

CORE CAPACITY

Board Establishment and Operations

Code of Conduct

The Board of Directors, management, employees and volunteers of South-East Ottawa Community Health Centre observe and promote the highest standards of conduct, consistent with our Vision, Mission and Values statements.

We are committed to the following standards of conduct:

I. Personal Integrity and Professionalism

Board, management, staff, and volunteers of South-East Ottawa Community Health Centre (Personnel) must act, and be seen to act, with integrity and professionalism. Honesty, care, transparency, and due diligence must be integral to all activities of SEOCHC. Respect must be demonstrated for each other, diversity, and for the environment.

II. Accountability

Personnel must not engage in any activity that may create, or appear to create, a conflict of interest. Personnel must ensure that all resources are used in a responsible, efficient and effective manner. Accurate books, records, files and reports must be maintained. Confidential information must be safeguarded. Health and safety of personnel and clients is a priority.

III. Compliance and Continuous Improvement

Personnel work collaboratively with other health and social service organizations to improve the care system and the clients' experience. Quality improvement, research and application of best practice are ongoing priorities. Individuals involved with the governance and/or delivery of SEOCHC programs/services must comply with this Code of Conduct and the laws and regulations of Canada and Ontario.

A number of SEOCHC policies address elements of the code of conduct. Specifically these include: Role of Board and Standing Committees, Conflict of Interest, Privacy, Client Confidentiality, Occupational Health and Safety, Anti-Discrimination, Workplace Violence and Harassment Prevention, Rights and Responsibilities of Staff, Client Rights and Responsibilities, Bill of Rights for Volunteers, Ethical Fundraising and Financial Accountability, Responsibility to Colleagues in the Workplace, Professional Conduct, Student Placements, Research Ethics Board, etc.

Procedure:

At the first Board meeting following the Annual General Meeting, the Board Chair has the responsibility of reminding members of the Code of Conduct and their obligations with respect to this policy. New Board members will be informed of this during their Board orientation.

A member of the Board of Directors, Board Committee member, employee, volunteer or client who is uncertain of the interpretation of any of these guidelines shall seek clarification from the Executive Committee of the Board.

Any misconduct, discrimination or harassment on the part of a Director or the Board of Directors must be dealt with firmly and swiftly. A concern of non-compliance with this policy may be brought in writing to the attention of the Executive Committee directly or indirectly via the Executive Director. The Executive Committee will ensure that timely steps are taken to address the alleged violation. The Board may, if it so decides, conduct a vote on the steps to be taken.

Where the person alleged to be in violation of this policy is not satisfied with the decision, this individual may, within 15 (fifteen) working days of being informed of the decision, request in writing a review by a committee of the Board of Directors as appointed by the Executive Committee of the Board.

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Approved By:	Board of Directors	
Date of Revision:	March 6, 2014	Reviewed: September 2013

Quality Management

Quality is determined by comparing a set of inherent characteristics with a set of requirements. If the inherent characteristics (e.g., processes, services, systems) meet all the requirements (e.g., predetermined service delivery goals, client expectations), high or excellent quality is achieved. If those characteristics do not meet all requirements, a low or poor level of quality is achieved.

Quality management includes all the activities that organizations use to direct, control and coordinate quality. These activities include: formulating a quality policy and setting quality objectives. They also include quality planning, quality control, quality assurance and quality improvement.

Quality improvement is anything that enhances an organization's ability to meet quality requirements. Ongoing quality improvement is a fundamental feature of quality management.

South-East Ottawa is committed to quality oversight and management. Practices that support quality improvement are pursued in every aspect of the organization. The principles we adhere to in quality practice include:

- Balancing the interests of clients, volunteers, employees and stakeholders
- Use of evidence, best practices, lessons learned and innovation
- Continuous reflection, adaption and improvement
- Client and employee safety
- Engagement of Board, staff, clients and stakeholders

The Board is responsible for ensuring that:

- There is compliance with statutory, regulatory, contractual and agreement requirements
- Bylaws are current

- Governance practices are consistent with bylaws
- Policies are relevant, reviewed and implemented
- Adequate plans are in place to deliver the services of the organization
- Resources are sufficient to optimize quality throughout the organization
- Quality issues are identified, addressed and monitored

The Board of Directors delegates primary responsibility for quality management to the Quality Improvement Committee. Standing committees of the Board also monitor quality within the purview of their mandates. Quality oversight and management require that the Board have adequate information to assess the performance of the organization with regards to quality. Information sources include:

- Quality Improvement Committee reports
- Regular financial reports and audited financial statements
- Privacy Officer reports
- Compliance reports
- Client complaint reports
- Occupational health and safety reports
- Client feedback reports
- Quarterly indicator/outcome reports

The Executive Director and Management Team are responsible for the development, implementation and review of processes and initiatives to ensure quality and quality improvement throughout the organization. The Executive Director is responsible for ensuring that the Board receives the documentation necessary to provide quality oversight to regularly assess the performance of SEOCHC.

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Client Complaints

GENERAL PRINCIPLES

A client has a right to complain about their experience of services and programs provided by SEOCHC.

All client complaints are taken seriously and responded to in a timely manner.

The Client Complaint Policy shall be displayed within the Centre and a copy provided to any person on request.

The responsibility for handling complaints or allegations initially rests with Program Managers and ultimately rests with the Executive Director.

Informal resolution of a complaint should be timely so as not to delay appropriate action for the complainant or cause undue stress for the staff member.

The Centre shall maintain a centrally held file of complaints for monitoring and quality assurance purposes.

Some health and social services workers are regulated by professional bodies, which investigate and deal with complaints from members of the public. Clients may choose to register their complaint with the Centre and/or with the appropriate regulatory body. These bodies, listed below, have established their own procedures for investigating and dealing with complaints.

- College of Physicians and Surgeons of Ontario; and College of Nurses of Ontario Through their Complaints Committees, the Colleges investigate specific complaints about doctors, RN's, and RNA's. The Committees are guided by the Health Disciplines Act.
- Health Professions Appeal and Review Board: This is a government body which has a review process available both to complainants and those health professionals governed by the Regulated Health Professions Act, 1991
- The Ontario College of Social Workers and Social Service Workers: The College is self-regulating body with a specific mandate for protecting the public by setting professional standards, registering individuals who meet its requirements, investigating complaints and disciplining members for failing to comply with standards.
- Civil Courts: Issues of negligence and malpractice are the responsibility of the civil courts when lawsuits are commenced. Civil courts may award damages. Generally speaking, the liability insurer for South-East Ottawa CHC, as the employer of the health professional who is sued, would appoint and instruct legal counsel to defend the lawsuit, and would pay for any settlement or judgment (see Para #5 below).

Procedures for responding to client complaints addressed to the Centre.

Client complaint by telephone or in person

- a. The client will be directed to the Program Manager (or the Manager-on-call, who will act in the absence of the Program Manager) who will consult with the client to determine the



nature of the complaint and clarify the client's concerns/issue with regard to a staff person or program/service. This information will be documented.

- b. The Program Manager (or the manager-on-call, who will act in the absence of the Program Manager) will discuss with the involved staff member(s) concerns raised by the client, in order to better understand the issues and to determine actions required to resolve issues. Whenever possible, the Manager will support the client to speak directly with the involved staff member(s) in the interests of cooperative problem solving.
- c. The Manager will follow-up with the client concerning proposed resolution of issues within five (5) working days of the complaint being made. In the event that no satisfactory resolution is proposed, the Manager will determine what additional action will be required to satisfy the client.
- d. In the event that the client cannot be satisfied at this point, the complaint shall be directed to the Executive Director, who will follow-up with the client concerning proposed resolution of issues within five (5) working days of the complaint being referred.
- e. In the event that the client cannot be satisfied at this point, the complaint shall be directed to the President of the Board of Directors for policy review, who will follow-up with the client concerning proposed resolution of issues within thirty (30) working days of the complaint being referred.
- f. If still not satisfied with the proposed resolution of the issues raised, the onus will be on the client to determine whether further action is warranted.
- g. If the complaint is about the Executive Director, the President of the Board (or his or her designated board member) handles the complaint.

Client complaints received in writing

- a. Written complaints will be forwarded to the Program Manager, who will contact the client within forty-eight (48) hours of receiving the complaint to clarify concerns and issues raised and to inform the client about the Centre's complaints review process, including client options, expectations and a the anticipated time-frame for a proposed resolution.
- b. The Manager will follow procedures as described in 3.1(b) to (f)
- c. If the complaint is about the Executive Director, the President of the Board handles the complaint.

Professional Misconduct, Incompetence or Incapacity

If on assessment the client's concerns suggest professional misconduct, incompetence, or incapacity, the responsible Manager will take the following action:

- a. In consultation with the Executive Director, the Program Manager will determine what actions, if any, are immediately required to ensure the safety of clients. Such actions may include suspension of involved staff members from work, with or without restrictions, pending further investigation of allegations made; leave of absence for therapy; provision of therapy while working; relocation; or termination.



- b. The Program Manager will ask involved staff persons to prepare a written response to the issues raised.
- c. Since allegations of professional misconduct, incompetence or incapacity may result in a complaint to a professional regulatory body (see 2 above); the Program Manager will inform involved staff persons of their rights to obtain independent legal advice.
- d. The Executive Director will write to the client within forty-eight (48) hours of the complaint being made, stating planned action to be taken to investigate allegations, and will obtain legal advice.
- e. In the event that it has been determined by the program manager that a staff person has indeed demonstrated professional misconduct, incompetence, or incapacity, disciplinary action shall be taken and the Executive Director will forward a report to the appropriate professional regulatory body.

LITIGATION AND INSURANCE COVERAGE

- a) When a client provides notice, oral or written, of an intention to take legal action against the Centre or any of its staff, the Executive Director shall be informed immediately.
- b) Upon receipt of such information, the Executive Director shall as soon as is practicable and appropriate provide written notice to the Centre's insurer of the claim or possible claim, and shall seek legal advice and notify the president of the Board.
- c) A physician who is a member of the Canadian Medical Protective Association may contact that Association; Registered Nurses may contact the legal department of the Registered Nurses Association of Ontario; Nurse Practitioners may contact the Nurses' Legal Protection Society; Registered Social Workers & Social Service Workers may contact the legal department of Ontario Association of Social Workers & Social Service Workers.
- d) All staff members shall co-operate fully in providing statements and any other information to the Centre's insurer, its adjusters and its lawyers with respect to a claim.

ACCOUNTABILITY

Annually, the Executive Director shall provide to the Board of Directors a report, which summarizes the number and type of complaints and/or allegations received and the manner in which the issues were resolved.

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Approved By;	Board of Directors	
Date of Revision:	January 24, 2013	Date of Review: December 2012



CLIENT COMPLAINT/CONCERN FORM

[To be completed by Program Manager]

Name of Complainant: _____

Date of Complaint: _____

Nature of Complaint/Concern: _____

Name of Manager Responding to Complaint: _____

Resolution: _____

Further Action Required: _____

Manager's Signature: _____ **Date:** _____



Conflict of Interest

POLICY

Employees, volunteers and students must act in the best interest of SEOCHC and perform their official duties and arrange their personal and private affairs in such a manner that the public confidence and trust in the integrity, objectivity and impartiality of SEOCHC are conserved and enhanced.

- A conflict occurs when an employee/volunteer/student is in a position to have an actual, potential or perceived effect on a decision within the scope of their responsibility, and has a personal or financial interest in the outcome of the decision.
- Individuals must arrange their personal and private affairs in such a manner that will prevent real or potential conflicts of interest from arising.
- Individuals must not take advantage of, or benefit from, information obtained in the course of their official duties and responsibilities that is not available to the public. Individuals must not act, after they leave the position, in such a manner as to take improper advantage of their previous position.
- *Example:* An employee, as a result of their contact or work with clients of the Centre, cannot promote or solicit such clients for personal gain.
- Employees, volunteers, students shall not solicit clients of SEOCHC to end their relationship with SEOCHC, or to receive services from the employee's private practice
- Employees, volunteers, students must not engage in any activity that may create, or appear to create, a conflict of interest, such as soliciting or accepting transfers of economic benefit other than incidental gifts, customary hospitality or other benefits of nominal value (no more than \$30.00), accepting favours, providing preferential treatment or publicly endorsing suppliers or products.
- Employees/students must disclose any possible conflict of interest to their Manager who will discuss the matter with the Executive Director so that a solution may be worked out.
- Board members must disclose any possible conflict of interest to the President (or to the full Board at a Board meeting) to determine how to handle the situation – in most cases, this will involve the board member being excluded from voting.
- Employees will disclose other employment or contracts, which may impact upon their duties or SEOCHC work to their Manager. Other employment is acceptable providing it does not interfere with the performance of the employee's regular duties at SEOCHC and is not carried out on the employer's time.
- No relative or person living in a family type situation may report directly to one another nor can they be directly involved in the hiring of one of their relatives. In the case of promotion, the situation will be reviewed on a case-by-case basis; however, the employer is committed to having a workplace free of conflict or perceived conflict in hiring or promotions.



