



H.J. McFarland Memorial Home

Volunteer Handbook



***“We ourselves feel that what we are doing is just a drop in the ocean.
But the ocean would be less because of that missing drop”***

.....Mother Teresa

**H.J. McFarland Memorial Home
603 Hwy 49
Picton, Ontario
K0K 2T0**

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Introduction & Welcome

Welcome to H.J. McFarland Memorial Home! We are delighted that you have decided to share your time and talents with our residents and staff.

We have four Resident Home Areas Lilac Lane, Willow Wing (our secure area), Maplewood Walk and Whispering Pines. Each of our Home areas has a sitting area with chairs, couch, T.V. and fireplace. We have three dining areas, one is upstairs in Whispering Pines and the other two are downstairs; one in the Willow Wing and the other beside the auditorium. Our Auditorium is where most of our big activities take place, such as entertainment, monthly birthday parties etc. We also have a family room that can be reserved for Residents and their families to spend time together. They just have to book ahead of time with the Nutritional Supervisor.

Volunteers are an essential and vital part of our home. We are always eager to encourage people to work with us in a volunteer capacity. Anything that you have to offer means a great deal to many of the residents.

We appreciate your commitment more than we can say. The new face of a friendly and helpful Volunteer can brighten the daily routine for residents. We anticipate that you, as a volunteer, will also experience a high level of fulfillment when you look at the long-term results of your accomplishments.

We want to do our part to make sure you feel fulfilled and satisfied from your experiences at our home. For this to be possible, two things have to happen: open and honest communication between you and the staff, and residents of our home.

The information contained in this handbook provides you with not only important information about our home and its policies, but sets out guidelines for our relationship that will help each other's expectations.

***Thank you for sharing the best of yourself with the residents
and staff of H.J. McFarland Memorial Home.***





Leadership Contact Information

Should there be any questions or problems at any time, or anyone you need to contact, the following department heads are available and listed below:

CALL: 613-476-2138 AND DIAL THE EXTENSION AS NOTED BELOW

Administrator Monday – Friday 8:30am-4:30pm	Kim Mauro kmauro@pecounty.on.ca	Ext. 132
Nutritional Supervisor Monday – Friday 8:00am-4:30pm	Joe Chapman ichapman@pecounty.on.ca	Ext. 135
Environmental Services Supervisor Monday – Friday 8:00am-4:30pm	Joe Chapman ichapman@pecounty.on.ca	Ext. 139
Resident Quality Supervisor Monday – Friday 8:00am-4:30pm	Rachel Gillman rgillman@pecounty.on.ca	Ext. 134
Director of Care Monday – Friday 8:00am-4:30pm	Natasha Williams nwilliams@pecounty.on.ca	Ext. 141
Financial Officer Monday – Friday 8:30am-4:30pm	Karen Reddick kreddick@pecounty.on.ca	Ext. 143
Receptionist Monday – Friday 8:00am-4:30pm	Rachel Jeffery rjeffery@pecounty.on.ca	Ext. 131



H. J. McFarland Memorial Home

H.J. McFarland Memorial Home was built in 1975 with various additions to the building over the years. The home is on the outskirts of Picton within the County of Prince Edward. There are 84 residents who reside at H.J. McFarland and enjoy the person-centred approach to care and service. The employees are committed to enhancing the quality of life of the residents in our care.

We have four Resident Home Areas Lilac Lane, Willow Wing (our secure area), Maplewood Walk and Whispering Pines. Each of our Home areas has a sitting area with chairs, couch, T.V. and fireplace. We have three dining areas, one is upstairs in Whispering Pines and the other two are downstairs; one in the Willow Wing and the other beside the auditorium. Our Auditorium is where most of our big activities take place, such as entertainment, monthly birthday parties etc. We also have a family room that can be reserved for you and your family to spend time with your loved one, just book ahead of time with the Nutritional Supervisor.

Our mission is to provide compassionate, resident-centred care, incorporating freedom of choice, respect, dignity, and continuous quality improvement, in compliance with the long term care homes act.

Our Vision is to be the long term care home of choice in Prince Edward County

Our Values are:

Resident Centred Care

We put our residents first

Respect

For everyone connected to the Home

Safety

For everyone entering the Home

Autonomy

The ability of Residents to direct their own care, and make choices regarding their care

Our Moto is

“To know, To listen, To honour”

For more information about our home or other services within Prince Edward County, please feel free to visit us online at www.thecounty.ca



PHILOSOPHY & COMMITMENT

The philosophy of H.J. McFarland's Volunteer Programs is to:

- Enhance the quality of life for the residents and enrich the social environment at the home;
- Increase the opportunities for residents to connect with a wide variety of people from the community;
- Give residents someone they can rely on through friendship;
- Make the best possible use of the extensive knowledge, skills, and experiences of a diverse group of people;
- Increase opportunities for residents' participation: increase the number of activity programs;
- Provide our volunteers with the opportunity to share hobbies and interests with residents, staff, and families.

Every Volunteer can expect:

- To be treated as a member of our team;
- A suitable assignment with consideration for personal preference, skill, and education;
- To receive information about H.J. McFarland Memorial Home, including policies and programs that relate to volunteers;
- Training for the role and continuing education;
- Guidance and direction;
 - To be heard and to have a part in planning;
 - To allow and solicit suggestions;
 - To be recognized and appreciated.



VOLUNTEER CODE OF ETHICS

As a volunteer, you assume certain obligations & responsibilities, you should be prepared to:

- Make an honest effort to perform your volunteer activities to the best of your ability.
- Honour the commitment you make when starting your volunteer service.
- Be held accountable for your actions.
- Accept direction and leadership and follow the rules of the organization.
- Accept the general goals, methods and philosophy of the organization you work with.
- Notwithstanding the above, work within the organization to change what you do not agree with. Your comments, ideas and suggestions should be channeled into the organization.
- Keep confidential matters confidential.
- Cooperate with other volunteers and staff.
- Respect the organizations property, material and equipment.
- Learn new skills, accept new ideas and adapt to changing conditions.
- Since you are a volunteer, refuse any gifts or money.

