaction, content sharing and collaboration. People use social media to stay in touch and interact with friends, family and stay informed and aware about events to include but not limited to community, services, and news. Social media overall has a significant traction globally. Mobile applications make these platforms easily accessible.

Social media provides opportunities to share /post one’s personal views and comments which in turn may be shared with other contacts and can involve a variety of formats including text, pictures video, audio, and real time dialogues. It typically features user generated content for engagement via likes, shares, comments, and discussion. Websites and applications such as, *but not exclusive to*, Facebook, Twitter, You-tube, TikTok, Instagram, and LinkedIn are examples of social media.

PROCEDURE

1. How does SEGSS Use Social Media?

Social media is an area of communication offering many opportunities. SEGSS prides itself in creating a positive image for the agency, employees, and people we support, while promoting the Agency Mission and Philosophy, to include employment opportunities.

SEGSS Social Media accounts are internally managed by authorized trained representatives, meaning that technical and monitoring measures are in place for those approved for log in, publish, post, repost, and share and answer direct messages on social media accounts. SEGSS social media accounts are actively reviewed for notifications when information is tagged or linked to a SEGSS social media account. Monitoring ensures that content is appropriate and in keeping with the agency's Mission and Philosophy and in the best interest of the agency supported individuals and their families, employees, and volunteers, where confidentiality and privacy is respected. Personal photos and general information of Supported Individuals and their families, employees, and volunteers are posted only with up-to-date signed consent.

2. Personal Use of Social Media Accounts:

Social media is integral to modern communication, enhancing a space for a diversity of ideas, thoughts, and awareness. When engaging in and using social media, employees are responsible for following all procedures within this policy scope as well as general policies and procedures of SEGSS Code of Conduct, Standards of Conduct, Confidentiality, Personal Information, Collection, Use and Disclosure, Protection of Privacy, Respectful Workplaces (Harassment and Violence) and SEGSS Email Address Use.

While Engaging and Using Social Media, the following is Not Permitted:

- It is not permitted to post photos of SEGSS events or activities that includes supported individuals and their families, employees and volunteers, and their personal information on your personal social media account. *If you wish for a photo and event to be posted on the SEGSS Social media site, it can be sent to the SEGSS authorized representatives as listed below, who will check for approval and signed consent forms.*
- Use of SEGSS logo and those of our community partners without prior written permission from Executive Director.
- Posting or disclosing confidential/sensitive information about SEGSS and internal administration
- Use social media tools in place of current inter-agency communication tools such as SEGSS email or text. Internal communication must be transmitted through authorized agency channels, and not through social media outlets.

While Engaging and Using Social Media, the following Must be Respected:

- When posts and information appear on SEGSS or other social media sites, be respectful and positive with comments, realizing that SEGSS policies and procedures must continue to be adhered to, to include but not exclusive to Confidentiality, Privacy and Code of Conduct.
 - Employees and volunteers should always carefully consider what to post in response to an argumentative or accusatory post or comment. Employees should escalate external complaints or arguments on social media to management as they would in-person interactions. If employees have any questions how to respond to a particular post or comment they should refrain or seek guidance.
- Employees and volunteers must not engage in discussions about other agencies or Community partners and Services, legal issues in which the company may be involved in, or government issues related to the agency or our sector. All media inquiries must be directed to or responded by the Executive Director.
- SEGSS information shall not be divulged, discussed through posts in any social media context.

- Sharing posts, responding to/commenting on posts or articles on SEGSS or other social media accounts, must also align with this SEGSS Social media Policy and other Policies as noted within this Policy, to include but not exclusive to Confidentiality and Code of Conduct.

It is Important to Realize, when engaging in social media that Information or communications posted on social media can potentially be accessed by others that were unintended such as recruitment agencies, co-workers, government, and law enforcement agencies, current or potential employers and others outside the employee's trusted network. Depending on the privacy settings set by the Account User, personal information and communications posted on a social media site can be read by unintended people which could jeopardize your safety, and privacy of you, your co-workers or family.

While posting on your personal social media account, information has the potential to be shared with many contacts, leaving the poster open to legal proceedings, privacy laws, slander, harassment, and copyright, since potentially many people have access to viewing this information. Once posted, the content is difficult, and at times impossible to remove. It is important to recognize that you are legally liable for anything you write or present, with laws applying to social media as any information posted anonymously can often be traced back to its source and should not be considered a means to relay information. As an employee or volunteer, before friending a person you support, you may wish to discuss with a Team Coordinator the importance of appropriate boundaries and privacy settings with work and personal.

3. Misuse of Social Media Engagement and Use, including Reporting Procedures.

To protect the mission, integrity, and reputation of the company, employees and volunteers must report the discovery of any social media account that employees, non-employees, or volunteers have created to discuss the agency, services, or Individuals supported to include known imposter accounts.

Information in contravention of SEGSS Mission and Philosophy, will result in a request for removal of information, and immediate disciplinary action, which could include termination of employment.


Should you have any concerns about an employee, volunteer or other social media user or community member's post, as outlined within this policy, that could impact the agency's reputation, confidentiality and privacy of supported individuals and their families, employees or volunteers, please contact the Team Coordinator on Call or your immediate manager, who will review the situation for removal by contacting the SEGSS social media representatives, Executive Director or Director of Human Resources.

Should you have any questions, regarding proper use of social media, agency posts or wish to submit a social media post for review to be posted on SEGSS Social media site, please contact info@segss.com.

	Policy Section: 2. Board of Directors	Policy: 2.1 The Role of Board Members	2.1
	Effective Date: October 21, 2010	Revision Date: February 21, 2019	Board of Directors Approval: February 21, 2019

POLICY

Board members are decision makers for SEGSS and do not provide direct support to Supported Individuals.

	Policy Section: Board of Directors	Policy: 2.2 Orientation	2.2
	Effective Date: October 21, 2010	Revision Date: February 21, 2019	Board of Directors Approval: February 21, 2019

PURPOSE

To welcome new Board Members with an introduction to SEGSS philosophy of support and all that the agency represents and espouses.

To ensure that the SEGSS Board Manual is understood and followed.

To assist SEGSS in providing support to individuals by engaging Board Members fully.


POLICY

All new Board Members shall receive SEGSS Board Manual orientation.

PROCEDURE


New members of the Board of Directors will receive orientation in accordance with the Board Manual. The Board Manual will include the SEGSS Mission Statement, Statement of Principles, Statement of Rights of Supported Individuals, Abuse Prevention identification and recording and SEGSS Philosophy.

Each member of the Board of Directors shall sign and date a record of orientation confirming that they have received the prescribed orientation. Member of the Board of Directors do not have direct contact with persons with developmental disabilities in the fulfilment of their duties on the Board. Members of the Board who have family members with developmental disabilities, or who support individuals with developmental disabilities by arrangement with other parties or agencies, are not required to undergo orientation other than that required for any member of the Board of Directors.

	Policy Section: Board of Directors	Policy: 2.3 Annual Reviews	2.3
Effective Date: October 21, 2010	Revision Date: February 21, 2019	Board of Directors Approval: February 21, 2019	

The sections described in the Orientation Policy for new Board Members will be reviewed annually with all Board Members.

Each member of the Board of Directors shall sign and date a record of orientation confirming that they have received the prescribed annual review.

	Policy Section: 3. Administration	Policy: 3.1 Timesheets	3.1
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To enable timely remuneration for work completed.

To enable the compilation of payroll and support hours data.

POLICY

Direct Service Staff will submit timesheet documents for each two-week pay period.

PROCEDURE

Timesheets and other payroll request documents are completed every two weeks. The documents are to be submitted by 10 a.m. on the Monday following the end of the claimed pay period (e.g. for the pay period ending Saturday 12th the timesheet would be due by Monday 14th by 10 a.m.).

Timesheets may be submitted by placing the completed forms by electronic mail to the Payroll Department (payroll@segss.com), by fax or in the designated timesheet location at the South Administration Office. In each case the timesheet documents must be completed and signed (except in the case of electronic mail and database, where a printed name or pressing the confirmation button on the database are deemed to be an electronic signature), on the timesheet forms.

Each timesheet has two columns. One column is to be used per support. For example, "Individual A", Direct Support would be entered in one column, "Individual B" Direct Support in the next column etc. Where two different types of support have been provided for one individual, then each support would be entered in a separate column. For example, "Individual A" Direct Support would be entered in one column, "Individual A" Premium hours of support would be entered in a separate column etc.

Where more than two columns are required, staff should submit additional timesheets as necessary.

Requests for vacation pay, training and overnight stipend, and discretionary pay should be submitted on the relevant forms and sent in, in the same manner as timesheets.



Policy Section:
Administration

Policy:
3.2 Vacation

3.2

Effective Date:
October 21, 2010

Revision Date:
February 15, 2018

Board of Directors Approval:
February 15, 2018

PURPOSE

Vacation entitlement will comply with prevailing legislation, as defined in the Employment Standards Act (gov.on.ca)

To ensure that employees are provided with time off away from work and compensated accordingly.

To ensure a clear and equitable structure exists for the vacation entitlement/vacation pay and vacation time off, based upon attainment of years of continuous service and attainment of hours of continuous service at SEGSS and in accordance with prevailing Provincial legislation, as defined in the Employment Standards Act.

POLICY

A vacation entitlement year is a recurring 12-month period starting with the initial hire date to the anniversary date of hire.

Accrued vacation entitlement is shown on each employee’s pay statement (excluding salaried). The amount of unused vacation entitlement increases based on percentage entitlement of earned wages and reduces accordingly, as vacation entitlement is requested/paid out.

Should an employee leave the Agency or change employment status, any earned accrued vacation entitlement will be paid out on the employee’s pay.

Employees hired prior to January 1, 2019, (and as communicated to each) are protected under the policy with an entitlement different from the following scale.

Vacation entitlement, vacation time off and paid vacation time off accrues based upon the attainment of continuous years of service (unless hired as seasonal with no more than a 6-month layoff or break in service) from the initial contract date at SEGSS and continuous hours worked as shown, on the following scale.

Employees must have first attained continuous service years from their initial hire date and then attain continuous hours (as shown), before percentage entitlement increases.

<p>If you reach the service years and hours within the following category, you will be entitled to the corresponding vacation entitlement <i>Note: All years/hour’s area considered continuous years/hours, as defined within the policy.</i></p>	<p>All Hourly Employees Vacation Entitlement (entitled amount allocated on pay stmt.)</p>	<p>All Hourly Employees Vacation Time off (Min weeks off is as per Employment Stds. Act. Max. weeks is a guideline only in accordance with years of service)</p>
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Up to 1 year	4% ent.	<i>Pro-rated based on months of continuous service</i>
At 1 year up to 1000 hours	ent. continues at 4%	2 weeks
At 1 year with 1001 hours	ent. increases to 6%	3 weeks
At 5 years up to 5000 hours	ent. continues at 6%.	3 weeks
At 5 years with 5001 hours up to 10000 hours	ent. increases to 8%.	4 weeks
At 10 years up to 10000 hours	ent. continues at 8%	4 weeks
At 10 years with 10001 hours and above	ent. increases to 10%.	5 weeks

For the purpose of this policy, continuous service is active time spent in the performance of work, or on an approved legislated leave of absence, medically supported and/or as per outlined in the Employment Standards Act (gov.on.ca)

Vacation is defined as any planned absence from work in which you are unavailable to work your shifts or unavailable to provide shift coverage for reasons other than illness, a legislated or approved leave of absence, SEGSS training, approved discretionary or other incapacity

PROCEDURE

Vacation Time off Requests


- Direct Service employees requesting Vacation Time Off must submit a Time Off Request Form to the Scheduler. This will be reviewed with the Team Coordinator.
- All other SEGSS employees must submit a time off request to their corresponding manager.
- Requests will be assessed on a first come first service basis.
- Vacation requests will not be confirmed and approved by the Director of Human Resources, until coverage has been arranged.
- All Vacation requests require a minimum 3-month notice period, to effectively plan for staffing to ensure coverage of all shifts.
- All vacation Requests received by the due dates for the following listed peak periods will be considered together, shortly after due date having regards to service availability and fairness;
 - Requests for vacation time off during the months of July, August and September should be submitted by March 30th.
 - Requests for vacation time off during the period of December and January, should be submitted by September 30th.
- When the confirmation of all vacation coverage is complete, staff will receive a signed approval from the Executive Director or Director of Human Resources.
- Team Coordinators, Other Managers/Supervisors, Director of HR, and Executive Director reserve the right to approve when vacation time off is taken, respecting the needs of the supported individuals, the agency and other employee’s existing time off requests. Vacation time off that is in excess of a block of two weeks, must be approved in advance, regardless if time off is within the employee’s entitlement or submitted within he requested time frame and deadline.

- If employees request additional time off that is above vacation time off entitlement or eligibility, and if approved, based on the needs of the supported individual, the agency, and other employees time off requests, may be considered an unpaid personal leave of absence and is subject to implications of the contract shift agreement and benefit eligibility, including Health Spending Account. This excludes approved leave of absences as outlined under the Employment Standards Act (gov.on.ca).

Vacation Pay Request

If non- salaried employees wish to claim their vacation entitlement accrued to date (as shown on their pay statement), while on Vacation then a Vacation Pay Release/Request Form must be submitted to payroll, along with their timesheet to be processed for that particular pay period.

Pay out of any amount of accrued vacation entitlement can be requested by non-salaried employees at any time, (other than while on vacation time off), by submitting a Pay Release/Request Form to payroll. The amount requested will be processed with the payroll, paid on the usual pay date, subject to statutory deductions.

	Policy Section: Administration	Policy: 3.3 Public Holidays	3.3
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To comply with prevailing legislation.

To ensure that staff are provided adequate time for rest, relaxation and time with family and friends. To ensure that staff are aware of remuneration rates for public holidays.

POLICY

SEGSS recognizes public holidays as follows:

- | | | |
|----------------|------------------|--|
| New Year’s Day | Labour Day | Boxing Day |
| Good Friday | Thanksgiving Day | Family Day |
| Canada Day | Christmas Day | Victoria Day |
| | | Civic Holiday (Simcoe Day) (non-statutory) |

In addition to statutory holidays, SEGSS also treats Civic Day as a public holiday.

PROCEDURE

There is no requirement for staff to indicate public holidays on timesheets.


According to prevailing legislation, to qualify for a paid public holiday, employees must:

- Meet eligibility as outlines in the ESA.
- Have worked their regular scheduled days immediately prior to and immediately following the public holiday.
- Not be employed under an “elect to work” or independent contract arrangement.

These conditions apply to both full time and part time employees.

Note that these conditions relate to remuneration regarding public holidays. However, failure to work agreed hours has serious implications for our Supported Individuals, and employees should refer to the scheduling procedures above.

Employees working on a public holiday will receive remuneration for public holidays will be calculated as per prevailing legislation of the Employment Standards Act.

	Policy Section: Administration	Policy: 3.4 Discretionary Pay	3.4
	Effective Date: October 21, 2010	Revision Date: March 28, 2024	Board of Directors Approval or Notification: March 28, 2024

PURPOSE

To ensure staff are compensated, subject to limitations, by having access to discretionary hours.

Discretionary hours are eligible hours, which can be used to avoid financial hardship resulting from the employee’s pay falling below their contracted hours, which may be as a result of,

1. an employee’s brief illness or illness of a family member and medical appointments of an employee and/or family member that cannot be scheduled on an employee’s day off, other emergencies, death/bereavement leave of a family member/friend.
2. road closures/inclement weather or temporary changes in the circumstances or support of a Supported Individual, in which the employee was not given adequate notice or provided with an alternate shift that day or within the pay period.
3. In an effort to foster community inclusion, participation and diversity, an employee is eligible to claim up to a maximum of 10% of their eligible discretionary hours balance for pre- accepted/approved community volunteering. This request must be in discussion for eligibility with an employee’s manager/supervisor before the Scheduler can approve. Community Inclusion Volunteering is defined within chart below.

POLICY

Discretionary hours may be requested by an employee who is unable to perform their duties/attend to their shifts (as defined and outlined above) as follows:

Employees are eligible for discretionary hours effective their employment start date, pro-rated at 10 hours per completed month of service, up to a maximum of 60 hours per SEGSS fiscal year. Employees on Group Benefits may be eligible for additional discretionary hours, up to a maximum 120 hours per SEGSS fiscal year, as per chart below.

Discretionary hours eligible are inclusive of reasons as noted within Policy and are eligible for an absence from scheduled shifts, subject to approval.

The reason for requesting discretionary hours must be provided when requesting time off and on Discretionary form. It is at the discretion of the Executive Director or delegate whether the reason is deemed as eligible under the definitions within SEGSS Policy.

Discretionary hours are not available for use with specific funding (including, but not limited to the Overnight and Training Stipends).

Approval will not be given for any discretionary hours that exceeds, your contracted hours or 88 hours of work, bi-weekly or when absence occurs on a Statutory Holiday (as recognized by SEGSS within SEGSS Policies and Procedures).

Discretionary hours may be eligible for approval, up to a maximum of two weeks consecutively or to end of full week before start of an approved Leave of Absence - If absent beyond this duration, a Record of Employment (for the reason of absence) will be provided.

If a shift is cancelled with short notice for any reason, (by the Scheduler/Team Coordinator or Supported Individual and/or their family) or less than two weeks' notice is given, you may be asked to provide alternate support or work in another capacity at the agency. If the employee declines to support or work in the alternative capacity, then discretionary hours will not be available.

In the event of temporary road closures or inclement weather, an employee may be asked to attend shift at a later time or attend to an alternate shift and location, that day or at an agreed upon alternate day within the pay period.

If SEGSS is able to provide at least two weeks' notice of a shift cancellation, then discretionary hours will not be available. The employee would therefore have the following choices:

- Plan to take that shift as a vacation day.
- Ask a Team Coordinator if there are any shadow opportunities during that pay period on any teams requiring frequent coverage and/or has open shifts.
- Accept an alternate shift from the SEGSS Scheduler or Team Coordinator that reasonably equates to the hours lost during the supported individual's absence. Note - this may be in another location, on another day of the week that the employee is not scheduled to work and may not be at the same time as the shift that was cancelled.


PROCEDURE

When requesting Discretionary hours, a Discretionary Hours Request Pay Form must be completed and submitted to Payroll along with the timesheet for the relevant pay period.

Reasons noted on form, must fall within the definitions of discretionary hours, to include personal illness, personal appointment, family illness/appointment, bereavement, road closure/inclement weather, shift cancellation or community inclusion.

The Team Coordinator or employee's Manager/Supervisor, Executive Director or Director of Human Resources will assess and approve the discretionary requests. If there is any question regarding eligibility for a discretionary request, the employee will be informed as soon as possible and will be given the opportunity to provide further information for the request.

	Upon Start Date with SEGSS	At 6 months of employment, with the completion of Probation at 540 hours	At 6 months of employment and Enrolled in Group Benefits (completed Probation/540 hours)
Eligible Discretionary Hours	10 hours pro-rated per completed month of service	Up to 60 hours (per SEGSS fiscal period)	Up to 120 hours (per SEGSS fiscal period)
DISCRETIONARY DEFINITIONS SUMMARY to include			
1 Defined by PERSONAL and FAMILY	<p>When required to be absent from a scheduled shift for reasons that include,</p> <ol style="list-style-type: none"> 1. Personal Illness and Medical Appointments 2. Family Responsibility (Family Member Illness and Medical Appointments) 3. Bereavement day to attend a funeral or Bereavement time off for family. 4. Emergency or Other Reasons as outlined in ESA (to include but not limited to Jury Duty, Voting, Birth of a Child (excluding Parental Leave)/Grandchild <p>➔ Contact Team Coordinator (TC) of Day/on Call or</p> <p>➔ Submit a Time Off Request Form (TORF) to Scheduler dependant on future date.</p>		
2 Defined by SUPPORTED INDIVIDUAL and INCLEMENT WEATHER	<p>Subject to re-schedule/re-assignment of work/shift that could include a duration outside of your original scheduled shift. If not able to be re-assigned/re-scheduled, discretionary hours may be approved. When unable to attend your shift due to,</p> <ol style="list-style-type: none"> 1. Temporary Cancellation of shift (or part of), by Supported Individual/their family or TC. <p>➔ Contact TC of Day/on Call.</p> <p>➔ If Supported Individual or family contacts Direct Service Worker (DSW), DSW to contact TC of Day/ on Call</p> <ol style="list-style-type: none"> 2. Inclement Weather <p>➔ Contact TC of Day/On Call</p>		
3 Defined by COMMUNITY VOLUNTEER and INCLUSION	<p>Effective April 1, 2024</p> <ol style="list-style-type: none"> 1. An opportunity to be compensated for absent hours from a scheduled shift to volunteer at a Community Inclusion Event that supports Diversity and Inclusion and aligns with our Mission, within our communities. Reasons may include events that may be to be part of, <ol style="list-style-type: none"> a) A Board (if Member or Advisory of a Not-for-Profit Board) b) Volunteering for a Community Event (i.e. Remembrance Day Event, CMHA Fundraiser, Community Food Bank, Not for Profit Community Event) c) Volunteering for a Reading Program/Breakfast Program/Field trip that supports youth education. <p>➔ Must be pre-approved, subject to ability to obtain coverage or absence will not compromise coverage/work or access to team.</p> <p>➔ Submit TORF, noting the Name of Event and your role at the Event.</p> <p>➔ Hours absent to volunteer at a local community event, are eligible to be paid up to 10% of remaining eligible discretionary balance to a maximum of 12 total hours. These hours are inclusive of all definitions of discretionary as noted in 1, 2 and 3.</p> <p>By claiming discretionary hours for the above reasons, the staff member provides consent to have the attended event (excluding name of staff) provided to the SEGSS Diversity and Inclusion Committee (through the HR Dept).</p>		

	Policy Section: Administration	Policy: 3.5 Training and Education Stipend	3.5
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To promote and support personal and professional advancement through the availability and opportunity to undertake training and educational courses.

POLICY


SEGSS will support training and educational courses as requested by SEGSS or upon approval of the Executive Director, or delegate by means of paying a Training and Education Stipend.

PROCEDURE

To claim an approved Training and Education Stipend, an Overnight and Training Stipend Form is to be completed and submitted along with the timesheet for the relevant pay period.

The Team Coordinator and Executive Director or delegate will assess the claim. If there is any question over eligibility for a Training and Education Stipend claim, then the employee will be informed as soon as possible and will be given the opportunity to provide further support for the claim.

Reimbursement of Training and Education Stipend claims will be via the regular payroll process.

	Policy Section: Administration	Policy: 3.6 Employee Expense Claims	3.6
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To provide a clear process for SEGSS and staff to follow and to avoid misunderstandings about what expenses will be reimbursed by SEGSS.

POLICY


SEGSS will reimburse staff for expenses incurred in the course of employment that relate directly to the duties being performed by staff. All expenses claimed by staff for reimbursement must have been approved in advance with a Team Coordinator, Executive Director or Director of Human Resources. Where no approval has been sought or no action plan has been approved, then SEGSS does not guarantee to reimburse staff for the expenditure.

PROCEDURE

All expenses for which staff will seek reimbursement from SEGSS, should be approved in advance with a Team Coordinator, The Executive Director, The Director of Human Resources.

Gasoline for SEGSS vehicles will be purchased at businesses where SEGSS holds an account unless it is not practical to do so. If gasoline is purchased at another business and the activity and expenditure has not been approved under an action plan, then SEGSS does not guarantee to reimburse staff for the expenditure.

Staff should submit claims for reimbursement of expenses on an approved expense form and submit it to the appropriate Team Coordinator.

	Policy Section: Administration	Policy: 3.7 Volunteering	3.7
Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	


PURPOSE

To foster a positive sense of community for the benefit of Supported Individuals, employees, SEGSS and the wider community.

POLICY

SEGSS recognizes the value of volunteering in the community and encourages all employees to be involved with our communities through volunteering.

Volunteering will be recognized during Employee Reviews and posting applications.

	Policy Section: Administration	Policy: 3.8 Pay Policy	3.8
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To comply with prevailing legislation and ensure a clear and equitable structure exists for remunerating employees at a rate that is commensurate with the high level of performance and accountability that is expected.

POLICY

A pay scale is established for all staff, which is structured into various positions.

SLEEP STIPEND: A stipend is provided as compensation for overnight supports.

The various direct service position ranges are determined by reference to relevant formal training and experience with individuals with developmental disabilities to include

- A probationary pay range.
- A minimum pay range for employees with no relevant formal training and with little experience supporting individuals with disabilities.
- An increased pay range is for employees with relevant formal training and with more experience supporting individuals with disabilities.

From time-to-time hours become available under various government programs for which the pay rate is determined under the program.

The probationary pay rate is for all direct service employees during at 3 months with 300 hours and satisfactorily completed at SEGSS. The probationary pay rate will be at the base rate for either pay range, as appropriate. This period may be extended, if necessary, for the further orientation and improvement of a new employee. After the probationary period, eligibility for future pay rate increases may commence.



Policy Section:
4. Support Service Standards

Policy:
4.1 General

4.1

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE

To support individuals according to the SEGSS Philosophy of Care, Mission Statement and Statement of Rights.

To enrich quality of life, promote social inclusion, and at all times to provide respect and dignity to those we support.

POLICY

All staff at SEGSS shall embrace the SEGSS Philosophy of Care by promoting social inclusion and supporting recreational, social, cultural and religious activities where appropriate and desired by the Supported Individual.

Staff shall provide assistance and information to Supported Individuals regarding events, activities and other opportunities, which help the Supported Individuals to make decisions. Staff will always try to balance the inherent risk with the Supported Individual's right to decide.



Policy Section:
Support Service Standards

Policy:
4.2 Orientation of Supported Individuals of 4.2

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE

To welcome new Supported Individuals with an introduction to SEGSS philosophy of support and all that the agency represents and espouses.

To maintain a healthy, safe and positive environment for Supported Individuals.

To assist new Supported Individuals to integrate into the environment quickly while minimizing stress. To provide support to individuals by employing staff to their full potential.

POLICY

All new Supported Individuals shall receive SEGSS orientation in plain and accessible language.


PROCEDURE

All new Supported Individuals shall receive an orientation package in plain and accessible language appropriate to the capacity of the Supported Individual. The orientation package shall contain the following information, plus any additional information that SEGSS deems appropriate:

- Mission Statement
- Statement of Principles
- Statement of Rights of Supported Individuals
- Confidentiality
- Privacy
- Consent to obtain, use and disclose information, including annual planning
- Abuse prevention and reporting training and education
- Health information and decision making
- Financial information and decision making
- Local services, community involvement and employment

Orientation of Supported Individuals and Annual Reviews

A review and refresher of all orientation subjects will be conducted with Supported Individuals during the Annual Planning process with a particular focus on abuse prevention, awareness and reporting.

	Policy Section: Support Service Standards	Policy: 4.3 Financial Management on Behalf of an Individual	4.3
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To protect, if appropriate, the financial affairs of individuals supported by SEGSS.

POLICY

Supported Individuals or their substitute decision makers will choose a level of support with personal financial management as described in the Individual Support Plan and in accordance with the Financial Protocol appended to this document. The supported individual will be asked to sign the Individual Support Plan to acknowledge the level of support required, including self-management.

SEGSS staff will only spend a Supported Individual’s funds in a manner that has personal value, benefit, or meaning to that Supported Individual.

SEGSS shall provide training to all staff handling finances on behalf of Supported Individuals. The training shall include ethical considerations and methods for recording transactions.

Misuse of an individual’s funds, by using any funds in a manner that is not deemed to benefit the individual by any staff member is a breach of trust and disciplinary action shall be taken.

PROCEDURE

On every team of support staff, the Team Coordinator shall designate one member of staff to take overall responsibility for the individual’s finances. The designated support worker shall keep a financial ledger in accordance with the Financial Protocol to record all deposits and withdrawals from the bank account including:

- Amount of the purchase
- Date of transaction
- Name of the store
- Goods purchased
- Initials of the support worker making the transaction
- Team Coordinator authorization, where required

For expenditure on behalf of an individual, using the individual’s own money, other than regular weekly shopping (e.g. groceries), staff must obtain approval from the Team Coordinator prior to the expense being incurred.

