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RYSE SUPPORTIVE SERVICES

HUMAN RESOURCES

core protective documents

Date: December, 2022



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# Recruitment and Selection

## HIRING PRACTICE (NEW HIRES)

All youth caregivers are required to possess the following:

* Valid CPR / First Aid certificate (must be valid for a 2 year period)
* COVID vaccination
* Physician’s Declaration of good Physical and Mental Health completed by a physician who has known the person for a minimum of two years
* Valid Food Safe Certificate or Caring About Food Safety on-line course Certificate
* Valid Class 5 Drivers License
* Satisfactory Driver’s Abstract
* Valid 3 million liability Car Insurance
* CCRC and CRC Clearance ( within the probationary period of 3 months)
* Computer skills, data entry, Internet literacy
* Successful completion of RYSE's Relias training program and Shadow Shift training checklist, along with a successful 3-month review.

New hires are responsible for providing original documents and providing proof of authenticity.

If a newly hired staff does not meet the hiring requirements within 3-months of hire, employment will be terminated. Staff will be hired upon the understanding that the above noted requirements will be satisfied prior to their 3-month probationary review. If a new hire is unable to meet the hiring requirements, an extension may be granted on a case by case basis, but may be subject to shift suspension until requirements have been met.

New hires are not permitted to work or orientate alone with individuals until they have completed first aid training and their CCRC and CRC Clearance. Notice of clearance will be emailed out to new staff, and the leadership team.

At no time will RYSE discriminate against any applicant on the basis of age, sex, sexual orientation, race, creed, color, national origin, marital or parental status, non-job-related disability or political belief. Employees requiring the use of a guide dog, must provide a Guide Dog and Service Dog certificate from the province of British Columbia. A relative of an employee may be refused employment or a transfer to a new work area when a conflict of interest occurs or when the new supervisory or reporting relationship is direct.

## JOB POSTING AND PROMOTION POLICY

Employment promotions are free from the bias of discrimination and are guided by RYSE policies and procedures.

For any positions above Youth Caregiver, internal hiring practices will be enacted.

Internal Promotions: When a vacancy occurs the internal job posting is emailed out to all RYSE employees. The email entails a deadline for applying, the application form, job description and the selection process outlined in our policy.

The selection process will be based on the applicant's education, training, experience, required certification, personal suitability, disposition,health, absence of job-related criminal record, positive reference checks and other factors considered relevant by RYSE. Those that do not possess the required qualifications will not be considered.

At no time will RYSE discriminate against any applicant on the basis of age, sex, sexual orientation, race, creed, color, national origin, marital or parental status, non-job-related disability or political belief. Employees requiring the use of a guide dog, must provide a Guide Dog and Service Dog certificate from the province of British Columbia.

Prior to making a final selection, RYSE ensures the applicant has successfully completed their probationary period, mandatory Relias training, and fulfilled the requirements of the application posting and application form. Application forms and interview information is kept on file for a period of 5 years.

RYSE provides unsuccessful applicants with interview feedback on the day of selection.

All internal promotions receive a written letter of promotion outlining the wage and start date , a job description outlining the position, benefits and conditions of employment, including probationary terms.

## JOB DESCRIPTIONS

All employees and volunteers will be given a job description outlining the duties of their position. Job descriptions will be developed as per the most employee contract and reviewed annually in the month of December.

PROCEDURE

1. Job descriptions for each position in the organization will be developed, with input from the employees and approved by the executive director.
2. A copy of the job description will be given to union representatives.
3. Each job description shall describe the general duties of the position and shall include the following:
   1. Job summary
   2. Job duties
   3. To whom the position is responsible
   4. Education requirements
   5. Experience requirements
   6. Personal qualifications required for the position.
4. Each employee/volunteer will receive a copy of his/her job description and Code of Ethics.
5. The specific area supervisor will review and ensure the employee/volunteer understands the job description, expectations and Code of Ethics.
6. The employee/volunteer will manually sign their job description(s) and Code of Ethics confirming upon hire confirming they understand their job duties. A signed copy is given to the employee/volunteer and a copy placed on their personnel file.
7. In the month of December, job descriptions will be distributed to all employees/volunteers for input and review.
8. In the month of January all employees will sign their job descriptions digitally as identified by the relevant Comvida report. The original document will remain in the employee’s file.

## VOLUNTEERS AND PRACTICUM STUDENTS

Volunteer participation, both at an organizational and individual level, is an integral part of creating healthy inclusive communities. RYSE strives to recruit volunteers to extend the services offered, in more natural and less formal relationships.

POLICY

The use of volunteers and practicum students will not result in staff layoffs. RYSE will adhere to all applicable articles.

All volunteers are required to possess the following:

* Satisfactory Criminal Record Search.
* Two satisfactory reference checks.
* If 19 years of age or younger, a parental consent form signed by a legal guardian(s).
* If transporting individuals, a valid BC class 5 driver’s license and a satisfactory driver's abstract.

Practicum students will be placed in service areas providing the following:

* The service area requested will provide the experience required.
* There is adequate staff supervision available.
* The time required to support the student does not compromise the services being provided.
* They have completed a Satisfactory Criminal Record Search.

Volunteers and practicum students are selected based on desired placement, education, training, experience, personal suitability, health, absence of volunteer-related criminal record, positive reference checks and other factors considered relevant by RYSE. At no time will RYSE discriminate against any candidate on the basis of age, sex, race, creed, color, national origin, marital or parental status, non-placement related disability or political belief.

Volunteers and practicum students are required to adhere to all relevant organizational policies and procedures.

Volunteers and practicum students receive confirmation of their assignment and are required to sign the applicable agency forms.

Volunteers and practicum students may be required to obtain additional certification or upgrading by mutual agreement. The agency may pay for any costs related to obtaining.

When RYSE assigns a volunteer to an activity where the volunteer is required to purchase admission, beverages or meals, RYSE will pay the expense at the event or will reimburse the expenses after the event.

Volunteers are required to submit receipts to the area supervisor in order for expenses to be reimbursed. If a volunteer is scheduling their own activity with an individual, expenses will not be reimbursed.

Occasionally the Criminal Record Review Program requires a volunteer applicant to submit fingerprints through the RCMP. There is a fee attached to this process. Once the Criminal Record Review clears the applicant, RYSE reimburses the fingerprinting fees. The receipt must be submitted to the home share manager or his her designate.

Volunteers and practicum students are orientated as outlined in the RYSE Orientation policy and procedures.

Practicum students are always supervised and supported by a RYSE employee.

Volunteers will complete a one month “check-in” and a three month review. A volunteer’s performance will then be reviewed annually in March.

If the volunteer and person establish that RYSE’s involvement is not required, the Activity Supervisor sends a letter discontinuing the formal volunteer position and RYSE’s role. The person, their support network and the volunteer receives a copy of the letter.

When in the community without the supervision of staff, volunteers must remain in supervision of individuals at all times, unless privacy is required (i.e. washroom).

Volunteers will be made aware of the legal responsibility that comes with any volunteer position as outlined in the “Volunteers and the Law book”.

### **Volunteer Application Process**

1. Persons interested in volunteering contact the employment manager. They review the request with the appropriate area supervisor to determine suitability.
2. The employment manager or designate either:
   1. Meets with the volunteer candidate and provides them with a Volunteer Application Form and the information and requirements needed to become a volunteer.
   2. Emails or mails the person a Volunteer Application Form and the information and requirements needed to become a volunteer.
   3. Upon receiving the application, inputs the applicant’s information into the Agency Volunteers Applications list with HR.
   4. The employment manager or designate schedules an in-person interview or a Zoom interview with the volunteer candidate. The interview is used for screening and gathering information on where the volunteer candidate is best suited to volunteer. The volunteer candidate completes a Criminal Record Check with the employment manager or designate, and the employment manager physically verifies the applicant’s photo identification to ensure that it matches the information on the Criminal Record form.
   5. The employment manager or designate contacts at least two references indicated on the candidate’s application form. If the references are positive and if the application is deemed appropriate, an orientation is scheduled when the applicant’s criminal record clearance letter is received. If the application is not accepted then the employment manager or designate notifies the applicant that their application was not accepted.
3. At the orientation the employment manager or designate gathers the volunteer’s file requirements and inputs the information to HR. They review the placement requirements with the executive director to ensure that all requirements are met prior to the volunteer placement commencing. The employment manager or designate notifies the supervisor of the area the person’s start date.
4. When the employment manager or designate has gathered all the information required for the volunteer’s file and inputted the information into HR. They keep the volunteer file.
5. After one month of volunteering, the employment manager completes a “Volunteer Check-In” form with the volunteer.
6. After three months of volunteering, the employment manager completes a “Volunteer Review” and then annually thereafter in the month of March.