These points guide you to your behaviour as a volunteer. They are not intended to cover every situation or provide a set of absolute standards. The way you conduct yourself will reflect upon all volunteers.

THE TEAM APPROACH

H.J. McFarland staff use an approach to care that is often referred to as “interdisciplinary.” Literally, this means people representing many disciplines (or Skills) provide care by inter-relating, or communicating well together. We depend on many people with a wide range of skills to provide the kind of quality care to our residents that is expected and that we expect of ourselves.

The disciplines that make up the interdisciplinary team include nursing, dietary, recreation, pastoral support, medical support, housekeeping, maintenance, laundry, rehabilitation, pharmacy and volunteers.

Quality care is the result when representatives from each of these disciplines come together with the residents and family for a meeting. The meeting, held at the home, is called a “care conference.” Staff depend on it to really understand the residents and their needs.

Volunteers are considered an important part of the interdisciplinary team at H.J. McFarland. Your visits with a resident are often meeting a very special and important need of that resident.

You are a welcome and valuable addition to our TEAM!





VOLUNTEER RESPONSIBILITIES

As a volunteer, your responsibility lies in three main areas:

- Responsibility to the residents;
- Responsibility to the H.J. McFarland Memorial Home;
- Responsibility to yourself.

The following guidelines will outline the responsibilities of a volunteer and can serve as a reference in your role at H.J. McFarland Memorial Home.

Remember, if in doubt, ask a staff member.

Responsibilities... TO THE RESIDENT

Behaviour

- When you visit a resident, you are a guest in his or her home. Your actions should reflect this. Please treat the property of others with respect. Never borrow a resident's possessions.

Commitment to Resident

- The Residents' Bill of Rights provides a framework of values by which we determine how we go about providing care and services to residents. We require that you become familiar with, and honour, our commitment to the Bill of Rights.

Confidentiality

- In your role as a volunteer, you may become aware of personal resident information that should be kept in confidence. A breach of confidentiality is considered a serious issue. If a resident tells you something you feel staff should know, encourage them to share the information with staff on their own, or ask for consent to do so for them. All volunteers are expected to sign a pledge of confidentiality before volunteering commences.

Dignity and Respect

- Treat others in the same manner in which you would like to be treated.

Errands

- Residents asking to have items purchased for them are asked to be directed to the Administration Office.

Falls

- In a situation where a resident has fallen, remain with the resident and call for help. Do not attempt to move or help a resident who has fallen.

Gifts

- Staff and volunteers are not permitted to take gifts from residents. If a resident is insisting on giving you a gift, take it and give it to the Administration Office, who will return the gift to the resident or family with an explanation and rationale pertaining to policies and procedures.

Illness

- Inform the registered nurse if you notice a resident showing signs of illness.
- If you become ill while volunteering, please report to the Administration Office and sign out.

Incidents

- Incidents, injuries or suspected abuse (verbal or physical) should be reported to the Administration Office, charge Nurse or Director of Care immediately.

Infection Control

- The immune systems of the elderly are fragile. Please wash your hands before and after contact with residents, before eating, drinking or handling food, after visiting the bathroom, blowing your nose, or covering a sneeze. Do not come into the home feeling ill. Inform the appropriate individual at the home when you are unable to attend as soon as you know you are unable to come.



Legal and Financial Matters

- Under no circumstances should volunteers sign legal documents or in any way become involved in a resident's legal or financial affairs. Refer all such requests to the Administration Office or Director of Nursing.

Lift and Transferring Residents

- Volunteers must not lift or transfer a resident; if a resident requires assistance with lifting, call a staff member.

Meals

- You may help residents in preparation for eating. However, volunteers are not permitted to feed residents without specific training and supervision. If you see someone requiring help, please approach staff.



Police Record Check

- We have a vulnerable population that we serve; therefore we require a current police record check as one of the screening tools utilized prior to volunteer work. This process can be discussed with the Administration Office.

Privacy

- Please respect the resident's right to privacy. For example, always knock before entering the resident's room.

Prohibited Items

- Alcohol, medications, cigarettes, matches, or lighters cannot be purchased for or given to residents by volunteers.

Residents Requests

- Please refer any residents' requests such as bathroom care or removing safety equipment, to the nursing staff.

Safety

- When walking with residents, ensure that the pathway is clear of obstructions. If you notice a spill on the floor, contact a staff member immediately.

Taking Residents Out of their Unit

- Inform the charge nurse where you are going and which residents are with you.

Taking Resident Out of Willow Wing

- Please don't take residents out of the Willow Wing.
- If you are, and have cleared this with the RN/RPN inform them where you are going and who you are taking out of the Willow Wing. If at any time the residents become restless please take them back to the Willow Wing and inform the charge nurse.

Wandering/Missing Residents

- If you notice a resident wandering away from the building, notify the nearest staff member immediately.



Responsibilities... TO THE HOME

Appearance

- As a sign of respect for residents, please wear clothing that is clean, neat, professional, and in good repair. Please avoid perfumes and scented shaving lotions, as some residents, staff, and family members suffer from allergies. We also ask that you keep jewellery to a minimum, as it can easily scratch or tear a resident's fragile skin.

Commitment

- Your commitment to your role is vital to us, and residents grow to depend on you. Please let us know if you are unable to continue in your volunteer role. If you are unable to be here at the appointed time, phone or email the Administration Office or a delegate as soon as possible. Please notify us if there is a change in your phone number, address, or a change in your emergency contact person.

Fire Plan

- Where the human element exists, there is a possibility of accidental fires. The best precaution is still prevention. If you notice anything suspicious, such as smoke etc., please report it immediately. Immediately report to the main entrance with any fire emergency/ fire drill. If you are unsure ask a staff member. All volunteers must review the emergency response plan and sign off after review. The Fire Plan and Emergency Response Plan is located at the communication board outside the information board.

Name Tags

- Please wear the supplied name tag while in the facility to assist both the residents and staff in identifying you.

Orientation

- We require all volunteers to attend a volunteer orientation offered by the home. This is our opportunity to further ensure that you have adequate knowledge to fulfill your role as a volunteer.

Parking

- You may park in the parking lot at the front or rear of the building. Please use furthest parking spots to allow for resident visitors/families to park closer to the front entrance.