When an employee assumes the primary responsibility for finances of an individual supported by SEGSS she/he does so with the understanding that the individuals' funds are spent in a manner that has personal value, benefit or meaning to the individual.

An employee assumes primary responsibility for finances of an individual when that employee uses funds belonging to the individual, intended for the benefit of that individual.

Each support worker undertaking transactions with an individual's finances is responsible for noting all the relevant information listed above, and for providing a store receipt or a petty cash note. Where Team Coordinator authorization is required, then the name of the Team Coordinator and the date of the authorization shall be noted with the other details.


Where cash is used, a petty cash system shall be implemented including a separate financial ledger to be established to record all deposits and withdrawals to and from petty cash. Again, all the relevant information must be noted and a store receipt or a petty cash note must be provided.

The designated support staff shall report monthly to the Team Coordinator in a format prescribed by the Team Coordinator. Any discrepancies and omissions shall be noted by the designated staff and the report shall be reviewed and followed up by the Team Coordinator monthly.

The Team Coordinator shall forward the report in the appropriate format to the Team Coordinator Support monthly for the preparation of books of accounts for each individual. Books of accounts and financial records shall be prepared for each fiscal year and shall be independently reviewed annually by the Board of Directors.

Staff shall not borrow money or personal effects for personal use from a Supported Individual. Staff shall not be reimbursed either in monetary terms or in kind by a Supported Individual.

Large sums of money are not to be kept at an individual's home, unless directed otherwise by the Team Coordinator. Under no circumstances shall the financial assets of an individual be accessed by SEGSS staff after the death of an individual.

	Policy Section: Support Service Standards	Policy: 4.4 Financial Overview	4.4
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

Supported Individuals or their substitute decision makers on their behalf, may request support with managing their finances. If such assistance is requested, it will be noted in that person’s Individual Support Plan. The level of support requested will also be noted in the Individual Support Plan, including where no financial support is requested or required.

The support staff team member responsible for regular oversight of the person’s finances (the Finance Delegate) will be named in the Individual Support Plan.

For people who have requested support with managing their finances all team members share responsibility for general record keeping in accordance with this protocol. The Finance Delegate accepts additional responsibilities as described in this protocol. The Team Coordinator accepts overall responsibilities as described in this protocol.

Depending upon the level of assistance with Financial Management requested, a Finance Binder will be provided at the person’s home and will include the relevant ledgers and protocols.

Levels of Financial Management

Level 1 - Minimal Financial Management:

Level 1 Financial Management means that support staff provide guidance and assist with the person’s banking and bills as needed. Depending on the support needs, bills might be handled by the Team Coordinator with the supported individual or they might be handled by support staff with the supported individual. Support staff will not be required to maintain banking and petty cash ledgers. However, transactions made on behalf of a supported individual or any situation involving financial exchange between the supported individual and support staff must be accompanied by a receipt.

Level 2 - Partial Financial Management:

Level 2 Financial Management means that support staff directly assist with the person’s banking, bills and cash withdrawals. Depending on the support needs, bills might be handled by the Team Coordinator, with or without the supported individual or they might be handled by support staff with the supported individual. Depending on the support needs, cash withdrawals might be made by support staff or by the supported individual. Once

petty cash spending money is withdrawn, the support staff will not be required to account for how the individual spends that money.

Level 3 - Full Financial Management:

Full Financial Management means that support staff directly assist with the person's banking, bills and cash. Depending on the support needs, bills might be handled by the Team Coordinator, with or without the supported individual or they might be handled by support staff, with or without the supported individual.

Details of Financial Management

Level 1

All staff will record details of transactions as follows:

When acting on behalf of the supported individual, spending withdrawals, including bills, deposits and any other transactions involving the person's bank account, will be indicated by a receipt which the staff person will initial. Date, description of goods or services purchased, or bills paid, location (store etc.) and dollar amount will be noted accurately and initialed, a hand-written sheet may be attached with details for clarity.

All transactions undertaken by support staff should be accompanied by an official receipt which the staff person will initial.

In any case where support staff are aware of any discrepancy or error in financial management then staff will inform the Team Coordinator as soon as possible within office hours and will complete a financial error form and return it as soon as possible to the Team Coordinator Support.

The Finance Delegate will perform the following additional duties:

- Once a month provide receipts (organized in date order) to the Team Coordinator Support before 15th of the following month.
- Once a month assist the supported individual as necessary to submit employment income records to ODSP where applicable before 7th of the following month.
- Once a year assist the supported individual to submit employment income records and other relevant financial information to the Canada Revenue Agency Tax Return or to the Team Coordinator, if requested.

The Team Coordinator will perform the following duties:

- Review monthly report provided by the Team Coordinator Support, including receipts, banking statements, and ledgers.
- Once a year check and forward the Tax Return to the Canada Revenue Agency if requested.
- Manage Disability Credit Certificates, investments (including RDSPs RRSPs and TFSAs etc.), pension allowances, trusts and Power of Attorney as appropriate etc.
- Upon being informed of a financial error, take action to address the error and update Team Coordinator Support of action taken.

Team Coordinator Support will perform the following duties:

- Share with Team Coordinator receipts before the last day of the following month.
- Upon receipt of a financial error form copy it to the Human Resources Director. Note details of follow up actions undertaken to address the error.
- Upon request by the Board of Directors or the Auditor provide such information as required for the accounts to be properly inspected. Redact names in order to protect privacy of Supported Individuals.

Level 2

All staff will record details of every transaction as follows:

Spending withdrawals, including bills, deposits and other any other transactions involving the person's bank account will be recorded on the Banking Ledger. Date, description of goods or services purchased, or bills paid, location (store etc.) and dollar amount will be noted accurately and initialed.

Cash withdrawn to be used as spending money will be recorded on the Banking Ledger. It will also be recorded on the Petty Cash Ledger as a deposit to Petty Cash. Date, description, the amount will be recorded accurately and initialed.

Spending Petty Cash will be recorded on the Petty Cash Ledger. When transactions are performed on behalf of the supported individual the date, description of goods or services purchased, or bills paid, location of purchase (store etc.), and the amount of the purchase will be noted accurately and initialed.

Staff initials on the Petty Cash Ledger will indicate that you have checked and verified cash withdrawals to Petty Cash.

All transactions performed on behalf of the supported individual should be accompanied by an official receipt which the staff person will initial.

In any case where support staff are aware of any discrepancy or error in financial management then staff will inform the Team Coordinator as soon as possible within office hours and will complete a financial error form and return it as soon as possible to the Team Coordinator Support.

The Finance Delegate will perform the following additional duties:

- Check receipts and verify records for both the Banking Ledger and the Petty Cash Ledger.
- Check bank statements and verify records for both the Banking Ledger and the Petty Cash Ledger.
- Once a month provide the ledgers, receipts (organized in date order) and bank statements to the Team Coordinator Support before 15th of the following month.
- Once a month submit employment income records to ODSP where applicable before 7th of the following month.
- Generate transaction reports as requested by the Team Coordinator.
- Once a year submit employment income records and other relevant financial information to the Team Coordinator annually for the Canada Revenue Agency Tax Return.

The Team Coordinator will perform the following duties:

- Check receipts and verify records for both the Banking Ledger and the Petty Cash Ledger.
- Check bank statements and verify records for both the Banking Ledger and the Petty Cash Ledger.

- Once a month check and verify all financial records and reports, summarize transactions on the Monthly Summary template and forward them to Team Coordinator Support along with all monthly ledgers and receipts.
- Once a year check and forward the Tax Return to the Canada Revenue Agency.
- Manage Disability Credit Certificates, investments (including RDSPs RRSPs and TFSAs etc.), pension allowances, trusts and Power of Attorney as appropriate etc.
- Upon being informed of a financial error, take action to address the error and update Team Coordinator Support of action taken.

Team Coordinator Support will perform the following duties:

- Share with Team Coordinator the account summary for the banking ledger and all receipts before the last day of the following month.
- Upon receipt of a financial error form copy it to the Human Resources Director. Note details of follow up actions undertaken to address the error.
- Upon request by the Board of Directors or the Auditor provide such information as required for the accounts to be properly inspected. Redact names in order to protect privacy of Supported Individuals.
- Once a year provide an annual financial summary to be forwarded to the Team Coordinator and maintained in the Supported Individual's files.

Level 3

All staff will record details of every transaction as follows:

Spending withdrawals, including bills, deposits and other any other transactions involving the person's bank account will be recorded on the Banking Ledger. Date, description of goods or services purchased, or bills paid, location (store etc.) and dollar amount will be noted accurately and initialed.

Cash withdrawn to be used as spending money will be recorded on the Banking Ledger. It will also be recorded on the Petty Cash Ledger as a deposit to Petty Cash. Date, description (Petty Cash), the amount and the running balance (Petty Cash Ledger) will be recorded accurately and initialed.

Spending Petty Cash will be recorded on the Petty Cash Ledger. Date, description of goods or services purchased, or bills paid, location of purchase (store etc.), the amount of the purchase and the running balance will be noted accurately and initialed.

Staff initials on the Petty Cash Ledger will indicate that you have checked and verified the Petty Cash balance. If there is a discrepancy between the recorded balance and the cash on hand, then staff will complete a financial error form and return it as soon as possible to the Team Coordinator.

All transactions should be accompanied by an official receipt which the staff person will initial.

In any case where support staff are aware of any discrepancy or error in financial management then staff will inform the Team Coordinator as soon as possible within office hours and will complete a financial error form and return it as soon as possible to the Team Coordinator Support.

The Finance Delegate will perform the following additional duties:

- Check receipts and verify records for both the Banking Ledger and the Petty Cash Ledger.
- Check bank statements and verify records for both the Banking Ledger and the Petty Cash Ledger.

- Once a month provide the ledgers, receipts (organized in date order) and bank statements to the Team Coordinator Support before 15th of the following month.
- Once a month submit employment income records to ODSP where applicable before 7th of the following month.
- Generate transaction reports as requested by the Team Coordinator.
- Once a year submit employment income records and other relevant financial information to the Team Coordinator annually for the Canada Revenue Agency Tax Return.

The Team Coordinator will perform the following duties:

- Check receipts and verify records for both the Banking Ledger and the Petty Cash Ledger.
- Check bank statements and verify records for both the Banking Ledger and the Petty Cash Ledger.
- Once a month check and verify all financial records and reports, summarize transactions on the Monthly Summary template and forward them to Team Coordinator Support along with all monthly ledgers and receipts.
- Once a year check and forward the Tax Return to the Canada Revenue Agency.
- Manage Disability Credit Certificates, investments (including RDSPs RRSPs and TFSAs etc.), pension allowances, trusts and Power of Attorney as appropriate etc.
- Upon being informed of a financial error, take action to address the error and update Team Coordinator Support of action taken.


Team Coordinator Support will perform the following duties:

- Share with Team Coordinator the account summary for the banking ledger and all receipts before the last day of the following month.
- Upon receipt of a financial error form with details deemed appropriate for review, it is sent to the Human Resources Director. Note details of follow up actions undertaken to address the error.
- Upon request by the Board of Directors or the Auditor provide such information as required for the accounts to be properly inspected. Redact names in order to protect privacy of Supported Individuals.
- Once a year provide an annual financial summary to be forwarded to the Team Coordinator and
- Maintained in the Supported Individual's files.

No Financial Management:

Where no assistance with financial management is requested or required then no staff at SEGSS will advise the Supported Individual regarding their finances, nor will they handle the person's money in any way other than in the natural course of daily interactions.

An example of where staff might handle a person's money within the description above would be at a drive-through where the supported Individual is a passenger in a staff person's vehicle and money is handed to the staff person to pay the cashier. Another example might be if the Supported Individual is at home, feeling unwell and asks a staff person to take some money to purchase medicine at the pharmacy.

 Policy Section: Support Service Standards		Policy: 4.5 Health Information, Monitoring and Record Keeping	4.5
Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	

PURPOSE


To provide a structured system for health and behavioural observation of individuals.

POLICY

Direct Service Staff shall note, in the proper format, all relevant health and behavioural observations as directed by the Team Coordinator.

PROCEDURE

The Team Coordinator shall determine what information is to be noted on a regular basis for each Supported Individual and shall provide a form on which the information is to be recorded. The recording of information might be completed in the individual’s communication binder or on a separate form, depending upon the level of detail and quantity of information required. The Support Staff shall note all instances of relevant observations in the communication binder or on the provided form. Where staff notice a health or behavioural concern that is not covered by the Team Coordinator’s guideline for regular noting, then staff shall make an additional note and, if appropriate shall contact the Team Coordinator for further advice.

	Policy Section: Support Service Standards	Policy: 4.6 Medications- Handling, Administering and Record Keeping	4.6
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To ensure the proper and safe handling, administering, and recording of individual’s medications in the interests of the health of the individual.

POLICY

Supported Individuals or their substitute decision makers will choose a level of support with medication handling, administration and record keeping as described in the Individual Support Plan. The supported individual will be asked to sign the Individual Support Plan to acknowledge the support required.

Medications shall be administered safely and in a timely manner.

Staff shall be adequately informed or trained and prepared to assist in administering medications for individuals.

Staff should have adequate knowledge of the medications they administer.

All individuals have the right to regular medication reviews by their physician and dentist, if applicable, with assistance from SEGSS when required, and all such appointments shall be documented in the individual’s records.

Staff should, where appropriate, strive to increase each individual’s understanding of the medications they are taking and to provide assistance to promote independent self-administration of medications, where appropriate.

PROCEDURE

For each individual for whom a member of SEGSS staff administers medications, the staff member should familiarize themselves with the medications being administered and with the SEGSS Medications Protocol (see Appendix). The staff member should at all times remain current with their knowledge of the medications that an individual is receiving.

Where special knowledge is required, SEGSS shall provide or refer staff to the required information or training so that all staff have an adequate understanding of the relevant medication, handling, administering and recording procedures.

On every team of support staff, the Team Coordinator shall designate one member of staff to take overall responsibility for the individual’s medications. Where applicable this will involve the collection of medications from the pharmacy, decanting of medications into dossets and checking the accuracy of blister packs from the pharmacy. These duties will be as directed by the Team Coordinator.

The designated support worker shall keep a Medications Ledger to record:

- All quantities of medications
 - Balance of medications at beginning of period
 - Actual count of medications from pharmacy
 - Quantity of medications prescribed for the period
 - Number of administrations from the Medications Administration Record sheet
 - Expected balance compared to the actual balance at the end of the period
 - Discrepancies
 - Medications returned to the pharmacy

Each month is to be recorded on a separate page of the Medications Ledger with records being tallied at 2-week intervals.

When a prescription is terminated, unused or discontinued, medications are to be counted or measured by the designated staff member, the information noted on the medication ledger, and the remaining medicines returned to the pharmacy. The Team Coordinator should be notified as soon as possible within office hours so that the Medications Administration Record sheet is updated.

The designated support worker will also maintain Medications Information Sheets providing full details of the prescription, to the extent available. Each medication will be noted on an individual sheet.

Each individual receiving medications shall have a Medication Chart at their home, in a format directed by the Team Coordinator. Records should be kept on the chart indicating the name of the medication, the staff administering the medication or self-administration, the dose, time of administration, and refusal of medications.

Medication handling

Medications should not be directly handled by staff, i.e. medications should be decanted into a vessel, delivered to the individual and not touched by staff.

Dosage

Medications shall be provided in the doses and at the times directed by the individual's physician.

Review

Medications should be reviewed by the prescribing physician at least once a year and, where a Behavioural Support Plan is in place, the medications review should be referred to during the annual review of the PRN Protocol.

Recording

The administering of medications, including PRN medications should be noted as soon as possible on the Medication Chart by means of initialing each dose of each medication. In the case of PRN medications, staff is to call the Team Coordinator On-Call for administration direction, and upon that direction, record the dose administered and time of administration with the staff initials and further note in the margin of the

communications binder entry for that day. The Team Coordinator can follow up and ensure that medications have been properly administered.

In addition to notifying the Team Coordinator On-Call, staff should also complete a Medication Charting and Errors Form and deliver it to the Team Coordinator as soon as possible. The Medication Charting and Errors Form will then be forwarded to the Director of Human Resources if the error is deemed appropriate.

Other medical assistance of a temporary nature, provided by staff, that is not detailed on the medication chart should be noted in the communication binder, providing details of the medication given, or action taken, the time that assistance was provided, the staff name and any other relevant information (e.g. the name of a doctor visited, time etc.).

PRN Medications

Each supported individual in receipt of a prescription for a PRN medication to be used as a behavioural intervention shall have a Behavioural Support Plan prepared and signed by an appropriate professional (See Behavioural Support Plan below).

All supported persons who have a prescription for a behavioural PRN must have a PRN Protocol. Any PRN administration must be recorded on the Medications Administration Record. If there is an incidence of challenging behaviour (physical aggression or property destruction) this must be recorded on an incident report.

PRN Medications shall be administered at the discretion of the support staff, at all times remaining within guidelines directed by the individual's physician as detailed in the PRN Protocol to ensure that PRN medications are not given excessively beyond the recommended dosage. If further clarification is required, the staff member shall seek direction from the Team Coordinator.

The following requirements must be met when administering a PRN medication:

1. The medication may only be administered in accordance with the specific PRN Protocol for the supported individual and for the medication.
2. Staff administering the PRN medication or staff relieving that person must remain with the individual for a period of at least one hour after administering the medication.
3. An incident report must be completed by the staff administering the PRN medication indicating the reason for administering and referring to the PRN Protocol to indicate how the protocol was followed. On the incident report, the antecedent, behaviour, consequence should be recorded in order to provide the means of properly identifying the antecedents to the behaviour so that potential behaviour can be addressed in future, without recourse to a PRN medication or so that the PRN medication can be provided at the most effective time.
4. The effects of the behavioural PRN must be noted on a BSP Incident Report for a period of at least one hour in order to provide data for future medication reviews, including fading and elimination of the PRN medication. The tracking period might be longer for some supported individuals and this will be communicated by the Team Coordinator if applicable.

5. Staff administering the PRN medication shall record in the communication binder entry for that day a brief description of the reason for administering the medication.
6. A contact person, if indicated in the Behavioural Support Plan must be notified of the use of the PRN within 48 hours.

Errors & Omissions

Where there is an error or omission in the administration of an individual’s medications, the Team Coordinator On-Call should be advised as soon as possible for further direction. Where the Team Coordinator is not immediately available the designated medications support worker maybe contacted for further advice. In all such situations a Medication Charting and Errors Form should be completed and returned to the Team Coordinator as soon as possible. The Medication Charting and Errors Form will then be forwarded to the Director of Human Resources if the error is deemed appropriate for review.

Storage

Each Supported Individual’s medications administered by SEGSS staff shall be stored in a locked location, as directed by the Team Coordinator (e.g. in a designated locked cupboard or lock box, and in dossets, blister packs or pill bottles etc.). Keys to access stored medications will be available to staff in a ‘staff-only’ location such as a designated room in the home, or in a separate lock box.

Where medications need to be stored at an alternate location (e.g. during a vacation away) then further direction shall be given by the Team Coordinator.


Medications requiring refrigeration will be appropriately stored in accordance with the stated instructions. If secure refrigeration is unavailable at the home, then such will be provided at an alternate location.

Narcotic medications will be secured in a locked box within a locked cupboard or locked room.

Transportation/Transfer

Medications, including non-prescription medications, being transported by staff, shall be transported in a sealed carrying bag and shall be kept with the staff member at all times. The medications carrying bag may be left in a locked vehicle.

The Medications Administration Chart should accompany the medications during transportation so that information on the medication dosage, timing and method of administration is clearly available to staff or external support provider administering the medication.

	Policy Section: Support Service Standards		Policy: 4.7 Right to Refuse Medications	4.7
	Effective Date: June 15, 2017	Revision Date:	Board of Directors Approval: June 15, 2017	

PURPOSE

To ensure the rights of Supported Individuals are protected to refuse medication(s) and to ensure Supported Individuals at SEGSS know and understand the potential outcomes of choices by providing all the necessary details to make informed decisions.

POLICY

Supported Individuals at SEGSS are presumed to be competent and therefore have the right to refuse medication.

Medication can only be given to a Supported Individual without his/her consent if a life-threatening situation exists. Determination of such a situation should be made by a physician and/or psychiatrist.

Where a physician and/or psychiatrist has determined that medication is necessary for the health and safety of a Supported Individual (without the person's consent), administration should take place in accordance with the principle of the least restrictive alternative.

PROCEDURE

When a medication is given to a Supported Individual, without their consent, this shall be documented in an Incident Report stipulating the Supported Individual involved; who gave the orders to administer the medication; the name of the medication; the dosage; and who administered the medication.

When a Supported Individual refuses medication, and it is not deemed to be life threatening, staff need to document this information on the Medication Administration Record (to be placed in the agency file) and a Medications Error form.

When a Supported Individual refuses medication, as described above, the individual's staff will report this occurrence to the Team Coordinator of the day or after hours to the Team Coordinator On-Call at 519-924-2543 if so directed by the Supported Individual's Team Coordinator.



Policy Section:
Support Service Standards

Policy:
4.8 Medical Management
Overview

4.8

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

Medication Profile

- A quick access sheet for important information in case of medical emergency as well as a list of medical and behavioural professionals specific to each individual.

Staff Initials

- It is required to have examples of current staff initials on file to match with Medication Administration Record (MAR) sheets. Annually each team member should fill in the 'initial' sheet accordingly. Any new/shadowing staff should sign this form upon their first shadow shift.

MEDICATION RELATED DOCUMENTATION:

Medication Administration Record

A form which is to be initialed by any staff administering medications, indicating that staff have checked the medication for the following:

- Right person
- Right medication
- Right dose
- Right time
- Right route (method of administration)
- Right documentation

In the event of one of the following listed conditions, enter the appropriate number in the corresponding box as follows;

- [1] See Med Error Form [enter the “1” and circle the “1” once the Medication Error form was completed]
- [2] Self-administered [enter “2”]
- [3] Given by External Supports [enter “3”]

Prescription History

Provides a history of the specific medications and purpose for which they were prescribed. Over time this will become a useful historical reference for the efficacy of various medications. As new medications are prescribed, or existing prescriptions are changed, the information is to be recorded and retained.

Medications Data Sheet

For each current medication, a supported individual is receiving, there should be a pharmacy description for each medication. These can be obtained from the pharmacy and should be placed in the medical binder as a reference. These compliment the Prescription History because they provide more information, however the Prescription History will have relevant content to each supported individual.

Medications Bi-Weekly Ledger

Provides essential tracking of quantity for each medication on hand. To be completed on a bi-weekly basis by the medical delegate.

Medication Error Form

Where any support staff are aware of a discrepancy or error in the recording or administration medications then staff will inform the Team Coordinator as soon as possible within office hours and will complete a medical error form and return it as soon as possible to the Team Coordinator. Please see form for more details.

Medical Event Record

A Medical Event Record is a form which must be completed by staff accompanying supported persons to any medical appointments (e.g. Dentist, Psychiatrist, etc.).

The completed Medical Event Record must be provided to the Team Coordinator as soon as possible during office hours.

PRN Protocol

All supported persons who have a prescription for a behavioural PRN must have a PRN Protocol. Each time a Behavioural PRN is administered it must be accompanied by a BSP Incident Report, tracking the effectiveness of the medication, as well as recorded on the Medications Administrations Chart.

BEHAVIOUR RELATED DOCUMENTATION:

Behavioural Support Plan

All supported persons who have a Behavioural PRN for a challenging behaviour must have a Behavioural Support Plan. Challenging behaviour is defined by Physical Aggression or Property Destruction. This plan must be reviewed biannually and is to be supported by collected data.

Behavioural and Situational PRNs

A Behavioural PRN is a medication prescribed to assist the person in calming themselves when a specific indicator from the PRN Protocol is observed and is administered as needed.

A Situational PRN is a medication prescribed to assist, proactively, the person to remain calm in a planned situation in which they might potentially become anxious.

Incident Report

An Incident Report is a form required to document details of an unusual occurrence, such as an injury to a supported person or staff.

The completed Incident Report must be provided to the Team Coordinator with the medical records at the end of each month unless otherwise requested by the Team Coordinator.

Any incident should be reported to a Team Coordinator at (519) 924-2543.

A BSP Incident Report is a form required to document details of a target behaviour occurrence or PRN administration.

BSP Incident Report

Refer to the Supported Individuals BSP and PRN Protocol when recording any target behaviours witnessed and de-escalation techniques for each level of behaviour.

All completed Incident Reports must be provided to the Team Coordinator with the medical records at the end of each month unless otherwise requested by the Team Coordinator.

Any incident should be reported to a Team Coordinator at (519) 924-2543.

Specific Tasks

ALL STAFF:

Familiarize yourself with Medication profile and Prescription History.

- Medication Administration Chart
- Medication Error Form
- Medical Event Form
- PRN Protocols
- Behavioural Support Plan
- Incident Report
- BSP Incident Report


MEDICAL DELEGATES ADDITIONAL TASKS:

- Ensure Medication Profile page is up to date.
- Ensure staff signatures page is signed by all staff (updated annually).
- Medication Administration Chart.
- Medications Information Sheet is present for all current medications.
- Medications Bi-Weekly Ledger filled out.
- Medical Event Record filled out when needed.
- Contact with Team Coordinator if PRN Protocol or Behavioural Support Plan needs to be updated.
- Gather all relevant documents; all incident report forms, error forms, medical event forms as well as Bi-

weekly ledgers and medication charts and hand in on the 15th of each month.

TEAM COORDINATORS:

- Complete Medical Errors Form and follow up. Input information to the Database and forward to Human Resources if deemed appropriate.
- Gather all relevant documents; Bi-weekly ledgers charts, Error Forms,
- Incident Reports, BSP Incident Reports, etc.
- Ensure PRN Protocol and Behavioural Support Plans are updated annually, and staff are trained.
- Medical appointments completed annually (GP, Optometrist and Dentist) and any other medical concerns are followed up with.

	Policy Section: Support Service Standards	Policy: 4.9 Emergency Medical Services	4.9
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To ensure that staff attend to the well-being of Supported Individuals as a priority.

POLICY

In an emergency medical situation, the priority for staff is to care for the well-being of the Supported Individual while ensuring that the health and safety of staff is not compromised.

Emergency medical services should be contacted as soon as possible.

PROCEDURE

Staff Member

- Identify the emergency medical needs of the person and administer First Aid, if applicable.
- Transport the Supported Individual or have the individual transported by ambulance to the emergency medical facility.
- Notify the Team Coordinator of the situation.
- In the event of any medical crisis requiring emergency medical services, staff shall complete an Incident Report within 24 hours of notifying the Team Coordinator, so that a Serious Occurrence Report might be submitted to MCCSS if appropriate.
- Staff shall note the details of the situation in the Communication Binder at the earliest opportunity, as well as an Incident report and/or Medical Event Record if deemed appropriate.
- Gather emergency data such as Medical Binder and Medical Administration Record.

Team Coordinator

- Notify family members and SEGSS personnel as required.
- Maintain communication with the Physician and family members or guardian and receive instructions from the Physician regarding the Supported Individual’s return home.
- If appropriate, the Team Coordinator will ensure that a Serious Occurrence Report is submitted to MCCSS within the required timeframe using details from the Incident Report, or from a verbal report if the Incident Report is not available within the required SOR reporting timeframe.
- The Team Coordinator shall note the details of the situation in the Case Notes at the earliest opportunity.



Policy Section:
Support Service Standards

Policy:
4.10 Right to Refuse Medical Services

4.10

Effective Date:
October 21, 2010

Revision Date:
June 15, 2017

Board of Directors Approval:
October 21, 2010

PURPOSE

To ensure that the rights of Supported Individuals at SEGSS are respected to accept or refuse medical care, while at the same time determine and consider the Supported Individual’s ability to make informed choices, understand the consequences of refusal, and not place undue risk to the person’s health or life resulting from refusal of care.