Gifts and Honoraria

- SEOCHC does not provide bonuses or honoraria to employees or board members.
- When an employee has completed 10 years of service, they shall be recognized at the Annual General Meeting and presented with a gift of modest value. Long serving board members may be recognized at Annual General Meetings and/or by presentation of a gift of modest value.

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Approved By:	Board of Directors		
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Date of Approval:	
Approved By:	Management Team
Date of Revision:	April 2012
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Hiring Guidelines

SELECTION AND COMPOSITION OF THE HIRING COMMITTEE

The Hiring Manager (or designate) has overall responsibility for appointing the Hiring Committee. The Executive of the Board has responsibility for appointing the Hiring Committee for the ED position.

INTERNAL STAFFING

The internal staffing process normally takes place before external recruitment activities are undertaken.

The Human Resources Officer prepares an internal posting as per the Hiring Manager's instructions. This posting includes a brief description of the position, the position requirements, the salary range and the deadline for applications.

Postings must take place for all positions that are in excess of nine months duration and must be posted for not less than five full working days.

The official posting location is on the bulletin board in the staff lounge on the 7th floor. Job postings may also be posted in additional locations prominent for staff. The Hiring Manager is responsible for ensuring that the job posting takes place. The Hiring Manager also sends one copy of the job posting to the Executive Director.

Refer to Appendix A for an example of an internal posting.

Internal candidates will be advised in writing of the status of their application. A copy of the application as well as correspondence pertaining to it will be sent to the Human Resources Officer for filing in the employee's personnel file.

If the hiring committee determines that internal candidates should be interviewed, normally these interviews take place before advertising externally. The process outlined in sections 1.2 to 1.11 of this Manual would apply to internal candidates. On the extraordinary occasions that external advertisements are placed concurrently with internal postings of positions available, internal candidates shall be considered before external candidates.

EXTERNAL ADVERTISING

If the internal posting has not brought forward any suitable internal candidates, the position is advertised externally.



The Hiring Manager contacts the Human Resources Officer to initiate outside advertisement. A minimum of six (6) working days' notice are required for translation of the ad, if applicable, and insertion in the identified newspapers. The Human Resources Officer and the Hiring Manager discuss the most appropriate media and the deadline for resume receipt. The Hiring Manager is responsible for ensuring publication and proofreading of the ad.

Copies of the job posting may also be sent to all Community Health Centres in the Ottawa area. For management positions, the posting may also be distributed to all CHCs in Ontario through the Association of Ontario Health Centres.

All copies of advertisements are kept in a central file with the Human Resources Officer and the Hiring Manager authorizes payment of the invoice.

Refer to Appendix A and B for examples of job postings.

ACKNOWLEDGMENT TO CANDIDATES

Internal candidates will be advised in writing of the status of their application. A copy of the application as well as correspondence pertaining to it will be sent to the Human Resources Officer for filing in the employee's personnel file.

External candidates will not normally be notified that their application has been received unless they are called for interview. Application materials are initially received and compiled by the Human Resources Officer and returned to the Hiring Manager for the Hiring Committee to review.

QUESTION PREPARATION

The Hiring Manager has overall responsibility for drafting the interview questions. These questions are then reviewed by the members of the Hiring Committee. The approved schedule of questions is produced by the Human Resources Officer

A sample schedule of questions is shown in Appendix C.

SELECTION PROCESS FOR SHORT LISTING OF CANDIDATES

Each member of the Hiring Committee shall receive a copy of the job description, the job posting and/or advertisement and the "Hiring Guidelines" Appendix 1A so that they are aware of the process. Once the closing date has taken place, the Hiring Manager is responsible for calling a meeting to start the short-listing process. It is recommended to circulate the resumes (under confidential cover) to each member of the Hiring Committee and ask them to develop their own short-list to bring to the first committee meeting. This saves time and gives each person the opportunity to review all the resumes at their own pace. Each member of the hiring committee should initial the resume to indicate that they have reviewed it.

The Hiring Manager facilitates the meeting by having each person share their short-list and arrive at consensus.



The Hiring Manager prepares a first draft of questions for the Hiring Committee members to review at the meeting.

Once the short list of candidates, the interview schedule and questions have been agreed upon, the Hiring Manager is responsible for ensuring that each candidate is contacted and interviews scheduled.

Each candidate shall receive an information package prior to the interview with the following information:

- Job description
- Annual report – most recent
- Centre Brochure
- Organizational chart
- Brochure(s) for specific program
- Newsletter
- Historical information on SEOCHC

TESTING

Testing is a tool that is very helpful in the selection process and should be used whenever possible. Instances of testing would apply to computer skills, writing skills, clinical skills, presentation skills or any area that can be assessed in such a way. It is the responsibility of the Hiring Manager or designate to prepare a written or computer test, and the responsibility of the Human Resources Officer to administer the test.

REFERENCE CHECKING

Reference checking is the verification of information received during the selection process. A basic assumption underlying reference checking is that past performance is an effective predictor of future job performance. Valid reference checking can reduce turnover costs

The checking of references is an important step in the selection process and shall be undertaken by the Hiring Manager or their designate, once the hiring committee has determined that this is the best candidate for the position.

The most appropriate reference is from a preferred candidate's previous supervisor. The reference information will be most valuable if the previous supervisor has had at least two months to observe the candidate. References from at least two (2) previous supervisors should be obtained. In addition, if the person will be supervising employees in their new position, it is advisable to also request a reference from a former subordinate.

Telephone references are preferred to written references. It will be helpful to assure the person providing references that the information given will remain confidential. A sample format is included to assist the caller in asking information but it should not prevent the person from asking further questions that might develop. It is however not appropriate to ask any questions



pertaining to marital status, family situation or other personal questions disallowed under the Human Rights legislation.

It is important to obtain informed consent from the candidate prior to checking their references. If references are unsatisfactory, it is recommended not to discuss the source or the content with the candidate.

If an applicant cannot provide references from a previous supervisor, (either because they are new to the work force or people cannot be tracked in their country of origin) personal references such as a neighbour, a teacher or a placement worker can be verified

In some instances an employee may be reluctant to give their current employer as a reference. If other previous supervisors cannot be reached, a conditional letter of offer can be made stipulating that the offer is subject to satisfactory references from their current employer, which are to be obtained prior to their resignation. Legal counsel should be sought if the references were unsatisfactory and the person has already been engaged.

A sample telephone reference checking form is shown in Appendix D

POLICE REFERENCE CHECKS

Police reference checks will be required for all candidates for full and part-time positions and all agency volunteers and students, police reference check will be obtained at the first point of engagement as an employee or as a volunteer.

This includes all employees, students and volunteers of SEOCHC.

PROCEDURE

1. Managers will explain the policy and procedures to all persons seeking to serve as a volunteer, student or as an employee, and will inquire whether the candidate has ever been convicted of a criminal offence for which they have not received a pardon or for any sexual offence for which they have received a pardon.
2. If they do not have a recent police check (within 12 months), new employees, volunteers and students will be given an application form and will be asked to go to Ottawa Police Services in person at the time of engagement, and apply for a police record check for the vulnerable sector. A copy of this record check must be placed in their file prior to them being allowed to work directly with clients or sensitive information.
3. Any cost incurred in obtaining a Police Reference Check will be paid by the Centre. Invoices should be submitted to the hiring manager or volunteer coordinator.

The Human Resources Officer will notify the Manager when a “negative record” or “positive hit” on the query of the name has been received from Ottawa Police Services. The Human Resources Officer will notify the Executive Director when a “positive hit” on the query has been received. If there is a “negative record” (i.e. police have no reference to criminal activity) the Manager will contact the person to further discuss opportunities for volunteer work, student practicum or employment, or (in the case of an existing volunteer or employee) the Manager will notify the person that the Police Reference Check will be filed with their personnel record.



If a “positive hit” has been made (i.e. police notify SEOCHC that references to criminal activity do exist) the Executive Director will request that the candidate contact Ottawa Police Services for additional information and then to share the outcome with him/her if the person still wishes to be considered for volunteer work, student practicum or employment. A “positive hit” does not necessarily preclude engagement or continued employment. In the case of an existing volunteer or employee, the Executive Director will meet with the person to determine whether the information received indicates a history which could potentially make them unsuitable for certain positions of trust in relation to children or vulnerable adults

Offers of employment may be made only with the condition that the candidate has no criminal history, which relates to offences against children or vulnerable adults.

All information regarding criminal reference checks will be held strictly confidential, and collected, retained, stored, and destroyed in strict compliance with SEOCHC privacy policies and procedures.

CHECK LICENSES & PROFESSIONAL LIABILITY INSURANCE

Prior to offering employment, it is essential that the Hiring Manager confirms that the preferred candidate is fully qualified to perform the job being offered.

Specifically, for the period during which any **physician** provides medical services, the Hiring Manager or Clinical Coordinator will obtain documented evidence that the physician is a member of the Royal College of Physicians and Surgeons (of Ontario) and holds a current certificate of registration to practice medicine issued by the College under the Medicine Act. Further, the Hiring Manager or designate will obtain documented evidence that the physician has malpractice protection through a commercial insurance program or membership in the Canadian Medical Protective Association or its equivalent.

Specifically, for the period during which any other **Regulated Health Provider** provides services (nurse, nurse practitioner, chiropractor, dietitian, social worker, social services worker, etc.), the Hiring Manager or designate will obtain documented evidence that the provider is a member of his or her college and holds a current certificate of registration to practice issued by the college. Further, the Hiring Manager will ensure that there is in place malpractice protection for the provider through a commercial insurance program, or membership in her or his professional association, or its equivalent, or through protection purchased on the provider’s behalf by SEOCHC.

With regard to **non-regulated providers of health and social service**, the Hiring Manager will ensure that there is in place malpractice protection either through a commercial insurance program, or membership in her or his professional association, or its equivalent, or through protection purchased on the provider’s behalf by SEOCHC.

PLACEMENT ON THE SALARY SCALE

The exact placement on the salary scale is dependent on the following factors:



- The person's previous experience and how much of it is relevant to the work they will be doing at SEOCHC,
- The person's previous salary, and
- Maintaining internal equity. Avoid paying the new hire more than someone with seniority on staff, without justifiable reason.

Normally a person will be hired at steps 1, 2 or 3 of the scale. If a Hiring Manager feels that a person should be hired above the third step, they shall first consult with the Executive Director.

LETTER OF OFFER

Once the Hiring Manager is prepared to make a recommendation to hire, the request is forwarded to the Human Resources Officer who will prepare the letter of offer for the Executive Director's signature. (See Sample Letter Appendix F) Once the letter has been signed by the Executive Director, the notification to hire form, a copy of the letter of offer and the resume is sent to the Human Resources Officer for the new employee's personnel file.

NOTIFICATION OF SELECTED CANDIDATE

To other candidates interviewed: Candidates interviewed who have not been selected shall be advised of the outcome. This normally takes place as soon as the selected candidate has accepted the position. Refer to sample letter in Appendix II or it can be done verbally. It is advisable not to elaborate on the reasons why a person was not chosen.

To SEOCHC staff and Board: Notify staff and Board via e-mail once the candidate has signed the letter of offer.

RESUMES

Unsolicited: All unsolicited resumes received at SEOCHC are forwarded to the Human Resources Officer, and retained on file for six months.

The Human Resources Officer will circulate an unsolicited resume to a Program Manager if he/she is aware of an upcoming vacancy in that area. Otherwise, a Hiring Manager can request to see files that pertain to his/her area when recruitment is being considered.

Solicited resumes: Once the Hiring Committee has made its selection, the following is forwarded to the Human Resources Officer:

- All resumes received for the position
- A copy of the questions
- A list of those people that were short listed
- Interview notes from the committee members
- Reference notes on the chosen candidate

All the above material should be retained for six months. Thereafter, the following may be kept:

- The resumes and interview notes of those candidates that were runners-up for the position, in the event that another opportunity arises.



- The questions, as a future reference for subsequent hiring committees.

Materials not retained shall be shredded.

HIRING COMMITTEE GUIDELINES

PURPOSE

These guidelines have been developed to help the committee members understand the roles and responsibilities that are shared in this important process.

Hiring is one of the most difficult decisions that can be made in an organization as the impact of the decision has far-reaching consequences. Choosing the right person is a complex task for the committee and these guidelines are drawn up to ensure that nothing impedes any member from devoting their full energy to the task at hand.