## ORIENTATION

Youth Orientation: A pre-placement visit will be arranged whenever possible to increase the child/youth’s comfort level with entry to RYSE..

RYSE will facilitate the placement meeting, along with other relevant stakeholders.

A booklet with a summary of information will be provided to each child/youth coming into the services of RYSE.

The orientation during intake will include the following:

* Introduction and orientation to the services
* Rights & Responsibilities, as well as complaint procedure will be reviewed verbally and will also be included in the orientation booklet provided to each child/youth.
* Specifically, the child/youth’s rights to voluntarily access and benefit from religious and spiritual care and be allowed to practice their own cultural beliefs and traditions will be included.
* Rules of the program
* Opportunity to unpack and inventory all belongings.
* An orientation booklet will be provided to each child/youth with all important contact information, including how to reach their Case Manager, and also explaining staff roles, rights & responsibilities, allowance, expectations, food & nutrition, cultural support, and fire safety.
* Initial clinical assessment meeting scheduled.

Practice

It is important that a child/youth be given regular opportunities to be interviewed about the care they are receiving in a private setting without fear of reprisal.

Procedure

RYSE will ensure that regularly and at least once per month they will meet or speak privately with the child/youth. This meeting will be documented with a progress note.

If circumstances are not suitable for a private meeting (i.e.: previous allegations), then this fact should be documented in the child/youth’s progress notes and all efforts should be made to include another party.

Interviews should be conducted in a private place that is comfortable for the interviewer and the child/youth. This could include a room in the home or a community setting. All interviews should be documented in the child/youth’s progress notes.

In addition, all you are encouraged to complete the online youth satisfaction survey monthly.

## REQUIRED DOCUMENTS CHILDREN/YOUTH/PARENTS

To provide heightened protection for vulnerable children/youth living in licensed residential settings and to provide clear policy requirements for RYSE, Staff, Students & Volunteers.

PROCEDURE

* Police Records Check, including Vulnerable Sector Screening must be completed for all Foster Parents, Staff, Students and Volunteers of RYSE.
* For Foster Parent(s) all members of the household over the age of 18, dated within three months of the home study completion.

A Vulnerable Sector Screening Report must also be completed. The Ministry standard states that the Police Records Check must be declared suitable for vulnerable sector employment and completed as soon as possible and no more than 30 days after the commencement of employment/placement or fostering for all new employees, board members, students and volunteers. If there is a period of time where this report has not yet been obtained, for example a probationary period, precautionary measures will be put in place where that staff, student or volunteer will not be alone with any child/youth until such time as the check has been returned with no concerns. If the check is returned with serious concerns that preclude employment the relationship with that individual will be terminated immediately, citing the issue was found during probationary period or conditional offer..

Response to Vulnerable Sector Screening Report

A record of charge; for example, does not necessarily preclude employment or participation in an agency or licensee’s activities.

Criteria to be considered when there is a concern on a report include, the nature of and circumstances surrounding the charges and any convictions, references obtained from past employers, or rehabilitative and other efforts subsequently made by the candidate.

## REQUIRED DOCUMENTS STAFF

RYSE requires all Staff/Contracted Workers and anyone else associated with RYSE in an official capacity to have the following list of documents prior to commencing work in order to ensure high standards and quality checks are complete.

PROCEDURE

* Resume/cover letter
* Interview questions completed
* References minimum 3 (at least one should be a previous employer)
* Education Certificate or Diploma/Degree
* Consent to Release of Information/Permission for CAS check
* Statement of Confidentiality
* Clear Criminal Record Check/Police Records Check dated within the last 6 months prior to commencing employment including Vulnerable Sector Screening
* Clear Family Services record check from all areas where the applicant resided since the age of 18
* Driver’s license copy
* Driver’s Abstract with no concerns
* Proof of Car Insurance
* Policy & Procedure Sign off
* Service Agreement/Contract signed
* Valid First Aid/CPR Certificate
* RYSE Essential Skills Training Certificate/Orientation
* Other Training or Certifications achieved

Updates

Listed below are the required updates for documents. RYSE may request additional updates at any time if there is reason for concern or if circumstances have changed.

Annual updates are required for the following documents:

* Insurance for car, auto or any other applicable insurance
* Policy & Procedure sign off
* Service Agreement reviewed and signed annually
* Behaviour Management Certificate
* RYSE Essential Skills Training Certificate

Every 3 years:

* First Aid and CPR Certificate

Every 5 years or when requested:

* Police Record Check including Vulnerable Sector Screening, or when requested by a RYSE Director or designate.
* Driver’s license (updated as each one expires, licenses in Ontario valid for 5 years)

An updated medical form or letter from a treating physician, may be requested as a result of an emergency procedure, a significant illness/injury/accident or mental health related issue or concern.

# Employment Policies

## EMPLOYEE COMPENSATION

RYSE pays each employee all wages and/or salaries and benefits earned for the pay period by the employee.

Employees are required to:

* Adhere to the payroll reporting requirements of each department they work in.
* Notify the employer of any employment-related changes i.e. address, telephone number, benefits, personal tax credits, etc.
* Use direct deposit.

RYSE issues paystubs that are available on the self-serve portal on Comvida. Discrepancies in pay earned or benefit entitlement must be reported to the immediate supervisor prior to the cut off date for the next pay period in order for the amendments to occur.

RYSE does not cash payroll or personal cheques.

In emergency situations, RYSE may advance an employee part of his/her wages already earned. All advance requests are reviewed and approved by the directors.

## OVERTIME

The executive director, his/her designate, or exempt personnel must authorize overtime.

In an emergency shift situation, it may not be possible for an employee to obtain prior approval. The employee is responsible for ensuring they have followed the procedures outlined prior to allowing an overtime situation to occur.

Overtime will be paid and offered in accordance with the most overtime protocols

**Procedure**

When a staffing shortage occurs:

1. Qualified, orientated employees will be offered work by seniority.
2. If everyone on that specific area list has been called and no one is available, contact the other departments to determine if they have a staff they can call to free up a staff that has been orientated to the area in need. Staff would then report to the appropriate area to provide coverage.
3. If still unable to cover the shift, every reasonable effort must be made to first contact the executive director or his/her designate and then exempt personnel to obtain authorization for overtime.
4. If the executive director or his/her designate, or exempt personnel are not available, cover the emergency shift situation by offering overtime.

## VACATION AND TIME OFF

**I. Vacation Request Procedure**

* **Submission Deadline**: Employees must submit a Vacation Request Form to their Team Leader annually by February 28th.
* **Review Period**: Management will review and approve requests by March 15th of the same year.
* **Guidelines Reference**: For entitlement clarification, refer to the attached Employment Standard guidelines. Inquiries can be directed to your Team Leader or Lisa Ursel\Shantel Binning.
* **Approval Criteria**:
  + Priority for client care and senior staff schedules.
  + Possible alternate dates if conflicts arise.
* **Flexibility in Vacation Days**:
  + Case-by-case consideration for requests of days instead of consecutive weeks.
  + Requirements:
    - Two-week advance notice.
    - Appropriate staff coverage without undue burden.
    - Infrequent nature of requests.
* **Policy Change Notification**: As of January 1st, 2023, vacation pay is issued only with corresponding time off.

**II. Leave of Absence (Two Shifts in a Week)**

* **Application Procedure**: Submit the time-off form at least two weeks in advance.