Sign-In Procedures

- All volunteers are asked to sign in before assuming their duties at the home. We need to know when you are in the building for safety reasons. We also need to track accumulated hours for the entire volunteer program. The volunteer sign in book is located outside the administration office.

Smoking

- H.J. McFarland is a non-smoking building. You may not smoke in any area inside the building. However, you may smoke at the back of the building on the far side of the parking lot. All smoking must take place at least 9 meters from any entrance.

Statutory Holidays

- You are not expected to come into the facility on a holiday, unless you choose to.

Telephones

- Do not use a resident's phone. Please restrict incoming personal calls to urgent situations. If you require the use of a phone, ask staff to assist. Kindly place cell phone on mute/vibrate while in the home.



Responsibilities... TO YOURSELF & Communication

- If at any time you don't know what to do, or have concerns or suggestions, please do not hesitate to ask. There may be a time when you feel you would like a change in assignment or duties. If you feel this way, please see the Resident Quality Supervisor.

Education Opportunities

- We encourage you to attend any and all staff education sessions in which you may be interested in. If you have any suggestions for in services please see the Administration Office.

WHMIS

- There should not be a need for handling hazardous substances/chemicals/ cleaners etc. but if they are used please read any labels before using the product properly. Example: craft items, paint, glue etc. The MSDS binders are located on the 1st and 2nd floor Nursing Station and the Administration Office.



RESIDENT'S BILL OF RIGHTS

JULY 1, 2010

Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.

6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the *Personal Health Information Protection Act, 2004* kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home.



ZERO TOLERANCE OF ABUSE AND NEGLECT

POLICY:

All residents have the right to dignity, respect, and freedom from abuse and neglect. The Organization has a *Zero Tolerance policy* for resident abuse and neglect. Abuse and neglect are not tolerated in any circumstance by anyone and may result in termination of employment and/or criminal charges. Any deviation from this standard will not be tolerated.

This policy and procedure will be included in all resident admission packages.

All employees, volunteers, agency staff, private duty caregivers, contracted service providers, residents, and families are required to immediately report any suspected or known incident of abuse or neglect to the Director of MOHLTC and the Executive Director/Administrator or designate in charge of the home. Abuse for this reporting is defined as:

- a) **Improper or incompetent treatment or care** of a resident that **resulted in harm** or a **risk of harm** to the resident.
- b) **Abuse** of a resident by anyone or neglect of a resident by the licensee or staff that resulted in **harm** or a **risk of harm** to the resident.
- c) **Unlawful** conduct that resulted in **harm** or a **risk of harm** to a resident.
- d) **Misuse or misappropriation** of a resident's money.
- e) **Misuse or misappropriation of funding** provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).

Support and/or counseling will be offered to all victims of alleged abuse/neglect and the alleged abuser.

All those who voice their concerns will be protected under the Organization's *Whistle Blower Policy*. The *Whistle Blower Policy* provides anonymity (unless required by judicial or government subpoenas, warrants, or orders) to the person who reports abuse or neglect and protects that person from any potential retaliation.

"Every person is guilty of an offence who includes in a report to the Director under subsection (1) information the person knows to be false" (Long Term Care Homes Act, sec. 24, 2007).

The *Abuse & Neglect Policy* will be reviewed annually and revised as necessary.

Annual mandatory education will be provided to all staff. This training will include criteria as outlined in the LTCH Act and *Whistle Blower Policy* information.

If any employee or volunteer witnesses an incident, or has any knowledge of an incident, that constitutes residents abuse or neglect; all Staff are responsible to immediately take these steps:

1. Stop the abusive situation and intervene immediately if safe for them to do so while ensuring the safety of the resident.
2. Remove resident from the abuser, or if that is not possible, remove the abuser from the resident if safe for them to do so while ensuring the safety of the resident.
3. Immediately inform the Director of Care/ Administrator and/ or Charge Nurse in the home.

THERE'S NO EXCUSE FOR ELDER ABUSE.

DUTY TO REPORT

POLICY:

All residents have the right to dignity, respect, and freedom from abuse and neglect. The Organization has a *Zero Tolerance policy* for resident abuse and neglect. Abuse and neglect are not tolerated in any circumstance by anyone and may result in termination of employment and/or criminal charges. Any deviation from this standard will not be tolerated.

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- h) ***Unlawful*** conduct that resulted in **harm** or a **risk of harm** to a resident.
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The *Abuse & Neglect Policy* will be reviewed annually and revised as necessary.

Annual mandatory education will be provided to all staff. This training will include criteria as outlined in the LTCH Act and *Whistle Blower Policy* information.

PROCEDURE:

If any employee or volunteer witnesses an incident, or has any knowledge of an incident, that constitutes resident abuse or neglect; all Staff are responsible to immediately take these steps:

- 1) **Stop** the abusive situation and intervene immediately if safe for them to do so while ensuring the safety of the resident.
- 2) **Remove** resident from the abuser, or if that is not possible, remove the abuser from the resident if safe for them to do so while ensuring the safety of the resident.
- 3) **Immediately inform the Administrator and/or Charge Nurse in the home.**

The Charge Nurse will:

- 1) **Check** the resident's condition to assess his/her safety, emotional, and physical wellbeing. If required, immediate medical attention must be sought, either by contacting the attending Physician or transferring the resident to a hospital.
- 2) **Provide support** to the staff member reporting the incident (if applicable).

The following MUST occur:

- a) **Report incident to the local Police (OPP)**
- b) **Immediately report the incident to the Director of Care and/or Administrator and the MOHLTC Director following these instructions:**

Monday to Friday 8:00 am to 5:00 pm: The Director of Care, the Administrator or the Resident Quality Supervisor will take the action to **immediately** notify the Ministry of Health and Long-Term Care by initiating the online Mandatory Critical Incident System (MCIS) form using the mandatory report section.

AFTER HOURS: **If outside of normal business hours, the Charge Nurse MUST** call the MOHLTC toll-free Action Line/Pager at **1-888-999-6973 immediately**. (Staff who do not have access to the MOHLTC online Mandatory Critical Incident System (MCIS) form **must** call 1-888-999-6973.)

Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

- a) ***Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.***
- b) ***Unlawful conduct that resulted in harm or a risk of harm to a resident.***
- c) ***Misuse or misappropriation of a resident's money.***
- d) ***Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).***

Staff should be prepared to discuss their suspicion and the information upon which it is based to the (MOHLTC) Director.

***all homes are to use the MOHLTC decision making trees for abuse to determine appropriate course of action and timelines**

- 3) **Inform** the Power of Attorney for Care or the family **immediately** of the alleged abuse if the incident has caused harm, pain, or distress to the resident (all other incidents must be communicated within 12 hours) and the current status of the resident, assuring them of the resident's safety. Advise the resident's representative that an investigation will be carried out immediately, and communication with them will remain open.
- 4) Contact the Administrator or designate (if not in the home) when it is confirmed that the resident is safe and has received appropriate care.
- 5) After obtaining resident or resident's representative consent, take photographs demonstrating evidence of the abuse, if applicable.
- 6) Document the current resident status on the resident's record and complete a Critical Incident Report.
- 7) Update the care plan as appropriate, ensuring that direct care staff are made aware of current resident status.

The Administrator or designate, at the time of immediate notification by staff, will:

- 1) Determine whether or not the employee should be sent home immediately. If so, the employee must be told that he/she is being sent home with pay, pending investigation of the incident. Additionally, it is clearly communicated at this point of the investigation that this action does not constitute disciplinary action, but dependent upon the outcome of the investigation disciplinary action may ensue. The employee has the right to request union representation.
- 2) Immediately notify the Police of any alleged, suspected, or witnessed incident of abuse or neglect of a resident which **may constitute a criminal offence**.
- 3) Notify the Vice President, Operations of the current situation and any other applicable head office department (e.g. Human Resources, EVP Operations).

The Investigation

- 1) The Administrator or designate initiates the investigation by requesting that anyone aware of or involved in the situation write, sign, and date a statement accurately describing the event, reiterating anonymity and protection against retaliation.
- 2) The alleged abuser is also asked to write, sign, and date a statement of the event.
- 3) The written statements are obtained as close to the time of the event as possible.
- 4) All investigative information is kept in a separate report from the resident's record.
- 5) The Administrator or designate interviews the resident, other residents, or persons who may have any knowledge of the situation. If possible, include a management witness during interviews with all residents. The witness takes detailed notes of the conversation.
- 6) If statements have been written, the Administrator or designate interviews those persons completing the statements after the statement has been written.
- 7) The Administrator or designate interviews the alleged abuser. If the alleged abuser is an employee, interview the employee in the presence of union representation. If the employee refuses union representation, interview the alleged abuser in the presence of a witness.
- 8) If there is reason to believe that abuse has occurred, the Administrator will notify:
 - The Police, if there is reason to believe that a criminal offense has been committed
 - The employee's regulatory body if the employee is a Regulated Health Professional and the reporting criteria has been met
- 9) All staff must report the incident to either the Administrator or the Director of Care if nurse in charge/supervisor does not take action in accordance with this procedure.

- 10) An Inter-professional Team Debriefing meeting must be arranged as soon as feasible to debrief the events of the incident, discuss strategies to prevent reoccurrence, review and revise resident care plan as needed, and communicate results with the resident/POA.
- 11) The Resident/Family/Representative and alleged abuser are offered emotional support and provided with a list of internal resources, including the social worker, pastoral care, and external local resources as available.

Prevention and Advocacy

The Organization advocates and practices strategies for prevention of resident abuse and neglect through:

- A clearly defined and communicated statement of Mission and Values.
- Documentation of at least two positive reference checks before hiring new staff and volunteers.
- Criminal Police Check for all new staff.
- Staff orientation and annual in-services, which will include:
 - Information regarding zero tolerance for abuse and neglect, and staff responsibilities to report incidents of abuse and neglect as found in the *Resident Abuse & Neglect Policy* and the *Whistle Blower Policy*
 - Residents' Bill of Rights
 - Standards of Conduct
 - Training on the relationship of power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power, and responsibility for resident care
 - How to manage residents with challenging responsive and aggressive behaviors
 - Discussions addressing "Care for the Caregiver" such as stress reduction, domestic abuse, health promotion programs, values clarification, and debriefing sessions after resident aggression.
- All managers demonstrate a commitment to our *Zero Tolerance Policy* and actively support staff, residents, and family who intervene and report an alleged or suspected incident of abuse and/or neglect while applying the Organization's *Whistle Blower Policy*.
- Discussion of the *Abuse and Neglect Policy* during each resident admission and including a copy of the policy with each admission package.
- Recognition of stresses found in the workplace and taking action to mitigate these stresses through education, training, and support.
- Promotion of an open door policy so that employees under personal stress feel supported through the services of an Employee Assistance Program.
- Demonstrating commitment to a Zero Tolerance policy and supporting staff, families, and residents who intervene and report suspected abuse and neglect.
- Person(s) involved in causing the abuse or neglect will be encouraged to seek the counseling of their choice.

Evaluation and Quality Improvement

The Administrator and the Inter-professional Team will evaluate and develop quality improvement strategies to prevent and reduce incidents of abuse and neglect by:

- Reviewing all reported incidents and outcomes of abuse and neglect.
- Reviewing and evaluating all current strategies and practices.
- Reviewing current orientation and educational plan for abuse and neglect.
- Developing and implementing improvement strategies for the prevention and management of abuse and neglect based on recognized evidence based practices.

- Keeping a written record of each evaluation which will include dates, names of persons participating in the evaluation, a summary of changes made, and the date the changes were implemented.

References:

eLearning modules on Prevention of Abuse and Neglect
 College of Nurses of Ontario Standards: Abuse
 College of Nurses of Ontario Standard: Therapeutic Nurse-Client Relationship
 College of Nurses of Ontario Abuse of Nurses
 MOHLTC Act and Regs 2007



Respect in the Workplace

HR 136 RESPECT IN THE WORKPLACE POLICY -HARASSMENT AND VIOLENCE
Originating Document: CW-326-2010 #7,10 Effective Date: September 28, 2010

Last Modified:

This policy replaces three previous policies:

HR 135 Respect in the Workplace;

AD 150 Workplace Harassment;

HR 275 Violence in the Workplace,

in order to comply with legislation enacted by Bill 168 The Occupational Health and Safety Amendment Act - Violence and Harassment in the Workplace

1.0 Purpose:

The Corporation of The County of Prince Edward is committed to providing and maintaining a work environment that is based on respect for the dignity and rights of everyone in the organization. It is the municipality's goal to provide a healthy and safe work environment that is free of any form of harassment or violence.