COMPOSITION OF THE HIRING COMMITTEE

The committee usually comprises the following:

- The *immediate supervisor* who will act as Chairperson (referred to as the Hiring Manager).
- A *member of the team* that will be a future colleague. This person may be selected by consensus within the team or may be approached by a member of the committee. The person is usually chosen for their knowledge of the discipline, their availability, how closely they will work with the person, and/or previous experience on hiring committees.
- A member of the Board, the community at large or a member of a client group.
- In certain specialized areas another member will be part of the committee to assess the *specialized skills* (example: another physician for a physician's position; another nutritionist for a nutritionist position, or another outreach person for position with outreach activities, etc.)

All committee members shall be considered to have equal rights of participation. Decisions shall be reached by consensus.

RESPONSIBILITIES OF THE COMMITTEE

Each member is responsible for the following:

- Making a firm commitment to the process and the hiring.
- Being available and on time for all interviews and meetings that take place concerning the hiring
- Maintaining confidentiality of all discussions, applicants, resumes and decisions that take place within the committee.
- Reviewing resumes and selecting by consensus those candidates that will be interviewed.
- Taking part in the preparation of questions before the interview date and asking predetermined questions during the interview.
- If unclear about the process or responsibility, asking the chairperson for clarity as soon as



possible and maintaining direct and open communication with all hiring committee members at all times.

- Respecting all candidates and making sure that all candidates are made to feel comfortable. This would include seating them at the head of the table and providing them with water.
- Bringing forward concerns about a candidate to the committee, even if these concerns may be negative, so that they can be discussed with the group. This is best done after all candidates have been interviewed and it appears that the group may be favouring the candidate. These can be concerns that a committee member personally has or ones that have been brought to their attention by others outside the committee. These concerns can then be addressed by the committee and the committee may decide to pursue and probe in certain areas during reference checking.
- Working objectively towards filling the position with the best possible candidate.

INTERVIEW LOCATION

A comfortable, spacious and well-ventilated room is ideal. Whatever is the location, it should be consistent for all candidates as it is unfair to interview some candidates in a favourable setting and others in a less favourable location.

INTERVIEW QUESTIONS

The Hiring Manager prepares the first draft of questions. This draft is reviewed by all the members of the Hiring committee.

A few days before the interview date, once the committee has agreed on the set questions to be asked, the various members are assigned specific questions. Questions in a specialty area will normally be asked by the member of that specialty (ex: nurse will ask clinical questions).

The Hiring Manager has the overall responsibility for the finalization and distribution of the questions. Some situational questions are advisable and these can often be developed from real situations that have occurred.

When the selection of candidates is made and prior to the finalizing of the questions, if a particular candidate requires further questioning to ensure their suitability, this question should be part of the questions asked to all candidates. It is therefore important to ensure that the questions are reviewed again once the resumes are selected to see if there are specific areas that need to be covered.

Once the questions have been agreed upon by all committee members, all candidates must be asked these questions and no further questions can be asked to specific candidates. This is important for consistency and to guard against discrimination or biases. This does not preclude that some probing can take place to clarify a situation or an answer, but human rights guidelines must be respected.

Questions must relate specifically to the job and the person's ability to do the job. Questions pertaining or alluding to answers that might disclose age, disabilities, ethnic or national origin,



race, religion, sex or sexual orientation, marital status and family responsibilities are to be avoided.

If a member is unclear about a candidate at the time of the interview and feels that a further question may not be appropriate, this question can always be asked either on the phone or at a second interview at a later date.

CONSENSUS OF THE HIRING COMMITTEE

Once all the candidates have been interviewed, the Chairperson seeks the ranking of each candidate from each committee member. The ideal situation exists when all members are in agreement that one candidate stands out from the others.

If this is not apparent, discussion can take place to see if consensus can be attained. No person on the committee should feel forced to accept a decision that they are not comfortable with. The position of each committee member must be respected.

If no clear decision can be made, the following options are offered for consideration:

- a. The top two (2) or three (3) candidates are invited back for predetermined questions and/or testing to further explore their potential. The predetermined questions may be different for each candidate, as different areas may need to be probed. The questions are drawn up by the members of the Committee or the specialty person on the Committee who may have a particular concern. These questions are brought to the Committee a few days before meeting with the candidates.
- b. If only one candidate is preferred, but not all committee members are completely comfortable with her/him, the committee decides whether there is enough support to bring that person back for a second interview. Again, questions and/or testing are determined beforehand.
- c. If no candidate requires a second interview, a review of all resumes submitted could take place to see if other candidate(s) might be selected for interviews
- d. If no other candidates are available to pursue, the committee may wish to re-advertise in the same or other media.
- e. The Chairperson may also decide that the position be filled on a term basis, the Committee disbanded and another selection process take place at a later date.

AFTER THE INTERVIEWS

Once the hiring committee has made their selection, references are thoroughly checked by the Hiring Manager.

Should the chosen person refuse the offer, the hiring committee will reconvene to decide on another candidate or recommence the process.

Other candidates are advised of the decision and staff are made aware of the appointment only after the chosen candidate has accepted and signed the letter of offer. This is the responsibility of the Hiring Manager.



RESUMES OF CANDIDATES RESPONDING TO THE JOB POSTING OR AD

No resumes should be shared with people outside the hiring committee and copies of resumes should be sent to the Human Resources Officer after the hiring process is over. All resumes of candidates are kept for six months after the interviews.

APPENDIX A – SAMPLE JOB POSTING

ADMINISTRATIVE ASSISTANT (RECEPTION)

South-East Ottawa Community Health Centre is a community health and resource centre, which offers a variety of health and social services to residents living in various neighbourhoods in South-East Ottawa.

South-East Ottawa Community Health Centre requires a full-time, bilingual administrative assistant (Reception) to provide support services to clients and staff and to contribute to the overall effectiveness of the Centre by performing general administrative duties.

Duties and Responsibilities

The administrative assistant (Reception) will provide initial and ongoing telephone contact with the community, perform general clerical and administrative duties, update bulletin boards, handle supplies and office equipment, and prepare reports and minutes.

Qualifications

- fluency in French and English is essential
- experience in using MS Word and MS Excel. Data-Base background an asset
- ability to deal with the public in a mature and helpful manner
- excellent organizational and communication skills
- sensitivity to the unique needs of our clients

Salary Range

\$ XXX to \$ XXX

If you are interested in applying for this position, please send or deliver your curriculum vitae to: Human Resources, South-East Ottawa Community Health Centre, 1355 Bank Street, Suite 600, Ottawa, Ontario, K1H 8K7 or fax at: (613) 739-8199.

- Closing date for this competition is (*noon on the last day of posting*).
- Only candidates selected for an interview will be contacted



APPENDIX B– SAMPLE JOB POSTING - HEALTH SERVICES MANAGER

South-East Ottawa Community Health Centre (SEOCHC) is a community health and resource centre, which offers a variety of health and social services to residents living in various neighborhoods in South-East Ottawa.

Qualifications

- Proven senior management experience
- Masters' degree in health administration or equivalent education and experience
- Knowledge of health/social policy issues, health promotion and community development
- Experience managing a primary health care, interdisciplinary team
- Innovative approaches to the determinants of health
- Ability to communicate in both French and English is preferred

Salary Range

\$ XXX to XXX with attractive benefit package

SEND RESUME TO:

Executive Director
South-East Ottawa Community Health Centre
1355 Bank Street, Suite 600
Ottawa, Ontario
K1H 8K7
FAX: 613-739-8199

DEADLINE FOR APPLICANTS - Last date on posting



APPENDIX C – SAMPLE INTERVIEW QUESTIONS (PROGRAM MANAGER)

Opening Remarks

1. Introduction of members of the hiring committee and outline of process to the candidate.
2. Could you share with us what attracted you to applying for this position?
3. Could you highlight for us what it is in your background and experience that you feel makes you well qualified for this position?

Administration

4. How would you handle the following situations?
 - A staff member comes to you in confidence about a personality clash with another Staff member.
 - A Board member challenges your competency by suggesting you have made an error in judgment.
 - A client has become very angry with you and is yelling and swearing in the waiting room.
 - A hard working volunteer expects special consideration when the Centre is filling a job vacancy for which she feels qualified.
5. How would you handle a request from the Ministry to make a 5% budget cut?
6. Could you briefly describe any experience you have had with the following?
 - a. Computerizing an office
 - b. Setting up systems for filing, reporting and record keeping
 - c. Budgeting and financial management

Service Delivery and Program Development

7. Could you describe a recent proposal that you have prepared for program development and Funding? What should be in a proposal?
8. What do you feel are the special issues that need to be addressed in a CHC in this community?
 1. How would you plan to evaluate the performance of a new self-help workshop for a group of abused women?
 2. In your opinion what are the challenges that working within an inter-disciplinary team presents?

Staff

3. How would you undertake to perform an annual performance appraisal on a physician?
4. What is the role for volunteers in an organization such as a CHC?
5. Have you ever had to terminate an employee? Please describe how you went (would go) about it?



Community

1. How would you see influencing the health of residents in the community?
2. Are you familiar with the South-East Ottawa Community? If not, are you familiar with a similar community? What specific problems would you see needing to be addressed in an urban community from a CHC perspective?
3. What community activities have you personally been involved with and what role did you play?
4. What linkages would you develop in the community?

General and Personal Suitability

1. We are currently experiencing a downsizing in the health care sector. What are the implications for a CHC?
2. What do you see as the role of a CHC in the future health care system of Ontario?
3. What are your views on the current health care system and what changes are needed? Do you see opportunities to influence change?
4. CHCs in Ontario provide counselling to women who may be experiencing an unwanted pregnancy. This counselling could include a client who wishes to be referred for an abortion. Would working in an organization that provides such counselling cause you any problem?
5. This CHC is a smoke free/scent free environment. Does this cause you any problem?
6. What are your expectations regarding working hours and evening meetings for this job?
7. Could you describe to us a project that you have started up and give us an example of something that went right and something that didn't work out for you in it?
8. In checking your references, what are the likely strengths that this person will describe of your capabilities? What weaknesses might they mention?
9. Do you have the use of a car and a valid driver's license?
10. Is there anything about you that we have not asked or that you would like to highlight?

Closing

1. When would you be available to take on this position?
2. Can you provide us with a list of references? (former or current supervisors and one employee if applying for a supervisory position)
3. (Describe salary range and benefits) - What is your current salary and what would your salary expectations be?
4. Next step, time frames to hear back, etc.
5. Do you have any questions for us?



APPENDIX D – SAMPLE TELEPHONE REFERENCE CHECKING FORM

1. Introduce yourself and advise that the candidate has given their name as a reference. Give the person a bit of background on the position and the program so that they can understand the context.
2. Verify the information given at the time of interview:
 - Did the person in fact report to them?
 - For how long?
 - Check dates that were given in resume.
3. Ask them how suitable they think the person would be for the position you have.
4. How well did they get along with other team members (and subordinates, if applicable)?
5. What did they see as their major strengths?
6. Were there any areas that had been pointed out as areas of that requirement some improvement of further development?
7. Would they rehire if they had a similar position available in their organization?
8. Probe for specific areas that might have come out as a possible weakness during the interview process. For instance, if a member of the hiring committee might have felt that the person showed some lack of flexibility in scheduling, that particular area could be explored in more detail with the reference check
9. Is there anything else they would like to add that could be helpful in helping us make a decision?
10. Be conscious of long pauses. These may indicate a problem. Read between the lines



APPENDIX F: SAMPLE LETTER OF OFFER FOR A FULL TIME INDETERMINATE EMPLOYEE

Date

Name
Address
City, Province
Postal Code

CONFIDENTIAL

Dear (Insert Name):

I am pleased to offer you the full-time position of (Insert Name of Position) with the South-East Ottawa Community Health Centre (SEOCHC) commencing (Insert Date).

The salary range for this position is (Insert most current salary range) and your salary will be at the (Insert at which step of the salary scale) step of the range which is (Insert salary amount) annually, payable every two weeks.

Your working hours will consist of a (Insert amount of hours per week) hour workweek. Other conditions of employment are outlined in the Personnel Policy Manual, which is enclosed.

After three (3) months employment you will be eligible to take part in the group insurance plan and the Group Retirement Savings Plan (GRSP). This plan includes life insurance, accidental death and dismemberment, health insurance, dental insurance and long-term disability LTD). The cost of the premiums for the life insurance, health insurance and dental insurance will be paid for by SEOCHC. The cost of the Long term Disability benefit will be covered by you through payroll deduction. Employee enrolment in these plans is compulsory, unless you have coverage with a spouse for medical and dental insurances. Family coverage is available as well and is optional.