POLICY


Supported Individuals at SEGSS are presumed to be competent (unless a court order to the contrary exists) and therefore have the right to refuse medical services.

To document and provide direction and follow up in the event of medical care refusal that will adversely affect the Supported Individual’s health or threaten life.

PROCEDURE

If a Supported Individual refuses to obtain or accept medical services recommended by a legally qualified medical practitioner or other health professional, a meeting will be scheduled as soon as possible by a Team Coordinator with the Supported Individual and their support team to discuss issues and possible implications resulting from the refusal.

Subsequent to this meeting, if the Supported Individual continues to refuse the medical service required, he/she will sign a Medical Exemption Record that would absolve SEGSS of any responsibility for harm, injury, illness, or death resulting from the refusal of medical services. This form is signed off by the Supported Individual’s Physician, Team Coordinator, and the Executive Director.

	Policy Section: Support Service Standards	Policy: 4.11 Inventory, Care and Maintenance of Possessions	4.11
Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	

PURPOSE

To ensure the safe-guarding and proper care of possessions belonging to Supported Individuals at SEGSS.

SEGSS will offer assistance to supported individuals living in SEGSS properties to conduct an annual inventory of personal property.

POLICY

If requested, SEGSS employees will assist supported individuals to complete an annual inventory of assets for insurance or tracking purposes. This will take account of all furniture, equipment, appliances, house wares, etc. that are their personal property. If the supported individual wishes, the inventory list will be maintained centrally on their file for safekeeping.

For individuals supported in an Intensive Support Residence, this annual inventory will be mandatory and will include any items owned prior to receiving supports at SEGSS or purchased by the individual, with a value exceeding \$20. The inventory will include the condition of items and notation on items discarded. The inventory may be in the form of a photo record.



Policy Section:
Support Service Standards

Policy:
4.12 Pets and Service
Animals

4.12

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

POLICY

Because SEGSS does not operate any congregate residences, decisions on the keeping of pets will be made based on each individual situation, having regard to the personal choice and best interests of the Supported Individual, and the proper care and accommodation of the animal.

Service animals, where required, shall be accommodated, subject to the availability of suitable accommodation. SEGSS shall undertake to provide such care as is necessary for the service animal and shall maintain records of care.

For both pets and service animals, consideration should be given to grooming, health and immunization records. For individuals supported in an Intensive Support Residence, the maintenance of these records will be mandatory.



Policy Section:
Support Service Standards

Policy:
4.13 Nutrition and Healthy Lifestyle

4.13

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE

SEGSS is committed to promoting and improving the general health of people that receive services. This commitment includes education in good, healthy practices such as nutrition, meal planning, personal hygiene, exercise and sexual health and behaviours that might adversely affect an individual’s health, safety or well-being.

POLICY

SEGSS employees shall educate and advise Supported Individuals according to the standards set out in Canada’s Food Guide in such a manner as to be easily understood by the individuals. Meals and menus should generally be planned according to the food guide, to promote a diet with the proper quantity of foods from each food group. Special diets and personal preferences should be considered when planning meals, i.e. medical recommendations, religious, ethnic, cultural and dietary customs.

Where appropriate, individuals should be encouraged to participate in meal planning and preparation.

SEGSS employees shall promote safe food preparation and consumption and, by reference to the communications binder, will try to ensure that sufficient quantity, quality and type of food is available for consumption on a daily basis. Employees shall also check to ensure food is being stored appropriately.

All foods are to be kept and handled in accordance with the Ontario Ministry of Health and Long-Term Care guidelines.

PROCEDURE

Staff shall advise and assist in promoting healthy choices regarding personal hygiene, exercise and sexual health and behaviours that might adversely affect an individual’s health, safety or well-being in such a manner as to be easily understood by the Supported Individual.



Policy Section:
Support Service Standards

Policy:
4.14 Bathing and Showering
Supervision

4.14

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE

To ensure the safety of Supported Individuals.

POLICY

When appropriate, SEGSS staff shall supervise bathing and showering to reduce the risk of harm to Supported Individuals.

For individuals supported in an Intensive Support Residence, a bathing protocol will be identified within the Individual Support Plan, and staff will be trained in the supervision of bathing and showering.



Policy Section:
Support Service Standards

Policy:
4.15 Behavioural
Management and Safety

4.15

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE

To ensure the safety of supported individuals, employees, volunteers, the general public and public property.

POLICY

Staff at South-East Grey Support Services will promote safety and follow the Agency policies while providing one to one support to individuals.

It is the policy of South-East Grey Support Services that our behaviour management principles promote ownership and responsibility for behaviour that will enable the person to grow and achieve the most valued and least restrictive lifestyle normative to the person’s age and life situation.

PROCEDURE

South-East Grey Support Services is committed to implementing positive and proactive behaviour management strategies that are consistent with the values to preserve the dignity, rights, safety and well-being of those we support and the well-being of others.

In some situations, intrusive measures are used with a person who has challenging behaviour. The purpose of this policy is to outline South - East Grey Support Service’s requirements regarding the use of intrusive behaviour strategies.

Definitions

The following definitions were taken from the Ontario Regulation 299/10 Services and Supports to Promote the Social Inclusions of Persons with Developmental Disabilities Act 2008.

Challenging behaviour

Challenging behaviour is defined as aggressive or injurious to self or others, causes property damage or both. This behaviour limits the ability of the person with a developmental disability to participate in daily life activities and in the community or to learn new skills or any combination of the above.

Crisis

A crisis situation means circumstances where;

- a person with a developmental disability is displaying challenging behaviour that is new or more intense than that which was displayed in the past and the person lacks a behaviour support plan or the strategies outlined in the behaviour support plan do not effectively address the challenging behaviour.
- the challenging behaviour places the person at immediate risk of harming themselves or others or causing property damage and attempts to de-escalate the situation have been ineffective.

Intrusive Behaviour Intervention:

- Means a procedure or action taken on a person in order to address the Supported Individual's challenging behaviour, when the person is at risk of harming themselves or others or causing property damage.
- Physical Restraint, including a holding technique to restrict the ability of the person with a developmental disability to move freely, but does not include the restriction of movement, physical redirection or physical prompting if the restriction of movement, physical redirection or physical prompting is brief, gentle and part of a behaviour teaching program.
- Mechanical Restraint, which is a means of controlling behaviour that involves the use of devices and equipment to restrict movement.
Note: South-East Grey Support Services does not support the use of Mechanical restraints.
- Secure isolation or confinement time out is a designated, secure space that is used to separate or isolate the person from others and which the person is not voluntarily able to leave.
- Prescribed Medication is to assist the person in calming themselves, with a clearly defined protocol developed by a physician of when to administer the medication and how it is to be monitored and reviewed. This medication will be referred throughout this application as a Behavioural PRN.

Behavioural Support Plan

When necessary, each support team will prepare a Behavioural Support Plan to guide staff in situations which might arise where the aggression of a Supported Individual threatens to affect that individual's health or that of the employee, volunteer, a member of the general public or of public property (i.e. "challenging behaviour" as described in Regulation 299/10 Quality Assurance Measures).

Each Behavioural Support Plan shall be reviewed at least twice a year, including once a year by a third-party committee.

Where a Behavioural Support Plan includes intrusive behaviour intervention strategies they shall be completed or signed by appropriately qualified professionals (as outlined in Regulation 299/10 18 (3) (e)) and will be reviewed at least once a year by such a person. The review will consider information gathered on the effectiveness, ethical considerations and appropriateness of any intrusive behavioural interventions and will include reference to a review of all prescribed medications including any PRN medications as described in the PRN Protocol by the prescribing physician which will be conducted for any Supported Individual with Challenging Behaviours.

Consent for communication with a contact person acting on behalf of an individual with a challenging behaviour will be required as part of the Behavioural Support Plan. This will occur on an annual basis and will describe the circumstances in which the contact person is to be notified of an incident, including the administration of a PRN medication. This consent will define the circumstances in which communication is to be made with the contact person, whether requiring regular updates, or communication specific to particular incidents. If the Behavioural Support provides direction as to the frequency of such communication, then the Behavioural Support Plan will take priority.

Intrusive Behaviour Intervention

Physical Restraint

If in a position where self-protection is required, South - East Grey Support Services Staff will exercise discretion by choosing a course of action in accordance with the principles of the least amount of physical contact and the least restrictive option available. If the responses require that Serious Occurrence Reports be completed it must be submitted within the current guidelines within Serious Occurrence reporting. The parent, guardian or emergency contact of the supported individual must also be notified if outlined in the BSP.

Secure Isolation

Where Secure Isolation or Confinement Time out is recommended to address a person's challenging behaviour, the following standards and measures must be included in the person's Behaviour Support Plan.

The use of Secure Isolation requires the immediate notification of the Team Coordinator On-Call. A debriefing is required within 48 hours of the use of a Secure Isolation or Confinement Time Out.

Any person placed in Secure Isolation or Confinement Time out must be observed and monitored at all times. Continual observation and monitoring means that at all times staff will be watching and listening to the person who is in secure isolation. The monitored observations will be recorded as outlined in the Behavioural Support Plan.

Where there are physical barriers such as walls/doors that impede observation and monitoring, video surveillance will be utilized for observation and monitoring purposes.

Where Secure Isolation or Confinement Time out is necessary, the approved secure isolation in the person's Behavioural Support Plan will be followed. The Behavioural Support Plan will include:

- The maximum amount of time a person can spend in Secure Isolation. Secure Isolation cannot exceed 24 consecutive hours.
- The earliest time it is safe for the person to be released from secure isolation.
- If after 24 consecutive hours, it is deemed unsafe to release the person from Secure Isolation or Confinement Time out, South-East Grey Support Services Staff will contact the Team Coordinator On-Call to appropriately plan the next steps to manage this situation.

Training

Where a Behavioural Support Plan exists those SEGSS Direct Support Staff shall receive training in the appropriate use of physical restraint in accordance with the Behavioural Support Plan if such exists. All SEGSS Direct Support Staff, and volunteers where appropriate, will be trained in the Behavioural Support Plan and the use of Behavioural Interventions described in the plan, where such a plan exists (i.e., with Supported Individuals who present "challenging behaviour").

All SEGSS Direct Support staff will be trained in Safe Management or an equivalent endorsed ministry program.

Third Party Review Committee

All Behavioural Support Plans containing provisions for Intrusive Behavioural Interventions will be reviewed at least twice a year. At least two reviews will be conducted by the support team and one additional review will be conducted by a Third-Party Review Committee. The Third-Party Review Committee will consist of at least two members of the public with knowledge of behavioural supports and who can comment on the efficacy of the plan and the interventions and that the plan and interventions are ethical and appropriate to the Supported Individual's needs and assessment and that they are in accordance with the legislation.

SEGSS will have at least one clinician member of the committee and will endeavour to find a psychologist, a psychological associate, a physician, a psychiatrist or behaviour analyst certified by the Behaviour Analyst Certification Board as that clinician member. The clinician member of the committee will be responsible for compiling a report annually on each plan which will be considered by the support team, an appropriate professional involved in the preparation or oversight of the plan and by the prescribing physician (for PRN medications). The committee's annual written review will address the efficacy of each plan and intervention and an assessment of the ethical use appropriateness thereof and compliance.



Policy Section:
Support Service Standards

Policy:
4.16 Abuse and Supported
Individuals

4.16

Effective Date:
August 10, 2023

Revision Date:

Board of Directors Approval:
August 10, 2023

PURPOSE

SEGSS is committed to the quality of life for individuals supported by SEGSS and will endeavour to provide a safe, nurturing and respectful environment. SEGSS will endeavour to maintain individuals' rights as referred to by the Canadian Charter of Rights and Freedom and the Ontario Human Rights Code.

POLICY

SEGSS shall ensure that all employees, volunteers and Supported Individuals have access to policies and procedures related to abuse and Supported Individuals, and shall receive the training, support and assistance necessary to take action in the identification, response to, and prevention of abuse and neglect.

SEGSS shall not and does not tolerate any form of abusive treatment. Abuse refers to any act or situation which may be physically, emotionally, psychologically, financially or sexually harmful, inappropriate or neglectful in nature. Behaviour which demeans or infringes on personal rights, dignity or places any individual's health and safety at risk within SEGSS shall not be tolerated.

Failure to comply with the above policy shall result in disciplinary action.

PROCEDURE

Definitions of abuse

Abuse is any action or behaviour that causes or is likely to cause physical injury or psychological harm, or both, to a person with a developmental disability, or results in or is likely to result in significant loss or destruction of their property and includes neglect.

- Sexual abuse is described as the unwanted touching of a person's sexual body parts. The lack of consent is the defining feature. It is important to note that the relationship between a supporter and a Supported Individual make it impossible for consent to exist. Sexual abuse includes the denial of a Supported Individual's right to engage in consenting sexual behaviour.
- Physical abuse is described as an act of assault or a threat of an assault, such as hitting, slapping and burning that cause or could cause actual physical injury or fear of physical injury.
- Verbal abuse is described as the use of demeaning language and name calling. Negative verbal depictions of disability or attractiveness are also forms of verbal abuse.
- Psychological abuse is described as constant criticism, insulting, threatening, degrading, humiliating, intimidating or terrorizing actions.
- Emotional abuse is described as the misuse of power in any way, to cause a Supported Individual to lose respect for themselves.
- Psychological and emotional abuse can also include the demeaning of faith or beliefs or the imposition of another's faith onto a Supported Individual.

- Financial abuse is described as the misuse, misappropriation or restriction of someone's financial assets for personal gain.
- Neglect is described as the failure to provide the necessities of life, such as food, clothing, shelter, care or supervision. Supported Individuals in care have a right to expect their basic needs will be met and that they will be provided with appropriate supervision for their age and their developmental needs.
- Exploitation is described as taking advantage of a Supported Individual's disability to trick or manipulate for personal benefit. This includes persuasion to do things that are illegal or that are not in the Supported Individual's best interest.
- Harassment is described as any comment, conduct or gestures that are insulting, intimidating, humiliating, malicious, degrading, offensive or discriminatory, towards a Supported Individual or group of individuals.
- Sexual harassment is described as any comments or conduct of a sexual nature that may cause offence or humiliation, regardless of your intent.

Protection from abuse, and prevention strategies

Individuals supported by SEGSS have the right to be protected from abuse, and if abused, the right to immediate support, protection, and treatment.

SEGSS will have preventative strategies in place, which will include but are not limited to:

- Providing mandatory orientation, staff training and annual review, for new employees and volunteers, of SEGSS philosophy of care and policies and procedures, including Abuse of Supported Individuals, the prevention, identification and reporting of such abuse.
- Attending a mandatory staff orientation to each posting for hours with a Supported Individual.
- Mandatory orientation and annual review of SEGSS philosophy of care and policies and procedures, including Abuse of Supported Individuals, the prevention, identification and reporting of such abuse.
- Mandatory education and awareness-building, and annual review, on abuse prevention and reporting for Supported Individuals.
- Annual review of policies and procedures by the Board of Directors, including Abuse of Supported Individuals, to be recorded in Board minutes.
- Initial and ongoing screening procedures, including sound interviewing and hiring practices, employment reference checks, and police record checks.
- Encouraging employees and volunteers to attend additional training opportunities relevant to their duties, as identified through individual consultation meetings, training or coaching sessions or Employee Reviews.

Reporting abuse

The health, safety and well-being of the individual should be the first priority. Immediate first aid and physician care should be sought for the abused individual;

a) Reporting criminal abuse to police

If abuse is alleged, suspected or witnessed that is criminal in nature it should be immediately reported to the police. In a situation where there is no direct evidence, but if an employee or volunteer suspects that a Supported Individual is being criminally abused, then the employee or volunteer should document the

incidents to determine if there is a pattern to the abuse. As soon as there is evidence that abuse is taking place then the police should be notified.

Once the police are informed of a case of alleged abuse, employees or volunteers should not continue to discuss the alleged abuse with the Supported Individual and should take care not to interfere with any potential evidence.

Anyone with knowledge about the incident, shall be available to police as a resource for information.

Should an employee or volunteer be required to be interviewed by the police, the employee shall only give factual information regarding the incident. At no time will the employee state his or her opinion or give subjective information about the alleged abuse or abuser.

At the request of the police, SEGSS may also assign someone to provide support to and, if necessary, act as an interpreter on behalf of the alleged victim if police request to investigate further and interview the alleged victim.

SEGSS shall not undertake an internal investigation until any police investigation is completed.

b) Reporting non-criminal abuse

If abuse is alleged, suspected or witnessed that is non-criminal in nature then the employee or volunteer should contact the Team Coordinator immediately and state the situation. Should the alleged abuser be the Team Coordinator, contact the Executive Director (or designate), or in the case where the alleged abuser is the Executive Director, contact the President (or designate).

The longer reporting abuse is delayed, the more difficult it will be to both ensure safety and deal with the situation effectively.

Internal reporting is a requirement in all cases of non-criminal abuse. A Team Coordinator or member of Senior Administrative Staff will meet with the person reporting the abuse as soon as possible. The employee or volunteer must complete and submit an incident report to the Team Coordinator or member of Senior Administrative Staff.

Appropriate external authorities, such as police or ambulance may be contacted as appropriate.

At any time, from the time an incident occurs, the Supported Individual, witness or reporting employee or volunteer may contact appropriate external authorities to the case, if deemed necessary and if not already reported.

SEGSS will investigate all situations which are reported.

It is the duty of all employees and volunteers to comply with the law in every respect and at all times.

It is SEGSS' intention and expectation that all cases of abuse and alleged abuse be reported immediately and investigated promptly.

[Supported Individual's Consent to notify others](#)

Before notifying other parties of the alleged abuse, SEGSS shall obtain the consent of the alleged victim. This consent does not apply to situations where there is evidence of criminal abuse; in such cases the police must be informed immediately, without exception and no consent is required. If the alleged victim provides consent, then the Team Coordinator should alert others in the vicinity of the situation if possible.

Protection for individuals reporting abuse

An individual reporting abuse will be supported throughout the process and will be protected from any repercussions as a result of reporting abuse. When the alleged instigator is in a senior position, employees will report to the next appropriate level of administration.

Management and investigation of alleged abuse or neglect

a) Employee responsibility Intervention

Intervene to ensure the person's immediate health, safety and well-being. Alert others in the vicinity of the situation if possible, subject to the Supported Individual's consent being obtained. Provide for immediate medical attention or first aid treatment but proceed with necessary caution to preserve any physical evidence.

b) Executive Director and Board Responsibilities

The Executive Director (the designate or President, in a case where the alleged abuser is the Executive Director), after receiving a report of abuse from either a Team Coordinator, or directly from an employee, volunteer or Supported Individual shall conduct the preliminary inquiry immediately or at least within 48 hours of receipt of the original report.

The purpose of the inquiry is to gather information regarding actual or alleged occurrences; review written reports from all victims, employees, volunteers, witnesses and persons and any other significant information having a bearing on the incident.

If the Executive Director and/or President are of the opinion that the matter should be referred to the police for a criminal investigation, such a referral shall be made.

The Ministry of Children, Community and Social Services [MCCSS] or other appropriate Ministries will be informed within one hour that a criminal investigation is underway. In situations where a serious occurrence is deemed to have taken place that does not involve the police or the wider community, the Ministry of Children, Community and Social Services will be informed within 24 hours.

Any inquiry from any outside agency, other than the police in the investigation of the allegation, regarding an incident of alleged abuse shall be referred to the Executive Director or designate.

Conduct towards the affected parties

All persons have the right to be heard if they believe they or someone they know has been mistreated. The person reporting alleged abuse and the allegedly abused will be kept separate from the person accused. Until an investigation can be held, the situation as described by the person reporting alleged abuse will be

supported. Any person who may have suffered, witnessed or reported abuse will be provided with support, protection and confidentiality.

The person reporting alleged abuse and the allegedly abused will be supported and assisted in obtaining an advocate of their choice, if desired. In all cases the wishes of the Supported Individual allegedly abused will be respected. When Supported Individuals cannot make their wishes known, a family member, friend or advocate will be notified by the Executive Director or designate.

The Team Coordinator or Senior Administrative Staff member will provide information to the alleged victim, advocate, family and employees, regarding resources available which may assist in dealing with abuse issues.

SEGSS shall provide a supportive, non-threatening atmosphere during the time when, or if a disclosure from the alleged abuser or victim takes place. The alleged victim's consent shall be required to record the alleged victim's disclosures and the purpose of the records shall be explained. In potential legal proceedings these records may be subpoenaed in a Court of Law.

It is not a support worker's role to investigate, other than asking open-ended questions to establish initially whether abuse might have taken place. Direct Support staff and volunteers should refrain from questioning or investigating allegations once there is any indication that abuse has occurred.

Await further instructions from the Police, Team Coordinator, Executive Director or designate, as appropriate. Do not discuss the incident with anyone other than the Team Coordinator, Executive Director or designate, as appropriate. The Team Coordinator, Executive Director or designate will inform the appropriate employees of the situation and will give direction as to what their responsibilities will be during and after the investigation.

All information shared will be at the discretion of the Team Coordinator, Executive Director or designate.

[Media contact](#)

All media contact should be directed to the Executive Director or President.

[Communication with the Board of Directors and the Ministry area office](#)

The Board of Directors and the Area Office of the Ministry of Children, Community and Social Services will be notified by the Executive Director (or designate) in writing of the incident within 24 hours of the notification.

[Follow-up](#)

The person reporting alleged abuse or the allegedly abused and/or their advocate are entitled to receive information as to the outcome of the investigation.

[The alleged abuser](#)

The alleged abuser will be removed immediately from close proximity to persons supported by SEGSS and employees to ensure everyone's protection.

Everyone is considered innocent until proven guilty.

An employee under investigation for abuse, will not attend work until the investigation by appropriate external authorities, and/or SEGSS' internal authorities has been completed, and SEGSS is satisfied that the matter has been resolved.

Should charges be laid against an employee alleged to have committed an offence, the employee will:

- a) Work in an alternative capacity, having no contact with Supported Individuals at SEGSS, or employees and volunteers directly involved with the case; or
- b) Not work but receive pay until resolution; or
- c) Not work and not receive pay until resolution.

Disciplinary action

Any instance of abuse or neglect of a person supported by SEGSS, by any employee will result in disciplinary action, as determined by the Executive Director, or designate, in consultation with the President.

Disciplinary action may include but is not limited to:

- Reassignment of the employee to duties which do not permit unsupervised access to individuals supported by SEGSS,
- Suspension from duties with pay,
- Suspension from duties without pay,
- Dismissal from employment.

If an employee or volunteer is convicted of abuse in a Court of Law, the person will be dismissed immediately.

If a Supported Individual at SEGSS is convicted of abuse, the individual will be required to review with family members, support circle members, the Team Coordinator, and the Executive Director, their SEGSS service contract or plan of action immediately.

Annual Abuse Prevention and Awareness Policy Review

SEGSS including the Board of Directors shall conduct an annual mandatory review of the prevention, identification and reporting of abuse and shall make changes to the policy as necessary.



Policy Section:
Support Service Standards

Policy:
4.17 Communication Binder

4.17

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE

To ensure consistent, clear, factual, comprehensive, and relevant communication for the benefit of individuals and staff, SEGSS and others authorized to review the information.

POLICY

Each home at which SEGSS provides primary supports shall be equipped with a Communication Binder in which staff shall promptly record relevant information.

PROCEDURE

Information and communication are vital in our endeavour to keep up with change and therefore, all employees are responsible for following the steps necessary to ensure proper communication.

SEGSS shall supply a Communication Binder at each home in which staff provide supports. The purpose of the Communication Binder is to share all pertinent information with regard to individuals, as well as to relay other necessary information to SEGSS staff.

To ensure information is presented in a consistent, factual, comprehensive and relevant manner, the following guidelines apply:

Provide a summary, identifying the following areas, each shift:

- Concerns, issues and regular observations (e.g. health, behavioural, etc.).
- Brief summary of individual's activity during shift.
- Changes in routine (e.g. individual's weekly outing cancelled).
- Appointments (overview of appointment, detailed information shall be entered in the individual's records; future appointments).
- Additional information that may be of benefit to the individual or staff (such as PRN medications).

The log reports since the employee's previous shift should be read at the beginning of each shift. Log reports are a legal document, and the following rules shall apply:

- Write legibly, in ink.
- Write accurately.
- Record concisely.
- Record events chronologically.
- Record information immediately or as soon as possible.
- All entries in the record should be made by the person who was directly involved in the event recorded.

- All entries should be dated and initialed or signed by the person who made the entry.
Correct any errors openly and honestly by crossing through, so that the original entry is still legible.



Policy Section:
Support Service Standards

Policy:
4.18 Planning

4.18

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

POLICY

SEGSS will support the development of an Individual Plan with every Supported Individual. The plans will take the form of either an Independent Facilitated Plan or and Individual Support Plan.

The plan will be reviewed at least annually with the Supported Individual, family, support network etc. where possible (as invited to the process by the individual) and will be updated as necessary.

All employees are expected to have a good understanding of the underlying values of planning.

Both forms of plan shall record:

- The date of the plan and updates
- Who was involved in developing the plan
- Short/long term goals of the Supported Individual & expected outcomes
- Other community resources required/accessed
- Actions required to achieve outcomes
- Any necessary safeguards to protect health, safety and security of individual, including decisions regarding the level of medications and financial supports.
- Roles & responsibilities of specific named persons
- Pertinent information from external documents such as the Application for Services; SIS Assessments, etc.
- Date for next review
- Amount of allocated resources.
- Specific funded supports.

Independent Facilitated Plans may refer to a separate agency document (possibly the Individual Support Plan) for the same information. This information shall also be recorded in an Individual Support Plan.

PROCEDURE

Each person involved with SEGSS will be supported and included as fully as possible to develop an Individual Support Plan and to participate in the annual review of their plan.

A plan may be developed through either a formal or informal process with the Supported Individual, and their family and friends (where the person chooses to have these people involved). The planning process will adhere to the SEGSS principles.

Any workers paid through SEGSS who are involved in the planning process will act only in a facilitative and supportive role to the Supported Individual and/or their family and support network who will make all the planning decisions.

Regarding the sharing of information SEGSS will ensure that a discussion takes place with the Supported Individual during the planning process and subsequent annual review to ascertain what specific information, with whom and in what specific circumstances it may be shared.

Where it is apparent that the Supported Individual does not agree with their family and support network regarding personal needs, goals and aspirations identified, SEGSS may have a role in mediating. The wishes of the Supported Individual are paramount.

During the planning process, Supported Individuals will be provided with plain language information on personal privacy, confidentiality and consent to collect, use or disclose information.

PURPOSE

SEGSS believes that person-directed planning provides the foundation for future action. Person- directed planning promotes social and community inclusion, independence, and self-determination.

Individual Support Plans


An Individual Support Plan is an individualized plan that outlines and prioritizes the long-term and short-term goals that Supported Individuals wish to address. Team Coordinators are required to complete these plans at specified intervals, with the participation of Supported Individuals, family and community members and support staff where appropriate. Individual Support Plans are intended to be “living documents” and the contents serve as a guide in the day-to-day work with Supported Individuals.

Independent Facilitated Plans

Independent Facilitated Plans are person-directed, meaning that the Supported Individual is always leading the process to the greatest extent possible. Independent Facilitated Plans are a means of assessing an individual’s opportunities in the context of their strengths and requirements, their preferences and choices, hopes and goals. The process involves a Facilitator who is independent of the agency, working together with the Supported Individual and the individual’s support network to develop a plan.

SEGSS is committed to the philosophy behind Independent Facilitated Planning and the goal is eventually to make such a plan available to all Supported Individuals at SEGSS.

Both forms of planning have a role within SEGSS.