**III. Statutory Holidays**

* **Entitlement**: Alternate time off for holidays falling on a day of rest.
* **Request Procedure**:
  + Submit a time-off form if scheduled to work on a statutory holiday.
  + Approval based on:
    - Staff coverage availability.
    - Infrequent nature of requests.

**PROCEDURE: VACATION AND TIME OFF** *(For All Personnel and Persons Served)*

**A. Vacation Requests**

* **Employee Responsibilities**:
  + Complete and submit the Time Off Request/Vacation form by specified deadlines.
  + Notify Service Managers and Team Leader via email.
* **Team Leader/Service Managers/Payroll Duties**:
  + Verify holiday entitlement and confirm allotment.
  + Email confirmation of entitlement and approval.
* **Team Leader's Role**:
  + Review requests and schedule staffing.
  + Update vacation days in Comvida and notify the employee.

**B. Rescinding Vacation Requests**

* **Employee Procedure**:
  + Amend the request in Comvida two weeks prior.
  + Notify the Team Leader and Services Manager via email.
* **Team Leader's Action**:
  + Update the schedule and reassign shifts.

**C. Medical Leave Request**

* **Employee Steps**:
  + Complete the Time Off Request form.
  + Email the Team Leader with doctor's documentation.
* **Team Leader's Responsibility**:
  + Ensure staffing, adjust schedules, notify HR, and forward LOA to payroll.

**D. Time-off Requests for Other Reasons**

* **Employee Protocol**:
  + Complete the Time Off Request form, specifying the reason.
  + Notify the Team Leader via email.
* **Team Leader's Process**:
  + Review and complete their section of the form.
  + If approved, ensure staffing, adjust schedules, and update the request status to 'Approved'.

## ILLNESS AND DISABILITY MANAGEMENT

In addition to the following procedures, disability and injury preventative procedures are outlined in numerous other RYSE procedures. Illness/ Sick and Unable to Work

1. COVID 19 Symptoms, contact 811 immediately and seek direction.
2. Call the Team Leader as soon as possible. Leave a message if there is no answer. Do not leave a message with a coworker. Then, notify the Services Manager, if the Team Leader is not responding.
3. Employees who become ill and are unable to complete their shift must inform their immediate supervisor before leaving.
4. If you receive a doctor’s note outlining how long you will potentially be off, submit the note to your immediate supervisor. The supervisor gives the note to the human resource manager.
5. If the illness extends past three days a doctor’s Certificate of Health form with a job description attached may be required before returning to work however depending on the severity and/or type of illness a certificate may be required for less than three days. Contact your supervisor for clarity and/or to obtain the forms (they can be emailed).
6. If the Certificate of Health form indicates that job duties need to be modified for a time period in order to return to work, notify your immediate supervisor who will notify the executive director and human resource manager.

Procedure for all permanent employees who are off due to a WorkSafe BC Claim or in excess of 5 days

1. Employees follow the Injury and or Medical Emergency procedure.
2. The immediate supervisor notifies the human resource manager that the person is off sick due to either a WorkSafe BC claim or in excess of 5 days.
3. Monitors the return date or date a new doctor’s note is required.
4. Follow up with the person prior to the return date stated on the doctor’s note to determine if they are returning. If not, the person obtains a new note and provides the executive director with a copy.
5. Notifies the executive director, human resource manager and finance manager of the person’s status.
6. Provides the human resource manager all doctor’s notes that are submitted and/or any information the employee provides.
7. Notifies the and ensures the person’s shifts are covered.

## BEREAVEMENT LEAVE

Bereavement paid time off will be approved on a case-by-case basis, with compassion and empathy at the core of each decision. Bereavement paid time off will only apply to employees who have passed their 3-month probationary review successfully.

RYSE provides a maximum of three paid shifts for the death of an immediate family member and does not need to be consecutive. RYSE will provide paid bereavement leave of one day for other relatives and friends. This is because RYSE assumes that for more distant relatives and friends, less personal time is needed beyond attending a funeral or memorial service.

Is Bereavement leave statutory? Bereavement Leave under the Employment Standards Act. Unfortunately, there is no statutory entitlement to paid bereavement leave under the Employment Standards Act (ESA).

Why Is Bereavement Leave Time Granted?

Bereavement leave time is granted for making funeral arrangements, attending the funeral and burial, paying respects to the family at a wake or visitation, dealing with the deceased’s possessions and will, and any ancillary matters that employees must address when a beloved person dies.

# Respect in the Workplace

## PROMOTING A RESPECTFUL WORKPLACE

PART I

The purposes of this policy are to:

* promote respect for the dignity of all employees of RYSE;
* maintain a working environment that is free from discrimination, bullying and harassment;
* set out the types of behaviour that may be considered offensive;
* establish a mechanism for receiving complaints of workplace discrimination,bullying and harassment;
* provide a procedure by which RYSE will deal with such complaints; and
* educate employees of RYSE about how to proactively support a respectful workplace.

**Commitment**

RYSE Supportive Services is committed to providing a collegial working environment in which all individuals are treated with respect and dignity. Everyone has the right to work in a professional atmosphere that is equitable, respectful, and free from bullying, harassment, and discrimination.

Workplace bullying, harassment, and discrimination will not be tolerated. RYSE encourages reporting of all incidents of workplace harassment, regardless of who the offender may be. Any person who engages in conduct in violation of this policy will be dealt with as outlined in the policy. RYSE recognizes that its employees may be subjected to discrimination, bullying and harassment in the workplace, not only by coworkers, but also by clients, and others who conduct business with RYSE. In such circumstances, RYSE acknowledges its responsibility to support and assist the person subjected to such bullying, harassment,or discrimination.

**Application**

RYSE employees

This policy applies to all individuals working for RYSE including Team Leaders, Upper management, administrative support, dependent and independent contractors, and volunteers.

Location

This policy applies to any work-related environment, including:

* the office;
* any location where the business of RYSE is being carried out, including off-site work assignments, courtrooms, telephone and electronic communications, etc.;
* official and unofficial work-related social functions;
* work-related conferences or training sessions; and
* work-related travel.

**Confidentiality**

General

To protect the interests of the complainant, the respondent, and persons who report incidents of discrimination, bullying and harassment in the workplace, confidentiality will be maintained throughout the process to the extent permitted by the investigation.

Information and records

All information relating to the complaint (including contents of meetings, interviews,results of investigation, and other relevant material) will be disclosed only to the extent necessary to carry out the procedures under the policy, or where disclosure is required by law.

Information collected and retained is subject to the privacy protection provisions of the Freedom of Information and Protection of Privacy Act RSBC 1996, c. 165 and thePersonal Information Protection Act, SBC 2003, c. 63.

**Prohibited conduct**

Bullying, harassment, discrimination, retaliation, and malicious complaints are prohibited.

Bullying and harassment

“Bullying and harassment” is defined in B.C.’s Anti-Bullying legislation and “

1. includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated, but
2. excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment.”

Bullying and harassment may consist of a single incident or several incidents over a period of time. Examples of conduct which may constitute bullying and harassment can be found at Appendix A.

Mutually acceptable social interaction is not workplace bullying or harassment.

Discrimination

The BC Human Rights Code prohibits discrimination in employment based on: race, colour, ancestry, place of origin, political belief, religion, marital status, family status,physical or mental disability, sex, sexual orientation, age, or because that person has been convicted of a criminal or summary conviction offence that is unrelated to the employment of that person ( “enumerated grounds”). The Code of Professional Conduct is consistent with the BC Human

Rights Code and prohibits sexual harassment, harassment, and discrimination. Discrimination that is not based on enumerated grounds is prohibited under the Anti-Bullying legislation.

Retaliation

“Retaliation” is any adverse action taken against an individual for:

* invoking this policy in good faith whether on behalf of oneself or another individual;
* participating or cooperating in any investigation under this policy; or
* associating with a person who has invoked this policy or participated in these procedures.

Malicious complaints

A “malicious complaint” occurs when a person has made a complaint of bullying, harassment, or discrimination that he or she knows is untrue. Submitting a complaint in good faith (e.g. where the complaint is based on a mistake, a misunderstanding, or a misinterpretation, or where the complaint cannot be proven) does not constitute a malicious complaint.