You will be reporting to ***(Insert Hiring Manager's name)***. Your duties will be primarily as outlined in the job description a copy of which was given to you at the time of your interview. The probationary period will be six (6) months with a performance appraisal conducted at three (3) months and six (6) months.

In the event of a termination, you will not be entitled to any further notice, or pay in lieu of notice, other than what is outlined in the Personnel Policy Manual or in the Employment Standards Act.

This letter and the Personnel Policy Manual represent the entire employment contract between South-East Ottawa Community Health Centre and yourself and there are no other written or verbal agreements that form part of this contract.



If you agree with the terms and conditions outlined in this letter, please sign the attached copy and return it within one week to *****, Human Resources Officer.
Congratulations! We welcome you and look forward to working with you in the months ahead.

Sincerely,

Name of ED
Executive Director

I have read, understand and agree with the terms and conditions outlined above and in the Personnel Policy Manual.

Signature

Date

Enclosure - Personnel Policy Manual



APPENDIX G: SAMPLE LETTER OF OFFER FOR TERM EMPLOYEE

Date

Name

Address

City, Province

Postal Code

CONFIDENTIAL

Dear (Insert Name):

I am pleased to offer you the term position of (Insert Name of Position) with the South-East Ottawa Community Health Centre (SEOCHC) commencing (Insert Date), for a three (3) month term.

The salary for this position is (Insert hourly wage) an hour. This salary is payable every two (2) weeks upon remittance of time sheets to your supervisor. During this assignment you will be reporting to (Insert Hiring Manager's Name). It is expected that your hours of work will be (Insert daily hours of work). Your duties will be primarily as outlined in the job description, a copy of which was given to you at the time of your interview.

Vacation pay at the rate of 4% of your earnings will be included in your final pay cheque. You will be paid at the rate of seven (7) hours per day for any statutory holiday that falls within the period of your contract providing you have worked the day preceding and the day following the statutory holiday. Sick leave will accumulate at the rate of one and one-quarter (1-1/4) days for each calendar month worked. No other benefits will be paid to you during this period.

Should either party wish to terminate this contract prior to **(Date)**, either party will give the other party one weeks' notice.

This letter and the Personnel Policy Manual represent the entire employment contract between South-East Ottawa Community Health Centre and yourself and there are no other written or verbal agreements that form part of this contract.

If you agree with the terms and conditions outlined in this letter, please sign the attached copy and return it within one week to *****, Human Resources Officer.



We welcome you and look forward to working with you in the months ahead.

Sincerely,

Name of ED
Executive Director

I have read, understand and agree with the terms and conditions outlined above.

Signature

Date

Date of Approval:	
Approved By:	Management Team
Date of Revision:	May, 2013



Occupational Health and Safety

POLICY

Management of SEOCHC is vitally interested in the health and safety of its employees. Protection of employees from injury or occupational disease is a major continuing objective. SEOCHC will make every effort to provide a safe, healthy work environment. All program managers, coordinators and employees must be dedicated to reducing the risk of injury.

SEOCHC, as employer, is ultimately responsible for worker health and safety. Program Managers are responsible to ensure that machinery, equipment and work areas are safe and that employees work in compliance with established safe work practices and procedures. Employees must receive adequate training in their specific work tasks to protect their health and safety.

Every employee must protect his or her own health and safety by working in compliance with the law and with safe work practices and procedures established by the Centre.

It is in the best interest of all parties to consider that health and safety must form an integral part of this organization, from the Board President to the Executive Director to the employees.

JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE

In accordance with legislation, SEOCHC has a Joint Occupational Health and Safety Committee.

Membership

The committee must be made up of at least one elected certified employee representative and one certified employer representative. The committee presently (2013) has seven members. Five members are Certified through WSIB as Occupational Health and Safety representatives, three of them are employee representatives and two of them are employer representatives. The other two members are employee representatives.

Meetings

The Committee meets at least every three months and has regularly scheduled Health and Safety inspections.



SECTION 1

EMPLOYEE SAFETY

It is the right of all staff to have a safe work environment. It is also the responsibility of all staff to work together to ensure that each and every staff member's personal safety is taken into consideration.

During initial assessment of a client's needs, and the earliest stages of the development of a working relationship, it is essential that staff learn of any possible or potential threats. The following actions are recommended:

A. Ensure that your Program's intake information form includes the question:

“Do you know of any reason why it would be unsafe to see this client or visit her/him in their home?”

If “yes” (to #1) Obtain a medical/ psychiatric history if possible, including a history of violence or behaviour disorder.

If the intake information or the medical/psychiatric history indicates a potential risk for those working with this client, complete a **Pink Alert Sheet** (see Appendix 2) and attach it to the clients' file. Similarly, include an “Alert” in the client's electronic record.

All Clients presenting to Health Clinic with complaints of fever are to be screened for febrile respiratory illnesses (FRI), by triage staff in accordance with Ministry of Health and Long Term Care protocols and, if indicated, will be kept isolated until assessed by an Nurse Practitioner or a Physician to determine diagnosis and treatment. All staff members have been issued NP5 masks, a supply of which is kept in the clinic.

ALERT: REPORTING AND DOCUMENTATION

Clients whose behaviour or environment may endanger a staff or volunteer must be identified and their file documented and flagged with a Pink Alert Sheet. This sheet is updated on the date of the latest incident and placed on the client's file.

All potential safety risks (i.e. staff working alone etc.) should be discussed at staff and team meeting so that the team can determine what special precautions and/or alternative arrangements to follow.

When a security incident (i.e. person threatens a staff member etc.) occurs, the worker involved fills out a Pink Alert Sheet and attaches it to the clients file. If a sheet already exists on the clients file, the staff member is to update it stating the most recent incident.



In addition, an **Incident Report** (see Appendix 1) must be completed by the worker on the same day as the incident occurred. This report is signed by the worker and their Manager. A copy is sent to the Executive Director, one copy is placed in the staff members personnel file and the original is sent to the Chairperson, Joint Occupational Health & Safety Committee.

In addition, an **Incident Report** (see Appendix 1) must be completed by the staff member on the same day as the incident occurred. This report is signed by the staff member and their Manager. A copy is sent to the Executive Director, one copy is placed in the staff member's personnel file and the original is sent to the Chairperson of the Joint Occupational Health & Safety Committee.

INCIDENT REPORTS

Reportable incidents may involve employees, volunteers, participants/clients or visitors and they may occur anywhere. *Any* situation which may have future repercussions for programs, employees, volunteers, participants/clients or Centre reputation, should be documented.

Incidents which need to be documented include the following:

- physical violence
- threats
- verbal abuse
- theft
- personal injury
- property damage (inadvertent or intentional)
- sexual harassment
- any unusual occurrence with safety implications

The steps for appropriate documentation are as follows:

1. Any staff person directly involved in the incident should fill in the incident form as soon as possible after the incident, **on the same day**.
2. The report is signed by the staff person and their Manager.
3. Copies of the incident report are sent to: the Chairperson of Occupational Health and Safety Committee, the Executive Director and the original report is to be placed in the staff member's personnel file.
4. If the incident involves a client, information will be documented in the client's chart or file.



SECTION 2: EMERGENCY RESPONSE

EMERGENCY RESPONSE DURING REGULAR OFFICE HOURS

If a staff member is involved in an incident, which he/she perceives to be dangerous, threatening or a form of harassment, the following steps should be taken:

Step 1: Assessment

To determine what course of action to take, ask yourself:

1. IS THE THREAT INTENDED TO BE TAKEN SERIOUSLY AND IS IT HAVING A SERIOUS EFFECT ON YOU OR ANOTHER STAFF MEMBER?
2. DOES THE PERSON HAVE THE APPARENT ABILITY TO CARRY OUT THE THREAT OR CAUSE OTHERS TO BELIEVE, ON REASONABLE GROUNDS, THAT HE/SHE IS ABLE TO DO SO?
3. ARE THERE GESTURES OR PHYSICAL ACTS ACCOMPANYING THE SPOKEN WORDS?
4. IS THERE AN OBVIOUS SIZE OR STRENGTH ADVANTAGE FAVOURING THE PERSON UTTERING THE THREAT?
5. ARE THE WORDS SPOKEN IN A LOCATION AND SURROUNDINGS COMPATIBLE WITH MALICE OR EVIL INTENT ON THE PART OF THE PERSON UTTERING THE THREAT?

If you answered “Yes” to any of these questions, seek support (Step 2).

Step 2: Seek Support

If unsure or unwilling to deal with the situation on your own, ask for assistance from team members or others who work within your work area.

If unable to receive help from a staff member who may be close by, choose one of the following procedures to trigger “Code White”:

Use telephone: Press Speed Call Key labelled CODE WHITE

Use the telephone to page your distress throughout the Centre.

1. Lift receiver, press SpeedCall Key labeled **CODE WHITE**.
2. Say the words **“Code White”** and then state your location: e.g.. **“Code White: 721”** will indicate immediate response is required at Room 721.
3. Hang up

All areas of the Centre will simultaneously hear this Code White message. Client Services Reception will contact the duty Manager by pager to confirm that message has been received.



The manager and closest staff will immediately go to the scene to offer support and assess next steps required.

Press: Distress Button

All service providers have access to a “Distress Button” which is to be pressed whenever there is a situation of threat or emergency response is required.

Client Services Reception receives the alarm, determines the location, and alerts the duty manager by pager. The duty manager and closest staff will go immediately go to the scene to offer support and assess next steps required.

Staff Support/Assessment

Upon hearing “Code White”, the Manager and staff shall immediately go to the location to offer support and assess next steps, which shall include securing the physical safety of all persons, and may require de-escalation of the situation and /or requesting additional back-up support. Appropriate sources of additional support may include particular staff who have a prior positive relationship with the threatening person, health care providers or social workers with immediately required crisis skills, or 911 Emergency Response Teams (police, fire/rescue, ambulance, etc).

- The Manager’s role is to provide the necessary leadership to rapidly assess the situation, mobilise required resources, and re-establish a safe location for all parties.
- The Manager will take responsibility to broadcast “**Code White: All Clear**” once the situation has been assessed and safety is assured.
- The Executive Director shall ensure that there is at least one manager or an appropriate designate available by pager and “on call” for this purpose.

Dial 911

When it is determined that a “Code White” occurrence requires 911 Emergency Response, the manager shall direct a staff person to call “911”:

1. **Once 911 has been called, do not cancel the call under any circumstances.**
2. **Give the 911 operator the necessary information:**
 - Police/Fire-Rescue/Ambulance needed (as appropriate)
 - Brief statement of the situation: e.g. “threatening person”, or “assault”, etc.
 - Our location: “South-East Ottawa Centre, 1355 Bank Street, SE corner, intersection of Bank and Riverside, xth. Floor, Room #.....”
 - Our telephone number: “613-737-5115”



- Offer to have a staff person wait and meet Emergency Response personnel in Ground Floor Lobby.
3. Follow the operator's instructions

Reporting

1. Report the incident to the Manager of the impacted Team immediately.
2. The Manager shall complete an Incident Report within 24 hours (Appendix 1), one copy to the Executive Director, one to the Chairperson of Occupational Health and Safety Committee and one copy to be placed in the client's record.

Debriefing

A debriefing session shall follow the incident in order to support staff involved and to assess the impact of the incident. The following procedures will be followed:

1. The Manager (or his/her designate) will meet with the staff member the day of the occurrence to inquire about the incident and to offer support.
2. (2) Within 3 days following the incident, the Manager will convene a meeting of all relevant persons involved in the incident (i.e. staff, volunteers, etc.). The purpose of the meeting is to assess outcomes of our urgent response process and to determine what changes need to be made in this process to improve those outcomes. The Manager will also determine whether a Pink Alert Sheet is required and any other follow-up relating to continued service to the client. If it is recommended that further services to the client should be terminated, action shall be guided by the *Termination Policy* (see Appendix 3)

EMERGENCY RESPONSE AFTER REGULAR OFFICE HOURS

After regular office hours, the same level of additional support or urgent response may not be as readily available. Accordingly, staff are encouraged to follow these steps:

Step 1: Awareness and Precautions

1. Always be accompanied by someone, either a staff member or a participant.
2. Since reception staff will not be available to call **911**, identify someone who will be able to do this for you.
3. Secure areas in the building, which are not being accessed at that time and put specific areas on alarm if possible.



Step 2A: If an incident occurs and you know other Centre staff are present in the building

- “Code White”, Using the paging system: SpeedCall CODE WHITE (Refer to Step 2)

Step 2B: If an incident occurs and you know other Centre staff are not present in the building:

- Press “911” button on your phone (Refer to Step 2)

Staff Response

Upon hearing a “Code White” page, go immediately to the location and assess the situation, then offer support and assistance as necessary.