	Policy Section: Support Service Standards	Policy: 4.19 Host Families	4.19
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Effective Date: October 21, 2010	Revision Date: June 15, 2017	Board of Directors Approval: June 15, 2017
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PURPOSE

Host Family is one residential support option available to people who have a Developmental Disability and are supported by SEGSS, that allow their needs and desires to be addressed in a personal and flexible manner. Community members share their homes and lives as a Host Family. The Host Family provides a supported person (Home-sharer) with support and companionship while respecting the person’s right to independence. As well as receiving support from the family, the Home-sharer may participate in some of the family’s daily routines and activities. This is a unique opportunity for someone who is willing to share a home and make new relationships and build community inclusion.

The goals of the Host Family option include fostering the individual’s:

- Independence
- Dignity
- Self-Determination
- Social Inclusion
- Community Participation

POLICY

The purposes of the Host Family Policy and Procedures are:

- To establish and maintain standardized systems for the approval, support, and monitoring of Host Families;
- To comply with applicable legislation such as Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, (SIPDDA) and Ministry of Children, Community and Social Services (MCCSS) Policy Directives for Service Agencies Regarding the Host Family Program (Revised - April 2016)
- To establish clear expectations in supporting persons living with a Host Family.

PROCEDURE

[Application and Approval Process for Host Family Providers](#)

a) Host Family Provider Requirements

Host Family Providers are persons who are willing to welcome an adult with a Developmental Disability as part of their family and who are able to provide the support needed for that person. Previous experience is not mandatory.

The Host Family Provider must:

- Be an adult (at least 18 years of age.)
- Demonstrate a secure financial status sufficient to meet the basic needs of the household and to make timely payment of shelter costs, utility bills and other debts.

- Be physically, emotionally, mentally, and socially able to provide a safe and stable home environment for the Home-sharer.
- Respect and support SEGSS's Mission, Vision and Guiding Principles and the Rights of the Individual
- Be willing to work cooperatively with SEGSS staff and other service providers/professionals to meet the spiritual, social, emotional, physical, and intellectual needs of the person as defined in the specific Host Family Agreement
- Meet the environmental needs of the Host Family Program
- Provide an acceptable criminal reference check, including vulnerable sector screen and Children's Aid Society check that has been completed within 3 months of applying to be a Host Family Provider
- Participate and complete required training
- Any other screenings and reference checks as deemed necessary by SEGSS

b) Host Family Provider Initial Inquiry

The Executive Director will ensure the completion of the Initial Inquiry form (Form SEGSS AF-Part 1) for anyone who has expressed an interest in becoming a Host Family Provider for SEGSS. This may be a phone call or initial visit with the interested person(s).

c) Host Family and Respite Host Family Approval Process

Documentation Requirements

The following documents must be provided:

- Three-character references completed by persons not related to the applicant. The Supervisor will complete the Host Family Reference form
- A criminal reference check, including Vulnerable Sector Screen, is completed for all adults living in the potential Host Family home
- Completion of an agency or other Children's Aid Society check
- Completion of the Host Family autobiography
- Signed consent to obtain medical reference from the Host Family Provider's family physician
- Signed Host Family Service Agreement
- Copies of Home/Tenant insurance, vehicle insurance and pet vaccination as applicable

Home Study and Inspections:

The Host Family Provider must successfully meet the home study requirements as defined by the MCCSS Policy Directives for Service Agencies Regarding the Host Family Program (Revised - April 2016). The Director of Services /designate will complete the initial home inspection and document on the Home Inspection form

Insurance Requirements:

Host Family Providers are required to provide confirmation of both valid home insurance and automobile insurance with a minimum of \$2 million-dollar liability.

Equal Opportunity:

SEGSS will support the principles of promoting equal opportunities for Host Family Providers without discrimination on the grounds of gender, race and ancestry, place of origin, colour, ethnic origin, citizenship, age, marital status, or family status.

Supporting Existing Relationships:

Where there is a pre-existing relationship between a person supported and a current or potential Host Family Provider, this will be considered in the approval process.

Conflict of Interest

The following must be adhered to:

- Parents and siblings of the individual supported are not eligible to become his/her Host Family Provider;
- Current or past employees of SEGSS may become a Host Family Provider and are required to meet all requirements as outlined under the MCCSS Policy Directives for Service Agencies Regarding the Host Family Program (Revised - April 2016).
- The Host Family Provider must inform SEGSS of any perceived or known circumstance that may constitute a conflict of interest between the Home-sharer or SEGSS. If SEGSS determines there is a conflict of interest, action will be taken to resolve the situation based on the individual circumstances.

Matching Process

Mutual Selection - Home Provider and Home-sharer

The matching process of prospective supported individuals with a Host Family is done with great care and this process may take time. SEGSS will determine the suitability of a potential match based on:

- Compatibility of interests, lifestyle and routines of both Home Provider and Home-sharer;
- Cultural and language considerations;
- The Home-Sharer's goals;
- Health and safety needs of the Home-sharer
- The Home-sharer's developmental, social, emotional, medical, spiritual, abilities, strengths and needs;
- Location of the Host Family relative to transportation options, recreational facilities, daytime activities, other services, etc.
- Location of the Host Family relative to the Home-sharer's natural supports.
- Physical attributes of the home and surroundings.

SEGSS staff will ensure that the specific care requirements and information regarding the Home-sharer, (e.g. likes/dislikes, daily routines, family dynamics, medical concerns, administering medications and behaviour interventions) and any other determining factors are documented.

a) Mutual Selection Process

- The preferences of the Home-sharer and/or the family/designate (e.g., location of the Host Family, gender, culture, religion) will be taken into consideration. If preferences cannot be met, the Home-sharer will be consulted, and alternatives discussed.
- The mutual selection process will only be initiated after the approved process is complete and Home-sharers have been deemed eligible by Developmental Services Ontario (DSO).
- When a prospective mutual selection is being considered, non-identifying information about the Home-sharer will be given to the Host Family Provider. Non-identifying information about the prospective Host Family Provider will be shared with the person and/or family/designate. Consent is required prior to sharing this information.
- Typically, an initial visit will take place in the prospective Host Family residence.
- Host Family staff must be present during this visit.
- Ideally, a placement plan will be developed for each Home-sharer. The frequency and type of pre-placement visits will be coordinated to meet the needs of the Home-sharer and the Host Family Provider. In the event of an emergency, pre-placement visits may not be possible.
- The Host Family Provider or the Home-sharer may discontinue the process at any time.
- If the supported individual is presently receiving service from another Home Provider, the retiring family may be asked to be involved in the process, to facilitate the transition for the person and to share information with the new Home Provider.
- Best practice is to provide the Home-sharer with more than one option so that they are given the opportunity to be the final decision-maker in the process.

b) Home Study Observation

SEGSS staff will complete detailed home study observation visits to assist in determining a match with a Home Provider and potential Home-sharer. These will include the completion of the Home Study and Observations form. These observation visits assist with understanding family relationships, decision-making, routines, activities, and readiness of all members of the home to become a Host Family.

[Orientation for Home-sharers](#)

Prior to placement in a Host Family, SEGSS staff will provide an orientation for the Home-sharer (and their natural family/designate where required). The orientation will include matters relating to SEGSS and the Host Family Program such as:

- Meeting and visiting potential Home Providers and other household members;
- Touring potential living space and community;
- The importance of developing healthy and effective relationships as a key attribute of a Host Family;
- Relationships, living arrangements, conflict resolution, and how to navigate cultural and lifestyle differences where these occur, and how to handle complaints with respect to the Home Provider;

- The roles/responsibilities of the Home Provider, Home-sharer, and SEGSS staff. The preferences of the Home-sharer and/or the family/designate (e.g., location of the Host Family, gender, culture, religion) will be taken into consideration. If preferences cannot be met, the Home-sharer will be consulted, and alternatives discussed;
- Emergency procedures including information on SEGSS on-call procedures.

Sign a Host Family Agreement

- SEGSS staff will provide an orientation to the Home-sharer of other required agency documents, not limited to but including:
 - SEGSS Rights of Supported Individuals.
 - Policy on Abuse – Reporting and Preventing Abuse
 - Policy on Privacy of Information and Confidentiality
 - Policy on Feedback and Complaints
 - Quality Assurances Measures
 - Policy on Serious Occurrences

Orientation and Training for Home Providers

The Host Family Program will provide an orientation for new Home Providers prior to placement. The orientation will include:

- A description of the Host Family Program, the roles and responsibilities of the Home Providers and Host Family staff.
- The importance of developing healthy and effective relationships as a key attribute of Host Family including the importance of creating and sustaining community involvement with the Home-sharer.
- Fostering and supporting the independence, dignity, self-determination, social inclusion, and community participation of the Home-sharer.
- Relationships, living arrangements, conflict resolution, and how to navigate cultural and lifestyle differences, where these occur.
- Emergency procedures including information on SEGSS on-call procedures.
- SEGSS staff will provide an orientation to the Host Family Policy and all other required agency documents, not limited to but including:
 - SEGSS Rights of Supported Individuals
 - Policy on Abuse – Reporting and Preventing Abuse
 - Policy on Privacy of Information and Confidentiality
 - Policy on Feedback and Complaints
 - Policy on Person Directed Planning
 - SEGSS Mission, Vision, and Guiding Principles
 - Policy on Serious Occurrence Reports

Process and expectations regarding ongoing monitoring and review procedures;

- Training requirements/opportunities.

- Process and expectations to determine amount and type of initial and ongoing supervision and support that will be provided, including backup supervision and emergency and planned respite.
- SEGSS will provide ongoing support to the Host Family as needed including transition support, community information and connection to other Host Families for advice and support.

Training of Home Providers

Home Providers will be required to participate in the following training:

- Mandatory training on abuse prevention, including sexual, emotional, financial, physical, exploitation, and neglect; identification and reporting.
- Mandatory orientation to SEGSS's mission statement, vision, guiding principles and rights of Supported Individuals with an annual refresher every year thereafter.
- Emergency First Aid/CPR
- Ontario Regulation 299/10, Quality Assurance Measures Training DVD, or handout.

Program Administration

a) Terms of Placement

- Typically, no more than two people will be placed in a Family Home. An exception may include situations where it is in the best interest of siblings to remain together in a Host Family. Exceptions may be made with prior written approval from the Executive Director. The Executive Director or designate will notify the Ministry of any exceptions or extenuating circumstances within 10 business days.
- Home Providers must sign and agree to the terms outlined in Host Family Service Agreement.
- Home Providers agree to provide reasonable accessibility of SEGSS staff to the Home-sharer and Home Provider, as appropriate.
- Home Providers agree to support the Home-sharer in maintaining close relationships with family and friends through assistance with phone calls, email, visits, and travel as needed.
- Home Providers agree to submit to reasonable measures taken by SEGSS staff to monitor the placement including scheduled and unscheduled visits and the completion of formal annual reviews, including access to the Home Provider's home at least once every 60 days and at least one unannounced visit per year.
- When meeting with the Supported Individual, who may be accompanied by a peer, friend, or family member as may be appropriate or requested by the Supported Individual. The opportunity will be provided for the Supported Individual to meet separately from the Host family, to receive feedback and address any issues the Supported Individual may have, in a personal and confidential manner.
- Home Providers must inform the agency prior to entering into an agreement with another agency regarding Host Family or Foster (adults and children) care type services.
- SEGSS will assist in the resolution of any concerns between the Home Provider and Home-sharer in a timely and respectful manner.
- Home Providers must notify SEGSS immediately of any serious concerns, injuries, or illnesses as outlined in Serious Occurrence Reporting (SOR) procedures.

a) Host Family Service Agreement

SEGSS, Host Family Provider, and Home-sharer will be required to sign and abide by the Host Family Service Agreement

b) Remuneration to Home

Providers Per Diem Rate

Every adult Home-sharer entering a Home option will have their need assessed. A Home Provider will receive a basic daily rate referred to as a per diem.

The Agreement outlines the following:

- Compensation based on a sliding scale of daily per diem rate (based on need) and the number of days of regular care routinely provided in the Host Family;
- The co-payment amount by the Home-sharer;
- The method and frequency of payment (e.g. Direct Deposit).
- Eligible expenditures incurred by the Home Provider will be reimbursed by SEGSS.

c) Cost to the Adult Home-sharer:

- Adult Home-sharers pay a predetermined per diem rate. This is based on the shelter component of their ODSP. The Home-sharer reimburses SEGSS monthly at the end of the month. Some Home-sharers may directly reimburse their Home Provider for their care when this is recommended as part of their Individual Support Plan.
- Adult Home-sharers pay those personal expenses related to travel, activities and purchased belongings as desired.

d) Emergency Termination or Temporary Service Interruption

- In the event of the termination or temporary interruption to a Host Family placement (E.g., emergency, illness, accident, self-discharge), SEGSS will provide the per diem rate for the actual support days received. Exceptional situations will be reviewed on a case-by-case basis.
- SEGSS may terminate the agreement at any time without written notice if cause or reason exists to believe that due diligence to ensure safe supervision of the person(s) in their care has not been provided. Remuneration will be provided as outlined in the Annual Agreement.
- SEGSS will work with the Home Provider and Home-sharer in the event of a change of circumstance where the Home Provider is unable to continue in their role.

e) Respite for Home Providers

- Home Providers are encouraged to plan and make use of opportunities for respite. SEGSS staff will work with the Home Provider to arrange for planned and emergency respite.
- SEGSS will allocate respite per Home-sharer as outlined in the Host Family Service Agreement (typically 24 days per year)
- Where respite is offered through regular visits with family and friends, this may replace the arranged respite. Where this occurs, it will be detailed in the agreement.
- Required initial screening and orientation will be done to approve respite providers. If the respite provider has not been active monthly, SEGSS will conduct a monthly home inspection prior to a respite

visit.

- The Accounts Payable clerk monitors and tracks the use of paid respite. When respite is provided, a request for payment is submitted by the respite provider to the Team Coordinator Support.

f) Personal Safety of the Home-sharer

- SEGSS will conduct and record home visit checklists at least every 60 days to ensure the safety requirements for fire, health, and water quality testing (as required) in the home for the Home-sharer. Any issues that arise through inspections will be addressed through a plan of action with the Host Family. This includes the physical verification of the residence and property to ensure the Home-sharer's living space is kept clean and safe. One of these visits per year will be unannounced.
- Home-sharer contact with the family and friends of the Home Provider is encouraged and will enhance the person's life. However, Home Providers must use appropriate discretion regarding these connections to safeguard the Home-sharer such discretion may be at the direction of the SEGSS Team Coordinator or Executive Director.
- Only persons approved by SEGSS to be Home Providers may provide overnight support or personal care to the Home-sharer.
- Should care be provided by someone outside of an approved Host Family, this should be reviewed and approved in advance by SEGSS staff and, where appropriate, the Home-sharer's family.
- SEGSS staff will meet with the Home-sharer at least quarterly and separately from the Home Provider to receive feedback from the Home-sharer on any issues the Home-sharer may have, in a personal and confidential manner. The Home-sharer may choose to be accompanied by a peer, friend, or family member.

g) Home-sharer Financial Supports

- SEGSS staff must ensure that each Home-sharer receives appropriate support with finances as per SEGSS policy on Supported Individual's Finance and Physical assets and as detailed in the Individual Support Plan. This includes the completion of direction from the Supported Individual on Personal Finances.
- Adult Home-sharers will have access to their financial resources (e.g., their bank account/ODSP funding etc.)
- When a Home-sharer requires assistance in managing their finances, expenditures made on behalf of the Home-sharer must be documented (i.e. receipts). Financial records must be reconciled as per SEGSS procedures for financial monitoring.
- Finances of the Home-sharer must be kept separate from the finances of the Home Provider.
- Personal budget planning for the Home-sharer is reviewed within the context of the assistance with management of finances identified in the Home-sharer's Individual Support Plan.
- Home Providers will assist the Home-sharer to take sufficient spending money for respite visits or visits to the natural family.

h) Re-assessment of Host Family Agreement

SEGSS may complete an updated Host Family Inspection along with the requirements contained in the Host Family Home Study document or other screening processes to determine the continued approval of Host Family Provider.

Under the following circumstances, SEGSS will re-assess the Host Family's suitability to continue to act as a Home Provider when:

- A new adult is living in the home. Any new adult living in the home must complete a criminal reference including a Vulnerable Sector Screen and CAS screen
- Primary Family Provider is unable to continue to provide adequate support to the Home-sharer.
- Relevant concerns are brought forward that may impact the safety of the Home-sharer.
- Change in physical location of the home.
- Move outside service boundaries.


In situations where the Host Family Provider moves outside SEGSS service area and the Home-sharer wishes to move with the Host Family Provider, SEGSS will notify the Ministry of Children, Community and Social Services (MCCSS) in writing through the MCCSS Program Supervisor. Considerations for such transfers will include choice, access to other community services and proximity to natural family (if applicable). SEGSS will work with all parties to assist in a transition plan for such circumstances.

i) Ongoing Support and Facilitating Contact

- SEGSS will ensure that ongoing support is provided to the Host family as needed. This may include transition support and community information. The ongoing support and oversight that SEGSS provides to Supported Individuals and Host-Families helps to build and maintain relationships. Ongoing support and oversight are also important in promoting and ensuring the well-being of all involved in the Host-Family placement.

Concerns and Complaints

Concerns or complaints brought forward by a Home-sharer or family/designate will be addressed using SEGSS Feedback and Complaint policy.

	Policy Section: Support Service Standards	Policy: 4.20 Monitoring Third Party Contractors	4.20
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE


To ensure that SEGSS standards of service, safety and conduct are adhered to by third party contractors acting for or on behalf of SEGSS.

POLICY

All contracts for services provided to or on behalf of SEGSS shall be written contracts and shall state that the contractor or service provider shall abide by SEGSS policies. The contract shall make provisions for actions or remedies in the event that the contractor or service provider fails to follow the applicable policies and standards. During orientation, the contractors’ or service providers’ attention should be particularly drawn to policies governing Privacy, Health and Safety and Quality Assurance Standards contained in Services and Supports to Promote the Social Inclusion of People with Developmental Disabilities Act 2008 Regulation 299/10.

PROCEDURE

A SEGSS staff member shall be designated to provide orientation for, liaise with and monitor any such contractors or service providers to ensure that SEGSS policies are followed. This role may be delegated. In the event that a contractor fails to follow the applicable policies or standards then SEGSS will have recourse to such action or remedy as is provided for in the contract.

	Policy Section: Support Service Standards	Policy: 4.21 Access to Services	4.21
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To state clearly the eligibility criteria for SEGSS supports.

POLICY

Access to services provided by SEGSS shall be determined via application to the provincially appointed application entity.


Eligibility for supports from SEGSS is not intended to be restrictive or limiting. However, the agency’s supports are designed and funded to respond to the needs of individuals with an intellectual disability. Therefore, an individual who has an intellectual disability is, in any case, eligible for SEGSS supports, although careful consideration is always given to match the needs of the individual with the supports provided by SEGSS.

Individuals shall not have eligibility or admission to any SEGSS supports denied based upon any of the following:

- Secondary support issues
- Diagnoses (such as mental health issues)
- Physical disabilities
- Health related issues

PROCEDURE

Access to services provided by SEGSS shall be determined via application to the provincially appointed application entity. Such applications may be submitted with the assistance of SEGSS.

	Policy Section: Support Service Standards	Policy: 4.22 Consent to Supported Individuals	4.22
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To ensure that proper consent has been obtained from a competent individual regarding the provision of services and the obtaining and disclosure of information, to protect individuals receiving support and to comply with prevailing legislation.

POLICY


All matters concerning the obtaining of consents for the provision of services shall be implemented in accordance with the prevailing legislation.

PROCEDURE

Valid written initial consents shall be obtained in advance of the commencement of service for:

- Provision of services
- Obtaining of information
- Disclosure of information

Such consents are to be retained on the individual’s file. Consents will be limited to one year, be specific to the information that may be obtained or disclosed and for what purpose the information may be used. Additional written consent must be obtained and kept on file in specific situations not covered by initial consents.

	Policy Section: Support Service Standards	Policy: 4.23 Continuity of Care	4.23
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE:

To ensure that South-East Grey Support Services has a developed plan in place for continuity of care in case of emergency.

To provide an immediate safe and proactive response to emergency situations.

To provide a guideline, and not a ‘one and only’ method of procedure.

POLICY:

The policy section of continuity of Care is under review.

PROCEDURE:

All SEGSS properties require an Emergency Preparedness Binder. These binders, along with first aid kits, can be found at the North & South Administration Offices as well as each SEGSS property. The binders include the following information,

- Emergency Procedure
- Medical Emergency
- Fire procedure
- Evacuation Routes
- Severe Weather
- Tornado
- Extended Power Outage
- Flood
- Blizzard/Ice storm
- Transportation
- Missing Persons
- SEGSS Contacts

Staff shall follow the directions and guidelines of the Emergency Preparedness Binder upon emergency to ensure continuity of care, per prevailing legislation.



Policy Section:
Support Service Standards

Policy:
4.24 Use of SEGSS Vehicles

4.24

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE

To ensure the safe and proper use of SEGSS vehicles and to ensure that SEGSS vehicles remain available for those who need to use them in the line of work.

POLICY

SEGSS will provide vehicles for use by staff as required in the performance of their employment. The vehicles and associated documentation will be maintained by SEGSS in accordance with the prevailing legislation, and staff using the vehicles will assist SEGSS by noting any maintenance requirements and by using the vehicles in accordance with the procedures set out below.

PROCEDURE

VEHICLE BOOKINGS

Standing vehicle orders shall be approved by a Team Coordinator. One-time bookings for vehicles should be made at least one day in advance when practical.

If a vehicle is booked (standing order or one-time only booking) and staff no longer require the vehicle, staff should call the office to cancel the booking so that the vehicle is available to other staff.

PARKING LOT

Vehicles should be returned to the appropriate designated parking space. Vehicles should not be left running or with keys in the ignition. When using a SEGSS vehicle, staff are to park their personal vehicle in the designated spot of the SEGSS vehicle while in use.

VEHICLE LOG

The vehicle log should be completed at the beginning and end of every trip.

Where a Supported Individual has a standing order for a vehicle, then the Team Coordinator should designate a member of that Team to collect and return completed vehicle logs to the South Administration Offices on a regular basis.

GASOLINE PURCHASES

Gasoline may be purchased for SEGSS vehicles at designated gasoline stations.

Staff will sign their name and record the vehicle number on the sales slip, and will record, on the vehicle log sheet, the dollar amount of the gas purchased and where it was purchased.

Vehicles should be left at the end of a booking with a full tank of gas if at all possible, and in any case not less than half full.

VEHICLE SAFETY & MAINTENANCE

Staff using SEGSS vehicles shall make a visual inspection of the vehicle before every trip, paying particular attention to tires, lights, windshield, washer fluid and wiper blades.

The staff using a SEGSS vehicles are responsible for making sure that the documentation for both the vehicle and for staff is in order prior to using a vehicle.

At the end of a booking, staff should ensure that they have cleaned up all garbage from the vehicle and removed all personal belongings.

SEGSS shall not be responsible for loss of personal property left in SEGSS vehicles.



Policy Section:
Support Service Standards

Policy:
4.25 Personal Use of SEGSS
Vehicles and Assets

4.25

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE


To provide an amenity to staff when deemed appropriate, while promoting a reciprocal and respectful relationship with SEGSS.

POLICY

SEGSS vehicles and assets will be available to staff for personal use, noting that use of the vehicles for work will always take priority. Use of SEGSS vehicles and assets are subject to a commitment from staff using these amenities to provide volunteer hours at SEGSS events and functions or in some other way agreeable to the parties.

PROCEDURE

Staff using SEGSS vehicles and equipment for personal use must make a commitment to assist with SEGSS events or functions by providing volunteer hours or some other benefit by agreement with a SEGSS Team Coordinator or member of the Administrative Team.

	Policy Section: Support Service Standards	Policy: 4.26 Environmental Consideration	4.26
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To benefit staff, SEGSS and the environment.

POLICY

All employees and volunteers should strive to demonstrate good environmental stewardship at all times. In particular, employees and staff will implement the individualized Environmental Consideration Policy developed by each Team.

PROCEDURE

Each Team at SEGSS will ensure Environmental considerations are in place with the purpose of promoting good environmental stewardship, having due regard for the needs and wishes of the Supported Individual.



Policy Section:
Support Service Standards

Policy:
4.27 Standard Operating
Procedures

4.27

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE

To comply with prevailing legislation.

To ensure that SEGSS staff are aware of safe work practices.

To protect from injury Supported Individuals, SEGSS staff and the general public.

POLICY

SEGSS is committed to create a safe and productive work environment and allow for efficient management of an emergency situation.

Standard operating procedures shall be developed for each location that will address how to prevent injuries from the general hazards that may be present at each location. Procedures shall deal specifically with storage and use of hazardous equipment and use of personal protective equipment.

Some Specific Situations:

General Housekeeping

- Be aware of the hazards such as tripping, slipping, falling, fire, puncture wounds, blocked exits and using faulty equipment and materials.
- Keep aisles, hallways and passageways clear.
- Clean up any spills that may occur immediately and alert others of the hazard.
- Clearly identify any unavoidable hazard.
- Place garbage, needles, glass, etc. in the designated disposal containers promptly.
- Empty garbage containers regularly.
- Use special garbage containers to dispose of any oily rags or any other flammable materials.
- Make sure that fire extinguishers, alarms and exit doors are clearly marked and free from obstructions.
- Always wear proper footwear. During the winter months, bring indoor shoes so that boots can be left by the front door.
- Electrical cords should never extend across corridors that are busy with traffic and if they must extend across a floor (on a temporary basis only), they should always be taped down.

Lifting and Handling

- Improper lifting and handling of objects may result in injuries to an employee, including sprains, strains, cuts, bruises or fractures.
- If you are going to lift an object or a person, assess the load before attempting to lift it. Get help if you feel the

object is too heavy.

- Plan your lift, clear your route and ensure the path you are taking is clear.
- Bend your knees, keeping your back as straight as possible. Do not twist from the waist when handling a load, move your feet to change direction.
- Position your feet for balance. Place one foot ahead of the other, about shoulder-width apart. Use leg muscles, keeping your back as straight as possible.
- Make sure you have a firm grip on the object.
- Do not make jerking or jolting motions.
- Keep your arms and the object close to your body.
- Have a clear view and clear footing when moving objects.
- Wear appropriate/supportive footwear.

Shelving

- Unstable shelves or materials falling from shelves are a source of concern because they may cause or contribute to an injury.
- Store all projecting materials above everyone's eye level.
- Do not overload shelves.
- Store heaviest materials on middle shelves.
- Never climb on racks or shelves.
- Segregate materials that may create a fire hazard.
- Check shelves frequently and establish maintenance procedures as required.

Ladders

- When cleaning walls or changing curtains, stand on a good stepladder. The use of beds, chairs or bathtubs for this purpose is not acceptable.
- Ladders and scaffolds must comply with the appropriate regulations of the Occupational Health and Safety Act.
- Before climbing a ladder, inspect the ladder to ensure that it is not defective. If a ladder is defective, tag it with a sign informing others and remove as far from the scene as is practical.
- Do not use a ladder that does not have non-slip feet.
- Put the ladder up correctly. The base of the ladder should be approximately one foot out from the wall for every four feet of height. Ensure that the ladder is set up on a flat, level surface.
- Face ladder when ascending or descending. Use both hands and be cautious at all times.
- Do not reach out while on the ladder but rather, move the ladder.
- Never stand higher than the third rung from the top.

Electrical Equipment

- No one is permitted to make changes in electrical wiring or do any electrical repair work without having

professional training.

- Report electrical trouble or defective equipment immediately to your Team Coordinator for further action.
- When operating electrical equipment, you must stop it with the stop button; never with the disconnect switch.
- Always unplug electrical equipment when it is not in use.
- Unplug holding the plug. Do not pull from the wire.
- Be very cautious if you are opening a switchbox or a fuse box to change a fuse.
- Do not attempt to repair any plugged-in electrical equipment; unplug it first.
- Always, if you discover a loose, exposed or fallen electrical wire, do not touch it. If it poses a danger to anyone else, then guard it yourself and have someone report it to the Team Coordinator immediately.
- Never leave a light socket empty.
- If you suspect a live wire, staff should vacate with Supported Individual and contact a Team Coordinator.
- Never spray water on electrical equipment.
- In the case of an electrical fire, use only the dry powder fire extinguishers.