PART II: RIGHTS AND RESPONSIBILITIES

**Rights**

Every RYSE employee has the right to a respectful workplace, and the right to enforce his or her rights under this policy.

RYSE employee responsibilities

Every RYSE employee has a responsibility to uphold this policy and to ensure that the working environment is free from bullying, harassment, and discrimination by:

* promoting respect for the dignity of all employees of RYSE;
* not engaging in bullying, harassment, or discrimination;
* conducting themselves in a manner that demonstrates professional conduct, respect for others, and that honours diversity and inclusion in the workplace;
* participating fully and in good faith in any formal complaint, investigation, or resolution process where they have been identified as having potentially relevant information;
* reporting any incidents that may be in violation of this policy;
* respecting the rights to personal dignity, privacy, and confidentiality pertaining to this policy; and
* participating in education and training opportunities aimed at maintaining and promoting a respectful workplace.

Supervisor responsibilities

RYSE employees with supervisory authority have additional responsibilities under the policy to establish and maintain a workplace free of bullying, harassment, and discrimination. Their responsibilities include:

* ensuring that bullying, harassment, and discrimination are not allowed, condoned,or ignored;
* acting as a role model for professional and respectful conduct;
* providing training on this policy, and on bullying, harassment, and discrimination;
* ensuring that all RYSE employees have full access to information regarding RYSE’s policies and standards;
* taking immediate action on observations or allegations of bullying, harassment, or discrimination;
* respecting the rights of all parties to a fair, equitable, and confidential process for dealing with complaints of bullying, harassment, or discrimination;
* supporting all individuals who participate in a resolution process;
* supporting any RYSE employee who complains of workplace bullying, harassment,or discrimination by a person who is not a RYSE employee (e.g. client, contractor etc.);
* taking remedial or disciplinary measures, where appropriate;
* regularly reviewing the procedures of this policy to ensure that they adequately meet the policy objectives.

Team leader responsibilities

Team leaders will be appointed by the Directors of RYSE with the input of the Services Managers and other Team Leaders.

Team leaders are responsible for:

* providing training, and conveying information about this policy and the process for making a complaint;
* assisting individuals who have concerns or complaints regarding workplace bullying, harassment, or discrimination;
* helping a complainant to move through the steps of this policy;
* keeping a written record of any complaint;
* maintaining confidentiality of communications relating to inquiries and complaints,unless under an obligation to disclose the information by law or under this policy; and
* referring individuals who require counseling to the appropriate resources.

*Team leaders are not responsible for investigating or determining the merits of a complaint of workplace bullying, harassment, or discrimination.*

Investigator responsibilities

Investigators will be appointed by Upper Management.

Investigators are responsible for:

* investigating every complaint that is not resolved informally;
* applying principles of fairness and impartiality throughout the investigation;
* interviewing parties and witnesses;
* preparing written reports that include findings of fact and conclusions; and
* maintaining confidentiality of records of complaints, unless under an obligation to disclose the information by law or under this policy.

Decision-maker responsibilities

Decision-makers will be appointed by the Directors of RYSE.

Decision-makers are responsible for deciding whether the policy has been violated.

A decision-maker, in conjunction with the appropriate level of management, is responsible for determining what action will be taken as a result of the investigator's findings.

Education and training

All RYSE employees will be provided with training on this policy, and on bullying, harassment, and discrimination.

All individuals charged with implementing and applying the policy (e.g. team leaders,investigators, and decision-makers) will be properly trained, and fully versed in the specifics of the policy, the law, interviewing techniques, and information gathering, and on bullying, harassment, and discrimination.

PART IV: PROCEDURES

**External avenues**

While RYSE is committed to resolving incidents of bullying, harassment, and discrimination internally, nothing in this policy precludes RYSE employees from pursuing other avenues of redress, including making a complaint under the:

* Criminal Code;
* BC Human Rights Code

During the initial meeting between the complainant and team leader, the team leader will notify the complainant of the external avenues of redress, and the applicable time limits.

**Initial action**

A person who considers that he or she, or someone else, has been subjected to bullying, harassment, or discrimination (the complainant) should keep a written record of the offensive behaviour, including the date(s), time(s), circumstances, witnesses (if any), and any other pertinent information.

The complainant is encouraged to bring the matter to the attention of the person responsible for the conduct (the respondent). Where the complainant is not comfortable bringing the matter directly to the attention of the respondent, or where such an approach is attempted and does not produce a satisfactory result for the complainant, the complainant may seek assistance from a team leader.

**Meeting with team leader**

Any RYSE employee may meet with a team leader to:

* obtain information about this policy;
* discuss concerns about workplace bullying, harassment, or discrimination; and
* discuss alternative courses of action available under this policy, and externally.

Once a complainant has approached a team leader with a complaint of workplace bullying, harassment, or discrimination, the team leader will provide the complainant with a copy of this policy and will advise the complainant of the:

* importance of keeping a written record of incidents of bullying, harassment, or discrimination;
* right to make an informal or formal complaint under this policy;
* availability of counseling and other support services offered by RYSE and others;
* right to be accompanied or represented by legal counsel or other person of choice at any stage of the process where the complainant is required or entitled to be present;
* right to withdraw from any further action in connection with the complaint at any stage; and
* other avenues of recourse available to the complainant, such as a complaint to BC Human Rights Tribunal, or police.

Where a person believes that a colleague has experienced or is experiencing workplace bullying, harassment, or discrimination, and reports this belief to a team leader, the team leader will meet with the person who is said to have been subjected to workplace bullying, harassment, or discrimination, and will then proceed in accordance with paragraph 10.0.

Outcomes of meeting with team leader

If the complainant and the team leader agree that the conduct in question is not workplace bullying, harassment, or discrimination as defined in this policy, the teamleader will take no further action and will maintain a record of the meeting in his or her confidential file.

If the complainant and the team leader agree that the conduct in question is workplace bullying, harassment, or discrimination as defined in this policy, the complainant may choose to initiate an informal or formal complaint.

The team leader will remind the complainant of the importance of documenting incidents of bullying, harassment, or discrimination, and may assist the complainant in creating a written record.

The team leader will create a written record of the meeting, which will be kept in the complainant’s personnel file with HR.

**Complaints**

Notice to the respondent

If the complainant initiates an informal or formal complaint, the team leader will provide the respondent with:

* a copy of this policy;
* written notice of the complaint;
* notice of the respondent’s right to be represented by legal counsel or other person of choice at any stage of the process where the respondent is required or entitled to be present; and
* information about the availability of counseling, educational, and other support services offered by RYSE and others.

Informal complaint procedure

Where appropriate, the team leader will offer the parties an opportunity to resolve the issue informally. No person is required to attempt to resolve the issue informally.

As part of the informal process, the complainant may, with the assistance of the team leader, meet with the respondent with a view to arriving at a solution to the situation.

Where the complainant and the respondent are satisfied that they have achieved an appropriate resolution, the team leader will make a written record of the resolution, which the team leader will forward to HR and will be placed in both parties' employment file. Both parties will be provided with a copy of the resolution.

The team leader will follow up with both parties to ensure that the solution is working.

Formal complaint procedure

If the complainant is not satisfied with the results of the informal procedure, or chooses not to utilize the informal procedure, the complainant may make a formal written complaint to the Team Leader. The Team Leader will forward all formal complaints directly to Upper Management.

At any time after a formal complaint has been initiated, the complainant may make a request to Upper Management for temporary accommodation until the complaint resolution process comes to an end. Every effort will be made to reasonably accommodate the complainant.

**Investigation**

The investigator will interview the complainant, respondent, and witnesses. The investigation will be completed in a timely manner. Upon completion of the investigation, the investigator will prepare a written report that includes findings of fact. The [decision-maker] will be advised of the outcome of the investigation.