2.0 Scope:

2.1 This policy applies to all employees, 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
- during work-related travel
- at restaurants, hotels or meeting facilities that are being used for business purposes

- in municipal owned or leased facilities
- during telephone, email or other communications; and
- at any work-related social event, whether or not it is sponsored by the municipality

2.2 This policy also applies to situations in which you are harassed or subjected to violence in the workplace from individuals who are not employees of the organization, such as customers and suppliers, although the available remedies may be constrained by the situation.

3.0 Definitions

3.1 Discrimination

Workplace 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 are:

- 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

3.2 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 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

3.3 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, 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 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.

3.4 Workplace Harassment and Bullying

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

The *Occupational Health and Safety Act* defines **workplace harassment** as:

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

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

- it is generally repetitive, although a single serious incident may constitute workplace harassment if it undermines the recipient's psychological or physical integrity and has a lasting harmful effect

- it is hostile, abusive or inappropriate
- it affects the person's dignity or psychological integrity; and
- it results in a poisoned work environment.

In addition, behaviour that intimidates, isolates or discriminates against the recipient may also be included.

Some examples of workplace harassment are:

- 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 rumors
- 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 material
- 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

What Isn't Harassment

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

- measures to correct performance deficiencies, such as 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, supervisor to employee and employee to supervisor.

3.5 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*.

3.5.1 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 is defined broadly enough to include 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 physically attack a worker
- 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.

3.5.2 Domestic Violence

If you are experiencing domestic violence that would likely expose you, or other workers, to physical injury that may occur in the workplace, we will take every precaution reasonable 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.

The municipality appreciates the sensitivity of these issues and will do our best to assist you as discreetly as possible while maintaining your privacy.

4.0 Preventing Harassment and Violence

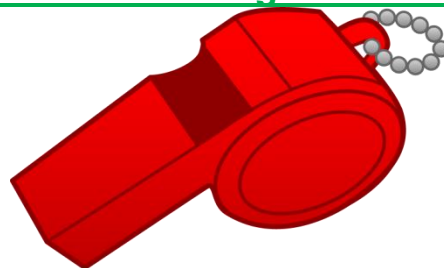
It is our mutual responsibility to ensure that we create and maintain a harassment and violence-free workplace and address violence and/or the threat of violence from all possible sources (including customers, clients, employers, supervisors, workers, strangers and domestic/intimate partners).

4.1 The Corporation of The County of Prince Edward's Commitment

The municipality will do its part by not tolerating or condoning discrimination, harassment or violence in the workplace. This includes making everyone in the municipality aware of what behaviour is and is not appropriate, assessing the risk of workplace violence, investigating complaints and imposing suitable corrective measures.



Whistle-Blowing Protection



DEFINITION

A whistle-blower is a person who raises a concern about wrongdoing occurring in an organization or body of people. Whistle-blowers frequently face reprisal, sometimes at the hands of the organization or group which they have accused.

RESPONSIBILITY

- All Staff
- All Management
- All Volunteers
- All Residents
- All Students
- All Visitors

PREAMBLE AND PURPOSE

This policy is part of H.J. McFarland Memorial Home's ongoing efforts to identify and respond to any conduct that may pose a risk of harm to residents or staff, or the operation of the Home. This policy reflects the strong whistle-blowing protections in the Long-Term Care Homes Act, 2007 (the "LTCHA"), and reporting under this policy will assist the Home in meeting the requirements of the LTCHA in this and other areas.

Section 26 of the LTCHA forbids retaliation or threats of retaliation against a person for disclosing anything to an inspector or the Ministry of Health and Long-Term Care Director/Administrator, or for giving evidence in a proceeding under the LTCHA or during a coroner's inquest. Under section 26, employees, supervisors and managers cannot discourage these disclosures.

The purpose of this policy is as follows:

- To encourage and enable reporting within the Home relating to breaches or suspected breaches of the Homes' policies, procedures or standards, and legislation that applies to the Home;
- To ensure that there is no retaliation against those who make reports in good faith under this policy; and
- To ensure compliance with reporting and whistle-blowing provisions of the LTCHA.
- To ensure compliance with the H.J. McFarland Memorial Home's Code of Ethics.

POLICY

Staff Reporting

Any employee who is aware of or suspects any of the following must report it as soon as possible in accordance with the reporting procedures in this policy:

- Improper or incompetent treatment or care of a resident; or unlawful conduct that affects or may affect a resident.
- Abuse of resident by anyone, or neglect of a resident by an employee of the Home. This includes misuse or misappropriation of resident property.
- Verbal complaints concerning resident care or operation of the Home.
- Breach of the Homes' policies, standards, procedures or by-laws, or breaches legislation or government policy that applies to the Home, including the LTCHA and its regulations.
- Any retaliation against a person for making a report under this policy, or for disclosing anything to an inspector of the MOHLTC Director, or for giving evidence in a proceeding

under the LTCHA or in a coroner's inquest or disclosure to any supervisor or manager of the home.

Staff Reporting and Mandatory/Immediate Reporting under the LTCHA

Staff should be aware that section 24(1) (see Appendix A) of the LTCHA requires certain persons to make immediate reports to the MOHLTC Director where there is a reasonable suspicion that certain conduct or event occurred or may occur. Staff should immediately report through this policy any conduct or events that may lead to a mandatory/immediate report under section 24(1). Staff should also understand that it is an offence under the LTCHA to discourage or suppress a section 24(1) report.

No Retaliation or Discouragement of Reports

The Home will protect employees from harassment, coercion, penalty or discipline in the context of the following:

- Reports in good faith under this policy, and
- Disclosure of anything to an inspector or the MOHLTC Director, or giving evidence in a proceeding under the LTCHA or during a coroner's inquest or disclosure to any supervisor or manager of the Home.