Faulty Electrical Equipment

- If any electrical equipment is found to be defective the following procedure must be followed:
- If the equipment/appliance can be easily moved (e.g. toaster):
 - It should be taken out of the area, placed in the staff office with a sign placed on it: DO NOT USE.
 - A Team Coordinator should be advised as soon as possible.
- If the equipment/appliance cannot be moved (e.g. stove).
 - A sign should be placed on the equipment/appliance immediately: DO NOT USE.
 - An available Team Coordinator or the Team Coordinator On-Call should be advised as soon as possible.

Portable Tools & Equipment

- Whenever you are cutting materials with power tools, ensure that you are wearing safety glasses or goggles.
- Do not use frayed extension cords. Use only three-pronged cords. Do not try to repair frayed cords.
- Never use electrical equipment like saws or drills near flammable materials.
- Never use equipment that is missing or has out-of-place safety guards, loose handles or loose or worn jaws.
- Be extra cautious when using electrical tools overhead or on ladders.
- When using woodworking tools, be careful that you do not wear any clothing that could be tangled in the machinery.
- Return all tools and electrical equipment to their correct storage place.

Garbage Collection

- Gloves should be worn when handling garbage cans and containers.
- Watch for broken glass or sharp objects when disposing of garbage.

- Garbage must never be packed down with bare hands.
- Garbage must not be left in hallways, storerooms, etc.
- Garbage should be properly placed in garbage cans.

Broken Glass

- To prevent injuries, all broken glass must be swept up immediately using a brush and dustpan.
- To prevent injuries, all broken glass must be safely disposed of in a labelled designated container or a hard substance container.
- Loose glass must never be placed in a regular garbage bag.
- Chipped china and glassware must be discarded immediately in the same manner.


Grounds keeping

When mowing:

- Always clear area of debris such as stones and branches;
- Do not cross graveled area while the blades are moving;
- Do not mow when it is raining;
- Do not mow wet grass;
- When refueling, always turn the engine off first;
- Never try to make adjustments or unclog the motor when it is not shut off or unplugged;
- In strong sun, wear protective sunglasses, hat and skin protection.

When doing snow removal:

- Always wear warm clothing including gloves;
- Watch your back - do not overload your shovel with snow and then try to lift it.

	Policy Section: 5. Human Resources	Policy: 5.1 Privacy	5.1
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To ensure that the personal information and personal health information records comply with prevailing legislation.

To establish rules for the collection, use and disclosure of personal information, including health information about individuals, that protect the confidentiality of that information and the privacy of individuals with respect to that information, while facilitating the effective provision of support.

To maintain and organize personal records insuring consistency and completeness.

To facilitate the rights of individuals with access to personal health information about themselves.

To promote awareness of personal and health records policies and procedures among SEGSS employees.

To ensure that individuals’ personal information is treated as private by staff.

POLICY

SEGSS shall protect the privacy of information about individuals receiving support. This applies to information forming part of the individual’s records and informal personal information acquired during the course of employment. As part of the responsibility to protect information, SEGSS shall provide training regarding its policies and procedures and should review these with staff, Board members and volunteers annually. A member of SEGSS staff should review the privacy and confidentiality policy as it pertains to individuals receiving support with individuals, family members and guardians annually.

SEGSS shall comply with prevailing legislation in the creation, maintenance, retention, and disclosure of client records.

Informed consent shall be obtained from any individual, or their family member or guardian regarding the collection and release of information to persons not otherwise authorized to receive it.

PROCEDURE

Informed written consent of the individual, family member or guardian is required for the collection of personal information and the release of information to persons not otherwise authorized to receive it. Informed consent means that the individual, family member or guardian is able to understand the nature of the material for which they are consenting release.

SEGSS shall maintain records for each individual being supported by SEGSS. Each record shall contain the following, where available:

- Application for Developmental Services & Supports
- Supports Intensity Scale needs assessment
- Individual Support Plan
- Assessors Summary Report

SEGSS shall retain all records in an individual's file for at least twenty years after the individual ceases to receive supports from SEGSS and at least seven years after the death of a Supported Individual.

SEGSS shall take all reasonable precautions to ensure that individuals' records, either written or digitalized, are protected from accidental or intentional access by unauthorized people, from unauthorized, accidental or intentional modification or destruction.

All individuals' information shall be retained in a secured area or locked cabinet. Records shall not be left unattended in areas accessible to unauthorized individuals.

All individuals' information being sent through SEGSS internal communications or being sent externally should be secured in an envelope labelled "confidential", or in the case of electronic communication, must be clearly marked as such.

Staff shall be required to sign a confidentiality statement upon initial employment by SEGSS. Staff shall not divulge any personal information regarding individuals, whether learned through the individuals' records or informally in the course of employment, except as required in the course of employment.

SUPPORTED INDIVIDUALS' ACCESS TO RECORDS

All information provided by SEGSS should be specific in nature.

SEGSS shall facilitate the rights of individuals to access their information. Such access must be specific in nature and should always be in the best interest of the individual.

Only those who are directly involved in the care, treatment or training of an individual shall have access to a Supported Individual's record unless specifically authorized by the Supported Individual, their family member or guardian.

Designated Ministry representatives shall have access to client records as required by legislation.


Where an individual requests access to their record, then SEGSS shall, within thirty days of receiving the request:

- Give the individual access to their record.
- Notify the individual that if SEGSS refuses to give him or her access to part or all of the record, stating the reasons for the refusal, and give the individual access to the rest of the record or, notify the individual that the request does not apply to the record or that the record does not exist, if that is the case.

A notice of refusal of access shall contain a statement of the individual's right to request a review of the matter with the Executive Director.

Every disclosure of all or part of a Supported Individual's record shall be noted and form part of the individual's records.

No person shall disclose personal information in contravention of the Freedom of Information and Protection of Privacy Act, 1987.

	Policy Section: Human Resources	Policy: 5.2 Privacy and Confidentiality of Information	5.2
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

INFORMATION INQUIRIES

All employee information inquiries are to be referred to a Director of Human Resources (or designate).

REFERENCE CHECKS

External requests for information about current or former employees (subject to appropriate consents) shall be dealt with by the Director of Human Resources (or designate) as follows:


- Employment dates and job titles are not confidential and may be supplied.
- Rates of pay and, for former employees, terms of separation are confidential and shall not be provided.
- If the inquirer provides the information, it may be confirmed or denied but not corrected.
- An inquirer may ask if SEGSS would rehire a former employee. A considered "yes" or "no" may be given. If the response is "yes", positive comments on performance may be made. If the response is "no", no comment whatsoever shall be made.
- All letters of reference representing SEGSS must be reviewed by the Executive Director prior to release.

ATTEMPTS TO CONTACT STAFF

When a request is made for a staff address or phone number, the inquiry will be handled as follows, regardless of the apparent urgency or legitimacy of the request:

The inquirer should be asked to provide their name and contact information and will be told the following:

The staff member will be contacted and given the name and contact information of the person making the request; it will then be up to the staff member to follow up at their discretion.

	Policy Section: Human Resources	Policy: 5.3 SEGSS Email Addresses	5.3
	Effective Date: February 21, 2019	Revision Date:	Board of Directors Approval: February 21, 2019

PURPOSE

Our South-East Grey Support Services (SEGSS) email policy is intended to help employees use their assigned email address appropriately when communicating. Email is essential to our everyday jobs and work that we do, and we want to ensure that our employees understand the reasons, including any limitations, of using their agency email accounts.

Our overall goal is to protect our confidential data from breaches and safeguard our reputation and technological property and to provide a more effective system for overall communication and processes.

Every employee is required to follow the SEGSS email policy and procedures. This policy is also required to be used in conjunction with other SEGSS policies and procedures, including, but not limited to, our Code of Conduct, Standards of Conduct, Confidentiality, Privacy, and Consent. A breach of these policies or procedures, could lead to progressive discipline including termination of employment.

POLICY

This policy applies to all employees or contractors/partners on contract, who are assigned (or given access to) an agency email address. This email address will be assigned to an employee (e.g. employeename@segss.com) or department (e.g. accounts@segss.com)

Agency email addresses provide for powerful communication tools that help employees in their jobs. Employees should use their agency assigned email address primarily for work-related purposes. However, freedom to use their SEGSS email address for personal reasons is not restricted, if the use is not in appropriate as listed.

Defined is what constitutes inappropriate use when corresponding with a SEGSS email address.

Our employees represent our agency whenever they use their agency assigned email address and must not,

- Sign up for illegal, unreliable, disreputable, or suspect websites and services.
- Send unauthorized marketing content, solicitation or unwanted emails to other employees or other contacts.
- Send emails, representing SEGSS to the Supported Individual’s family, medical or other contacts or agency affiliates, without consent from the Team Coordinator, Director of Human Resources or Executive Director.
- Register for services unless authorized.
- Send insulting or discriminatory messages and content.
- Intentionally spam other employees or other contact person’s emails
- Disclose your password to anyone.

PROCEDURE

Employees are expected to check their agency assigned email on a consistent basis, to ensure effective communication. This is where all information will be generated to and from our agency for active employees

or employees on an approved leave of absence (including, but not limited to SEGSS communication, job postings, employee benefits info., training and general correspondence from teams). When an employee no longer is employed by SEGSS, the employee access to the SEGSS email will be removed.

The authorization, understanding and acceptance of our SEGSS email policy, will be reviewed upon hire of a new employee and then annually thereafter with the Policy and Procedure document. This document will be retained in the employee's file.



Policy Section:
Human Resources

Policy:
5.4 Contract of Employment

5.4

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE

To set out the general terms of employment for each employee in a consistent manner and to assist each employee to understand the expectations of their job.

POLICY

Each newly hired employee shall be provided with and required to sign an Employment Contract prior to commencing employment. Employment Contracts will normally be for a term of one year and upon contract end date will be renewed. New contracts may be negotiated at the appropriate time.

PROCEDURE

The Employment contract shall address the following factors:

- The name of the organization
- The name of the employee
- The position title
- The start date or period of contract/employment
- The position purpose
- The termination clause (as per legislation)
- The position requirements
- The responsibilities of the employee
- The reporting relationship
- The specific qualifications for the position
- The initial pay rate (probationary and post-probationary where applicable)
- Vacation entitlement
- Schedule of benefits and compensation

The employee should review all of the information carefully and, if satisfied that the details of the contract are correct, sign and date the document. The document shall also be signed and dated by the Director of Human Resources and the Executive Director. The employee shall be provided with a copy of the contract and another copy shall remain on the employee’s personnel file.

Note that all employees must be prepared to work evening and weekend shifts as per the needs of the position or contract requirements and when possible, to provide ad hoc coverage as required.



Policy Section: Human Resources		Policy: 5.5 Job Postings	5.5
Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	

PURPOSE

To ensure the efficient communication of employment opportunities at SEGSS and to provide equal access for staff to apply for postings.

To ensure that internal postings are dealt with in an objective, fair and consistent manner.


POLICY

SEGSS will make every endeavour to communicate all new postings for hours of employment to all employees in a timely manner.

PROCEDURE

When new hours of support are identified then the hours will be posted for approximately 5 days (a shorter period where the situation requires it) and communicated via the main bulletin board and via notice to each employee in the form of a memo or email, as per each employee's indicated preference.

Employees may apply for a posting by completing a posting application form and forwarding the application to the Director of Human Resources.

	Policy Section: Human Resources	Policy: 5.6 Selection for and Allocation of Internal Postings	5.6
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To ensure that internal applications are dealt with in an objective, fair and consistent manner.

POLICY

The selection process will be:

- Fair and consistent, subject to the requirements of the Supported Individual.
- Transparent as possible, having regard to the privacy of individuals and staff.
- In accordance with prevailing legislation.

PROCEDURE

A round table of the Director of Human Resources and Team Coordinators will be convened to review the applications giving consideration to the following:

- A match with the Supported Individual, including existing relationship with the individual
- Ability to provide the required supports, including job-specific experience
- Quality and years of service experience at SEGSS
- Ability to bring additional benefits to the individual, including general life experience
- Reliability, including method of transportation and distance to location
- Performance record and Employee Reviews
- Availability and existing commitments

Note that, although availability and existing commitments are considered as part of the selection process, it will not adversely affect an application when a successful outcome would require the applicant to give up an existing commitment to another Supported Individual or position.

If no applications are received for a posting then allocation of the posting will be at the discretion of a Team Coordinator, the Director of Human Resources, or the Executive Director by agreement with the Direct Service Worker. In this case, all Direct Service Workers with an Administrative Contract will be eligible to be considered for the posting, including staff still on probation.

In all cases the Supported Individual and/or their family, when appropriate, should have an opportunity to provide input into the selection process.

Following the round table process, all applicants will be notified of the outcome and given a brief explanation of the decision. Applicants may request a debrief with the Director of Human Resources, however the decision of the panel is final, and any discussion will be limited to the applicant's own situation.



Policy Section: Human Resources		Policy: 5.7 External Postings	5.7
Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	

PURPOSE

To ensure continuity of service.


POLICY

Where there are no internal applications within the posted timeframe, or where there are no applicants satisfying the posting requirements then the posting may be advertised externally.

For some positions the postings may be advertised internally and externally concurrently.

PROCEDURE

After the timeframe for internal applications has expired, if necessary the posting will be advertised externally in the appropriate media. In some circumstances, such as senior positions, this may occur concurrently with the internal posting, in which case this fact will be indicated on the internal posting.

	Policy Section: Human Resources	Policy: 5.8 External Hiring Policy	5.8
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

(including Board members and volunteers where applicable)

PURPOSE

To ensure that external applications are dealt with in a fair and consistent manner.

POLICY

The selection process will be:

- Fair and consistent, subject to the requirements of the Supported Individual.
-
- Transparent as possible, having regard to the privacy of individuals and staff.
- In accordance with prevailing legislation.

PROCEDURE

APPLICANTS FOR EMPLOYMENT

The Director of Human Resources will forward to the Team Coordinators, a list of applicants who, based upon the applications submitted, are deemed the most appropriate to be offered an interview, in terms of:

- A match with the Supported Individual, including existing relationship with the individual
- Ability to provide the required supports, including job-specific experience
- Ability to bring additional benefits to the individual, including general life experience
- Reliability, including method of transportation and distance to location
- Availability and existing commitments
- Job-specific qualifications

Selected applicants will be invited to interview with a panel consisting of at least two interviewers from the following: The Executive, Director, a Team Coordinator, and the Director of Human Resources. In some cases, the interview panel might include an additional Team Coordinator. For senior administrative positions members of the Board of Directors might also be present on the panel. All interviews for one posting should be conducted by the same panel.

Following the interview, successful applicants will be notified of the outcome. An offer of employment will be conditional upon receipt of satisfactory employment and personal references along with any necessary statutory documentation.

Unsolicited applications will not necessarily receive a response.

EXTERNAL APPLICANTS FOR EMPLOYMENT, BOARD POSITIONS & VOLUNTEERING

All appointments will be conditional upon:


- Providing satisfactory employment references
- Providing a satisfactory vulnerable sector screening check (shadowing duties only until the vulnerable sector screening check is completed)
- Providing a satisfactory medical certificate (Direct Service Staff only)
- Signing a confidentiality statement regarding privacy of protected information pertaining to individuals receiving support and to SEGSS
- Signing a “protection from harm” form
- Providing a copy of driving license and confirm certificate of motor vehicle insurance with appropriate level of coverage (where applicable).

Except in the case of vulnerable sector screening and SEGSS medical certificate, all costs are the responsibility of the applicant.

EXTERNAL APPLICANTS FOR EMPLOYMENT AND VOLUNTEERING

All successful applicants shall be required to:

- Attend SEGSS orientation
- Learn about the SEGSS philosophy of service
- Undergo specific training (e.g. first aid, medication handling, equipment handling, shadowing with individuals to be supported etc.)

	Policy Section: Human Resources	Policy: 5.9 Orientation	5.9
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To welcome new staff with an introduction to SEGSS philosophy of support and all that the agency represents and espouses.

To ensure that SEGSS policies are understood and followed in order to maintain a healthy, safe and positive environment for staff and Supported Individuals.

To assist new staff to integrate into the work environment quickly while minimizing stress.

To assist SEGSS in providing support to individuals by employing staff to their full potential.

POLICY

All new staff shall receive SEGSS orientation.

PROCEDURE

All new Direct Support staff, administrative staff, and volunteers, other than Board of Directors, shall receive an orientation package upon accepting employment at SEGSS. Orientation will take the form of familiarization with the orientation package along with at least two half day orientation sessions with the Director of Human Resources and a Team Coordinator, aimed at informing the new staff regarding SEGSS philosophy, geographical orientation and initial training (medications, emergency procedures, policies and procedures, money handling, shadowing etc.).

Members of the Board of Directors will receive orientation in accordance with the Board Manual (currently under development).

Orientation should start no later than one day before the new staff will start their regular employment duties, including shadowing, and should be completed within two weeks of the first orientation day.

The orientation package shall contain the following information, plus any additional information that SEGSS deems appropriate:

- SEGSS Policies and Procedures Manual
- Human Resource requirements
- Personal Reference Check
- Medical certificate
- Vulnerable Sector Screening check
- Administrative contract
- Job postings

- Postings delivery preference
- Personal information sheet
- Emergency procedures
- Time sheets
- Rate of pay
- Benefits
- Personal expense claims
- SEGSS Philosophy
- Mission Statement
- Respecting the people, we support as our employers
- Choice/risk/dignity of risk
- Team goals, action plans, self-directed goals
- Community as the focus
- Team meetings
- Networking
- Normalization
- Framework Process

Each staff member shall sign and date a record of orientation confirming that they have received the prescribed orientation, to be kept with the staff personnel file.

Each member of the Board of Directors shall receive annual training on the SEGSS Policies and Procedures Manual and shall sign and date a record of orientation confirming that they have received the prescribed orientation. Member of the Board of Directors do not have direct contact with persons with developmental disabilities in the fulfilment of their duties on the Board. Members of the Board who have family members with developmental disabilities, or who support individuals with developmental disabilities by arrangement with other parties or agencies, are not required to undergo orientation other than that required for any member of the Board of Directors.

	Policy Section: Human Resources	Policy: 5.10 Shadowing	5.10
	Effective Date: October 21, 2010	Revision Date: October 29, 2019	Board of Directors Approval: October 29, 2019

PURPOSE

To provide Direct Service staff with support team orientation.

To ensure that the Supported Individual is supported by a Direct Service staff who is oriented to the Supported Individual’s needs.

To introduce prospective new team members and Supported Individuals to each other, ensuring that there is a good match between them.

To allow current team members to have time off for planned vacations or emergency coverage. This will ensure consistent coverage for support needs.

To familiarize Direct Service staff, new to a team with an individual’s support needs including specific needs for health, well-being, and daily/weekly routines.

To meet Ministry of Children, Community and Social Services (MCCSS) compliance requirements.

POLICY

SEGSS will ensure that Direct Service staff and Supported Individuals are provided with the opportunity to meet through shadowing prior to staff supporting an individual on their own.

PROCEDURE

Team Coordinators will identify potential matches between Supported Individuals and Direct Service staff. Team Coordinators will then designate current members of the team to shadow prospective new staff to the support team during an existing shift. Ideally shadowing will occur on at least two separate shifts at different times and with different current team members.

The current team member will familiarize the prospective team member with the Supported Individual. The new staff is required to become familiar with the specific needs of the Supported Individual to include but not be limited to: medical, behavioural, health, dietary, social, cultural, religious needs and emergency preparedness. These items will be addressed in a Shadowing Checklist provided by the Team Coordinator to highlight specific needs of the Supported Individual and the required orientation to new team members as per MCCSS requirements.

After shadowing with a Supported Individual, the new team member will contact the Team Coordinator to debrief and review the orientation of the Supported Individuals needs.

Current team members will provide feedback to the Team Coordinator about the shadowing experience. This allows existing team members to have input to those potential new staff to build a stronger team. The Supported Individual and/or their family may have input into the selection of their support staff.

The shadowing checklist will then be signed off by the new team member and the Team Coordinator. As per MCCSS requirements the checklist will be uploaded to the database and filed in the employee file of the new team member, as a record of orientation to the Supported Individual's needs.

The Team Coordinator may delegate a specific team member to shadow or orient the new staff to a specific routine or shift requirement. This would be particularly applicable when there may be a small number of experienced staff on a team.

RE SHADOWING

Re shadowing may be required at the discretion of a Team Coordinator if the following conditions are present:

The team member has not provided support to an Individual for 3 months or more or as directed by a Team Coordinator.

Significant changes in supports have occurred resulting in increased or changed needs.

As directed by a Team Coordinator.



Policy Section:
Human Resources

Policy:
5.11 Training and Education

5.11

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE

To promote an atmosphere of positive personal and professional development.

To enable staff to improve the supports provided, the range of skills offered and general life education to benefit individuals receiving support, staff, SEGSS and the wider community.

POLICY

SEGSS should provide a range of professional and general training opportunities, and staff are encouraged to take advantage of these opportunities as a means of personal and professional growth and as an important element in improving and learning new skills.

SEGSS will, on a case-by-case basis, support staff who wish to pursue educational courses externally where the staff requesting support can demonstrate an advantage to the staff member, to SEGSS or to individuals supported by SEGSS. Such support may be financial or by any other means and will be entirely at the discretion of the Executive Director.

Some training provided by SEGSS will be mandatory for all staff or for certain specific staff. Specific training shall be provided by SEGSS for all relevant staff, including:

- Policies & procedures
- Emergency procedures binder & use of emergency equipment (e.g. fire extinguishers)
- Medication Protocols
- Financial Protocols
- Crisis Intervention (Safe Management)
- First Aid & CPR
- Accessibility - AODA (Online)
- Workplace Violence & Harassment (Online)
- Hazardous Materials (WHMIS - Online)

SEGSS provides Safe Management training on the use of restraints. PRN medications are a form of restraint; staff supporting individuals with PRN prescriptions will be trained annually in the appropriate administration of the PRN medications specific to each Supported Individual.

All supports are individualized and are provided on a one-to-one basis, and therefore physical interventions used in a crisis must only be used when second back-up staff are present. In all situations when only one staff are available, SEGSS employees and volunteers make safety their first priority by removing themselves from

aggressive or violent situations and monitoring the situation in such a way as to ensure the safety of the individual, the employee or volunteer and the general public.

PROCEDURE

Training opportunities will be communicated by the Team Coordinator or Supervisor. Also, staff may be informed individually by electronic mail or by memo of upcoming training events.

Where training events are described as mandatory then all staff must attend one of the event dates, whether in-person or in an online attendance format. Usually, mandatory training will be conducted on more than one date to enable staff to find coverage for other work commitments.

Mandatory training and specific subject areas include, but are not limited to, the following:

- Medication handling, administration & recording
- Emergency procedures binder & use of emergency equipment (e.g. fire extinguishers)
- Policies and procedures
- Money handling and recording on behalf of Supported Individuals
- First Aid & CPR
- Accessibility (AODA)
- Workplace Violence and Harassment
- Hazardous Materials (WHMIS)
- Crisis Intervention
- Behavioural Support Plans

Staff wishing to pursue a course of education externally from SEGSS and requesting support from SEGSS may contact the Director of Human Resources to discuss the request. The Director of Human Resources may ask for further information. The request will then be passed onto the Executive Director for further consideration.

New employees shall be trained regarding SEGSS: Medication; Emergency; Policy; and Money Handling procedures, AODA and Workplace Violence and Harassment as part of the orientation. First Aid & CPR and Hazardous Materials training shall be taken at the first opportunity and currency shall be maintained on a regular basis.



Policy Section:
Human Resources

Policy:
5.12 Employee Review

5.12

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE

To promote an atmosphere of positive personal development and to recognize best practices.

To provide feedback and guidance to staff for the improvement of supports to individuals and of work practices.

To enable the improvement of the working environment and of administrative practices. To include the continuation of employment after probationary period.

POLICY

All staff throughout the Agency will be expected to demonstrate a working knowledge of the Agency’s Policies and Procedures. Each employee shall have an assessment of their work, education, training and other relevant activities following probationary period of employment with opportunities for development thereafter.

PROCEDURE

A review of the SEGSS Mission Statement, Statement of Principles, Statement of Rights of Supported Individuals, Abuse Prevention identification and recording and SEGSS Philosophy will be conducted as part of the annual Employee Review process.


Each staff member shall sign and date a record of orientation confirming that they have received the prescribed orientation, to be kept with the staff personnel file.

Employees

All employees, including but not limited to Direct Service staff, Work Cooperative and Maintenance staff, Administrative staff, and Team Coordinators will have an opportunity for and/or may be subject to an Employee Review package.

Executive Director

The Executive Director shall be required to provide a written self-assessment of performance to The Board of Directors. The self-assessment will form the basis of an open discussion with the Board of Directors and will be summarized in a report, to be retained on the Executive Director’s personnel file. The report may take into consideration the opinions of individuals receiving support, their families, and other relevant contributors. The assessment should also refer to the Administrative Contract and comments and goals recorded in earlier reviews.

 Policy Section: Human Resources		Policy: 5.13 Progressive Discipline and Termination of Employment	5.13
Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	

POLICY:

SEGSS implements a progressive disciplinary process as a measure to influence, change and assist employees to correct inappropriate or unacceptable behaviour.

PURPOSE:

Implementing a progressive disciplinary process keeps the focus on changing inappropriate or unacceptable performance or behaviour.

PROCEDURE:

1. Prior to implementing disciplinary action, a manager will collect factual information that substantiates the issue or situation.
2. Facts are determined by a variety of means including gathering of documentation and through interviews that are subsequently substantiated.
3. If necessary, an investigation is undertaken as close to the date of the event as possible.
4. Dependent upon the results of the investigation, disciplinary action may be warranted.
5. While the employer supports progressive discipline and views it as a corrective measure for inappropriate or unacceptable behaviour, the seriousness of the conduct may result in steps in the process being skipped and/or immediate termination of the employee for just cause.
6. The disciplinary action is implemented as close to the incident as possible.

Steps in Applying Progressive Discipline:

Verbal Warning:

A verbal warning will be issued if the inappropriate or unacceptable behaviour is not serious or is the first or perhaps second occurrence of an incident of the same or similar nature. The employee’s behaviour is discussed with senior staff comprising two of the following positions: The Executive Director, The Director of Human Resources, a Team Coordinator, The Director of Finance, other Team Coordinators and the Work Co-op Supervisor and other management positions. As there is a formal record of the discussions and the agreed upon plan for corrective action, the Director of Human Resources will retain notes for reference in the event of future incidents of a similar nature.

Written Warning:

A letter will be issued to the employee stating what the inappropriate or unacceptable behaviour was, describing any policy, procedure, rule or regulation that has been violated. Reference will be made to previous

verbal warnings for the same or similar incidents including dates of discussions with employees. The written warning will include corrective action that must be undertaken by the employee and will advise the employee that a recurrence of a similar nature could lead to further disciplinary action up to and including termination of employment if the behaviour is of a serious nature.

Suspension:

A letter will be issued to the employee stating the reason for the suspension, the number of days suspension, the start and end date and the requirement to meet with the Director of Human Resources and/or another manager upon their return to work. The letter will set out the likely result of further misconduct. Where an employee is under investigation and results of the investigation are not yet known, the employee should be suspended with pay. Where a second or subsequent suspension is being issued, the length of the suspension will normally increase.

Termination:

The employer reserves the right to place the employee back on probation and/or to terminate the employee for just cause and/or provide reasonable notice of termination. The seriousness of the inappropriate or unacceptable behaviour may result in termination prior to other steps of the disciplinary process being implemented.