Action taken following investigation

Based on the outcome of the investigation, the [decision-maker] in conjunction with the appropriate level of management, will make a decision about whether the policy has been violated, and what action will be taken as a result of the findings. The complainant and respondent will be informed of the outcome of the investigation and any decisions as to whether the policy has been violated.

Complaint not substantiated

If an investigation results in a finding that the complaint of workplace bullying, harassment, or discrimination is not substantiated, no record will be placed in the respondent’s file. All other documentation will be kept in a confidential file by the investigator.

If an investigation results in a finding that the complainant made a malicious complaint, the decision-maker will implement an appropriate remedial action, based on the nature and severity of the violation, in accordance with the “remedial action”section of this policy (see section 13). The outcome of the proceedings will be recorded in the complainant’s personnel file and may be used in any investigation of a subsequent complaint.

Complaint is substantiated

Where the investigation results in a finding that the complaint of workplace bullying,harassment, or discrimination is substantiated, the [decision-maker] in conjunction with the appropriate level of management will implement an appropriate remedial action, based on the nature and severity of the violation.

Where the complaint is substantiated, the confidential outcome of the proceedings will be recorded in the respondent’s personnel file and may be used in any investigation of a subsequent complaint.

**Remedial action**

Remedial action may include:

* an apology;
* educational training;
* counseling;
* reprimand;
* reassignment;
* withholding a promotion;
* probation;
* a suspension, without pay;
* dismissal, with or without notice.

Remedial actions that involve suspension or removal from the company will be approved by Upper management. Suspension or termination of an employee must proceed with Upper Management parties in agreement.

**Review**

RYSE will review this policy regularly to ensure that the procedures meet the policy objectives.

## BULLYING

Bullying is negative behaviour directed towards another person in order to make the other person feel bad. At RYSE, bullying does not include behaviours that a person might do because of a condition or syndrome. Bullying means that the person has the ability to not do the behaviour, they do it and they know it is wrong.

Bullying behaviour may be obvious:

* Hitting, kicking, punching, or other behaviour that hurts another person’s body.
* Yelling, screaming, swearing, or other bad language.
* Teasing and calling names.
* Not allowing someone to be a part of something being done or making a person feel alone.
* Threatening to hurt someone.
* Taking someone’s personal property.

Bullying behaviour may not be easy to see and might include:

* Spreading rumors or false ideas about someone.
* Using the internet, social media, or phones to bother people or spread rumors about them.

Bullying behaviours are done to make another person feel bad or scared.

For employees this can also include management or other employees:

* Keeping information from the employee, on purpose, that is important to a person doing their job successfully.
* Assigning staff member’s to meaningless or useless tasks that have nothing to do with their job.
* Giving staff member’s impossible jobs they cannot do.
* Contacting co-workers unnecessarily and or uninvited after work hours.

POLICY

Employees, volunteers and people with diverse abilities are not allowed to bully each other.

Managers and supervisors are responsible for making sure all employees, volunteers and people who have diverse abilities understand that bullying is not tolerated at RYSE.

Employees, volunteers and people who have diverse abilities have a responsibility to take whatever action is necessary to prevent bullying situations from happening or to act in such a manner to stop bullying from happening.

Employees, volunteers and people who have diverse abilities who feel they are being bullied are to try to fix the bullying with the person directly. If this is not possible, or uncomfortable, they are to report the bullying to the Team Leader or Upper Management. The Team Leader must immediately make sure the bullying stops. He/she/They reports the situation to his/her/their manager and either completes an incident report or documents the situation.

Employees and volunteers continue to bully people may not be permitted to work or volunteer

Retaliation or taking action against any person who has accused someone of bullying is not allowed. Actions, including disciplinary, will be taken against any person engaging in any form of retaliation or payback.

# Health and Safety

## 

## CRITICAL INCIDENT DEBRIEFING

Incidents involving serious injury, physical aggression, threatening verbal aggression, medical emergency, sentinel events, supporting individuals who are reporting abuse, motor vehicle accidents, or death.

1. Upon being notified that an incident has occurred, or that an incident report has been completed, the Team Leader, Services Manager or designate who is made aware of the incident speaks with those directly involved in the incident. This initial contact must be made as soon as possible before the end of the working day.
2. The Team Leader or designate speaks individually with all people directly involved asking:
   * how they are feeling,
   * whether they need to take a break (without prejudice) while assuring them that their emotional reactions are a normal reaction to an abnormal situation.
3. The Team Leader or designate will check in with the staff and/or individual throughout the remainder of the work day.
4. The person is notified that the Team Leader will follow up with them the next working day. If the Team Leader is not the person having initial contact, the Services Manager is notified by email.
5. This contact is recorded by the Team Leader or designate.

**Critical Incident Stress Debriefing**

1. The next working day after the reported incident, the Services Manager and Team Leader arranges a meeting with the individuals involved in the incident. The meeting serves two purposes, the first is to allow people to talk about how the incident has affected them personally, understand what led to the incident occurring and how to reduce the possibility of a similar incident occurring again. The second purpose is to gather information to reduce chances of further incidents in the future. The discussion includes what happened before, during and after the incident. This part of the discussion is summarized by the Team Leader or designate in the Critical Incident form after the meeting.

All people who were involved in the incident are asked to participate in this discussion.

* + If it is deemed beneficial, and not traumatizing to attend, any individuals served who were involved will be invited to attend the critical incident stress debriefing.
  + Each person is given an opportunity to talk about how the incident has affected them. No documentation is made during this part of the meeting. People are not pressed to disclose their personal feelings in the group if they are reluctant to share. They can meet privately with their Team Leader or the Services Manager, or they can opt out entirely of sharing how the incident affected them. Information regarding Critical Incident Stress and the available resources is distributed to those present.

1. If co-workers, Team Leaders or management feel anyone continues to experience ongoing stress as a result of involvement in a critical incident or sentinel event the person will be referred to counseling or to a medical professional.

All Other Types of Incidents

1. Staff recording a Critical Incident Report indicates they want to debrief.
2. Upon being notified that an incident has occurred and a staff member indicates they want to debrief the Team Leader or designate speak with those directly involved in the incident. This initial contact must be made as soon as possible before the end of the working day.
3. The Team Leader or designate speaks individually with all people directly involved asking:
   * how they are feeling,
   * whether they need to take a break (without prejudice) while assuring them that their emotional reactions are a normal reaction to an abnormal situation.
4. The individual is notified that the Team Leader will follow up with them the next working day. If the Team Leader is not the person having initial contact, the Services Manager is notified by email so they can follow up with the individual.
5. This contact is recorded by the Team Leader, or designate, to ensure proper follow up is taken.
6. The staff involved, along with the Services Manager will decide if an additional critical incident debriefing meeting is necessary. If a critical incident debriefing meeting is required follow the steps outlined in the Critical Incident Stress Debriefing section.

## INCIDENT AND CRITICAL INCIDENT REPORTING

RYSE adheres to the incident reporting requirement of our contracting and/or our accrediting body. Depending on the severity and pre-established protocols, incidents may not warrant forwarding the report to the external regulatory bodies. The supervisor and executive director or designate will review to determine the need.

For internal purposes, there are two types of incidents, a Critical Incident and an Incident.

* Critical Incidents as identified below must be reported immediately by staff.
* Incidents as identified below must be reported by staff prior to completing their shift and the report must be completed within 24 hours.