The Home will protect a resident (and his or her family members, SDM, and persons of importance) against any threats or discrimination in connection with the resident's disclosure of anything to an inspector or the MOHLTC Director, or his or her giving evidence in a proceeding under the LTCHA or during a coroner's inquest or disclosure to any supervisor or manager of the Home.

Employees must not do anything to discourage any of the following:

- Reports under this policy,
- Mandatory/immediate reports under the LTCHA, and
- Disclosures to an inspector or the MOHLTC Director, or the giving of evidence in a proceeding under the LTCHA or during a coroner's inquest or disclosure to any supervisor or manager of the Home.

An employee who retaliates, threatens a resident, or discourages a report in breach of this policy may be subject to disciplinary action, up to and including dismissal or removal from the Home.

Reporting in Good Faith

In making a report under this policy a person must not act maliciously or in bad faith. A person who makes a report maliciously or in bad faith may be subject to disciplinary action, up to and including dismissal or removal from the Home.

PROCEDURE

A. Reporting

- The Home will process and respond to reports of resident abuse and neglect through its Policy to Promote Zero Tolerance of Abuse and Neglect.
- The Home will process and respond to verbal complaints through its complaints policy/procedures.
- All reports under this policy should be a staff member's immediate supervisor or manager. Where an immediate supervisor is implicated, or where an employee is

uncomfortable reporting to their supervisor, the report should go any other member of senior management, the departmental manager or the Administrator.

- Reports concerning management staff members should be to the Administrator; or if the report implicates the Administrator refer to the Human Resources Department.
- Reports concerning conduct of professional staff or service providers (physicians and medical students, dentists, nurses in extended class, Director of Nursing, supervisors) should be to the Administrator.
- An employee who experiences any form of retaliation before or after submitting a report should immediately inform their supervisor or a member of the management team; or the Administrator.

B. Investigation

- The person receiving the report will review, and if warranted, investigate and resolve the subject matter of the report. Where necessary, that person will advise or involve members of senior management.
- Responsibility for investigation and resolution may be referred to senior management or Administrator. The Home expects employees to cooperate during any investigation.
- If feasible and appropriate, the Home will inform the individual who made the report about the results of an investigation and the steps taken to address the conduct in question respecting confidentiality all parties.

C. Confidentiality

- The Home will accept both written and verbal reports under this policy on a confidential basis. The Home's normal procedure will be to keep all reports confidential to the extent possible, subject to the need to conduct an effective investigation or to take action to comply with the LTCHA or other law. The Home will not tolerate any attempt by a person or group to identify a person who submits a verbal or written report in good faith on a confidential basis.

D. Staff Orientation and Training

- Employees will receive orientation and annual re-training on the reporting obligations under the LTHCA, the Home's internal procedures for reporting, and the whistle-blowing protections in the LTCHA.

APPENDIX A: LTCHA MANDATORY/IMMEDIATE REPORTS

The first excerpt sets out the matters that must be immediately reported to the MOHLTC Director – section 24(1). The second excerpt sets out certain staff to which this requirement does not apply – section 105 of the regulation and the definition of “staff” from the LTCHA.

Reporting certain matters to Director

24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.

5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).

Non-application re: certain staff

- 105.** Paragraph 4 of subsection 24 (5) of the Act does not apply to a staff member who,
- a) falls under clause (b) or (c) of the definition of “staff” in subsection 2 (1) of the Act;
 - b) only provides occasional maintenance or repair services to the Home; and
 - c) does not provide direct care to residents. O. Reg. 79/10, s. 105.

“staff”, in relation to a long-term care home, means persons who work at the home,

- a) as employees of the licensee,
- b) pursuant to a contract or agreement with the licensee, or,
- c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; (“personnel”)

H.J. McFarland Memorial Home
Whistle-Blowing Protection

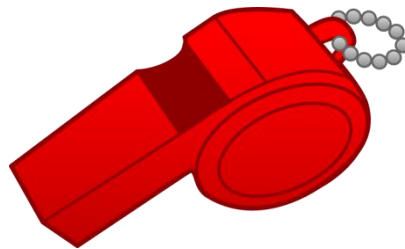
“A whistle-blower is a person who raises a concern about wrongdoing occurring in an organization or body of people. Whistle-blowers frequently face reprisal, sometimes at the hands of the organization or group which they have accused.

The Long-Term Care Homes Act, 2007 protects whistle-blowers from retaliation.

“Section 26. (1) No person shall retaliate against another person, whether by action or omission, or threaten to do so...”

For more information about H.J. McFarland Memorial Home’s Long-Term Care Services’ whistle-blower protection please refer to the following Staff Resource Manual Polices:

- F-20 Zero Tolerance of Abuse and Neglect
- 1-05 Workplace Violence and Harassment Prevention
- D-125 Whistle Blower Protection





COMMUNICATION TECHNIQUES

General Principles

- Always approach a resident from the front;
- Gain the attention of the resident before communicating; always introduce yourself;
- Speak slowly and clearly;
- Respect the resident's privacy by knocking; on their room door.
- Do not ask more than one question at a time;
- Be patient as the resident responds to you repeat the question if necessary;
- Be a good listener;
- Encourage residents to do as much for themselves as possible

HELPING WITH TASKS

Please allow residents to do as much as he/she can by themselves. However, some residents become frustrated when asked to complete a task with which they are no longer familiar with or can't understand. In these cases, please consider the following steps:

- Give the resident some individual attention;
- Explain the end results of the project or task;
- If required, go through tasks step-by-step, giving the resident one instruction at a time;
- You may need to demonstrate the task
- Keep in mind that residents move slower than you do.

RESIDENT MOBILITY

Assisting a resident with Walking

Be sure that you are only assisting a resident to walk who has been assessed to walk independently. If unsure, ask a registered staff member.