Inappropriate or unacceptable behaviour that may result in disciplinary action includes but is not limited to:

- Insubordination
- Using abusive language
- Fighting
- Harassment and workplace violence
- Continually being late and/or leaving work early
- Leaving work without permission
- Substance abuse
- Medical fraud
- Incompetence
- Code of Conduct violations
- Health and Safety rule violations
- Dishonesty
- Breach of trust
- Falsification of employment records

Inappropriate or unacceptable behaviour that may result in termination includes but is not limited to:

- Gross negligence or dereliction of duty
- Theft (regardless of the amount)
- Fraud (including any misrepresentation regarding personal background)
- Any criminal act while on duty or against the interests of SEGSS

- Gross insubordination
- Breach of confidentiality
- Abuse of a person receiving services
- Assault without provocation on a manager, employee, member of public, Supported Individual
- Being in possession of or under the influence of a controlled substance while on duty or representing SEGSS
- Any deliberate act which endangers the safety of persons receiving services or colleagues
- Wilful or negligent damage to the person or property of persons receiving services, colleagues or the Agency
- Conviction of an offence that prevents an employee from fulfilling the duties of their position

The Team Coordinator or other manager recommending termination will provide a report to the Director of Human Resources indicating:

- The incident or incidents giving rise to recommendation for termination.
- Any related statements from witnesses and all relevant notes from any disciplinary investigation (including meetings with the employee).
- Any other relevant documentary evidence.


Levels of Authorization:

When an employee is a danger to himself or herself, other employees or persons receiving services or when the employee's continued presence would obstruct a thorough investigation of the incident, The Executive Director, The Director of Human Resources, The Director of Finance, Team Coordinators, Work Co-op Supervisor or other managers may suspend an employee with pay immediately, and having the authority to take the following actions:

- Verbal reprimand
- Written reprimand

In addition to the above, a Team Coordinator or The Director of Human Resources may suspend an employee, with pay for any period of time up to ten days. Suspensions without pay or dismissal of an employee must be determined with the agreement of the Executive Director or delegate.

The Board of Directors will be informed of all dismissals.

	Policy Section: Human Resources	Policy: 5.14 Hours of Work	5.14
	Effective Date: October 21, 2010	Revision Date: March 28, 2024	Board of Directors Approval or Notification: March 28, 2024

PURPOSE

The Purpose of this Policy is,

- to comply with prevailing legislation.
- to ensure the provision of quality supports, based on each Individual’s needs for support, therefore providing,
 - o Direct Service staff with a schedule that meets overall team needs, fairness, consistency and balance of support needs.
 - o All staff with a schedule that meets the needs of the agency, allowing for coverage and accessibility to team members.
- to ensure that Supported Individuals receive supports from a range of staff, without over-reliance upon any one team member.
- to protect staff from over-reliance upon hours with one Individual.

POLICY

For employees not in the position of direct service work, their scheduled hours of work are outlined within their Employment Agreement or Job Description.

For Direct Service Workers (DSW), their scheduled hours of work are outlined within their Default Schedule (consisting of contract shifts) and their accepted coverage shifts.

Definitions:

A Default Schedule is defined as your bi-weekly shifts and hours of work, (broken down into weeks 1 and 2 (coinciding with pay periods) and at times weeks 3 and 4, noting assigned shifts and flex hours for each Supported Individual (also known as contract shifts). A Default Schedule is created for each DSW, based on their availability, assigned contract shifts and temporary assigned contract shifts (long term coverage to cover a defined period of time or an added short term support need). When a Default Schedule is created, respect and consideration is given to the Hours of Work Policy, availability and balanced support needs for each team member and the team.

Contract Shifts are defined as ongoing shifts assigned to a DSW, based on their match to a Supported Individual and needs of support. Contract shifts within a default schedule are determined by Team Coordinators, as acquired through an open shift assignment or accepted through the posting process. These shifts/hours are permanent hours, however subject to change based on,

- o changes in support
- o the DSW no longer being able to meet the needs of support therefore no longer a match to the Individual supported, as determined by the Individual, their family or the Team Coordinator of team.

- o the DSW is no longer available for the shift through the release of a contract shift (Request for Contract Shift Release) as requested by the DSW or under the Policy requirements of a contract shift protection when on an approved Leave of Absence.

The Supported Individual and their family may have input into the selection of support staff and therefore offer of a contact shift.

Coverage Shifts are shifts that are worked by a current member of the Individual's support team to cover a team member's temporary absence need (short term emergency coverage or longer team leaves of absence), to include but not limited to illness/appointments or approved vacations, or temporary added support need. Depending on coverage needs, the Team Coordinator on Call/of the Day or the Scheduler will contact a DSW to inquire as to their ability to cover a shift.


PROCEDURE

The following Procedures, support the structure of this Policy.

- Hours worked by Direct Service Workers that are in excess of 88 hours bi-weekly, must be approved in advance by the Team Coordinator.
- In any seven-day period, employees should not work in excess of an average of 18 contract hours with one Supported Individual. The hours limitation for any one Supported Individual could be subject to change, as based on a temporary support need as required by the Supported Individual, and /or their family and Team Coordinator.
- Overnight per diems do not count towards the average of 18 contract hours per week, 88-hour biweekly limits and weekend shift fulfillment.
- DSW's are required to work a schedule consisting of weekend shifts. The amount of mandatory weekend hours depends on how many total hours a DSW works in their Default Schedule (contract hours). Weekend hours are from 3:00 pm Friday afternoon to 8:00 am Monday morning.
 - o Mandatory weekend hours for part-time DSWs (who work up to 29 hours/week) are required to work a schedule consisting of one weekend shift bi-weekly. One shift is considered to be 4 to 8 hours.
 - o Mandatory weekend hours for DSWs (who work 30 to 44 hours per week) are required to work two weekend shifts biweekly. Two shifts are considered to be a total of 8 to 16 hours.
 - o The requirement of a weekend contract shift schedule must be fulfilled before a weekday contract shift can be offered or assigned.

If a DSW requests a permanent change to their available hours of work, that will take their availability to less than 20 hours per week, they must notify the Team Coordinators of their teams and submit their request in writing to the Director of Human Resources. The requested reduction in hours of work will generate a revised Employment Agreement that will also reflect a change in Group Benefit eligibility and eligible discretionary hours, in addition to the commitment of their weekend contract hours of work.

To maintain an Employment Agreement, Direct Service staff who have requested their availability of hours change to less than 20 hours per week or work casual coverage hours, must continue to work a minimum of two shifts per month (inclusive of contract shifts or coverage shifts), unless scheduled for an approved vacation or an approved leave of absence. Required employee training and Certification requirements (First Aid/CPR and Safe Management) must not lapse and team meeting participation must continue to be a requirements.

	Policy Section: Human Resources	Policy: 5.15 Scheduling	5.15
	Effective Date: October 21, 2010	Revision Date: March 28, 2024	Board of Directors Approval: March 28, 2024

PURPOSE

To ensure the efficient and reliable provision of supports and continuity of service.

POLICY

Each Direct Service team member’s specific hours are documented in the SEGSS database. Scheduling of coverage shifts is organized by the Scheduler in conjunction with the appropriate Team Coordinator.

In the event that the Direct Service Worker (DSW) is unable to fulfill their commitment to work the shift, alternative arrangements for support must be made, by following the correct process.

PROCEDURE

General scheduling is organized via the Posting Process as based on the contract shift assignment, coverage needs, or by arrangement within the team, when needs for support change.

When Coverage is required:

If the DSW has a particular need for coverage for their shift (i.e.. Vacation, medical appointment, SEGSS training/Action Plan), they must complete a Time Off Request Form (TORF) to request the coverage they are seeking, and submit to the Scheduler, as soon as possible, within a minimum of 14 days.

If the DSW requires coverage for their shift, for an emergency reason (i.e. Illness/emergency of self or family member, inclement weather), they must contact the Team Coordinator (TC) on-Call/TC of the Day, who will be available to deal with these urgent requests.

When Direct Service staff are contacted by the Scheduler or TC on Call/TC of the Day, to cover a shift, the staff must declare that, if as a result of accepting the shift, they would be working overall in excess of 88 hours in one pay period or 18 average hours in a seven-day period with the Supported Individual or any other scheduling conflicts that may occur as a result of accepting this shift.

Once coverage has been arranged, by the Scheduler or TC on Call/TC of the Day, then the Scheduler or TC on Call/of the Day will:

- Note the change in the scheduling database

- Send a confirmation email to the Direct Service Worker who has requested the need for coverage for the shift, the Direct Service Worker who is providing coverage for the shift and the Team Coordinator of that Team.
- If applicable, the DSW who relinquished the shift must then note the change in staff, at the home of the Supported Individual and also inform the Supported individual if appropriate.

If there is any dispute as to who should have provided supports or coverage during any shift, the onus will be on the employee who was originally responsible for the shift and the Scheduler to describe the steps taken to obtain coverage and to make sure that the arrangements were clearly communicated and confirmed.

If Scheduler is not able to arrange coverage:

In the event that the Scheduler has asked all available team members, and no one is available to cover the shift, then a request, including the reason, would be communicated to the Team Coordinator to attempt to find alternative coverage.

When a request goes to the Team Coordinator to arrange alternative coverage, the employees requesting coverage will be informed as soon as possible, or within 48 hours as to whether coverage has been arranged for them.

If the reason for the coverage request, is not an emergency and the Scheduler or Team Coordinator is unable to find coverage, then the original employee will be informed as soon as possible and therefore shall remain responsible for providing support during the prescribed or scheduled hours for the individual.

In the event of an emergency occurring during a shift, the TC on Call /TC of the Day must be informed as soon as possible so that alternate arrangements can be made.


[Coverage limitations](#)

To maintain consistency in support needs, Direct Service Workers must work a minimum of 75% of their assigned shifts over any three-month period. Working less than 75% of assigned shifts over a three-month period may, at the discretion of the Supported Individual, their family, Team Coordinator, or Executive Director, lead to the assigned staff being removed from that specific assigned shift.

If Direct Service Staff have not worked on a team for three months or if there have been significant changes in supports, then they may be asked to re-shadow before being eligible to provide coverage.

[SEGSS Training Opportunities](#)

When training opportunities arise, voluntary or mandatory, employees are required to request according to the above procedure.

	Policy Section: Human Resources	Policy: 5.16 Benefits	5.16
	Effective Date: October 21, 2010	Revision Date: June 15, 2017	Board of Directors Approval: June 15, 2017

PURPOSE

To comply with prevailing legislation.

To provide a comprehensive and supportive set of benefits to SEGSS employees that will facilitate flexible options for personal well-being and health care.

To insure against loss of earnings due to illness, injury etc.

To support a return to work after illness, injury etc.

To assist employees with savings and retirement planning.

To provide an amenity to staff.

POLICY

INSURED BENEFITS

SEGSS will provide the following benefits through an independent insurer:

All employees:

- Work related group accidental death and dismemberment and weekly accident indemnity benefits.

Eligibility criteria apply to the following:

- Full group benefits
- Health spending account

OTHER BENEFITS

SEGSS will provide or administer the following benefits, subject to eligibility criteria:

- RRSP savings account
- Employee Assistance Program
- Use of SEGSS assets
- Use of Frontier Pavilion
- Voluntary payroll deductions for CSB
- Vacation Pay
- Public Holiday Pay

- Discretionary Hours Pay

PROCEDURE

Insured Benefits

Eligibility for the insured benefits is governed by an independent insurer. Employees should consult the proprietary benefits literature for full details. Booklets are available from the Director of Human Resources upon request.

Brief eligibility criteria are as follows:

Work related group accidental death and dismemberment and weekly accident indemnity benefits:

- All employees are covered, effective from first day of employment.

Group Insurance Benefits

- All employees are eligible after 12 weeks continuous employment at SEGSS at a minimum of 20 hours per week.

Health Spending Account

- All employees are eligible after enrolment in full group benefits and are actively employed.
- Termination of Full Group Benefits also terminates the Health Spending Account.
- Disbursement of unused monies from the Health Spending Account is entirely at the discretion of the President of the Board of Directors and the Executive Director.

Other Benefits

Employee Assistance Program

- All employees may use this service, effective from first day of employment.

Use of SEGSS Assets


- See Personal Use of SEGSS Vehicles & Assets, effective after Probationary Employment Period.

Renting the Frontier Pavilion

- The Pavilion may be rented at a reduced rate, effective from first day of employment. See the Pavilion Coordinator for further details.
- Priority will be given to other community events unless the full rate is paid.

Various Pay Benefits

See Pay Policy

	Policy Section: Human Resources	Policy: 5.17 Termination of Group Insurance Benefits	5.17
	Effective Date: October 21, 2010	Revision Date: June 15, 2017	Board of Directors Approval: June 15, 2017

PURPOSE

To comply with prevailing legislation.

To clarify the position of employees and eligible dependents regarding termination of benefits.


To highlight some of the important provisions contained in the independent insurer’s literature with respect to termination of benefits.

POLICY

There is no mandatory retirement age. Eligibility for the insured benefits is governed by an independent insurer and not SEGSS. Employees should consult the proprietary benefits literature for full details. Booklets are available from the Director of Human Resources upon request.

- Eligibility ceases after 12 weeks continuous employment at less than 20 hours per week.
- Group Benefits coverage will be terminated as at the employee’s date of retirement or, if still working, at age 70 or earlier termination of coverage as determined solely by the independent insurer.
- The maximum age for termination of Group Benefits for a totally disabled employee is 65 or earlier termination of coverage as determined solely by the independent insurer.
- For employees receiving Long Term Disability Benefits, such group benefits will cease after two years from the commencement of an approved Long Term Disability claim.
- An employee’s current position or contract shifts, subject to changes and support needs will be held for a minimum of one year from the commencement of an approved Long Term Disability claim. If an employee is able to return to work and provides medical evidence of their fitness to do so prior to any other invocation of rightful termination of employment pursuant to this or any other applicable policy and/or legislation and/or otherwise, such an employee will be offered the first available position that fits within their medical restrictions (if any) and for which they are deemed suitable and qualified, subject to a Supported Individual and/or his/her family having the right to choose his/her own support staff.
- After two years on Long Term Disability, the employee will not be employed by SEGSS if they are no longer able to return to their own occupation.
- SEGSS will continue to pay the employer portion of benefits contributions for two years from the initial date of the disability claim.

For full details of termination of benefits in these and other situations please consult the proprietary benefits literature for details.

	Policy Section: Human Resources	Policy: 5.18 Harassment and Workplace Violence	5.18
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To provide and maintain a working environment that is based on respect for the dignity and rights of everyone associated with SEGSS. To provide a healthy and safe work environment that is free from any form of harassment or violence.

POLICY

SEGSS shall maintain a discrimination, harassment and violence-free workplace and address violence and/or the threat of violence from all possible sources (including Supported Individuals, other customers, employers, employees, contractors and domestic partners), by not tolerating or condoning discrimination, harassment or violence in the workplace. This includes making everyone in the agency aware of what behaviour is and is not appropriate, assessing the risk of workplace violence, investigating complaints and putting in place suitable preventative and corrective measures.

SCOPE

This policy applies to all Board members, employees, volunteers, independent contractors and consultants and employment applicants. It applies in any location in which staff are engaged in work-related activities. This includes, but is not limited to:

- the workplace
- individuals' homes
- work-related travel
- restaurants, hotels or meeting facilities that are being used for business purposes
- company owned or leased facilities
- telephone, email or other communications; and
- any work-related or social event in the community, whether or not it is SEGSS sponsored

This policy also applies to situations in which staff are discriminated against, harassed or subjected to violence in the workplace from individuals who are not directly associated with SEGSS, such as families and other customers.

[Discrimination](#)

Discrimination includes any distinction, exclusion or preference based on the protected grounds in the Ontario Human Rights Code, which nullifies or impairs equality of opportunity in employment, or equality in the terms and conditions of employment.

The protected grounds of discrimination as outline in the Ontario Human Rights Code, including but not limited to:

- race, colour, ancestry, citizenship, ethnic origin or place of origin
- creed, religion
- age
- sex (including pregnancy and gender identity)
- sexual orientation
- family, marital (including same-sex partnership) status
- disability or perceived disability
- a record of offences for which a pardon has been granted under the Criminal Records Act (Canada) and has not been revoked, or an offence in respect of any provincial enactment

Discriminatory Harassment

Discriminatory harassment includes comments or conduct based on the protected grounds in the Ontario Human Rights Code, which the recipient does not welcome or that offends him or her.

Some examples of discriminatory harassment include:

- offensive comments, jokes or behaviour that disparage or ridicule a person's membership in one of the protected grounds, such as race, religion or sexual orientation
- imitating a person's accent, speech or mannerisms
- persistent or inappropriate questions about whether a person is pregnant, has children or plans to have children; or
- inappropriate comments or jokes about an individual's age, sexual orientation, personal appearance or weight.

Harassing comments or conduct can poison someone's working environment, making it a hostile or uncomfortable place to work, even if the person is not being directly targeted. This is commonly referred to as a "poisoned working environment" and it is also a form of harassment.

Some examples of actions that can create a poisoned work environment include:

- displaying offensive or sexual materials such as posters, pictures, calendars, web sites or screen savers
- distributing offensive e-mail messages, or attachments such as pictures or video files
- practical jokes that embarrass or insult someone; or
- jokes or insults that are offensive, racist or discriminatory in nature.

Sexual Harassment

Sexual harassment includes conduct or comments of a sexual nature that the recipient does not welcome or that offend him or her. It also includes negative or inappropriate conduct or comments that are not necessarily sexual in nature, but which are directed at an individual because of his or her gender.

Both men and women can be victims of harassment, and someone of the same or opposite sex can harass someone else.

Some examples of sexual harassment are:

- sexual advances or demands that the recipient does not welcome or want
- threats, punishment or denial of a benefit for refusing a sexual advance
- offering a benefit in exchange for a sexual favour
- leering (persistent sexual staring)
- displaying sexually offensive material such as posters, pictures, calendars, cartoons, screen savers, pornographic or erotic web sites or other electronic material
- distributing sexually explicit e-mail messages or attachments such as pictures or video files
- sexually suggestive or obscene comments or gestures
- unwelcome remarks, jokes, innuendoes, propositions or taunting about a person's body, clothing or sex
- persistent, unwanted attention after a consensual relationship ends
- physical contact of a sexual nature, such as touching or caressing; and
- sexual assault

Workplace Harassment and Violence

Workplace harassment and violence is a health and safety issue that is covered under the Occupational Health and Safety Act.

The Occupational Health and Safety Act defines personal harassment as:

- any unsolicited, unwelcome, disrespectful or offensive behaviour that has an underlying sexual, bigoted, ethnic, racial or religious connotation.

Personal harassment may have some or all of the following components:

- an implied or expressed threat of reprisal for refusal to comply with a sexually oriented request
- a demand for sexual favours in return for (continued) employment or more favourable employment treatment
- unwelcome remarks, jokes, innuendoes, propositions, or taunting about a person's body,

- attire, sex or sexual orientation or religion
- suggestive or offensive remarks
- bragging about sexual prowess
- offensive jokes or comments of a sexual nature about an employee
- unwelcome language related to gender
- displaying of pornographic or sexist pictures or materials
- leering (suggestive persistent staring)
- physical contact such as touching, patting, or pinching, with an underlying sexual connotation
- sexual assault; for the most part, victims of sexual harassment are female. However, conduct directed by female employees towards males and between persons of the same sex can also be held to constitute sexual harassment.
- verbally abusive behaviour such as yelling, insults, ridicule and name calling including remarks, jokes or innuendos that demean, ridicule, intimidate or offend
- workplace pranks, vandalism, bullying and hazing
- gossiping or spreading malicious rumours
- excluding or ignoring someone, including persistent exclusion of a particular person from workplace-related social gatherings
- undermining someone else's efforts by setting impossible goals, with short deadlines and deliberately withholding information that would enable a person to do their job
- providing only demeaning or trivial tasks in place of normal job duties
- humiliating someone
- sabotaging someone else's work
- displaying or circulating offensive pictures or materials
- offensive or intimidating phone calls or emails
- impeding an individual's efforts at promotions or transfers for reasons that are not legitimate; and
- making false allegations about someone in memos or other work-related documents.

The Occupational Health and Safety Act defines racial or ethnic harassment as any conduct or comment which causes humiliation to an employee because of their racial or ethnic background, their colour, place of birth, citizenship or ancestry.

Racial or ethnic harassment may have some or all of the following components:

- unwelcome remarks, jokes or innuendos about a person's racial or ethnic origin, colour, place of birth, citizenship or ancestry
- displaying racist or derogatory pictures or other offensive material
- insulting gestures or practical jokes based on racial or ethnic grounds which create awkwardness or embarrassment
- refusing to speak to or work with someone or treating someone differently because of their ethnic or racial background

What isn't harassment

Workplace harassment should not be confused with legitimate, reasonable management or colleague actions that are part of the normal work function, including:

- measures to assess or correct performance deficiencies, such as Employee Reviews or placing someone on a performance improvement plan,
- imposing discipline for workplace infractions; or
- requesting medical documents in support of an absence from work

It also does not include normal workplace conflict that may occur between individuals or differences of opinion between co-workers.

The test of harassment

It does not matter whether you intended to offend someone. The test of harassment is whether you knew or should have known that the comments or conduct were unwelcome to the other person. For example, someone may make it clear through their conduct or body language that the behaviour is unwelcome, in which case you must immediately stop that behaviour.

Although it is commonly the case, the harasser does not necessarily have to have power or authority over the victim. Harassment can occur from co-worker to co-worker, Team Coordinator to employee and employee to Team Coordinator etc.

Workplace and Domestic Violence

Workplace and domestic violence that may occur in the workplace are health and safety issues, which are covered under the Occupational Health and Safety Act.

WORKPLACE VIOLENCE

Workplace violence is defined under the Occupational Health and Safety Act as:

- 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 is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

It includes acts that may be considered criminal. Workplace violence includes:

- physically threatening behaviour such as shaking a fist at someone, finger pointing, destroying property, throwing objects
- verbal or written threats to attack a worker physically
- leaving threatening notes or sending threatening emails
- wielding a weapon at work
- stalking someone; and
- physically aggressive behaviours including hitting, shoving, standing excessively close to someone in an aggressive manner, pushing, kicking, throwing an object at someone, physically restraining someone or any other form of physical or sexual assault.

Violence that occurs outside the normal workplace, but which has an impact on the working environment, including working relationships, may also be considered violence in the workplace.

DOMESTIC VIOLENCE

If you are experiencing domestic violence that is likely to expose you, or other workers, to physical injury that may occur in the workplace, SEGSS shall take every reasonable precaution to protect you and your co-workers in the circumstances. This may include some or all of the following:

- creating a safety plan
- contacting the police
- establishing enhanced security measures such as a panic button, code words, and door and access security measures
- screening calls and blocking certain email addresses
- setting up priority parking or providing escorts to your vehicle or to public transportation
- adjusting your working hours and location so that they are not predictable; and
- facilitating your access to counselling through the Employee Assistance Program or other community programs.

SEGSS appreciates the sensitivity of these issues and will do its best to assist staff as discreetly as possible while maintaining privacy.

PROCEDURE

[Informal Procedure](#)

If you believe you have been personally, racially or ethnically harassed or you have suffered workplace violence you may:

- confront the instigator personally or in writing pointing out the unwelcome behaviour and requesting that it stop; or
- discuss the situation with a Team Coordinator or any other senior administrative staff (including the Director of Human Resources).

Any employee who feels discriminated against or harassed or has suffered workplace violence can and should, in all confidence and without fear of reprisal, personally report the facts directly to a Team Coordinator or the Director of Human Resources.

Formal Procedure

If you believe you have been personally, racially or ethnically harassed, or you have suffered workplace violence, you may make a written complaint. The written complaint must be delivered to SEGSS. Your complaint should include:

- the approximate date and time of each incident you wish to report
- the name of the person or persons involved in each incident
- the name of any person or persons who witnessed each incident
- a full description of what occurred in each incident

Once a written complaint has been received SEGSS will complete a thorough investigation. Harassment should not be ignored. Silence can, and often is, interpreted as acceptance.

The investigation will include:

- informing the alleged instigator of the complaint
- interviewing the complainant, any person involved in the incident, and any identified witnesses
- interviewing any other person who may have knowledge of the incidents related to the complaint or any other similar incidents

A copy of the complaint, detailing the complainant's allegations, will then be provided to the respondent(s).

The respondent will be invited to reply in writing to the complainant's allegations and the reply will be made known to the complainant before the case proceeds further.

SEGSS will do its best to protect from unnecessary disclosure the details of the incident being investigated and the identities of the complaining party and that of the respondent.

During the investigation, the complainant and the respondent will be interviewed along with any possible witnesses. Statements from all parties involved will be taken and a decision will be made.

If necessary, SEGSS may employ outside assistance or request the use of our legal counsel.

Employees will not be demoted, dismissed, disciplined or denied a promotion, advancement or employment opportunities because they rejected sexual advances of another employee or because

they lodged a harassment or workplace violence complaint when they honestly believed they were being harassed or had suffered workplace violence.

Where it is determined that harassment or workplace violence has occurred, a written report of the remedial action will be given to the employees concerned.

If the complainant decides not to lay a formal complaint, the Executive Director may decide that a formal complaint is required (based on the investigation of the incident) and will file such document(s) with the person(s) against whom the complaint is laid (the respondent(s)).

If it is determined that personal harassment or workplace violence has occurred, appropriate disciplinary measures will be taken as soon as possible.

Disciplinary Measures

If it is determined by SEGSS that any employee has been involved in harassment of, or workplace violence to, another employee, immediate disciplinary action will be taken. Such disciplinary action may involve counselling, a formal warning and could result in immediate dismissal without further notice.

This anti-harassment and violence policy must never be used to bring fraudulent or malicious complaints against employees. It is important to realize that unfounded/frivolous allegations of harassment may cause both the accused person and SEGSS significant damage. If it is determined by SEGSS that any employee has knowingly made false statements regarding an allegation of harassment or workplace violence, immediate disciplinary action will be taken. As with any case of dishonesty, disciplinary action may include immediate dismissal without further notice.

Special Circumstances

Should an employee have a legal court order (e.g. restraining order, or “no-contact” order) against another individual (whether the individual is an associate through SEGSS or not), the employee is encouraged to notify his or her immediate supervisor, and to supply a copy of that order to the Director of Human Resources. This will likely be required in instances where the employee strongly feels that the aggressor may attempt to contact that employee at SEGSS, in direct violation of the court order. Such information shall be kept confidential.

If any visitor to the SEGSS workplace is seen with a weapon (or is thought to possess one), makes a verbal threat or assault against an employee or another individual, employee witnesses are required to immediately contact the police, emergency response services, a Team Coordinator and the Director of Human Resources.

All records of harassment and workplace violence reports, and subsequent investigations, are considered confidential and will not be disclosed to anyone except to the extent required by law.

In cases where criminal proceedings are forthcoming, SEGSS will assist police agencies, attorneys, insurance companies, and courts to the fullest extent.

Confidentiality

SEGSS will do everything it can to protect the privacy of the individuals involved and to ensure that complainants and respondents are treated fairly and respectfully. SEGSS will protect this privacy so long as doing so remains consistent with the enforcement of this policy and adherence to the law.

Neither the name of the person reporting the facts nor the circumstances surrounding them will be disclosed to anyone, unless such disclosure is necessary for an investigation or disciplinary action. Any disciplinary action will be determined by SEGSS and will be proportional to the seriousness of the behaviour concerned. SEGSS will also provide appropriate assistance to any employee who is victim of discrimination or harassment or workplace violence.

Roles in maintaining a positive work environment

All employees of SEGSS have the following responsibilities to the workplace. SEGSS trusts that all employees will help eliminate harassment from the workplace.

CO-WORKERS' ROLE

If you are a co-worker who has witnessed harassment or violence in the workplace:

- inform the harassed person or victim of violence that you have witnessed what you believe to be harassment or violence and that you find it unacceptable; support is often welcome. If that person does not feel that they have been harassed, then normally the incident should be considered closed.
- inform the instigator that you have witnessed the act(s) and find it unacceptable.
- encourage the harassed or assaulted person to report the incident to their Team Coordinator or the Director of Human Resources.