DEFINITIONS

An “incident or critical incident” is defined as follows:

* Fall
* Fall that results in injury requiring emergency medical care by a medical or nurse practitioner or transfer to hospital
* Aggressive or Unusual Behavior
* Aggressive or Unusual Behavior not appropriately addressed or documented in the individual’s Behaviour Support and Safety plan or results in harm (physical, including self-harm or emotional).
* Abuse (emotional, physical, verbal, sexual, financial) (Reported immediately)
* Aggression between Individuals
* Aggression between Individuals causing injury requiring first aid (e.g. bandage, ice pack), emergency medical care or transfer to hospital.
* Choking not requiring first aid
* Choking requiring first aid (including abdominal thrusts), emergency care by a medical, nurse practitioner, or transfer to hospital.
* Neglect including self-neglect (i.e. food, shelter, care, etc.) (Reported immediately)
* Unexpected Illness/ Food Poisoning
* Unexpected Illness/Food Poisoning requiring emergency medical care by a medical or nurse practitioner or transfer to hospital.
* Disease/Parasite Outbreak
* Disease/Parasite Outbreak when the occurrence of a communicable disease is above the level that is normally expected, including a communicable disease or parasite such as scabies.
* Use of Infectious Control
* Death
* Sentinel Event
* Motor Vehicle Accident
* Motor Vehicle Accident resulting in injury to an individual
* Other Injury
* Other Injury requiring emergency care by a medical practitioner or transfer to a hospital
* Poisoning
* Police called and requested to attend one of our homes
* Service Delivery Problem/ Disruption of service (i.e. fire, flood)
* Missing or Wandering
* Medication Error
* Medication Error if it adversely affects an individual or requires emergency care by a medical or nurse practitioner or transfer to hospital
* Suicide Attempt (Reported immediately)
* Suicidal Ideation and should be reported to a healthcare professional
* Bio Hazardous Accidents
* Weapons Use
* Possession of illicit drugs
* Misuse of Illicit Drugs or Licit Drugs that requires medical attention
* Exclusionary Time Out
* Restraint
* Use of any Prohibited Practice as outlined in the Behavior Support and Safety Plan
* Service Delivery Problem/Disruption of Services
* Restriction of Rights

Expanded definitions can be obtained from a supervisor, management personnel Most incidents are analyzed by the leadership team weekly to prevent further reoccurrence and in the promotion of a high standard of care and safety. Seizure incidents that have been reviewed by the CEO or designate and deemed not preventable and/or do not require a full review by the leadership team will be concluded by the CEO or designate.

Health and Safety Managers follow-up all actions required to prevent further incidents from occurring.

PROCEDURES

All forms must be completed and submitted prior to staff leaving their shift.

As per RYSE’ Incident and Critical Incident Report policy, abuse or allegations of abuse, neglect, injuries resulting in the person requiring medical attention, unexpected death and attempts of suicide are Critical Incidents and staff must notify the Team Leader, Services Manager, executive director or designate immediately. The staff complete the specified form in OneDrive as outlined below.

“Critical Incidents” are reported verbally immediately. “Incidents” are reported via email as outlined below.

**Incident Report**

Staff

* If it is a “Critical Incident” staff notify the Team Leader, Services Manager, executive director or designate immediately. From Friday at 4:30 pm to Monday at 8:00 am (holidays within a long weekend are included), they notify the on-call person.
* If it is an “Incident”, staff notify the Team Leader, Services Manager, executive director or designate prior to completing their shift.
* Staff inputs the information in the OneDrive Incident Report form ensuring all appropriate fields are completed including proper grammar, spelling and punctuation.
* Completes a separate incident report for all parties involved.
* Notifies the Team Leader or Services Manager or on-call person that the form has been completed prior to leaving their shift.
* Review previous reports to remain informed.

The Team Leader,Services manager or on-call person

* Determines if it is a Critical Incident and notifies the executive director immediately.
* Reviews the form(s) and ensures all areas of the form are accurately and correctly completed including proper grammar, spelling and punctuation.
* Emails the executive director or designate to notify them that an Incident Report has been completed prior to leaving their shift.
* Contacts the caregiver or family if the individual had a fall, injury or if they were the recipient of physical aggression and are unable to effectively communicate they were harmed or felt threatened. If the primary contact does not answer the phone and there is a relevant secondary contact listed, then the secondary contact is notified.
* Completes all follow up required.
* Ensures staff knows whom to notify in their absence.

The executive director or designate

* Reviews the report and completes their portion.
* Determines if the person is a CLBC client and if the incident is reportable to CLBC.
* Determines if it is a Critical Incident and calls CLBC at 250-712-3610 or, if it is after hours, the Provincial Centralized Screening team at 1-800-663-9122.
* If the report, as outlined in the policy, is reportable to CLBC (some incidents though reportable via fax, do not require a telephone call as outlined above), prints and faxes the report to the local office at 250-712-5426 within 24 hours of the incident occurring.
* Brings a copy of reports faxed to CLBC to the monthly leadership meeting at which time reports are reviewed for further analysis, strategy development, follow up and a potential referral to the Occupational Health and Safety (OH&S) committee in order to prevent reoccurrence.
* Inputs the results of the leadership meeting review on or in the Incident Report.
* Provides the board of directors with a copy of the quantitative summary of the incident reports for the year in June.

The leadership team members complete the follow-up requirements identified at the leadership team review.

The Activity Quality Assurance Manager (AQAM)

* If required, provides the OH&S committee with a copy for analysis, strategy development and follow-up to prevent reoccurrence and ensures the recommendations are implemented and the results documented.
* In the month of April provides the executive director and leadership team with a quantitative summary of the incident reports for the year.

**“Incident Report”**

Staff

* If it is a “Critical Incident” staff notify the supervisor, manager, executive director or designate immediately. From Friday at 4:30 pm to Monday at 8:00 am, they notify the on-call person.
* If it is an “Incident”, staff notify the supervisor, manager, senior homes support worker, executive director or designate via email prior to completing their shift.
* Inputs the information in the SharePoint Incident Report form ensuring all appropriate fields are completed including proper grammar, spelling and punctuation.
* Completes a separate incident report for all parties involved.
* Notifies the supervisor or senior homes support worker or manager that the form has been completed prior to leaving their shift. If the incident occurs on a Friday, Saturday, Sunday or holiday and the person cannot get a hold of the supervisor or a senior homes support worker, the staff is to call the on-call telephone.

## PETS IN THE WORKPLACE EMOTIONAL SUPPORT ANIMALS (ESA)

## 

This workplace pet policy applies to employees only. Because it would be too difficult to track requirements and participation, we do not allow visitors to bring pets to our workplace.

This policy applies to all resource locations, and participating pets are allowed any time their owner is at work.

The focus of our policy is dogs. Other pets are not included at this time. Please contact HR if you would like to explore adding other pet types to the workplace pet policy.

**Pet Requirements**

To participate, pets must be:

* At least 1 yr. old.
* Up to date on vaccinations required by provincial law (must provide proof)
* Free of any communicable infections or parasites such as fleas.
* Clean and well-groomed.
* House-trained.
* Obedient, well-socialized, and with no history of biting, excessive barking, chasing, or aggressive behavior.
* Covered under their owner’s homeowners/renter’s insurance policy, which must cover dog bites.

**Pet Parent Responsibilities**

* To comply with our workplace pet policy, pet parents who want to bring their pets to work must agree to:
* Be 100% responsible for their pet’s behavior, well-being, hygiene, and happiness the entire time he or she is visiting.
* Have completed documents related to written approvals from the youths’ care team submitted to upper management PRIOR to bringing a pet into the workplace
* Have signed pet parent responsibility document submitted to management PRIOR to bringing a pet into the workplace. Along with this document, is a brief description of your pet, along with a rationale for bringing the pet to work. It is recommended that pet parents have their pets registered as an ESA, but this is not essential. It is, however, required that employees have documentation from family physician or other health professional that supports the need for ESA to be in the workplace. If supporting documentation is not possible, requests will be evaluated on a case by case basis and approval is NOT guaranteed.
* Be respectful of the youth and other employees, to ensure everyone can be as successful and productive as possible at work. This includes ensuring all co-workers are in agreement to having a pet in the workplace (ie no allergies, fears, etc)
* Manage their workspace to ensure it is “pet-proofed” and safe for their visiting pet.
* Keep their pet with them and controlled throughout their shift. Or, when necessary (fulfilling household duties, escalations, etc) employees MUST have the pet crated in the office. Pet parents MUST ensure that their pet’s behavior does not interfere with other employees’ comfort or ability to do their work.
* Provide their own pet items to ensure pet safety, such as leashes, crates or gates to keep the pet securely in the employee’s work area.
* Provide their own pet wellness items, such as waste bags, toys, food and water bowls.
* Provide adequate bathroom breaks, access to water and food, and exercise throughout the day.
* Clean up after their pet immediately if any accidents occur.
* Maintain homeowners/renters’ insurance that covers dog bites.
* Be legally and financially responsible for any damage caused by their pet.
* Provide annual proof of vaccination and health for their visiting pets.
* Keep pets out of any identified pet-free areas.
* Use alternate pet care away from work on days when the employee would be unable to fully manage the pet at work (e.g. an all-day meeting/outing) or the pet is ill.
* Take their pet home at any time if the pet’s behavior or health makes it a distraction, nuisance or danger to anyone else-particularly the youth, or if asked to do so by their manager.