Step 3: Reporting

- Refer to step 3, page 8

Step 4: Debriefing

- Refer to Step 4

OFF-SITE EMERGENCY RESPONSE

Service providers also deliver programs and services off-site - in homes and community locations. Be prepared. Minimize risks:

Before You Visit

1. Let Reception know your daily schedule including the address and telephone number of your home visit or other off-site location.
2. Review documentation to determine client’s home situation and usual behaviour.
3. Know how many people usually live at the home or congregate at the off-site location.
4. Determine goals of the visit. Let the client know the purpose of the visit and how the client can benefit from a positive outcome.
5. Use Team meetings to discuss any potentially unsafe off-site situation or any home visit about which you intuitively feel uncomfortable. Keep the Manager well advised of such situations.



6. Plan an alternative to a regular home visit as necessary, such as:
 - visit with a co-worker
 - meet with the client at the Centre and give reception special instructions.
 - meet at a neutral place where there are other people, e.g. a restaurant or a library.
7. Keep a record of your visiting schedule and addresses and phone numbers of scheduled clients at the office, or in a designated place. Notify other co-workers if planning a potentially risky off-site service

Recognition and Prevention of Risk

1. If in any doubt about safety, either do not go or do not go alone: use professional judgment, intuition and common sense at all times; remain ALERT for the possibility of danger.
2. Keep your car keys with you: e.g. do not allow your coat to be taken to another room with your keys in the pocket. Be sure that you can freely exit, and that your car is free to drive away.
3. Maintain awareness of behavioural cues which may indicate triggering or escalation of aggression. Be responsive to changes in the client's behaviour. Watch for:
 - pacing
 - fist clenching
 - increased pressure of speech
 - sudden shift in conversation; for example, sexual or personal comments
 - aggressive eye contact
 - verbal threats
4. Be aware and trust your own intuitive sense of danger.
5. Assess the situation for obvious weapons (brooms, lamps, canes, etc.)

Do Not Deny Possible Danger

6. Know the quickest and safest route to the door.
7. If others are present, try to determine who they are; assess the risk of staying in the situation; stay alert to movements in the home.
8. Position yourself, if possible, so that you will not expose your back to others who may enter the room without your knowledge.
9. If sitting, select a hardback chair. It is easier to stand up quickly and to maintain a calm and professional posture.



10. Do not hesitate **to ask that dogs or other potentially threatening animals be tied or penned up.**
11. If possible, avoid entering the kitchen (where there may be increased access to potential weapons) or the bedroom (which may be easily seen as a violation of privacy or an invitation to unwanted intimacy).

Emergency Response

1. If you sense a triggering or escalation and feel threatened, tell the person that you are leaving and will contact them again. *DO NOT TAKE THE TIME TO EXPLAIN.*
2. If you have to leave quickly, get out of the situation the quickest and safest way possible.
3. Call, as necessary:
 - 911
 - your Manager or Executive Director

Reporting

Report the incident to your Manager immediately. *Refer to Step 3, page 8)*

Debriefing

(Refer to Step 4, page 8)

SECTION 3: MEDICAL RESPONSE

MEDICAL EMERGENCY RESPONSE

Medical emergencies such as cardiac arrest, seizures, suicide threats, allergic reactions and psychotic behaviour require an **immediate call to 911**. *(Refer to Step 2 below)*

Emergencies occurring in the clinical area will be managed by clinical staff at the Centre until an ambulance arrives.

If the medical emergency happens outside the Centre's clinical area or its immediate surroundings, the Manager or staff member who first responds to the call for help may (if qualified) provide first aid until an ambulance arrives to take the client/participant, staff, volunteer or visitor to the hospital.

For medical emergencies which require CPR, call for help as above. If qualified, begin CPR, or summon somebody capable of commencing CPR. Delegate someone to call 911 and ensure that they state clearly that CPR is being performed.



Any staff may call 911 in an emergency. They then notify the Greeting Reception at their site that 911 has been called, so that the receptionist can direct the ambulance staff on arrival.

If you ask someone else to call 911, designate one specific person to do it.

PROCEDURE

1. Stay with the person in need of help.
2. Get help: shout, press distress button. State that this is a medical emergency and where you are. If you can't get help immediately, leave the person briefly to call "**Code White**" by phone.
3. **Call 911.** After Centre medical staff have taken over, notify reception that 911 has been called.
4. **The most qualified staff on the scene should assess and manage the situation.**

The manager, or his or her designate, is responsible:

- to ensure that 911 has been called
- to ensure that reception has been notified
- to ensure that spectators have been ushered away
- to ensure that a Health Services provider or a person trained in first aid is available and present, if required.
- to ensure that someone has been assigned to await and direct 911 Emergency Response personnel upon arrival.
- afterwards, to document the incident and the lessons learned.

MEDICAL RESPONSE (potentially acute and non-emergency)

Potentially acute and non-emergency incidents such as a fall, trip, slip, dizziness, or acute head ache, **may require** a medical response.

Incidents occurring in the Centre's clinical area will be managed by clinical staff at the Centre as required. Clinical staff may determine that the person should make an appointment with their own physician, go to a hospital Emergency Department immediately if the condition worsens or call an ambulance.

If the incident happens outside the Centre's clinical area or its immediate surroundings, the staff present should attend to the individual. Staff should always notify the on-call manager (health and social service reception staff can contact the on-call manager). In all incidents, the on-call manager will direct the individual to make an appointment with their physician *and* to go to the



hospital Emergency Department *if* the condition worsens. The on-call manager may determine that the individual should be seen by a Centre health care provider for an assessment before leaving. Signs that may indicate that a health care provider should assess the client before they leave the premises include: the individual experiencing pain upon moving, unable to walk as before, any laceration, etc. While an individual may refuse to be seen by a Centre health care provider, the on-call manager will ensure that a health care provider is present to discuss the situation with the individual. Where the Centre health care provider determines it is in the best interest of the individual to go to a hospital emergency department, this direction will be clearly given. In cases where it would be difficult for the individual to get to the hospital emergency department, an ambulance will be called. Should a manager and/or health care provider not be available (e.g. incident occurs at a program off-site), the staff person facilitating the off-site program should: direct the individual to make an appointment with their physician *and* to go to the hospital Emergency Department *if* the condition worsens; look for signs to determine if the individual is well enough to leave the off-site program premises; upon observing any signs that indicate the individual may have a condition that may require medical attention (pain upon moving, unable to walk as before, laceration, etc.) the staff person should direct the individual to go to the hospital emergency department; in cases where it would be difficult or unsafe for the individual to get to the hospital emergency department the staff person will call an ambulance. In situations where the individual indicates that they do not want an ambulance called, if the staff person feels they may be at risk/harm the staff person will call an ambulance.

SECTION 4: SAFETY AND SECURITY TIPS

C. OFFICE

- Alert another staff member if you will be interviewing a person in your office who you think could cause you harm.
- Let other co-workers know when you are on a home visit and alert them if you have any reason to believe the client could cause you harm. (See Conduct for Home Visits Policy in Core Capacity section of this Manual)
- Alert the cleaners or other personnel if possible, if you are working alone.
- Always give the impression to clients that you are not alone in the building.
- Assertiveness is the best defence against crime. Communicate in a clear and direct way.
- Do not assume that strangers wandering the building are members of staff. Asking “May I help you?” will often deter a potential thief.
- Do not accept a stranger’s word that he or she is authorized to be in the building. Check with the person they are here to see.
- Never leave clients alone in your office. Use the telephone to advise the staff person they have come to meet.
- Think about the arrangement of your office. How would you get out if someone was threatening you?



- Memorize location of fire exits.
- Avoid letting telephone callers know that your supervisor or fellow workers are absent.
- Notify your manager if you receive threatening mail or phone calls. Fill out an incident report when it happens.
- Always lock purses, wallets or other valuables in your desk or filing cabinet. Refrain from bringing large amounts of cash or valuable objects to work, at all times.
- Be sure that any confidential information is locked in your desk or filing cabinet, at all times.
- Turn on the alarm system (if possible) in any area to which you do not require access.
- If you are the last person to leave the office:
 - Press the SpeedCall key labeled “Code Green” and say the number of the telephone extension from which you are calling - acknowledge you will be the last one to leave.
 - Make sure lights are off and doors are locked.
 - Turn alarm on.

EMPLOYEE SAFETY

Disruptive and Threatening Behaviour

Clients are expected to behave appropriately while at the Centre. If a client is *disruptive* or apparently under the influence of alcohol or drugs, the situation will be handled by the duty manager at the Centre. *Threatening* behaviour is more serious and may require a 911 call.

Disruptive

Behaviour that interrupts normal flow of events in a working area: client may be agitated, angry, swearing, inebriated.

Threatening:

Communicating menace of bodily harm or injury to property, either verbally or through behaviour.

Clients who arrive at the Centre and are disruptive and/or under the influence of drugs or alcohol are asked to leave, either by their service provider or the duty manager. The service provider will determine whether the client could immediately benefit from an interview with a counsellor. If necessary, the duty manager or the Executive Director may be asked to provide support to appropriately respond to the client.

If a client refuses to leave or is *threatening*, use the panic button to summon the duty Manager or activate “Code White”.



Threatening Behaviour

If a visitor begins threatening behaviour in the main or medical reception areas, the receptionist will press the distress button. If "911" needs to be called, do not cancel.

Tell the 911 operator:

- police needed
- threatening person on premises
- 600-1355 Bank Street
- South-East Ottawa Centre
- closest intersection: South-East corner of Bank & Riverside, across from Billings Bridge Plaza
- location within building
- telephone number

Follow the operator's instructions.

Some evening service providers have been issued with wearable distress buttons. If these service providers are unable to call 911, they should press the distress button to alert other staff members.

During day operations, it is the responsibility of Management Team to ensure that at least one manager or an appropriate delegate is immediately accessible to respond to situations that impact the safety of service providers. This person is designated as the Duty Manager on site.

The Duty Manager and the service provider will assess quickly whether or not they should engage in discussion with the person who is threatening. If the person is known to us, talking may calm him/her.

If engaging in discussion, inform the threatening person that the behaviour is inappropriate. If you are unsure or unwilling to make this request alone, ask a colleague for accompaniment and support. If you decide not to engage in discussion, ask all other persons to wait in a safe area until police arrive.

The receptionist will summon back-up staff support if the Duty Manager or the worker determines that more assistance is needed.

A second receptionist or employee will escort other clients out of the area by the safest available route. Possible assembly areas include the seventh floor multipurpose rooms or the medical waiting room, depending on the location of the incident.



The Duty Manager will assign someone to meet the police, advise on the situation, and prevent visitors from going into the area.

All remaining employees should refrain from calling Reception on the intercom until hearing "all clear" on the paging system, which will indicate that the incident is resolved.

Reporting

Service providers involved in any situation where visitors were threatening or disruptive will complete an Incident Report Form (Appendix 1). If there is a client file, service providers record the incident in the client's file. An alert will be placed in the client's file only if the client was threatening (see Appendix 2).

The service provider, who first responds to the client, or a program manager, will follow up with the client to ensure that the person understands that the unacceptable nature of the behaviour, and the expectations regarding future behaviour while receiving services at the Centre.

The manager involved will discuss the incident with the Executive Director within 24 hours. The appropriate mechanism for communicating any safety issues to staff will be determined by Management Team and reviewed by the Joint Occupational Health and Safety Committee.

CAR/PARKING

- Lock your car when you arrive at work in the morning.
- After hours, invite someone else in the building to escort you to your car.
- Look around the parking area before you enter your car.
- Carry a shrill emergency alarm or whistle with you. It should be accessible for immediate use.
- Carrying a flashlight on a key chain will help you find keyholes easier in the dark.
- Always check the back seat before getting in to your car.
- While travelling, always vary your route.

ELEVATORS

- Always get in and stand beside the control panel.
- If you are in an emergency situation, push the Emergency Button and all floor buttons, and exit the elevator at the first opportunity.
- Leave the elevator if someone makes you feel threatened.



STAIRWELLS

- Avoid using them alone - especially at night. Always carry your building security access card.
- Use a buddy system at night.

SECTION 5: KEYS

1. Keys and access card will only be given to employees of the Centre. Any variation from this procedure requires prior approval of a Manager.
2. All staff will sign for keys and access cards when they are first received.
3. It is the responsibility of the supervising Manager to collect keys and access cards when an employee terminates employment.
4. Under no circumstance is a staff member to duplicate a key for another staff member without prior approval by a Manager.

SECTION 6: FIRE PROCEDURES

Service Providers and volunteer leaders are responsible for their clients' safety when occupying meeting or activity rooms. It is the responsibility of all managers and staff, to ensure that all service providers and volunteers associated with their programs are alerted to these procedures.