TEAM COORDINATORS' AND SENIOR ADMINISTRATIVE STAFFS' ROLE


Legally, management is responsible for creating and maintaining a harassment-free workplace.

Team Coordinators and senior administrative staff must be sensitive to the climate in the workplace and address potential problems before those problems become serious.

If a Team Coordinator or senior administrative staff becomes aware of harassment or violence in the workplace and chooses to ignore it, that Manager and SEGSS risk being named co-respondent in a complaint and may be found liable in legal proceedings brought about by the complainant and/or human rights' authorities.

When an employee has asked their manager to deal with a harassment or workplace violence incident, the manager should:

- support the employee without prejudging the situation.
- work with the employee and document the offensive action(s) and have the employee sign a complaint.
- contact their Team Coordinator and/or senior administrative staff and provide details of the incident on behalf of the employee.

	Policy Section: Human Resources	Policy: 5.19 Independent Workplace Injury and Sickness Insurance & Return to Work Program	5.19
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To assist workers to make a safe and speedy return to their regular duties following a workplace injury.

To alleviate and reduce SEGSS' insurance costs.

To reduce the amount of absenteeism and to maintain control over long-term absenteeism.

POLICY

SEGSS is committed to accommodating returning employees and to assist in their rehabilitation;

As per the legislation, SEGSS shall offer such accommodation to any employee who is unable to perform his/her regular duties, while he/she is recovering from a workplace illness or injury;

SEGSS is committed to promoting employee health and safety, and one method of doing so is to integrate injured workers back into the work force as soon as medically possible after an accident/incident.

Accommodation shall occur in any job, task or function which an employee may safely perform without risk to himself/herself or others around his/her work. This work may not be his/her regular work. The work must be of value and be productive. It will generally be for a specific predetermined period of time and will be set-up based on the individual's needs.

PROCEDURE

If an employee incurs an injury while at work, they must report the injury to their Supervisor or Team Coordinator and fill out an Incident Report;

Once an employee reports an accident or incident to their Supervisor or Team Coordinator and indicates that they will seek health care, the Supervisor or Team Coordinator must do the following:

- If required, arrange for medical treatment or transportation to medical treatment for the worker;
- Complete that portion of the Incident Report reserved for Supervisors and Team Coordinators, describing how and when the accident or injury happened;

- Send a copy of the Incident Report to the director of Human Resources within 24 hours of the injury. (The Director of Human Resources or delegate has three working days to submit an Incident Report to the insurers.)
- The Director of Human Resources will have the staff involved in the incident fill out an accident report.

It is the employee's responsibility to ensure that the necessary paperwork is completed by a healthcare practitioner and returned to The Director of Human Resources or delegate as quickly as possible.

The Director of Human Resources and Supervisor or Team Coordinator shall review the forms completed by the physician and any information provided by the insurers and will determine if the medical restrictions (if any) can be accommodated within the employee's regular job.

If the medical restrictions (if any) cannot be accommodated within the employee's regular job, the Supervisor or Team Coordinator shall make every reasonable effort to accommodate the employee with the approval of the Director of Human Resources.

The Supervisor or Team Coordinator shall meet with the employee to discuss the work being offered.


The Director of Human Resources may communicate with the treating physician directly to discuss the accommodation needed and which may be available.

The Director of Human Resources shall advise the insurers of the offer of such accommodation or regular employment.

The Director of Human Resources, in consultation with the Supervisor or Team Coordinator may also arrange for a third- party assessment by an outside physician.

The Team Coordinator is responsible for the ongoing monitoring of the employee's performance of their duties to ensure the following:

- that such accommodation continues to be suitable;
- that no duties are assigned to the individual which are outside the individual's medical restrictions;
- that additional duties are added as the employee is capable of doing them, with the ultimate objective of having the employee return to regular duties as soon as possible.
- that regular follow-up is maintained with the employee and the treating physician.

 Policy Section: Human Resources		Policy: 5.20 Receiving Feedback	5.20
Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	

PURPOSE

To inform Supported individuals, their families, staff and community members about how to submit feedback or a complaint regarding services and supports provided by South-East Grey Support Services (SEGSS).

POLICY

South-East Grey Support Services is committed to providing services in a transparent, accountable manner which respects the individual’s dignity and utilizes available resources to meet identified needs. It is recognized that complaints and disagreements may arise as we strive to work together.

If a disagreement does arise, it should be handled by the people involved, in a timely and informal manner, to the extent that the issue(s) and circumstances permit. However, in some situations, the nature and complexity of an issue may dictate greater care and precision in both verbal and written communications.

This procedure applies to the Supported individuals, their family and to community members and/or agencies which may have a concern regarding our services.

PROCEDURE

All Supported Individuals and their families/guardians (with permission of the individual), upon entering services with SEGSS will receive a copy of this procedure upon request from the Executive Director.

All Supported individuals and their families/guardians (with permission of the individual) will annually receive a reminder of the Feedback and Complaints Procedure as part of their Individual Support Plan review.

If a formal written complaint is received, it will be directed to the Executive Director who will register it in the Feedback and Complaints Register and make the necessary copies for distribution. The original will be filed in the Feedback and Complaints Register.

All complaint information will be reviewed annually and analyzed by the management team each October.

All correspondence relating to feedback, complaint and/or resolution of the complaint are to be made through the Administrative Assistant:

Address: Administrative Assistant, South-East Grey Support Services,
P.O. Box 12, 24 Toronto Street, Flesherton NOC 1E0.

Telephone: 519 924 2254
Email: info@segss.com

Also, there is a “Contact Us” link on our website which can be used to provide Feedback.

There will be no negative repercussions to the individual receiving supports and/or their family or guardian should a complaint be lodged.

Conflict of interest: If at any stage in the complaints process, the complainant or the SEGSS representative perceives a conflict of interest during the review, documentation, investigation and resolution of the complaint, the complaint will be taken to the next level with the perceived conflict being noted.

This policy is separate and distinct from other means to register a complaint, either at the local level, or more broadly, such as the Human Rights Commission.

Should the nature of the complaint go beyond SEGSS’s scope, mandate or expertise, the individual and or his/her family may be directed to more appropriate persons or jurisdictions.

Complaints determined to be ill-natured or irreputable will not be addressed. This determination will be made by the Executive Director. An appeal to the Board or MCCSS can be made further to this decision.

Reporting to Police: The feedback and complaints process shall comply with reporting requirements set out in the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and its regulations. Where necessary, SEGSS will report to the police where there is alleged, suspected or witnessed abuse that may constitute a criminal offense.

Reporting to Ministry: Where necessary, SEGSS shall ensure that feedback or a complaint is reported to the Ministry of Children, Community and Social Services as a serious occurrence through the Serious Occurrence Reporting process, based on the nature of the feedback/complaint.

[Part I – Complaint by a Supported Individual or their Family](#)

The following procedures are to be followed should there be a complaint about the service/non-services provided by SEGSS.

Step 1- Discussion with the Person with Whom You Have a Concern:

Start with the person with whom you have a concern and attempt to resolve the problem. You may present your concern verbally, in writing, or with the assistance of a family member, friend or advisor.

If you choose to present your concern in writing, you may find it helpful to use the letter format, available on request from the Administrative Assistant. The letter can be handed to the staff person or mailed to the address indicated.

Step 2 - Feedback to a Team Coordinator

This step should be taken when your efforts to resolve your difficulties have not proven successful. Should you wish to proceed to Step 2, please telephone or use the letter format, available on request from the Administrative Assistant, in order to communicate with the Team Coordinator.

Within five working days of being made aware of your concern, the Team Coordinator will meet with you. Prior to this meeting, the Team Coordinator will have discussed the situation with the staff person and may decide to include the staff person at the meeting. It may be at this step that you will wish to bring a family member, friend or advisor with you to the meeting.

The Team Coordinator will expect you to explain the problem as you see it and to suggest solutions to the problem from your point of view. Within five days of having met with the Team Coordinator, you can expect a letter from the Team Coordinator which will either confirm an agreement established at the meeting, or if no agreement is reached, detail the Team Coordinator's recommendations regarding your concern.

Step 3 – Feedback to the Executive Director

This step will be necessary if you are not satisfied with the results of your efforts at Step 2. Again, as in Step 2, we would ask you to communicate your concern by telephone or letter to the Executive Director. The Executive Director will arrange a meeting time for you within ten working days of having become aware of your concerns. The Executive Director will speak with the Team Coordinator prior to the meeting to determine the steps that the Team Coordinator has taken in an effort to resolve your concern.

The goal of the meeting will be to look further for a solution to your concerns. Again, you should feel free to bring with you a friend or advisor if you would find that helpful. Within ten working days subsequent to the meeting, you can expect to receive, in writing, a confirmation of any agreement arrived at in your meeting, or failing agreement, the Executive Director's decision regarding your concern.

Step 4 – Feedback to the Board of Directors of SEGSS

This is the step you take if you remain dissatisfied with the resolution arrived at during your meeting with the Executive Director. At this step, you should direct your written complaint to the President of the Board of Directors, Box 12 Flesherton ON, N0C 1E0. Within twenty working days of receiving your letter, it will be arranged that a meeting with a Committee of the Board of

Directors and the Executive Director will take place, at which you can present your concerns. You will be notified of the date, time and place of the meeting with this committee. Once again, you should feel free to bring with you a family member, friend or advisor if you would find that helpful.

The Board Committee will have been provided with a summary of all previous activities and efforts regarding concerns. You will receive a letter from the Board Committee, outlining their recommendations and decisions within twenty working days of your meeting with them.

Step 5 - Feedback to the Ministry of Children, Community and Social Services

Should you remain dissatisfied your final option is to request that the Ministry of Children, Community and Social Services reviews your complaint. They can be reached as follows:

Phone Number: 1-800-265-4197

Mailing Address: Attention: Program Supervisor for SEGSS

Ministry of Children, Community and Social Services

217 York Street P.O Box 5217 London, ON N6A 5R1

[Part II – Complaint Procedures to be followed by Other Members of the Community](#)

Should you have concerns about the way SEGSS is providing supports, it is important that you share those concerns with us. We need to know them so that we can make every effort to resolve them.

Step 1 –Feedback to the Team Coordinator (in writing, by letter, via e-mail, through website etc.)

The Team Coordinator, upon hearing your concern, may need to involve appropriate members of staff in an effort to either clarify your concerns or to work towards resolution of same. It may be necessary that a meeting be arranged between yourself, the Team Coordinator and appropriate SEGSS staff. At the conclusion of your contact with the Team Coordinator, either by phone or in person, you may request that the Team Coordinator commits his/her decision to you in writing. Should you make such a request, you can expect to receive the requested letter within ten working days.

Step 2 – Feedback to the Executive Director (in writing, by letter, via e-mail, through website etc.)

Should you be dissatisfied with the decision made by the Team Coordinator, you can contact the Executive Director.

The Executive Director will make every effort to work with you in an attempt to resolve your concern. Should you request written confirmation of the results of your meeting with the Executive Director, you can expect to receive a written response within ten working days.

Step 3 – Feedback to Board of Directors of SEGSS

Should you be dissatisfied with the result of the problem resolution efforts of the Executive Director, you may request in writing to the President of the Board of Directors SEGSS, a meeting with a Committee of the Board of Directors which is organized to hear concerns from the community. They will meet with you within twenty working days of having received your concern. You may request their decision, in writing, which will be forthcoming within ten working days.

Step 4 – Feedback to the Ministry of Children, Community and Social Services

Should you remain dissatisfied subsequent to your efforts with SEGSS you may direct your complaint to the office of the Ministry of Children Community and Social Services. They can be reached as follows:


Phone Number: 1-800-265-4197

Mailing Address: Attention: Program Supervisor for SEGSS

Ministry of Children,
Community and Social Services
217 York Street P.O Box 5217

London, ON N6A 5R1

Confidentiality: Except in exceptional circumstances or if required by law, SEGSS will make every attempt to ensure both the complainant and SEGSS maintain confidentiality.

	Policy Section: Human Resources	Policy: 5.21 Mediation	5.21
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To provide an informal but binding means of opening a dialogue between affected parties and to make a serious effort to reach an understanding and accommodation between the parties.

POLICY

In the first instance anyone with a dispute is encouraged to resolve the matter by open dialogue with the parties involved. In some team situations, a round table discussion may be facilitated by a Team Coordinator.

SEGSS will provide access to confidential independent qualified mediation services for the purpose of dispute resolution.

The mediator’s report shall be binding on all parties.

In situations where the mediator is unable to formulate a plan for moving forward then the matter will be referred to the Executive Director for further consideration and action.

PROCEDURE

Any Supported Individual, employee, volunteer, or other person associated with the agency who has a dispute with another Supported Individual, employee, volunteer or other person associated with the agency may seek mediation in order to reach some form of resolution.


To commence the mediation process, the individual must submit a written and signed request to the Director of Human Resources providing full details of the subject matter. Responsibility for commissioning the mediation process will lie with the Executive Director.

Anonymous complaints will not be attended to.

The named parties will be invited to participate in the mediation process and will be given the opportunity to agree upon a mutually acceptable mediator.

SEGSS will make such reasonable accommodations as to avoid hardship for the participants (e.g., lost wages).

Further information is available upon request to the Director of Human Resources.

	Policy Section: Human Resources		Policy: 5.22 Working Group		5.22
	Effective Date: October 21, 2010	Revision Date:		Board of Directors Approval: October 21, 2010	

PURPOSE

To promote and provide a forum for constructive suggestions regarding the working environment at SEGSS.

To maintain staff morale, to foster good teamwork, to encourage open dialogue, and to avoid unsubstantiated complaints.

POLICY

SEGSS will accommodate an elected Working Group established with a mandate to collate constructive suggestions from the employees and to act as a liaison with management.

Elections to the Working Group will be held bi-annually. Voting rights will extend to all employees.


The names of the Working Group members will be posted on the South Administration Office bulletin board.

The Working Group will meet and liaise at least four times a year with the Executive Director and The Director of Human Resources, who will then liaise with the appropriate management or departments.

The Working Group will consist of at least four members representative of all non-management employees. If there are not four such employees willing to stand for election to the Working Group, then the Group will not convene during the 12 months from the proposed election date. The next election date will be 12 months from the original proposed election date. The group will also include at least two non-elected members of Senior Administrative Staff. The Working Group may convene without Senior Administrative Staff present.

PROCEDURE

Any employee may submit a written and signed suggestion regarding the working environment at SEGSS to the Working Group, by posting the suggestion in the mailbox for a member of the Group. The employee may request that their identity remains confidential, in which case, the Working Group will not pass on that information beyond the membership of the Working Group.

	Policy Section: Human Resources	Policy: 5.23 Personnel Files of Records	5.23
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To comply with prevailing legislation.

To maintain personnel information relevant to the efficient and effective provision and management of supports and to protect staff and SEGSS.

POLICY

SEGSS shall maintain personnel files in a secure manner to ensure confidentiality. The files shall contain information required by prevailing legislation and by SEGSS policy.

PROCEDURE

Each personnel file shall contain the following records:


- Personnel information including name, address, telephone number, date of birth, next of kin and Social Insurance Number.
- Initial employment information including: letters of application, references, employment status, start date, benefit participation, authorization for payroll deductions and current job description.
- Employment history including: time sheets, attendance records, medical certificates, Standard First Aid and CPR certificates, Employee Reviews, disciplinary notices and reports, leaves of absence and proof of car insurance.
- Upon termination, the file shall contain the nature of termination, separation documents and exit interview notes.

All files and records shall be retained for a minimum of five years.

Any employee may access all records in their personnel file upon request to the Director of Human Resources.

Personnel files and records shall be stored in a safe and secure manner under the direction of Human Resources and the Executive Director.

Only authorized people may access an employee’s file.

	Policy Section: Human Resources	Policy: 5.24 Disconnect from Work	5.24
	Effective Date: June 2, 2022	Revision Date:	Board of Directors Approval: As per Legislation June 2, 2022

POLICY:

South-East Grey Support Services provides a wide variety of essential services and supports to adults with developmental disabilities and their families on a continuous, uninterrupted basis, to ensure health, safety, and wellness, promoting and facilitating community inclusion, meaningful participation, and full citizenship as based on our philosophy of individualized supports.

Our employees are of the utmost importance to SEGSS, and we respect the importance of work-life balance.

Regardless of the nature of an employee’s working arrangement or position held within SEGSS, taking appropriate time to disconnect from work is necessary for health, safety, and wellbeing. This policy is intended to share SEGSS approach to disconnection from work, in accordance with the requirements of the Employment Standards Act, 2000 (ESA).

Definitions

“**Disconnecting from Work**” is defined as not engaging in work-related communications, including emails, telephone calls, video calls/meetings, or sending or reviewing other messages, to be free from the performance of work.

“**Emergency**” refers to an unexpected situation that requires SEGSS to communicate with an employee to address a critical business or support need which cannot wait until the employees regular working hours begin.

PROCEDURES:

A. Providing Copies of this Policy to Employees

SEGSS will provide a copy of this Policy to all employees though email or as requested otherwise, within thirty (30) days of the Effective Date. If any changes are made to this Policy, all employees will be provided with a copy of the updated policy within thirty (30) days of any amendments. In the case of newly hired employees, SEGSS will provide guidance and direction for review of this Policy within (30) days of the employee being hired, with reference within SEGSS Policies and Procedures.

B. General Communication Expectations

- 1. Employer** – SEGSS will abide by all requirements under the Employment Standards Act (ESA) regarding Disconnecting from Work and will keep apprised of any legislative developments, whereas this Policy may be updated or amended based on further legislated direction.

2. **Employees** – All Employees are expected to follow the guidelines and stipulations outlined within this Policy and are encouraged to speak to their immediate supervisor/manager, if they have any concerns or questions about their rights on Disconnecting from Work. In the situation of concerns/questions of a Direct Service Worker, the employee is encouraged to speak to their Team Coordinator of that specific team or the Team Coordinator of the Day.

C. Disconnection and Connection

1. Hours of Work

Based on the continuous and uninterrupted nature of the essential services provided by SEGSS, regular hours of work vary from one employee and one location to the next. Further, given the potential unpredictable nature of SEGSS operations, work outside of established working/support hours for any person or location, may be required from time to time.

All employees are encouraged to know and conduct their assigned work within their established work hours, subject to ensuring that they meet their responsibilities and that the needs of individuals supported by SEGSS are met.

With the exception of such time as work may be required outside of an employee's scheduled working hours (e.g., scheduled and emergency direct service coverage needs required on a team, on-call requirements as within the employee's contractual agreement necessary to deal with required or urgent matters that cannot wait until an employee's regular hours of work), SEGSS encourages employees who are off duty to disconnect from work.

2. Communications

Given that employees across SEGSS have differing hours of work and may be part of a team distribution list/call list, it is not possible to ensure that all communications are only sent during employee's scheduled or on-duty hours. All employees are expected to use their best judgement when determining whether to send a communication during a recipient's off hours. Similarly, all employees are expected to use their best judgement when determining whether to respond to a non-urgent communication received during their off hours (such as regular day off or vacation) and set reasonable expectations for response times, to include setting boundaries for email and phone calls by adjusting notifications, logging off when not scheduled or out of office messages.

Special Circumstance Communications: Employees continue to be expected to review and respond to communications from their employer and to participate in employer processes such as on-call duties if part of their contractual agreement, emergency communication where a response may be required (such as a requirement as part of a risk assessment where the employee may be at risk of an infectious illness or other health or emergency situations if otherwise not contacted)


For scheduling purposes, employees may be contacted outside of their scheduled hours for the purposes of offering coverage shifts to include scheduled and emergency coverage needs, where the scheduling cannot wait until employees next scheduled day of work; workplace investigations, employee management purposes (to include but not limited to absence management, accommodation planning for return to work, performance management) , communications and meetings that occur outside of an employee's regular working hours, as may be reasonably expected to ensure the management of employment and services

provided. These situations may require a time limited response. The respect and integrity of coverage assignment for scheduled and emergency coverage needs is within our on-call processes and scheduling system, to ensure that the available and trained Direct Service Worker on that team is contacted, as part of a team need for individualized support, therefore it is asked that employees confirm availability or non-availability within a reasonable amount of time, to allow the Team Coordinator or Scheduler to ensure coverage is in place, ensuring the support needs are met.

D. Non-Compliance Procedure

Any employee who may have questions or concerns with respect to the compliance within this Policy or respect for their time away from work should first speak with their immediate supervisor/manager to resolve the issue. In the situation of a concern/question of a Direct Service Worker, employees are encouraged to speak to their Team Coordinator of that specific team or direct to the Team Coordinator of the Day. In the event the issue is not resolved, the respective employee shall bring the issue forward for review to the Director of Human Resources or Executive Director. As an alternate, employees may also contact a representative from the SEGSS Working Group.

Note that this policy does not alter the terms of other policies or contractual obligations of or in relation to hours of work or working additional hours to meet the responsibility of their position and does not create a greater or more beneficial right in respect to Disconnecting from Work than those rights conferred by the minimum standards of the ESA.

	Policy Section: Human Resources	Policy: 5.25 Electronic Monitoring	5.25
Effective Date: October 11, 2022	Revision Date:	Board of Directors Approval: As per Ontario Legislation (October 11, 2022)	

PURPOSE:

The purpose of this Statement of Policy and Procedure is to inform employees of South-East Grey Support Services (SEGSS) (the Agency) on electronic monitoring and how and in what circumstances SEGSS electronically monitors employees and for the purposes for which the information obtained through electronic monitoring may be used by SEGSS.

POLICY:

South-East Grey Support Services (SEGSS) is committed to abiding by all obligations under Ontario’s Employment Standards Act, 2000 (ESA), and specifically for the purpose of this Policy, obligations which apply to electronic monitoring. As such, SEGSS is committed to informing its employees about the presence (if any) of electronic monitoring software or equipment either in the workplace locations or contained on SEGSS servers or programs and the purpose in which this information is monitored or collected.

When electronic monitoring is utilized, SEGSS will,

- a. Monitor only what is required to meet support and business operation needs, including, but not limited to regulatory, safety and security documentation and administrative requirements.
- b. Remain transparent in its monitoring efforts by maintaining updated procedures on what is monitored and how the information is used.
- c. Inform the employees of the systems with electronic monitoring capabilities and the appropriate data collected in the homes of supported individuals and other locations as applicable.

Responsibility required under this policy ensures,

- a. The responsibility of all employees to understand this policy and to ask questions of their Team Coordinators or immediate Supervisor.
- b. The responsibility of SEGSS Information Technology providers, administration support and management team to review electronic monitoring and to update this policy and staff as changes occur.
- c. The responsibility of the Director of Human Resources to ensure this policy is included with Orientation and added for review as updates are made.

PROCEDURE:

The use of electronic (video or audio) monitoring may be utilized for support needs and to enhance the health, safety, security, and protection of the physical property of individuals supported by SEGSS, all employees, visitors, and volunteers.

Definitions

- Electronic Monitoring is defined as any use of computers, internet or other electronic data compiled to determine employee activities. This could come in the form of Information Technology logs (where there is an ability to observe access to or through certain systems), review data usage of wireless phones and other access for SEGSS phones.
- An IP Address is a numeric identifier used in computer networking to identify a single host on a private network (Private IP) or to identify a network or shared host on the public internet (Public IP). The Public IP can sometimes be used to identify the location of a device connected to the internet.
- Timestamp means the date and time information is collected and/or access to a system or building.

Purpose of Monitoring Equipment

- SEGSS uses monitoring equipment in specific locations to ensure specific needs for support, safety, and security of Supported Individuals, SEGSS employees and SEGSS property and assets.

Reasons for Accessing the Electronic Records for Monitoring Equipment

- SEGSS will access the records from monitoring equipment for circumstances relating to identifying specific support needs, safety, and security of Supported Individuals, SEGSS employees and SEGSS property and assets.

Data Retention

- All data obtained by electronic monitoring in the workplace will be retained digitally with safeguards in place to allow minimal access through password-protected authorized personnel and will be retained for a period of time, as identified based on the reasons for collecting. Personal information will only be held longer in extraordinary circumstances or by law.

SEGSS Electronic Monitoring in Place

1. Information Technology

SEGSS has the following electronic monitoring equipment in place, as provided and managed by SEGSS Information Technology Support Provider.

- a. Email and internet used on SEGSS systems may be monitored to assist with adherence related to privacy, confidentiality, and risk reduction.
- b. Logs recorded in several systems, including SEGSS database, TEAMS, ZOOM and email with user timestamp and public IP address to ensure access is only provided to authorized users.
- c. An audit trail recording any changes to data, is maintained in SEGSS database to identify data changes made by users to help maintain data integrity.
- d. Firewalls/SPAM record access and access coming in and out of the network to assist with security, on what servers are being accessed on the internet by location devices, including application types. This record does not disclose detailed devices and is used to ensure security and network stability.
- e. For wireless SEGSS phones, a Management Application has a location tracking system to enable for assisting in the finding and securing of a device that is lost, stolen, last connected to the internet, and to also disable remotely, in the event it cannot be recovered.
- f. Data usage is collected on SEGSS wireless phones, to ensure efficiency and adequate bandwidth is being provided. The information indicates how much data a device uses but does not track what is being accessed.
- g. The installation of software applications on SEGSS systems are monitored and, in some cases, blocked to maintain system security.

See also Email Address Policy Section

Video Cameras and Recording equipment

These electronic monitoring devices are located,

- a. In specific support locations for identified support needs
- b. In public office parking lot locations, where video surveillance technology is used on SEGSS premises for deterring theft, vandalism, and ensure employee safety and security. Should illegal conduct be uncovered, video surveillance footage may be obtained by authorized Administration and disclosed to approved third parties.
 - Bathrooms, changing rooms, and other private spaces do not have video surveillance.
 - Video surveillance equipment will be clearly visible and marked with notices.
 - Video and audio in Support locations or SEGSS homes will be operated in a manner that minimizes privacy intrusion and that is necessary to achieve a legitimate purpose.
 - Employees working in Support locations or SEGSS homes where monitoring equipment is used will be provided information for awareness and training, as part of shadowing
 - Supported Individuals and/or their families will be provided information for awareness, for consent, about installed equipment.

- All monitoring equipment is conspicuous and operates to collect only the amount of information to be effective.
- In public locations where monitoring is in place, signs are posted within proximity of the equipment.
- If a copy of a recording must be made for support needs or for evidence purposes, it may be copied onto a permanent storage device and physically labelled with the date, time, and location of the recording.

2. Electronic Key and Code Access Monitoring

Electronic key and code access are provided to all active employees and employees on an approved leave of absence, for access to a building and/or a publicly restricted location.

- a. Employee access to and from the main office may be monitored for the purpose of safety and security.
- b. Direct Service Worker access to and from a specific support location may be monitored for the purpose of support needs, safety, and security.

4. Usage of Phones, Agency supplied Gas Cards and Agency Credit Cards

Human Resources/Finance Departments and other Management delegates may review an employee's,


- a. Phone bill for SEGSS wireless phones to facilitate the payment of any extra costs related to extra data usage, international/out of country travel or charges incurred outside of the agency phone plan.
- b. Phone bills for landline phones at Supported Individuals homes, for usage for bill payment purposes.
- c. Gas Cards designated to Supported Individual or Company Gas Cards, that may determine station location of purchase, for managing balance and replenishment of funds purposes.
- d. Agency supplied Credit Cards, for credit limit, and payment of balance purposes.

All Information obtained through electronic monitoring will be used only for legitimate purposes as outlined in this policy unless retained as part of an internal SEGSS investigation, criminal investigation, or court proceedings (Criminal or civil) or other specific use as approved by the Executive Director or designate.

Retention of this Policy

SEGSS will ensure that copies of this policy, including any subsequent revisions, are included in SEGSS Policies and Procedures until the policy may cease to be in effect.