**Managing Issues**

Concerns related to visiting pets or the workplace pet policy should be handled in the following way:

* Talk with the pet parent and work to resolve issues mutually.
* Escalate the issue to the pet owner’s supervisor.
* Escalate the issue to Human Resources.

Please read and complete form on the following page:

**Employee Checklist**

Prior to employees bringing their Emotional Support Animals into the Workplace:

|  |  |
| --- | --- |
| Has the employee made a request in writing (email) to the Team leader, Social Worker, parents and upper management?  This request must include the breed, age and name of ESA. A picture is also helpful if possible. | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has the employee received approval in writing from ALL of the above? | Date:\_\_\_\_\_\_\_\_\_\_\_ |
| Has the employee provided documentation from a healthcare provider that ESA is necessary for well being while the employee is at the workplace?  If NOT, why was this document not provided? | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has the employee provided proof of up to date immunizations for ESA? | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the employee have all required support for safely managing ESA while in the workplace? Ie Leash, Crate, Food, Bowls, Toys, etc | Yes / No |

Confirmed by Team Leader(name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this document, I agree to assume any and all risks related to having my ESA in my workplace. I understand that I will be held fully liable, both legally and financially, for any damage or injury that is caused while having my ESA in the workplace. I have read this document and agree with ALL Pet Parent Responsibilities list above:

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name

(print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed (once all approvals and documents are provided):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*EMPLOYEES ARE NOT PERMITTED TO BRING THEIR ESA INTO THE WORKPLACE UNTIL ALL REQUIRED APPROVALS AND SUPPORTING DOCUMENTATION IS COMPLETE AND SUBMITTED TO UPPER MANAGEMENT (SCANNED EMAIL ATTACHMENTS ARE ACCEPTABLE)\*\* ANY EMPLOYE WHO BRINGS THEIR ESA INTO THE WORKPLACE WITHOUT PRIOR APPROVAL WILL BE SUBJECT TO DISCIPLINARY ACTION.

## SAFE ADMINISTRATION, STORAGE AND DISPOSAL OF MEDICATION

**Safe Storage/handling**

* Medications must be stored as directed in original labelled containers and/or blister packs. If required additional labelled containers can be obtained from a local pharmacy.
* All medications must be kept in a location that is locked and inaccessible to the child(ren)/youth.
* Unused or expired medications, including sharps containers for needles and syringes, must be returned to a pharmacy for disposal. These must not be put in the garbage or flushed down the toilet or sink.
* Use of proper hand hygiene practices should be applied, based on Ministry Guidelines, which include hand washing prior to administering and self administering medication.
* Adequate space and lighting should be present when preparing medications.

**Dispensation**

* The five rights should always be checked before dispensing any medication:
  + Right person
  + Right medication
  + Right dose
  + Right time
  + Right method
* Record on the Medication Administration Record (MAR) when medication is administered or refused and indicate ongoing medication count. Staff are required to document the administration of medication on the MAR sheet. If the child/youth does not take the medication or is absent, then the applicable number will be documented on the MAR sheet instead of an initial. (see guide at bottom of MAR) Procedures for when a dose is missed will be followed.
* The total count of all medication is documented on the MAR sheet and will show an ongoing visual count beside each staff initial indicating the medication count is accurate and current. All medication should be counted upon admission or transfer.
* Supervise that each young person properly ingests (visual inspection of young person’s mouth) or applies or injects all medication.

ALL MEDICATION IS TO BE LOCKED IN A DESIGNATED LOCATION.

**Medication, Safety and Monitoring**

* All children & youth prescribed psychotropic medication will have an Individual Response Plan on file. This plan is to be completed in order to monitor side effects, ensure a health care practitioner is monitoring the use of the medication, and to ensure Staff know what to do in the event of a high risk situation or if the child or youth refuses to take the medication.
* Staff will monitor the child/youth for any possible side effects of the prescribed medication such as changes in weight, behaviour, emotions and physical state. Staffwill document any of these changes as outlined in the individual response plan. They will keep the medication information sheets available to review side effects and other information about the medication.
* Staff must ensure that when a child/youth refuses to take prescribed medication, they are responsible to document the refusal on the MAR sheet in the appropriate box with an ‘R’.
* If a child/youth refuses a dose of medication after a blister pack has already been ruptured, the Staff will return the medication to the ruptured blister and tape the rear side of it. The Staff will initial and date this tape.
* The refused medication should be kept in the locked location and returned to a Pharmacy for disposal.
* Complete an Incident Report, according to the individual response plan, which can be used to inform the Doctor at the next appointment that the child/youth has refused prescribed medication.
* When the medication refused is a Psychotropic, Staff will discuss with a RYSE Director or designate and Doctor as per the individualized response plan to handle the situation of refusal.
* When Medication is discontinued by the Doctor the MAR sheet must reflect the discontinuation with the effective date and reason for discontinuation, and the timelines given by the Doctor.

The Staff will:

* Advise the child/youth about the dangers of mixing medication with other medications, substances, or non-prescription medications, including herbal remedies.
* Follow up on any completed medical test or lab work ordered by a health practitioner.
* Ensure that any medication concern a child/youth may have is provided in a language suitable to their age and understanding.

**Medication Incidents**

The Staff will identify, monitor and respond to medication incidents including seeking emergency medical attention as required. They will notify the child/youth, a RYSE Director or designate, the placing agency and/or parent or legal guardian.

A RYSE Director or designate will review any medication incidents to minimize the potential for future incidents. The Staff will document any action taken to address medication incidents in the child/youth’s file.

**High Risk Situations – Psychotropic\* Medications**

For the purpose of this policy requirement, “high risk” situations involving psychotropic medication include the following:

* Psychotropic medications prescribed “as needed” (Pro Re Nata or PRN\*) are used “as needed” more than twice a day or for three or more consecutive days;
* A child or youth is prescribed two or more psychotropic medications at the same time;
* A child under the age of seven is prescribed psychotropic medication;
* A psychotropic medication prescription that has not been reviewed by a health practitioner in more than six months;
* Any psychotropic medication that is stopped suddenly and abruptly by a child or youth without being supported by a health practitioner treatment plan; or
* Any other situation which causes concern in the opinion of the foster care team.

If any of the above high-risk situations occur, the Staff will notify a RYSE Director or designate who will in turn notify the placing agency and/or parent or legal guardian of high-risk situations. The placing agency and/or parent or legal guardian may wish to contact the prescribing physician or seek a second opinion where appropriate. An individual response plan will be completed.

The Staff will document all of the actions taken in the child/youth’s case notes, or as required in incident reports.

**Effective Communication And Transfer Of Medication Information:**

Admission: Health Records

When a child/youth is admitted as part of the Intake Package the Staff will:

Obtain medical information within seventy-two hours of admission to the licensed residential setting for the child or youth’s case record including:

* Provincial health card number, date of birth, current height and weight;
* Name, dosage, frequency, duration and purpose of medication;
* Medical history including medical and psychological assessments and medication history;
* Any special instructions and/or monitoring procedures (e.g., blood tests);
* Allergies;

Staff will ensure to obtain all contact information for child or youth’s physician and other involved health practitioners and the record of previously observed adverse behavioural, emotional and physical reactions to medication or other medical treatments.

Where any of the above information cannot be obtained the Staff will put an explanatory note in the child or youth’s case record.

Obtaining and Communicating Medication Information

Staff will obtain information about prescribed medications and possible side effects and provide opportunities for a child or youth to speak to a health practitioner or pharmacist directly, where possible and if required.