- Ensure the resident can walk comfortably;
- Ensure that the resident has proper footwear;
- Make sure the resident has required walking aids
- Allow the resident to walk at his or her own pace
- Ensure the pathway is clear of obstructions

Assisting a Resident in a Wheelchair

- Always approach a resident from the front prior to moving
- Never move a wheelchair without telling the resident what you are going to do
- Make sure resident's feet, fingers, and elbows are clear of the wheels and door frames;
- Always apply the brakes when the wheelchair is stopped
- Do not remove any safety belts
- Go up and down slopes slowly
- Do not attempt to push a resident over uneven terrain if you feel unsafe
- Do not attempt to lift a resident that is sitting in a wheelchair

GENERAL SAFETY TIPS

Volunteers in long-term care facilities should be aware of the following safety tips.

- Upon completing a program, ensure all supplies have been stored appropriately this will reduce the risk of injury by scissors or other such item;
- Spills on the floor are hazardous to residents, staff, volunteers and visitors, if you observe a spill, notify a staff member immediately so the spill can be cleaned up or clean it up yourself if possible
- You may be asked to assist with serving beverages at meals or during special events. Since a large number of people are usually present during these times, take care when serving; this includes making sure that all residents are served the proper diet.

TIPS AND TECHNIQUES FOR RESPONSIVE BEHAVIOURS

What are responsive behaviours?

- A personal response to something negative, frustrating or confusing in the environment.
- The reasons or triggers for challenging behaviours may be external rather than within the individual
- Problems in the social or physical environment can be addressed and changed

Responsive behaviours may include

- Cursing or verbal aggression
- Yelling or screaming
- Hoarding
- Exit seeking
- Wandering or pacing
- Attention seeking
- Repetitive questions

Dealing with responsive behaviours

- Speak to the resident in a calm, reassuring voice
- Don't talk down to the resident like they are a child
- Try to figure out what is causing the behaviour
- Don't argue with resident, validate their feelings

PRIVACY PROTECTION

Your personal health information is protected under the Personal Health Information Privacy Act.

Your information is used and shared only with those directly involved in your care and who require the information to provide the most safe and optimal care that we can provide.

Your information can only be shared with you, or your Power of Attorney if you are unable to understand your condition and/or are unable to make decisions about your care. We will not release information about you, and your health or condition, to anyone else unless you expressly consent to the sharing of this information with that person.

Policy: Personal health information of residents may only be collected, used and disclosed pursuant to the provisions of the *Personal Health Information Privacy Act, 2004* (PHIPA).

Personal health information of a resident means identifying information (information that identifies the resident or for which is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify a resident) about the resident in oral or record form if the information:

- a) relates to the physical or mental health of the resident including information that consists of the health history of the resident's family,
- b) relates to the providing of health care to the resident including the identification of a person as a provider of health care to the resident,
- c) is a plan of service within the meaning of the *Long-Term Care Act, 1994* for the resident,
- d) relates to payments or eligibility for health care in respect of the resident,
- e) relates to the donation by the resident of any body part of bodily substance of the resident or is derived from the testing or examination of any such body part or bodily substance,
- f) is the residents health number,
- g) identifies a resident's substitute decision-maker.

A copy of this policy will be handed out with the admission package.

Procedure: H.J. McFarland Memorial Home must obtain consent for the collection, use and disclosure of resident health information unless an express exception applies. Express exception includes:

- a) Public Health purposes
- b) Internal audits & accreditation
- c) Significant risk of bodily harm
- d) Legal proceeding
- e) RHPA College
- f) To assess capacity under Health Care Consent Act or Substitute Decision Act
- g) Statutory investigations & warrants
- h) If permitted or required under another Act
- i) Specific research situations
- j) To a health data institute

The consent:

- a) must be the consent of the resident/POA for Personal Care/Substitute Decision Maker
- b) must be knowledgeable
- c) must relate to the information
- d) must not be obtained through deception or coercion.

A resident is capable of consenting to the collection, use or disclosure of personal health information if he/she is able to:

- a) understand the information that is relevant to deciding whether to consent, and
- b) appreciate the reasonably foreseeable consequences of giving, not giving, withholding or withdrawing the consent.

A resident is presumed to be capable of consenting to the collection, use, and disclosure of personal health information.

If there is reason to believe the resident is not capable of consenting, one must inquire. One can rely on observations (e.g. confusion) but cannot rely on presumptions (e.g. age, diagnosis, disability, questioning advice) and follow the Health Care Consent Act (HCCA) Decision Tree to establish a substitute decision maker if there is no legal guardian or POA for Personal Care.

Consent can be expressed (verbal or written) or implied. The generally implied consent model will be used for treatment/disclosure within the circle of care. Use without consent is permitted under PHIPA and will be practiced by H.J. McFarland Memorial Home

- a) for program planning & delivery
- b) for risk management

- c) for educating agents to provide health care
- d) if a party or witness to a proceeding
- e) if permitted under another Act

A resident may withdraw consent by providing notice to the Home but the withdrawal of the consent shall not have a retroactive effect and it will not limit the required record keeping.

H.J. McFarland Memorial Home would require express consent for the disclosure of any personal health information:

- a) to a person/organization outside the circle of care
- b) to a person/organization within the circle of care but for a non-health reason
- c) fundraising purposes
- d) marketing or market research.

Unless a resident has expressly instructed the Home not to make the disclosure, the following personal health information can be disclosed:

- a) for the purpose of contacting a friend, relative or potential substitute decision-maker if the resident is injured, incapacitated or ill and unable to give consent personally
- b) the fact that the resident is living at H.J. McFarland Memorial Home
- c) the resident's general health status described as critical, poor, fair, stable or satisfactory, or in similar terms to designated family members
- d) the location of the resident in the Home (room number)

If the resident is deceased, the Home may disclose personal health information:

- a) for the purpose of identifying the resident
- b) for the purpose of informing any person whom it is reasonable to inform in the circumstances of the fact that the individual is deceased and the circumstances of death where appropriate
- c) to the spouse, partner, sibling or child of the resident if the recipient of the information reasonably requires the information to make decisions about their own health care or their children's health care.

If the resident is deceased, the estate trustee or the person who has assumed responsibility for the administration of the deceased's estate may consent to disclosure of other personal health information.

Each resident's health care record shall be kept in a secure place and accessed only by people responsible for the resident's care. Access to electronic records is limited by password. Electronic records are backed up on a regular schedule.