A. UPON DISCOVERING FIRE

Sound the Alarm. Warn persons nearby.

Leave the area of danger closing all doors behind you. (Do not lock).

Telephone the Ottawa Fire Services from an area of safety (911). Never assume that someone else has contacted the Ottawa Fire Services. Give the exact address and location of the fire.

UPON HEARING THE ALARM

Exit by a safe route. Remain calm. Do not run. Never endanger your life by taking time to shut-off equipment or to obtain outdoor clothing unless it is certain that it is safe to do so. Co-operate with Ottawa Fire Services personnel and with building staff and volunteers.

Do not return to the building until it is declared safe to do so by the Ottawa Fire Services.



GENERAL

If a group using or renting the facility has a person that requires assistance in order to evacuate, arrangements must be made beforehand, in consultation with the senior fire warden, for the evacuation of this person.

CONTROL OF FIRE HAZARDS

The following are ways to control fire hazards in the building:

- know the procedure if you discover a fire or if you hear the fire alarm;
- never allow fire doors to be wedged open for any reason. Remove any wedges;
- ensure that Ottawa Fire Services telephone number, 911, is posted in all telephone locations;
- never block any exit by placing materials or equipment in the path of travel;
- do not store materials in stairwells or corridors;
- if a fire is suspected on the other side of the door, open it slowly with your foot and shoulder against it;
- report all fires regardless of size to the Ottawa Fire Services;
- do not put burning materials such as cigarette and ashes into garbage cans;
- observe posted restrictions regarding smoking;
- report any safety violations or potential fire hazards to the Joint Occupational Health & Safety Committee such as: fire doors blocked open, inoperable exit lights, inoperable or obstructed firefighting equipment, accumulation of combustibles such as oily rags, defective or temporary electrical wiring;
- all flammable and combustible liquids are to be kept in basement storage and in areas inaccessible to children and,
- waste receptacles shall be made of non-combustible materials.



SECTION 7:

SOUTH-EAST OTTAWA COMMUNITY HEALTH CENTRE EMERGENCY PREPAREDNESS PLAN

POLICY STATEMENT

As a community-based provider of health and social services, South-East Ottawa Community Health Centre (SEOCHC) is committed to responding, as appropriate, in support of its clients, staff, volunteers and community, to emergency situations. The Centre will work collaboratively with community partners to ensure the timely and appropriate use of resources in responding.

This policy and procedure delegates authority and provides direction for decision-making and action in the event of an emergency situation that may occur within the agency or within the City of Ottawa. As part of the agency's risk management process, it will be reviewed and reported on annually to the Board of Directors by the Executive Director via the Joint Occupational Health and Safety Committee (OH&SC) and it will be included in the orientation of staff and volunteers. The OH&SC will identify training needs related to emergency response as necessary.

In the event of an emergency, communication to the Board on the status of the emergency, the response of the Centre and the debriefing will be the responsibility of the Executive Director (or designate) through the Board President (or designate). This will include any impact the emergency had on budgets, human resources, legal or related operational issues that have a potential impact on the Centre's regular operations.

DEFINITIONS

Emergency:

For the purposes of this plan, an "emergency" is described as:

any event or sequence of events which would require either complete or partial shutdown (described below) of the Centre's facilities and capacity to continue the delivery of services (for example, extreme heat/cold, severe weather conditions, fire, etc.)

or

an officially declared community-wide emergency in which local health and social service providers are required to respond.



Levels of Emergency:

Complete Shutdown

This is a situation severe enough where the most appropriate action is the complete shutdown of the Centre. There would be no services provided in or out of the Centre. This decision to close the Centre would be made under the following cases:

- 1) Where the risk of harm to staff, clients and volunteers is substantial
- 2) Where the City of Ottawa has declared an emergency and requested the closure of the facility. Guidance in making this decision would come from the City of Ottawa Emergency Measures Unit. At the request of and in negotiation with the City, the Centre could reallocate staff to provide emergency services.

Alterations to services

This situation would require adjustments to services in order to focus on **essential services**. These adjustments would affect the type of services, the scope of services, or the way in which the services are provided by the Centre. Under this situation the Centre may not provide services that do not meet the essential services definition. This action would depend on the demands on the Centre resulting from the emergency.

Essential Services:

Essential services will be defined and prioritized based on the nature of the emergency. The **Emergency Response Team** will accomplish this.

SEOCHC Emergency Response Team:

The Emergency Response Team will be initially made up of the following individuals listed below. The composition of this team could evolve to better reflect the nature of the emergency.

- 1) Executive Director (or designated Manager if required) who would also serve as 'Chair' for the Team.
- 2) **Emergency Response Manager as required** (may be executive director or designate)
- 3) Managers
- 4) A representative from the Joint Occupational Health and Safety Committee (OH&SC)
- 5) Additional staff as needed

Emergency Response Manager:

An 'Emergency Response Manager' may be designated depending on the nature of the emergency and the requirements of the response. The Emergency Response Manager would be a resource to the SEOCHC Emergency Response Team. Reporting to the Executive Director, or designate, the Emergency Response Manager would provide assistance with the overall co-ordination of the Emergency Response plan.



Vulnerable Clients:

Vulnerable clients are those clients who may be at increased risk as a result of the emergency situation and/or lack of service. Each Program Manager will define “vulnerable” based on their service mandate and knowledge of their clients. Individuals, groups or a community may be considered vulnerable depending on the situation. In general, populations that would be most at risk during an emergency are people who are socially isolated and who:

- have diminished ability to perform activities for daily living due to physical/emotional illness or disability
- are limited in their capacity to prepare for an emergency
- are limited in their capacity to perform their role as care giver for dependents.

Specific vulnerable population groups are most likely to include:

- seniors who are isolated, or have diminished capacity or no social supports
- clients with physical and/or mental disabilities
- clients with language barriers (especially those unable to speak English or French)
- clients with mental health issues
- rural clients (especially those with no transportation)
- homeless men, women and families

Volunteers:

Registered volunteers with the Centre may be contacted to determine their willingness to participate in defined roles.

The Coordinator of Volunteers will be responsible to recruit appropriate volunteers. These volunteers will function under the direction of the designated staff, as determined by the Program Manager. The Program Manager will ensure that the volunteers receive the appropriate training and direction.

Designated Contacts:

The Executive Director and the Manager of Finance/Corporate Services will be designated contacts for the City of Ottawa, Emergency Measures Unit. The Executive Director will ensure that the City has up-to-date contact information.

PROCEDURE

a) EMERGENCY PREPAREDNESS

Centre level:

The Centre will be prepared to respond to an emergency. This includes but is not limited to:



- An annual review of the emergency response policy and procedure through the Joint Occupational Health and Safety committee;
- Inclusion of the policy and procedure in the staff policy manual;
- Orientation of new staff to the policy and procedure;
- Annual review of the Plan through General Staff meeting;
- Co-ordinate emergency plan updates, with the City of Ottawa, through the Coalition representatives on the City's Emergency Plan Committee.

Program Level:

Each SEOCHC Program team will be prepared for an emergency. This includes but is not limited to:

- Under the direction of the Program Manager, the development of a protocol and/or list by which to identify clients who may be identified as 'at risk' in the event of an emergency.
- The Program Manager will maintain a list of all contact information for each member of their team; this information will be stored both at the Centre and at the Program Manager's home.

b) DECLARING AN EMERGENCY AND LEVEL OF EMERGENCY DEFINED

Who:

The Executive Director, in consultation with the Board President (or designate), is responsible for declaring an emergency, where the emergency is internal to the organization (and not within the jurisdiction of the City). The City of Ottawa is responsible for declaring an emergency where the emergency is of a public health, municipal or broader community focus.

In the absence of the Executive Director, the most senior Program Manager will take responsibility to ensure the Board President is contacted, to oversee the preliminary communications, and to ensure that the Emergency Response Team is called together. At the first meeting, the designated lead who will act as the designate to the Executive Director and lead the emergency planning in the absence of the Executive Director will be determined by the senior Program Manager, in consultation with the Management Team.

Assessment:

An emergency and level of emergency will be determined based on the following criteria

- The real or potential risk to staff, clients and volunteers
- The required coordination role with other regional/municipal services

Communication:

The Executive Director ensures each Manager is contacted to:

- provide information regarding the emergency situation and level of response anticipated
- request the Program Managers to ensure communication with all staff on their teams
- assign an Emergency Response Manager if required



- arrange the temporary re-assignment of the Emergency Response Manager's responsibilities to another Manager (if required)
- call a meeting of the Emergency Response Team
- set in place a mechanism for logging of emergency response and related actions

The Executive Director contacts the Board, through the President (or designate) to apprise the Board of the emergency.

The Executive Director will ensure that the appropriate funders are notified of the emergency, and, where necessary that the City of Ottawa, the Ottawa Police and/or and the co-chairs of the Coalition of Health and Resource Centres are advised of the emergency.

c) DEVELOPMENT OF THE SPECIFIC EMERGENCY RESPONSE PLAN

The SEOCHC Emergency Response Team will ensure the development of an emergency plan to respond to the specific emergency. The roles and responsibilities of the Emergency Response Team are as follows:

1. Oversee the development and implementation of an emergency-specific plan including determination of the required response, in consultation with the City of Ottawa and other organizations as required, and the appropriate role for SEOCHC.
2. Through the Executive Director, assess the resources required and any financial supports that may be available through the City
3. Determine essential services that SEOCHC should provide during the emergency
4. Identify what services will not be provided during the emergency
5. In consultation with the Program Managers identify the staff who can be utilized to provide services and supports to assist with the emergency response
6. Determine a recruitment process for additional staff (internally/externally) to ensure appropriate response to the emergency, as required
7. Provide advice to the Executive Director on any policies related to Human Resource management
8. Monitor the emergency situation including, but not limited to, receiving input and direction from the City of Ottawa through the Executive Director and receiving updates from Program Managers
9. Provide direction on the internal communications
10. Make any adjustments to plans, as required
11. Provide advice to the Executive Director on the external communications
12. Ensure the development of an 'emergency log' procedure so that the emergency response can be recorded for future reference.

To facilitate the implementation of the specific plan, Managers will contact staff as required, to:

- relay information regarding the emergency situation and level of response;



- determine the status of each staff member, including their ability to help as needed, their personal situation, other priorities/considerations;
- determine the availability of other resources that may be required to respond to the emergency (e.g., cell phones, pagers, partner agencies, transportation etc); and
- advise staff as to mechanisms available for staff to keep apprised of the situation;
- co-ordinate team response within context of emergency plan as it relates to the work of each staff member; and
- co-ordinate specific responses for identified vulnerable or at risk clients as per Emergency Plan.

When services have to be relocated:

In the event that the emergency is specific to the Centre and there is a need to relocate services:

- the Executive Director will co-ordinate the set-up of core services at one or both of two predetermined locations.

e) EXTERNAL COMMUNICATION PLAN

Communication to clients/general public:

The Emergency Response Manager will ensure that messages on Centre telephone lines, postings at the front door and a message on the Centre's web-page provide information as follows:

- **Complete Shutdown**

The message will indicate the Centre or the City of Ottawa, Emergency Measures Unit has declared an emergency and the Centre is closed. It will identify resources and/or other options or instructions if available.

- **Partial Shutdown**

The message will indicate that the Centre or the City of Ottawa, Emergency Measures Unit has declared an emergency requiring partial shutdown, the services that are available and how to access them.

Additional staff or volunteers may be required to assist in answering incoming calls. In the event that phone lines are down, the Emergency Response Team will determine the most appropriate contingency plan (e.g., information broadcast via media, operating in partnership with another CHC/CRC). A landline is maintained by the Centre. Landlines are located at 1355 Bank Street on the 7th floor at the fax machine in the Administrator Standards/Executive work area and at the fax machine located at the BBBF site, 1485 Heatherington, #22. A landline phone is securely stored at the main reception desk at 1355 Bank Street on the 6th floor and may be used should it be necessary to disable the fax capability of the landline.



Communications with External Agencies:

The Executive Director and the Manager of Finance/Corporate Services will be designated contacts for the City of Ottawa, Emergency Measures Unit, as per the City's Emergency Response Plan requirements. The Executive Director will ensure that the City has up-to-date contact information.

The Emergency Response Manager, through direction from the Executive Director, will coordinate communication with external partners.

The Executive Director will ensure that the appropriate funders are updated on the emergency and any implications this has for clients and/or programs and resources.

e) DECLARING THE “EMERGENCY” IS OVER

In consultation with the Board President, once it is determined that staff/clients/the community are no longer at risk and/or the factors leading to the emergency are resolving or are resolved, the Executive Director will advise the Managers that the emergency is over. In the case of a City-wide emergency, the City will be responsible to declare the emergency over.