Any questions regarding this policy should be directed to the Director of Human Resources or Executive Director. Any questions regarding electronic monitoring of a specific location of support or work location, can be directed to the immediate Supervisor or Team Coordinator of the specific location of support.

	Policy Section: 6. Health and Safety	Policy: 6.1 Accountability	6.1
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

It is the requirement of SEGSS, and its staff to maintain a safe environment for employees and Supported Individuals.


POLICY

Non-compliance with SEGSS Health and Safety Policies and Procedures or the requirements of the Occupational Health and Safety Act may result in discipline, up to and including dismissal.

PROCEDURE

It is the requirement of staff to report to their Supervisor or Team Coordinator any concerns relating to their working environment.

All employees have the shared responsibility of ensuring a safe and healthy working environment as outlined in the Ontario Occupational Health and Safety Act.

	Policy Section: Health and Safety	Policy: 6.2 Joint Health and Safety Committee	6.2
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

In keeping with the requirements of the Ontario Occupational Health and Safety Act, SEGSS shall ensure that the Joint Health and Safety Committee is in existence and operates.

It is the responsibility of SEGSS Joint Health and Safety Committee to identify workplace hazards and report same to the employer with recommendations according to the requirements of the Occupational Health and Safety Act.

Members of the Joint Health and Safety Committee shall participate in investigations and abide by obligations regarding critical injuries, in accordance with the requirements of the Occupational Health and Safety Act.

Health and Safety is a shared responsibility of both employees and employer. The Joint Health and Safety Committee provides a forum for both employer and employees to work together to:

- prevent accidents;
- identify and reduce health hazards;
- promote health and safety;
- ensure that employees are properly trained;
- provide orientation for new committee members;
- provide appropriate certification;
- investigate unsafe conditions; and
- make recommendations regarding health and safety.

POLICY

A Joint Health and Safety Committee shall be maintained for SEGSS The Joint Health and Safety Committee will be known as the SEGSS Joint Health and Safety Committee (JHSC)


Minimum personnel in the JHSC shall include:

- A Supported Individual (living in a SEGSS property)
- The Director of Human Resources
- A Team Coordinator or representative
- The Property and Assets manager/ Work Cooperative Supervisor
- Other elected employees

The names of the JHSC representatives shall be posted on the Health and Safety Bulletin Board.

SEGSS Joint Health and Safety Committee shall meet, and site inspections shall be conducted at least every four months.

A designated Team Coordinator shall ensure that a follow-up, as required, is completed in writing within 30 days of the receiving the inspection report and a follow-up report shall be presented to the next JHSC meeting.

	Policy Section: Health and Safety		Policy: 6.3 Emergency Planning	6.3
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	

PURPOSE

To comply with prevailing legislation.


To ensure that all staff are aware of Emergency Procedures. To maintain a healthy and safe working environment.

POLICY

See the Emergency Preparedness Binder appended to this document (not property specific).

PROCEDURE

Emergency procedures are contained in the Emergency Preparedness Binder. A complete copy of the document is maintained on file. Copies of the property-specific documents are kept at each SEGSS location and home.

	Policy Section: Health and Safety	Policy: 6.4 Hazardous Materials	6.4
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To comply with prevailing legislation.

To ensure the health and safety of Supported Individuals, SEGSS staff and the general public.

To promote good environmental stewardship practices.

POLICY

All SEGSS employees shall receive annual training regarding the handling and storage of hazardous materials.

All SEGSS staff shall handle hazardous materials in accordance with information contained in WHMIS and the Material Data Safety Sheets (MSDS)

All hazardous materials used or stored at SEGSS shall be properly handled, labelled and stored.

PROCEDURE

WHMIS refers to the Workplace Hazardous Materials Information System which is a regulation of the Occupational Health and Safety Act setting out how and when hazardous materials must be identified in the workplace.


Hazardous materials are biological, chemical or physical agents (or a combination of such agents) whose presence or use in the workplace may endanger an individuals' health or safety.

Team Coordinators or delegates shall:

- Ensure that a hazardous material is not used, handled or stored at a workplace unless the prescribed requirements concerning identification (labelling), material safety data sheets, storage and employee instruction and training are met.
- Identify all hazardous materials present on the worksite.
- Keep updated material safety data sheets for all hazardous physical agents that are present in the workplace.
- Train employees in the use of hazardous materials.
- Attempt to resolve any report of a hazardous condition received from an employee as soon as possible.

Staff shall:

- Report any hazard, unsafe conditions or contravention of the Occupational Health and Safety Act or SEGSS' Health and Safety Policy and Procedures to his/her Team Coordinator immediately, in writing.

	Policy Section: Health and Safety	Policy: 6.5 Accident Reporting	6.5
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To comply with prevailing legislation, to maintain proper records, and to assist in maintaining a safe working environment.

POLICY

SEGSS recognizes the responsibility for ensuring that services are provided in ways which promote the health, safety and welfare of the people supported by SEGSS.

SEGSS shall record and report accidents properly, in accordance with prevailing legislation.

PROCEDURE

Types of Serious Occurrence to be Reported Immediately:

- Any death of an individual while participating in a service.
- Any serious injury to an individual which occurs while participating in a service:
- Caused by the service provider.
- Accidentally.
- Self-inflicted/unexplained for which treatment is required.
- Any alleged abuse or mistreatment of an individual which occurs while participating in a service.
- Any situation where an individual is missing.
- Any disaster, such as fire, on the premises where a service is provided.
- Any complaint concerning the operational, or physical safety of the service.
- Any complaint made by or about an individual, or other serious occurrence concerning an individual receiving support that is considered by the service provider to be of a serious nature.
- Any use of physical restraint.

Staff Procedures for Reporting a Serious Occurrence:

If you are not sure whether an incident would be considered a Serious Occurrence, be safe and follow the procedures below:

- Seek appropriate emergency service attention (medical, fire, police).
- Take steps to address any continuing risk.
- Report the occurrence immediately, by telephone or in person if practical, to the Team Coordinator On-Call or Team Coordinator of the day.
- If unsafe to remain at the premises, then staff should remain as close as it is safe to remain, while

always ensuring the safety of the individual(s) supported.

The following reporting criteria and requirements are set out in the Occupational Health and Safety Act.

FATAL OR CRITICAL INJURY

The definition of a critical injury according to the regulations governing the Occupational Health and Safety Act is as follows:

A critical injury means an injury of a serious nature that:

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

If a person is fatally or critically injured from any cause at the workplace, SEGSS shall notify all of the following.

- A Ministry of Labour inspector, immediately by telephone,
- The Joint Health and Safety Committee, immediately by telephone or in person; and
- The director of the appropriate line branch (industrial, construction or mining) of the Occupational Health and Safety Division of the Ministry of Labour within 48 hours of the occurrence.

A fatal or critical injury report shall contain all of the following minimum information:

- The name and address of SEGSS;
 - The nature and the circumstances of the accident and the bodily injury sustained;
 - A description of any machinery or equipment that may have been involved in the accident;
 - The time and place of the accident;
 - The name and address of the person who was fatally or critically injured;
 - The names and addresses of all the witnesses to the accident;
 - The name and address of the physician, if any, by whom the person was or is being attended for the injury;
 - The steps taken to prevent a reoccurrence;
- The area where the accident occurred shall be cordoned off and the accident scene shall be left as it was until the Ministry of Labour can inspect the area.

Do not clean or remove anything from the scene; the accident scene can only be disturbed in the following circumstances:

- To save life or relieve human suffering;
- To maintain an essential public utility service or a public transportation system;
- To prevent unnecessary damage to equipment or other property.

EXPLOSION OR FIRE

If an explosion or fire causes injury to a person at a workplace and as a consequence that person is disabled from performing his or her usual work or requires medical attention, but that occurrence does not cause death or critical injury, SEGSS shall give written notice within four days of the accident to all of the following.

- The director of the appropriate line branch of the Occupational Health and Safety Division of the Ministry of Labour; and
- The Joint Health and Safety Committee.

An explosion or fire injury notice must contain all of the following minimum information:

- The name, address and type of business of SEGSS;
- The nature and the circumstances of the accident and the bodily injury sustained;
- A description of the machinery or equipment that may have been involved in the accident;
- The time and place of the accident;
- The name and address of the person who suffered the injury;
- The names and addresses of all the witnesses to the accident;
- The name and address of the physician, if any, by whom the person was or is being attended for the injury; and,
- The steps taken to prevent a recurrence.

OCCUPATIONAL ILLNESS

If SEGSS is advised that a worker has an occupational illness, it must give notice within four days of so being advised to all of the following:

- The director of the appropriate line branch (industrial, construction or mining) of the Occupational Health and Safety Division of the Ministry of Labour;
- The Joint Health and Safety Committee.

The occupational illness notice is to contain all of the following minimum information (wherever each matter is applicable):

- The name, address and type of the business of SEGSS;
- The nature and the circumstances of occupational illness and the circumstances which gave rise to

such illness;

- The period when the worker was affected;
- A description of the cause or suspected cause of the illness;
- The name and address of the person suffering the illness;
- The name and address of the physician, if any, by whom the person was or is being attended for the illness;
- The steps taken to prevent further illness.

NON-DISABLING INJURY

If an explosion or fire causes an injury that requires medical attention but does not disable the worker from performing her or his work, a record of the incident shall be kept in the SEGSS permanent records. The record shall contain all of the following information:


- The nature and circumstances of the accident and the injuries sustained;
- The time and the place of the accident;
- The name and the address of the person injured;
- The Team Coordinator to whom the injury was reported; and,
- The steps taken to prevent recurrence.

Please note: no written accident report shall be provided to the Ministry of Labour until it has been reviewed by the Executive Director.

INJURIES THAT RESULT IN EITHER MEDICAL ATTENTION OR A LOSS OF A WORK DAY.

If there is an incident/accident that results in either medical attention or the loss of a work day, then:

- An incident report form must be completed by the staff and forwarded to the Team Coordinator. The form must be completed by the Team Coordinator if the injured staff is unable to do so;
- Log if any item is used from the first aid kit.
- An investigation of the incident/accident shall be undertaken by the Team Coordinator.

	Policy Section: Health and Safety	Policy: 6.6 Driving SEGSS Vehicles	6.6
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To ensure the health and safety of SEGSS staff, volunteers and Supported Individuals while driving SEGSS vehicles.

POLICY

Qualifications:

- Drivers must have a G2 license for over three years, as required by SEGSS insurer.


PROCEDURE

All staff shall follow the safety and maintenance expectations of South-East Grey Support Services including but not limited to,

- Always operate motor vehicles safely and in accordance with the Highway Traffic Act.
- Always perform routine circle checks (lights, horn, brakes, oil, tires etc.) before driving the vehicle and enter on vehicle checklist.
- Report any problems immediately to Transportation Coordinator.
- A maintenance log for each vehicle shall be maintained.
- Be aware of possible hazardous spills or leakage and required clean-up procedures.

All accidents or incidents involving SEGSS vehicles shall be reported the Team Coordinator On-Call or Team Coordinator of the day.

If a police report is taken, the badge numbers of the police officers involved should be identified in the Incident Report.

	Policy Section: Health and Safety	Policy: 6.7 Operating SEGSS Plant and Landscaping Equipment	6.7
Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	

PURPOSE


To ensure the health and safety of SEGSS staff, volunteers and Supported Individuals while operating SEGSS plant and landscaping equipment.

POLICY

Training:

- All operators of plant and landscaping equipment shall receive the appropriate training to operate the equipment safely.
- Always operate equipment safely and in accordance with the operating instructions.
- Always perform routine safety checks (brakes, oil, tires etc.) before operating the equipment, and enter on vehicle checklist.
- Report any problems immediately to Team Coordinators.
- A maintenance log for each item of motorized equipment shall be maintained.
- Be aware of possible hazardous spills or leakage and required clean-up procedures.
- All accidents or incidents involving SEGSS plant and equipment shall be reported using the Incident Report form and submitted to a Team Coordinator.

If a police report is taken, the badge numbers of the police officers involved should be identified in the Incident Report.

	Policy Section: Health and Safety	Policy: 6.8 Equipment Standards and Maintenance	6.8
Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	

POLICY


SEGSS shall purchase equipment that meets the Canadian Standards Association guidelines (CSA).

SEGSS shall ensure that any equipment modification shall meet legislated standards.

PROCEDURE

Equipment maintenance for SEGSS-owned equipment will be conducted by the SEGSS appropriately qualified maintenance crew or by independent contractors as necessary. Maintenance will be recorded by the maintenance crew electronically using the Worx Hub.

All maintenance will be undertaken on a schedule frequency which is at least as frequent as recommended by the manufacturer.

	Policy Section: Health and Safety		Policy: 6.9 No Smoking/Vaping		6.9
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010		

PURPOSE


To maintain a healthy working and living environment for Supported Individuals and staff at SEGSS

POLICY

Smoking/vaping is not permitted in any and all SEGSS buildings, SEGSS vehicles, or any personal vehicles while providing support.

Smoking or vaping is not permitted within 9 meters of any entrance or exit of a building, or within 15 meters of any stored flammable liquids or portable containers containing such liquids as outlined by governing legislations.

Exceptions to this policy are allowed for Supported Individuals who wish to smoke or vape in their own home.

	Policy Section: Health and Safety	Policy: 6.10 First Aid	6.10
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To comply with prevailing legislation.

To ensure the Health and Safety of SEGSS employees and anyone using SEGSS services and facilities.

POLICY

SEGSS is vitally interested in the Health and Safety of its employees and those using its services and facilities, and as such it is committed to meeting the legislative requirements in this area.

SEGSS shall ensure that the legislative requirements regarding First Aid are satisfied at each of SEGSS' locations.

PROCEDURE

A First Aid Kit shall be available in every SEGSS location and vehicle.

Every Team Coordinator or Health and Safety Delegate shall be responsible for safeguarding the First Aid Kit and re-ordering new supplies as required.

Every Team Coordinator or Health and Safety Delegate shall be responsible for inspecting the First Aid Kit in his/her location every 6 months and recording the date of the inspection on the appropriate form inside the First Aid Kit to ensure contents meet the minimum requirements.

TRAINING


All staff at SEGSS shall receive Certified Level 1 First Aid with CPR training and shall receive recurrent training as required.

TREATMENT

First Aid treatment can usually be delivered by persons who hold a first aid certificate, using supplies contained in the workplace or vehicle first aid kit.

Log if an item is removed from the first aid kit.

An investigation of the incident/accident shall be undertaken by the Team Coordinator, if appropriate.

	Policy Section: Health and Safety	Policy: 6.11 Property Maintenance and Inspection	6.11
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To ensure that SEGSS properties are maintained in a safe and healthy condition in accordance with prevailing legislation, Building and Fire Codes.

To protect and enhance the economic investment in SEGSS properties.


POLICY

SEGSS will conduct regular inspections of all properties owned or rented by SEGSS to ensure that they are maintained in a safe and healthy condition and that they comply with the Building and Fire Codes.

Where SEGSS fulfils the role of landlord, it will act in accordance with the Residential Tenancies Act. Where SEGSS represents the interests of Supported Individuals in rented properties then SEGSS will assist the individuals to ensure that the property is properly maintained.

PROCEDURE:

The Team Coordinator or designated Supervisor will assign a Health and Safety delegate where appropriate, who will perform monthly checklists and duties to ensure the safety and continued monitoring and maintenance of SEGSS properties.

	Policy Section: Health and Safety	Policy: 6.12 Water Temperature	6.12
Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	

PURPOSE


To prevent scalding accidents at SEGSS properties

POLICY

All properties at which SEGSS supports individuals shall be fitted with a water temperature device which limits the faucet water temperature to a maximum of 49 degrees centigrade.

PROCEDURE

The water temperature at the hot water faucet shall be checked as appropriate per household to ensure that the water temperature device is correctly limiting the water temperature to 49 degrees centigrade.

	Policy Section: Health and Safety	Policy: 6.13 Public Health Information	6.13
Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010	

PURPOSE

To assist Supported Individuals in making informed choices about their health.

POLICY

SEGSS Direct Support Staff and Team Coordinators shall make public health information available to Supported Individuals in plain language and in such a manner as to be easily understood by the individual.



Policy Section:
Health and Safety

Policy:
6.14 Inclement Weather

6.14

Effective Date:
October 21, 2010

Revision Date:

Board of Directors Approval:
October 21, 2010

PURPOSE:

This policy is to provide guidance to Direct Service Staff regarding attendance at work during times of inclement weather.

POLICY:

Individuals supported by South-East Grey Support Services and their families depend on Direct Service Staff for their support. This may be increasingly important during periods of inclement weather when Supported Individuals may have additional needs.

Direct Service Staff are expected to make every reasonable effort to report to work during periods of inclement weather unless they are notified by a Team Coordinator that they are not to report. It is the responsibility of Direct Service Staff to have reliable transportation (including snow tires if necessary) and to ensure that access from their home to the road is maintained (i.e. by clearing their driveway of any obstruction).

Direct Service Staff who are at work when inclement weather persists shall not leave until replacement Direct Service Staff arrives or a Team Coordinator has a plan in place for coverage so that they can leave.

Direct Service Staff need to consider alternate means of transportation (e.g. taxi, ride share) during periods of inclement weather.

Direct Service Staff who are unable to attend work will not be paid. At their option, Direct Service Staff may use vacation hours, if available. Discretionary pay will be available if area and/or local roads are closed by Ministry of Transportation of Ontario (MTO) or police. Direct Service Staff calling in sick during a storm may be required to provide a medical practitioner note if discretionary pay is to be claimed.

Closure of either office, use of SEGSS vehicles for transportation and other service changes will be made with the authority of the Executive Director or designate.

All Direct Service Staff are expected to exercise good judgment and not expose themselves or Supported Individuals to undue risk. Weather conditions are subject to change, therefore constant communication with the Team coordinator or designate must be made regarding the ability to attend work.

PROCEDURE:


If unable to attend work due to inclement weather call the Team Coordinator On-Call (519-924-2543) to describe the reason for not attending. Direct Service Staff are expected to make every reasonable effort to report to work during periods of inclement weather unless they are notified

by a Team Coordinator that they are not to report. Staff may be expected to attend at more localized sites to assist in providing supports subject to such inclement weather.

All Direct Service Staff are expected to exercise good judgment and not expose themselves and Supported Individuals to undue risk.

If inclement weather conditions persist at the end of your shift – call the Team Coordinator On-Call (519-924-2543) to ask if it is permissible to depart.

If calling in sick during inclement weather the Direct Service Staff may be required to provide a medical practitioner note if discretionary pay is to be claimed. If requested, a medical practitioner note should be submitted with the claim for discretionary pay.

	Policy Section: Health and Safety	Policy: 6.15 Management of Workplace Injury and Sickness Insurance Claims	6.15
	Effective Date: October 21, 2010	Revision Date:	Board of Directors Approval: October 21, 2010

PURPOSE

To ensure that insurers’ claims are properly managed.

POLICY

Employees and administration must cooperate in order to ensure that the best possible management of insurers’ claims are achieved.


PROCEDURE

Employees’ Responsibilities

- To report to their Team Coordinator or Supervisor any workplace injury, illness or any hazardous conditions at the workplace as soon as possible.
- To facilitate their return to work as soon as possible, employees must maintain contact with their Team Coordinator or Supervisor at least bi-weekly (every other week) while off work;
- The employee must provide information regarding their current condition to the Team Coordinator or Supervisor to set up suitable modified duties;
- The employee must cooperate with SEGSS in determining a suitable return to work;
- Employees are also responsible for supporting co-workers on accommodated assignments.
- To provide a doctor’s note for absences of more than 3 consecutive days.

Team Coordinator/Administrative Staff Responsibilities

- To ensure that all employees are trained and instructed in safe work procedures;
- To properly complete and forward all injury report documentation, including sending a copy of the incident report to the Director of Human Resources within 24 hours of the injury;
- To maintain contact with the injured employee (at least bi-weekly);
- To whenever possible, offer work accommodation to the injured employee;
- To update and consult with the Director of Human Resources as to how to implement such accommodation.

	Policy Section: Health and Safety	Policy: 6.16 COVID-19 Vaccination for all Staff	6.16
	Effective Date: August 6, 2021	Revision Date:	Board of Directors Approval: April 15, 2021

POLICY:

South-East Grey Support Services (SEGSS) is dedicated to ensuring the health and safety of all individuals supported, their families, primary caregivers, employees, students, volunteers, and alternative support providers. The purpose of this policy is to assist in providing a safe work environment for employees, students, volunteers, and alternative support providers, and to ensure the health and safety of individuals supported, their families and primary caregivers.

This policy refers to SEGSS prospective and existing employees, students, and volunteers, collectively referred to herein as ‘staff’, unless otherwise noted and has been created, as SEGSS aims to:

- a. Reduce the risk, exposure, transmission, and acquisition of COVID-19 and Variants (an infectious disease as defined within Ontario Public Health)
- b. Provide a policy that acts as a reasonable and necessary measure to prevent, respond to, and alleviate the outbreak of COVID-19 and the associated risks to individuals supported, of whom may be medically fragile and/or may not be able to comply with social distancing and infectious disease transmission prevention protocols.
- c. Comply with obligations under the Occupational Health and Safety Act (OHSA) to take every reasonable precaution in the circumstances to protect staff and to comply with regulations.
- d. Inform staff of their immunization options and alternatives to immunization that may need to be adopted to address safety risks associated with declining immunization.
- e. Demonstrate the Agency’s commitment to accommodating staff who are unable to be vaccinated for human rights related reasons, where possible without undue hardship.

For the purpose of this policy, a person is considered fully vaccinated if they have received the full required doses of an approved COVID-19 vaccine, under Health Canada, 14 days prior to risk assessment.

Human Rights related restrictions may include medical/disability or religious restrictions, as outlined under the Ontario Human Rights Code (OHRC).

PROCEDURE:

1. [Support for Vaccination](#)

SEGSS strongly encourages and supports vaccination against COVID-19. This support is guided by the Provincial and local Public Health and our funder, the Ministry of Children, Community and Social Services. If an employee experiences side-effects following receipt of the COVID-19 vaccine or experiences COVID-19 symptoms and is required to be away from work, they may be eligible for

approval to be paid through their eligible employee discretionary hours or other relevant leave options available to them.

2. Disclosure Requirements of Vaccination Status

SEGSS requires that all staff and alternative support providers provide the following information:

- a. Disclosure of vaccination status (and regular updates regarding subsequent vaccination status) through proof of COVID-19 vaccination.
- b. Where accommodation is requested under the OHRC, by staff declining vaccination, confirmation of the reasons for declining vaccination, with proof of same where reasonably necessary; and
- c. Where declining vaccination for reasons not protected under the OHRC, confirmation of same.
- d. Refusal to provide such information will result in the staff being considered unvaccinated for reasons that are not protected under the OHRC.

3. Risk Assessment

Where a staff declines COVID-19 vaccination or unvaccinated, SEGSS will perform a risk assessment to determine whether alternative precautionary measures are required to address the risk of supporting/working while unvaccinated. The risk assessment will consider the following factors to include, but not limited to:

- a. The Regional Risk level as determined in accordance with the province's assessed risk for Grey Bruce Public Health Unit (or the region in which the person resides, whichever Risk level is higher). Current designations for all regions in Ontario will also be taken into consideration.
- b. The nature of support such as level of personal care and whether the supports involve close contact, enclosed spaces, crowded places, forceful exhalation, and prolonged exposure.
- c. The nature of supports, such as multiple individuals being supported by support staff
- d. The needs of individuals accessing support with respect to service provision (i.e., whether the services being provided are essential to the life, health, and safety of the person or whether services are primarily recreational and/or in addition to other essential services)
- e. The history and likelihood of outbreaks and compliance with alternative precautionary measures considering service settings, abilities and willingness of individuals supported and their families and primary caregivers.
- f. The timing and immunity as more vaccines become available.

4. Alternatives to Vaccinations

Unvaccinated staff and alternative support providers may be subject to alternative measures that are reasonable for the circumstances as determined based on the risk factors identified, contractual obligations with partnering entities, type of work performed (direct support, administrative or maintenance) the needs of individuals supported, vulnerability of others, service agreements, and in

accordance with the latest information and recommendations provided by Public Health. These measures may include, but not limited to:

- a. **Outbreak Protocols:** In the event of an outbreak (as defined by Public Health) at any location, SEGSS may determine, based on the recommendations, the degree of risk in the circumstances and the availability of vaccinated staff to exclude the unvaccinated staff from the outbreak location in which case such staff may be temporarily reassigned to alternate work or placed on an unpaid leave of absence.
- b. **Enhanced Precautions:** In situations other than outbreak at the unvaccinated staff's support or work location, alternative measures for an unvaccinated staff may include, but are not limited to:
 - i. leave of absence without pay (as a final resort and only where no other measure is possible that adequately responds to the risk and the needs of individuals supported).
 - ii. restrictions with other employment,
 - iii. changes or restrictions in support, work assignment opportunities,
 - iv. enhanced sanitization, screening, or Personal Protective Equipment (PPE),
 - v. such other measures as may be developed based on current Public Health information and the risks identified. These measures are in addition to all other policies and procedures or protocols that are in place for infection prevention and pandemic response for SEGSS staff. SEGSS reserves the right to determine and modify the measures applicable to any particular staff where reasonably necessary based on the particular risks involved in any specific case. SEGSS will endeavour to impose the least restrictive alternative measures possible for such staff while still ensuring the safety of all staff and individuals accessing support.

During a leave of absence, pay may be available for a defined temporary period through an employee's eligible discretionary hours or unused earned vacation pay.

- c. **Limitation on Work Activities:** In some circumstances, an unvaccinated staff may have reduced access to certain contracts, work activities and positions. For instance, support opportunities for an individual who is medically fragile may be limited to vaccinated staff where necessary, for the Supported Individual's health or based on their or their families' choice in the purchase of a service relationship, continuing restrictions on secondary employment activities in high-risk settings that may be imposed by the government under emergency orders, community events or by the agency in its policies.

5. Accommodation

Should prospective/new staff, existing staff, and alternative supports providers, decline the COVID-19 vaccination, once available to them, for reasons related to medical/disability or any other ground protected by the OHRC, SEGSS will request that staff identify to Human Resources within the Agency, that declining the COVID-19 vaccine was based on a ground protected by the OHRC. Staff will be asked to submit a Vaccination Declaration Form to request accommodation. SEGSS reserves the right to ask for information to substantiate the grounds. SEGSS is committed to human rights

accommodation up to the point of undue hardship. where a person is unable to be vaccinated for human rights protected reasons. Such situations will be assessed on a case-by-case basis through the use of a risk assessment to determine whether accommodation is possible without undue hardship. Where accommodation is not possible without undue hardship, a staff member may be subject to an unpaid leave. For prospective or new staff, the offer or contract may be required to be postponed or withdrawn. SEGSS will endeavor, subject to hardship and safety considerations to provide reasonable accommodation while continuing to ensure the safety of all staff, alternative support providers, individuals accessing supports and their family.

6. Other COVID-19 Protective Measures

All staff must continue to comply with SEGSS policies, protocols, and rules with respect to physical distancing, wearing a face mask, screening, PPE, sanitization, and other measures intended to reduce the risk of transmission of COVID-19.

7. Reporting and Record Keeping

Acceptable proof of vaccination will include a Dose Administration Receipt, provided by the Ministry of Health.

Information about vaccination status will be collected by SEGSS as such information is reasonably necessary to assess risk to individuals supported and staff. Vaccination records will be maintained, documenting COVID-19 vaccinations and unvaccinated status, in a secure manner and will only be collected, used, or disclosed as may be necessary for legitimate operational purposes or as directed or requested by governmental authorities. The vaccination related information will be managed in a manner that is consistent with existing policies related to the collection, use and disclosure of personal health information. Documents of proof and disclosure will be arranged through and secured by Human Resources.

This Policy will be regularly reviewed and updated to reflect the latest scientific research, guidance and legislation from the Ontario government, the Federal government, Grey Bruce Public Health, Ministry of Children, Community and Social Services and any other relevant health or legislative bodies.