Any resident has the right to see their health care record. For those residents who are unable to give consent, the person who is lawfully authorized to make decisions regarding personal care shall have access to the residents health care record.

Should a resident wish to access his/her health care record he/she must complete a "Request for Access to My Personal Health Record" form (Appendix I) and submit to the Administrator or designate. The request must contain sufficient detail to enable the Home to identify and locate the record with reasonable efforts.

The Administrator shall complete the "Response to Access Request" form (Appendix II) and communicate the response to the requester. The response shall be given within 30 days of receipt of the request. If there is a fee for making the record available it must be included in the response.

The time limit for response may be extended for a further period of not more than 30 days if:

- a) meeting the time limit would unreasonably interfere with the operation of the Home because the information consists of numerous pieces of information or locating the information would necessitate a lengthy search, or
- b) the time required to undertake the consultations necessary to reply to the request within 30 days after receiving it would make it not reasonably practical to reply within that time.

The Home must advise the requester of this extension.

If access is approved, H.J. McFarland Memorial Home will review the record with the individual to be able to explain, if necessary, the information recorded on the forms.

Access to any health care records will be recorded on the "Correspondence Log for Third Party Requests for Information" form (Appendix III) which is kept in the Administrator's office.

If the disclosure of the record or part of the record is likely to result in serious physical or emotional harm to the resident or to another person access to the record or part thereof may be denied by the Home. The resident may appeal the refusal to provide access to the Information and Privacy Commissioner. Any resident/POA may request that we not release certain details of the information we have to another practitioner. In this case we would have to tell the practitioner that the file is incomplete.

If the resident believes the health record is inaccurate or incomplete for the purposes for which the Home has collected or used the information, the resident may request in writing that the Home correct the information using the "Request for Correction to Personal Health Record" form (Appendix III) and submit to the Administrator.

As soon as possible but no later than 30 days after receipt of the request the Administrator shall respond using the "Response to Correction Request" form (Appendix IV). An extension of not more than another 30 days can be made if:

- a) replying to the request within 30 days would unreasonably interfere with the activities of the Home, or

b) the time required to undertake the consultations necessary to reply to the request within 30 days would make it not reasonably practical to reply within that time.

The Home is not required to correct a record of personal health information if:

- a) it consists of a record that was not originally created by the Home and the Home does not have sufficient knowledge, expertise and authority to correct the record, or
- b) it consists of a professional opinion or observation that the Home has made in good faith about the resident.

The resident has the right to file a complaint to the Ontario Information and Privacy Commissioner against H.J. McFarland Memorial Home if he/she believes we have incorrectly collected, used or disclosed their personal health information.

- **H.J. McFarland Memorial Home Privacy Officer:**
Kim Mauro, Administrator; 613-476-2138 ext. 132
(kmauro@pecounty.on.ca)
- **Internal Privacy & Security Incident/Breach Coordinator:**
Natasha Williams, Director of Care; 613-476-2138 ext. 141
(nwilliams@pecounty.on.ca)
- **Information and Privacy Commissioner**
2 Bloor Street, Suite 1400
Toronto, Ontario
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CULTURAL COMPETENCY AND DIVERSITY

H.J. McFarland Memorial Home (HJM) policy is implemented by the following plan and practices.

I. Cultural Competency and Diversity Plan

Introduction:

Cultural competence is an integral part of HJM. Those employed by our Home and who are in direct contact with residents and families will demonstrate the following:

- Recognize, value, affirm and respect the worth of each individual resident and family and protect and preserve the dignity of each
- Utilize appropriate resources to ensure linguistic needs of the resident and family

are met.

- Assess resident and family acculturation to aid in matching families with appropriate community based resources and provide appropriate health and rehabilitation education.
- Utilize culture-specific information provided in training and/or employee orientation to assist in identifying and determining the cause of culture-based issues and miscommunication and to resolve them.

HJM ensures non-discriminatory and respectful services to residents and families by employing both internal and external cultural competency practices. Ongoing improvement and widespread dissemination of these efforts evidences HJM's commitment to the provision of culturally appropriate services and care. HJM, as a long term care home, accommodates, facilitates, treats, and assists residents with a wide variety of disabilities from mental and physical disabilities to those residents with medical diagnosis and disorders.

All employees, residents, and families have access to the HJM Cultural Competency and Diversity Plan, as the essential plan elements are included in employee materials and on our website at thecounty.ca. It is also available separately upon request.

II. Internal Cultural Competency and Diversity Practices

(1) HJM seeks staff members that are committed to their community, represent a variety of cultural backgrounds, and are capable of communicating in cross-cultural situations. Discrimination is not tolerated and employees will conduct services in a manner that recognizes values, affirms, and respects the worth of the individual and protects and preserves the dignity of each person.

(2) When necessary and requested, translation services to recipients will be provided. The interpreter will assist with translating any intake, treatment plans, evaluation, or other documents shared with family. If a client is in need of interpretive services HJM calls the Translation Agency of Ontario (613-699-6944) and makes arrangements for these services.

(3) HJM provides annual training.

Characteristics of the training include:

- Acceptance and respect for differences
- Careful attention to dynamics of difference
- Continuous expansion of cultural knowledge and resources
- Where to find resources for translation

Training is based upon the following learning techniques:

- Assessment and awareness of personal biases, values and expectations
- Content on general culture-specific attributes (family structures, language use for various groups, and residents with a wide variety of physical and linguistic disabilities).

III. External Cultural Competency Practices

Employees are notified of their responsibilities pertaining to delivering culturally competent care and may obtain a copy of the Cultural Competency and Diversity Plan from their direct supervisor.

HJM will provide interpreter services to residents and families as necessary when requested to ensure availability of effective communication regarding treatment, medical history, or health education. Interpreters are available when technical, medical, or treatment information is to be discussed or where use of a family member or friend, as interpreter is inappropriate.

Translation Agency of Ontario provides services for personal documents, contracts/agreements, manuals/guides, brochures, employee handbooks, marketing and PR texts, websites, software, birth certificates, marriage certificates, divorce decrees, high school and university degrees or diplomas and transcripts, driver's licenses, educational certificates, personal and employment letters, passports, and more. They also perform Transcription.