The Executive Director will keep the Board advised of the status of the situation, through the Board President. Staff will be provided with a phone number to call for a message regarding the status of the emergency and when to return to work. Staff will return to “normal” duties as per direction from the Executive Director. The Executive Director will ensure that the appropriate funders are advised.

f) DEBRIEFING/EVALUATION

The actions taken during the emergency will be logged. Within two (2) weeks following the “emergency”, the Emergency Response Team will meet to discuss and evaluate the implementation of the Emergency Response Plan (e.g., resource implications, what was done well, what could be improved next time and what was learned). The Emergency Response Team will also determine a plan for debriefing of staff. This will include consideration as to whether or not any trauma counseling is required.

In the case of a city-wide emergency, the Executive Director or designate will provide feedback to the debriefing process initiated by the City (e.g., through the Coalition of CH&RCs, through the City's Emergency Measures Unit).

The Executive Director will ensure that appropriate funders are apprised of any resource related issues.



The Executive Director will provide the Board with a full report following the Centre's involvement in any emergency situation. This will include any impact the emergency had on budgets, human resources, legal or related operational issues that have a potential impact on the Centre's regular operations.

The emergency plan will be revised, if necessary, following the evaluation.



Workplace Violence and Harassment Prevention

POLICY

South-East Ottawa Community Health Centre (SEOCHC) will endeavour at all times to provide a work environment that encourages positive morale and which is supportive of the productivity, personal goals, dignity, and self-esteem of every employee. The work environment consists of the shared physical and social surroundings where work activities take place. A positive work environment should be free from unwelcome remarks, materials or behaviour.

South-East Ottawa Community Health Centre (SEOCHC) accepts that it has a responsibility to educate employees about harassment and violence issues. This organization has no tolerance whatsoever for harassment, whether of a sexual, physical, verbal, racial, political, or any other kind, and whether engaged in by fellow employees, managers, volunteers, students, clients, Directors or any other officials of the organization.

For the purpose of this policy, the definition of harassment shall be consistent with that contained in the Ontario Human Rights Code. Specially, harassment is comprised of offensive comments, conduct, gestures, or physical contact that may be deemed objectionable, at or away from the usual workplace. Harassment may relate to race, national or ethnic origin, colour, age, religion, gender identity, marital status, family status, sexual orientation, disability, income, or conviction for which a pardon has been granted, as of June of 1996.

This policy has been adopted to make clear that harassment and violence will not be tolerated at SEOCHC. Individuals, regardless of seniority or rank, found to have engaged in conduct constituting harassment and/or violence, managers who were aware of harassment and who permitted it to take place, and persons who bring forward bad faith or malicious complaints will be subjected to severe discipline.

SEOCHC encourages reporting of all incidents of harassment or violence, regardless of whom the offender may be, and is committed to protecting both the rights of those who have been accused of harassment and/or violence as well as those who have been subject to harassment and/or violence. Managers are responsible for addressing and stopping any harassment that they are aware of, whether or not a complaint has been made.

Every person continues to have the right to seek assistance from the Ontario Human Rights commission, even when steps are being taken under this policy.

Workplace *harassment* vs. workplace *violence*



As of June 15, 2010, the *Occupational Health and Safety Act (OHSA)*, subsection (1) is amended to include the following definitions:

Workplace harassment means 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 violence means:

- a) the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,
- b) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,
- c) a statement or behaviour that it 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.

Support for Employees Affected by Workplace Violence:

Management will respond promptly, assess the situation and ensure that these interventions are followed:

- facilitation of medical attention
- debriefing (by skilled professional)
- referrals to community agencies, treating practitioner and employee assistance program
- completion of incident report
- reporting to police (as required); and
- team debriefing.

More information on this section of the OHSA can be found at:

http://www.labour.gov.on.ca/english/hs/sawo/pubs/fs_workplaceviolence.php

Complaint Procedure

1. It is recommended that anyone who feels that they have been subjected to harassment and/or violence in the workplace report the matter to their immediate supervisor or to the Executive Director. A mutually agreed upon third party will be present for support and verification. Notes from the meeting will be kept and signed by all three parties, with a copy going to the complainant.
2. The Executive Director or immediate supervisor will advise the person to write immediately to the person against whom a complaint is being made, in order to inform him or her that their actions are unacceptable and unwelcome.



3. In the event that the Executive Director is the person against whom a complaint is being made, the complaint and subsequent investigation will be the responsibility of the President of the Board.
4. In the event a Director is the person against whom a complaint is being made, the complaint and subsequent investigation will be the responsibility of the President of the Board.
5. In the event that the President is the person against whom a complaint is being made, the complaint and subsequent investigation will be the responsibility of the Executive Committee of the Board excluding the President of the Board.
6. The complainant is responsible for documenting incidents if they continue and reporting the incident(s) to their immediate supervisor, the Executive Director or the appropriate person or committee as mentioned above.
7. The Executive Director, President or Executive committee as appropriate will ensure that there is a thorough independent investigation of the complaint(s). This investigation may necessitate the involvement of private investigators hired for the purpose, or a referral to the local police department. In situations where the person against whom a complaint has been made directly supervises or otherwise directs the work of the complainant, the Executive Director will guarantee supervision by somebody other than the alleged offender until the investigation has been completed.
8. The Executive Director, President, or Executive Committee as appropriate will consult with the SEOCHC legal advisor prior to the development of final recommendations.
9. The supervisors of the employees involved are advised in confidence of the final recommendations.
10. If a disciplinary procedure is to be initiated, the process is outlined in the personnel manual, under *Progressive Discipline*. The Board of Directors shall determine any disciplinary procedure related to the President or a Director.
11. Strict confidence will be maintained by all parties involved. All written documentation relating to harassment incidents at SEOCHC shall be kept on file by the Executive Director, and shall bear the signatures of the parties involved. If the complaint is against the Executive Director, the President or a Director, SEOCHC corporate office will keep the documentation on file.
12. The Finance and Human Resources Committee will be apprised of the results of any harassment investigations, withholding the names of those concerned in the case. The material will be reported as information only.



13. Recommendations relating to organizational issues of harassment and/or violence in the workplace are to be forwarded from the Executive Director to the Finance and Human Resources Committee for consideration and implementation.
14. It is strongly recommended that individuals complain to the Ontario Human Rights Commission (255 Albert Street, Ottawa, Ontario K1P 6A9, phone number 1-800-387-9080 if the employer, South-East Ottawa Community Health Centre, fails to respond and protect against further harassment.

Date of Approval:	August 19, 1993
Approved By:	Board of Directors
Date of Revision:	March 6, 2000, May 27, 2010



Accessibility For People With Disabilities

Principles

Dignity – service is provided in a way that allows the person with a disability to maintain self-respect and the respect of other people. People with disabilities are not treated as an afterthought or forced to accept lesser service, quality or convenience.

Independence – allowing a person with a disability to do things on their own without unnecessary help, or interference from others.

Integration – service is provided in a way that allows the person with a disability to benefit from the same services, in the same place, and in the same or similar way as other individuals, unless an alternate measure is necessary to enable the person to access programs or services.

Equal opportunity – people with disabilities have an opportunity equal to that given to others to access programs or services.

South-East Ottawa Community Health Centre (SEOCHC) welcomes and encourages people living with disabilities to use our programs and services. SEOCHC will provide access to our services for people with disabilities in a way that respects their right to dignity, independence and integration.

SEOCHC strives to provide service to everyone in a welcoming and supportive environment. We will consider the individual needs of people with disabilities in delivering service by:

- Considering individual and special needs when applying SEOCHC's policies and procedures
- Communicating with people in a way that meets their needs
- Welcoming feedback and suggestions about services in a variety of formats
- Welcoming accompanying support people
- Offering a range of assistive devices
- Welcoming service animals
- Letting people know if services are not available where possible, for example, if a program is going to be closed or if the website is not available
- Ensuring emergency responses address accessibility
- Training staff and volunteers to provide the best possible service
- Providing a forum for addressing concerns or challenges associated with accessing our services
- Providing opportunities for continuous improvement and regular review of accessibility policies and procedures



Accessibility for People with Disabilities (cont'd)

Policy Objectives

The goal of this policy is to ensure that the SEOCHC programs and services meet or exceed the standards set by the *Accessibility for Ontarians with Disabilities Act, 2005* ("AODA") and its regulations.

Policy Statement

SEOCHC welcomes and encourages people with disabilities to use our programs and services. SEOCHC will provide access to services for people with disabilities in a way that respects their rights to dignity, independence and integration.

This commitment is consistent with SEOCHC's mission to deliver services in a welcoming and supportive environment and with SEOCHC's core values of equity, accessibility, diversity and fairness in the treatment of all individuals.

SEOCHC will establish policies, practices and procedures which support the accessibility standards established under the AODA on client service, information and communication, employment and the built environment.

1.0 Program Policies

SEOCHC policies will be applied in a way that considers the needs of people with disabilities and respects the principles of dignity, independence and integration.

2.0 Communication

SEOCHC staff and volunteers will communicate with people with disabilities in a way that takes their needs into consideration.

3.0 Training for staff and volunteers

SEOCHC will continue to train staff and volunteers to meet the needs of people with disabilities. This includes the training requirements in the AODA and its regulations.

4.0 Feedback process

SEOCHC welcomes client and community feedback and makes information available to all clients on how to provide feedback. Feedback is accepted by SEOCHC in a variety of formats. Staff assistance is available to support all residents, including people with disabilities, in



providing feedback.

5.0 Requests for Accommodation under the *Ontario Human Rights Code*

SEOCHC will meet the standards set by the *Ontario Human Rights Code* (“Code”). Where a request for accommodation is made, the Program will strive to provide accommodation in a way that respects the dignity of the person. SEOCHC recognizes that people with disabilities may require individualized accommodation and that each person’s needs are unique. Accommodation will be provided unless SEOCHC experiences “undue hardship” as defined in the Code.

Specific Directives – Client/Customer Service

The following directives address the requirements established by the Accessibility Standards for Customer Service, Ontario Regulation 429/07 (“Customer Service Standard”).

6.0 Provision of Services

In keeping with SEOCHC’s mission of providing free and equitable access in a welcoming and supportive environment, SEOCHC will:

- Provide services in a manner that respects the dignity and independence of people with disabilities and provides them with an equal opportunity to learn about, use or benefit from SEOCHC services.
- Integrate services for people with disabilities. SEOCHC understands that equitable access sometimes requires different treatment including separate or specialized services. Such services will be offered in a way that respects the dignity and full participation of people with disabilities.

7.0 Service Animals

SEOCHC welcomes service animals that are needed to assist people with disabilities.

8.0 Support people

SEOCHC welcomes people with disabilities and accompanying support people. Rarely does SEOCHC charge for programs or services. However, when admission fees are charged for programs or services, admission fees will be waived for support people.



9.0 Assistive Devices

When possible, SEOCHC offers assistive devices (ex. wheelchair) to meet the needs of people with disabilities and will make reasonable efforts to permit the use of assistive devices that enable people with disabilities to use the SEOCHC's services.

10.0 Notice of temporary service disruption

SEOCHC will provide notice of service disruptions which include the reason for the disruption, how long the disruption will last and a description of available alternatives, if any. In the event of an unplanned disruption, notice will be provided as quickly as possible.

11.0 Information and Documentation on Accessible Client/Customer Service

SEOCHC will document its policies, practices and procedures as required by the Customer Service Standard. Members of the public will be notified of the availability of this documentation which will be available in a variety of formats.

SEOCHC Definitions

Assistive Device

An assistive device is a tool, technology or other mechanism that enables a person with a disability to do everyday tasks and activities such as moving, communicating or lifting (examples include, walkers, magnifiers for reading, etc...).

Barrier

A barrier is any policy, practice or procedure, or part of the built environment that prevents someone with a disability from participating fully in SEOCHC programs or services because of his or her disability.

Disability

Definition of disability in the AODA: A disability can include: a) physical disability, infirmity, malformation or disfigurement, b) mental impairment or developmental disability, c) learning disability, d) mental disorder, and e) an injury or disability for which government benefits are received.

Reasonable Efforts

The Client/Customer Service Standard requires organizations to make reasonable efforts to



meet the needs of people with disabilities. SEOCHC defines reasonable efforts as providing the best possible service within the context of: available resources, balancing the needs of people with disabilities with others who may encounter barriers to access and with the community at large, the health and safety of SEOCHC staff and volunteers, the security of SEOCHC property and existing laws and contracts.

Alternate formats

Examples of other ways of publishing information beyond traditional printing:

- audio format such as cassettes or digital audio format
- Braille used by some people who are blind or deaf-blind
- videos that may be helpful to people with certain learning disabilities
- easy to read simplified summaries of materials for people with developmental or intellectual disabilities.

Provider of goods or services

A business or organization that:

- provides goods or services to the public or other third parties, and
- has at least one employee in Ontario.

Service animal

An animal - usually a dog - that is trained to help a person with a disability. Service animals help people:

- with autism or other developmental/intellectual disabilities
- with vision loss
- who are Deaf, oral deaf, deafened or hard of hearing
- with mental health disabilities
- with physical disabilities
- who have epilepsy or other seizure disorders.

Service animals are also called guide dogs or dog guides.

Support person

Someone who accompanies a person with a disability to help them with communication, mobility, personal care or medical needs or to access goods or services.



Training Modules for Physicians, Employees & Volunteers

In January 2008, the Ontario government passed the Accessibility for Ontarians with Disabilities Act (AODA) which aims to give people with disabilities the same opportunities as everyone else in their day-to-day lives. This includes: barrier-free access to all public sector and retail establishments as well as access to employees trained to provide superior customer service..

The regulation states that every organization in Ontario with at least one employee is required to provide staff with accessibility training before January 1, 2010 for the public sector and January 1, 2012 for the private sector in order to comply with this new Government legislation.

What is covered in accessibility training?

- Introduction to Accessibility for Ontarians with Disability legislation
- Goal and mandate of the AODA
- Overview of Accessible Customer Service Standards requirements
- Definition of disability and types of disabilities
- Barriers to accessibility
- Principles of effective client/customer services
- Proper etiquette for interacting with people with disabilities
- How to recognize and respond appropriately to people using personal supports, service animals and assistive technology

Training Modules

[Accessibility Directorate of Ontario's Serve-Ability Training Video](#)

[Accessibility Directorate of Ontario's Talk To Me Video](#)

[Other Resources from the Accessibility Directorate of Ontario](#)

The Legislation

<http://www.mcass.gov.on.ca/en/mcass/programs/accessibility/DevelopingStandards/customerService.aspx>

Reporting

Mandatory reporting is required to ensure organizations are complying with the requirements of the Accessibility Standards for Customer Service. SEOCHC will file annual online accessibility reports with the Accessibility Directorate of Ontario by these dates:



March 31, 2010 (for designated public sector organizations, regardless of how many employees)

- Organizations will file reports online through the [ServiceOntario](#) website called ONE-key.

Contacts

Accessibility Directorate of Ontario

777 Bay Street, 6th Floor, Suite 601

Toronto, ON M7A 2J4

E-mail: accessibility@css.gov.on.ca

Accessibility For Ontarians With Disabilities Act (AODA)

Contact Centre : (ServiceOntario)

Toll-free: 1-866-515-2025

TTY: 416-325-3408 / Toll-free 1-800-268-7095

Fax: 416-325-3407

Date of Approval:	May 27, 2010
Approved By:	Board of Directors
Date of Revision:	
Date of last review:	September, 2013

Screening of Volunteers

POLICY

All new volunteers, including all volunteers at Better Beginnings Better Futures (BBBF) and Hunt Club Riverside site (HCRS), are screened prior to commencing their duties. Screening is based on the qualifications criteria for the position. In regards to screening of Jewish Family Service Volunteer based at Hunt club Riverside Site, see Appendix B for the Agreement between Jewish Family Services Volunteers located at HCR Site and SEO.

PROCEDURES

- The Coordinator of Volunteer Services or direct supervisor interviews all new volunteers.
- Volunteers are asked to complete an application form (Appendix C), to sign a confidentiality form (Appendix D), to sign a Privacy Consent form for Employees, Students and Volunteers (Appendix E), and to provide two personal references. References may be friends, neighbors, colleagues, clergy, etc. Immediate family members are not accepted as references.
- Volunteers are responsible for maintaining the confidentiality of all information to which they are exposed to while volunteering; this information may involve staff, volunteers, clients, the general public or SEOCHC. Failure to maintain confidentiality may result in termination of the volunteer commitment.
- Consistent with the requirements of the Ministry of Health and Long Term Care (MOHLTC) and the Champlain Local Health Integration Network (LHIN) all new volunteers are required to have a Police Records Check (Appendix F) completed. An Enhanced Security Clearance by the R.C.M.P. can be considered instead of a Police Records Check. A police reference check will be obtained at the first point of engagement as a volunteer and at least every (5) five years thereafter, assuming that the volunteer remains actively engaged at SEOCHC.
- A volunteer's suitability is based upon:
 - interests, skills and experience
 - the placement requested by the volunteer
 - placements available at the Centre
 - the volunteer's availability
 - willingness to adhere to SEOCHC's confidentiality policy and mission
 - references
 - outcome of their Police Records Check (see Centre's policy for guidelines)
 - < If the volunteer has a record, the volunteer's specific situation will be assessed and he/she may still be accepted as a Centre volunteer, with approval from a member of the management team. The Coordinator of Volunteers will ensure that the volunteer is placed in an appropriate role that takes their record into account.
 - The volunteer's staff supervisor may choose to interview the volunteer further before accepting him or her.

Staff are welcome to screen and register volunteers on their own according to mandated procedures and have the volunteer complete the appropriate forms. If staff choose to complete screening and application process with the volunteer, all final paper work must be given to The Coordinator of Volunteer Services for final processing and filing. The Coordinator of Volunteer Services is available as a consultant to assist staff in this process.

RESPONSIBILITY

The Coordinator of Volunteer Services and/or staff as noted.

Date of Approval:	June 9, 2000	
Approved By:	Executive Director	
Date of Revision:	September 27, 2013	Reviewed: October 2013

Orientation and Training of volunteers

POLICY

All volunteers receive orientation and training necessary for the duties and responsibilities of their volunteer placement.

PROCEDURES

- The Coordinator of Volunteers invites all individuals to a group orientation session that covers the Centre's mission and values, a general orientation to the Centre and an orientation to the Volunteer Program, prior to commencing their duties, using an orientation checklist (Appendix G). The completed form is filed in the volunteer's confidential file. They are also given a Volunteer Manual which outlines the codes of conduct expected of the volunteer.
- Training specific to the job design is the responsibility of the staff supervisor.
- Additional training may be provided by others for specific volunteer positions (e.g. Revenue Canada Income Tax Training, Driver Training, Summer Institute for Caregiver Volunteers, etc.). This training will be organized by the Coordinator of Volunteer Services.

RESPONSIBILITY

Coordinator of Volunteer Services and / or staff as noted.

Date of Approval:	June 9, 2000	
Approved By:	Executive Director	
Date of Revision:	September 27, 2013	Reviewed: October 2013

Concussion Prevention and Management Policy

South-East Ottawa CHC recognizes the importance of a proactive approach to dealing with concussions. Safe environments, proper equipment, and effective protocols are important in the prevention of concussions and other head injuries.

What is a concussion?

A concussion is a brain injury that cannot be seen on routine x-rays, CT scans, or MRIs. It affects the way a person may think and remember things, and can cause a variety of symptoms.ⁱ

What causes a concussion?

Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion.

What are the signs and symptoms of a concussion?ⁱⁱ

The signs and symptoms of a concussion can range in severity from being very mild or subtle and have a delayed onset to severe and immediate onset.

The most common symptoms of a concussive traumatic brain injury are headache, loss of memory surrounding the event, and confusion or disorientation.

Signs and symptoms of a concussion may include:

- Headache
- Nausea
- Problems with balance
- Dizziness
- Drowsiness
- Problems with sleep
- Sensitivity to light
- Sensitivity to noise
- Issues with speech
- Issues with taste and smell
- Increased irritability
- Increased sadness
- Increased anxiousness
- More emotional
- Mentally foggy
- Problems with concentration or memory
- Slower response times

Concussion/Safe Return to Play Policy

All program staff of South-East Ottawa Community Health Centre are required to have up-to-date First Aid and CPR certification. First response to an incident or accident will be directed by this training. In addition to First Aid and CPR, staff are provided with general health and safety training. Child and youth staff will also be provided with an overview of the Concussion policy and Safe Return to Play process.

If a staff, volunteer, client, or other sustains a direct or indirect force to the head and subsequently exhibits signs, symptoms and/or functional changes consistent with a concussion, they are to be immediately removed from activity and the following actions should be taken:

1. If there is loss of consciousness – assume a possible neck injury and call 911. Continue to monitor airway, breathing and circulation.
2. If the person is conscious, do not leave them alone. Monitor signs and symptoms and do not administer medication.
3. If the victim is under 18 years of age, staff will contact the parent, guardian, or other identified emergency contact and inform them of the incident.
4. Encourage the person to be evaluated by a medical professional as soon as possible. If their primary health care provider's office is closed, encourage them to go the Emergency Room.

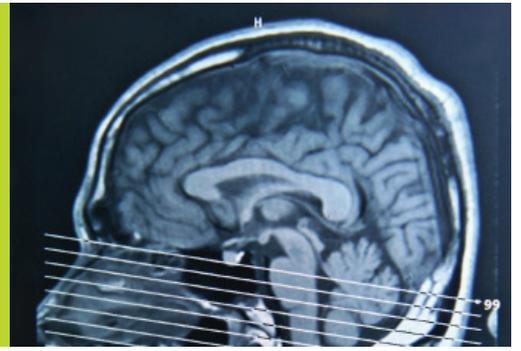
For sports and other physical fitness activities, South-East Ottawa CHC encourages use of the Parachute Canada Return to Play Guidelines (Copyright Parachute 2013).

ⁱ Parachute Canada

ⁱⁱ <http://canchild.ca/en/ourresearch/Acquired-Brain-Injury.asp>

After a Concussion Guidelines for

RETURN TO PLAY



A **CONCUSSION** is a serious event, but you can recover fully from such an injury if the brain is given enough time to rest and recuperate. Returning to normal activities, including sport participation, is a step-wise process that requires patience, attention, and caution.

Each step must take a **minimum of one day** but could last longer, depending on the player and his or her specific situation.

STEP 1: No activity, only complete rest.

Limit school, work and tasks requiring concentration. Refrain from physical activity until symptoms are gone. Once symptoms are gone, a physician, preferably one with experience managing concussions, should be consulted before beginning a step wise return to play process.

STEP 2: Light aerobic exercise.

Activities such as walking or stationary cycling. The player should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No symptoms? Proceed to Step 3 the next day.

STEP 3: Sport specific activities.

Activities such as skating or throwing can begin at step 3. There should be no body contact or other jarring motions such as high speed stops or hitting a baseball with a bat.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No symptoms? Proceed to Step 4 the next day.

STEP 4: Begin Drills without body contact.

Symptoms? Return to rest until symptoms have resolved.

If symptoms persist, consult a physician.

No symptoms? The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the player.

Proceed to Step 5 only after medical clearance.

STEP 5: Begin drills with body contact.

Symptoms? Return to rest until symptoms have resolved.

If symptoms persist, consult a physician.

No symptoms? Proceed to Step 6 the next day.

STEP 6: Game play.



Parachute is bringing attention to preventable injury and helping Canadians reduce their risk of injury and enjoy long lives lived to the fullest.

www.parachutecanada.org

NEVER RETURN TO PLAY IF YOU STILL HAVE SYMPTOMS!

A player who returns to active play before full recovery from the first concussion is at high risk of sustaining another concussion, with symptoms that may be increased and prolonged.

HOW LONG DOES THIS PROCESS TAKE?

These steps do not correspond to days! It may take many days to progress through one step, especially if the concussion is severe. As soon as symptoms appear, the player should return to rest until symptoms have resolved and wait at least one more day before attempting any activity.

The only way to heal a brain is to rest it.

HOW DO I FIND THE RIGHT DOCTOR?

When dealing with concussions, it is important to see a doctor who is knowledgeable in concussion management. This might include your physician or someone such as a sports medicine specialist. Your family doctor maybe required to submit a referral to see a specialist. Contact the Canadian Academy of Sport and Exercise Medicine (CASEM) to find a sports medical physician in your area. Visit www.casm-acms.org for more information. You can also refer your doctor to parachutecanada.org for more information.

WHO DO THESE GUIDELINES APPLY TO?

These guidelines were developed for children over the age of 10; those younger may require special guidelines, and more conservative treatment and care. Return to Play Guidelines should be at the discretion of the physician.

WHAT IF MY SYMPTOMS RETURN DURING THIS PROCESS?

Sometimes these steps can cause symptoms of a concussion to return. This means that the brain has not yet healed, and needs more rest. If any signs or symptoms return during the Return To Play process, they should stop the activity and rest until symptoms have resolved. The player must be re-evaluated by a physician before trying any activity again. Remember, symptoms may return later that day or the next, not necessarily during the activity!