Share information about medication and possible side effects with the child or youth in language suitable to their age and understanding and with those Staff, responsible for administering medication.

Communicate new information to the child or youth and Staff responsible for medication administration when there is a change in medication and document the reason for the medication change in the child or youth’s medical notes.

Maintain a copy of medication information including possible side effects and administration instructions in the child or youth’s medical file.

Short-Term/Temporary Absences

Staff will provide necessary medical information and enough medication for the short-term absence in original containers (as applicable), and any other relevant medication administration instructions to the receiving person or agency.

For regular planned absence (relief, family visits, vacation, camp) information and communication regarding medications will be included in the transfer of medication to ensure continued medication administration and monitoring of potential side effects is shared with the receiving person or agency and documented. This will be documented using a transfer of medication form. The person taking responsibility for the medications must be at least 18 years of age and must sign the transfer of medication form. They will then initial each time the medication is dispensed while in their care temporarily. The MAR remains with the Staff and they will indicate the appropriate number instead of an initial on the sheet while the child/youth is out of the home with medication.

Staff will ensure for occasional planned absences (e.g., camp), they obtain documenting support (written or verbal) from the prescribing health practitioner for the short-term absence, where there are significant safety considerations associated with a medication(s) or medical condition(s) and where consultation with a health practitioner would be beneficial.

Transfer and Discharge: Transfer of Medication/Medical Records

Staff will develop and execute a discharge/transfer plan that includes:

* a copy of the medical information contained in the case record,
* medications in original containers (as applicable), a plan for medication to continue (as applicable), and any other relevant information to the receiving person or agency; and
* If no medication or less than a seven-day supply is provided, documenting and communicating the reason(s) to the receiving person or agency.

Documenting the discharge or transfer in the youth’s records, including a copy of the transfer of meds form with a signature from the [INSERT TITLE].

## SAFE TRANSPORT OF PERSONS SERVED (YOUTH)

In order to ensure that our youth can maintain a level of freedom, participate in their communities and access essential services, RYSE is contractually obligated to offer transportation assistance whenever possible.

While these services can positively contribute to our youths’ quality of life and create opportunities for independence and social interaction, there are also a variety of risks that need to be mitigated. When transporting youth, employees have a responsibility to ensure their safety, as well as that of the youth.

**Potential Hazards When Transporting Youths**

There are a variety of hazards associated with transporting youth that may lead to accidents, injuries or harm. There may be adverse outcomes for you, your youths, or all parties involved. Potential hazards include:

* Hazardous manual handling;
* Unrestrained mobility aids and assistive equipment;
* Youth behavior;
* Unsafe or unroadworthy vehicles;
* Poor road terrain or conditions;
* Poor weather or visibility;
* Fatigue;
* Medications that have been taken by the driver;
* Distractions;
* Unfamiliarity with the vehicle;
* Ignoring road rules;
* Rushing;
* Route changes;
* Remote or isolated locations;
* Passenger illness;
* Vehicle breakdown; and
* Infectious illnesses are being transmitted between youths and staff.
* Potential for lethal illicit street drugs (ie: fentanyl) in possession of the youth
* PLEASE SEE ADDITIONAL PROCEDURES TO ENSURE STAFF SAFETY\*\*

**Safety Considerations when Transporting Youth**

The Vehicle

The vehicle used should be appropriate for transporting youth, as well as any equipment they may require. Keep in mind the number of doors, the seat height, and other factors that may make the vehicle difficult for youth to access. Depending on the youth you are transporting, the vehicle may also require extra features such as swivel seats or storage space (WorkSafe 2020). The vehicle must be roadworthy, well-maintained, and clean. Staff will be reimbursed for their own vehicle usage per km at a rate of .59 to cover fuel consumption and proper maintenance of their vehicle.

WHEN TRANSPORTING YOUTH:

* Always ensure you are fit to drive.
* Never drive if a medication is causing drowsiness, slow reaction time, impaired judgment, or dizziness;
* Ensure that all passengers are wearing seatbelts;
* Never smoke or allow passengers to smoke in the vehicle;
* Avoid driving in poor conditions;
* Always obey road laws and regulations;
* Take the most direct route to your destination and avoid making detours;
* Allow enough time for traveling, traffic, parking, and disembarking/transferring;
* Keep doors locked while traveling;
* Ensure pick-up and drop-off locations are on level ground;
* Ensure the youth has reached the drop-off location safely before driving off; and
* Never leave youths unattended in the vehicle.

RYSE has a procedure in place for the management of aggressive or violent behavior. Please refer to this document (typically located in the youth safety plan) for specific information about how to support your specific youth during an escalation in the vehicle.

Loading and Unloading of Items and Passengers (Youth)

The loading and unloading process can be dangerous and cause injuries to staff and youths, especially in the dark. Always conduct a risk assessment before loading or unloading youths and ensure the vehicle is parked in a safe and appropriate position before commencing (WorkSafe 2018). Any manual handling of passengers and their equipment should be performed with care to ensure the safety of staff and youths.

Youth should sit in the back seat of the vehicle whenever possible, with Child safety locks engaged. Remove all personal items first and set safely to the side of the vehicle, closest to the passenger’s door. Once personal items are unloaded, open the passenger door and ensure the youth’s safe exit from the vehicle. In some cases, the youth are able to move around freely once dropped off at their destination until they are picked up. If a youth does not appear for their scheduled pick up, all reasonable attempts should be made to locate them, while considering the safety of the employees. If staff are still unable to find the lost youth, the police may need to be called. ( Please refer to the youth’s specific protocols/safety plan for further information).

While transporting our youth is often necessary for their health, wellbeing, and socialization, there are a number of potential risks associated with picking up, driving, and dropping off vulnerable people. In order to keep yourself and your youth safe, it is essential to work conscientiously and follow all required procedures.

**Addendum: Illicit Drug possession suspected**

Prior to the transportation of any youth in staff personal vehicle:

* Staff must complete a thorough inspection of their vehicle in order to ensure proper working order (fuel levels, tire pressure, etc.) Staff must also ensure that the inside area is free from personal belongings or any other items that the youth could either take or use to harm themselves or the employee.
* Staff must ensure that the vehicle safety lock is engaged and working correctly (if the vehicle safety plan for specific youth dictates)
* Staff must ensure that road safety equipment and a first aid kit are placed in the vehicle. The youth binder must also accompany the youth
* Staff must install approved (provided) seat safety covers prior to allowing the youth in their vehicle. The back seat and one front seat cover are to be readily available and accompany the vehicle safety/first aid kit
* Staff must wear protective gloves and wipe down surfaces prior to and after youth transport. 75% (or higher) isopropyl alcohol wipes are packaged and provided to employees along with other vehicle safety equipment.
* Sanitization of areas: This includes but is not limited to door handles (inside and out), inside of door, dashboard, radio / other controls, or any other area that may pose a risk of residue due to contact with the youth’s own touch, or their personal belongings. It is important to have the vehicle prepared for youth transport PRIOR to the scheduled time. Please allow extra time to prepare! The youth don’t need to witness the sanitization and seat safety cover installation. Complete these steps PRIOR to informing your youth that it is time to leave the resource.
* Employees that transport youth during their shift is responsible for ensuring that all safety equipment is wiped down and returned to the office or other approved storage location within the resource.
* Team Leaders will provide a vehicle safety checklist in a highly visible location so that employees are able to sign off on the utilization of the protocol and confirm that all equipment has been returned to the designated location.

\*\*\*Due to Covid 19 Safety protocols remaining in place: Masks must be worn inside the vehicle\*\*\*

## SENTINEL EVENTS

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function.

The phrase, “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. A sentinel event requires immediate investigation and response. Examples of sentinel events are death either by suicide or homicide, abduction, assault or other crime resulting in death or major permanent loss of function.

POLICY

In the event of a sentinel event, RYSE will develop strategies and set a plan in place to reduce the risk of similar events occurring in the future. RYSE will address responsibility for implementation, oversight and time lines for measuring the effectiveness of these actions.

RYSE will apply all relevant existing policies and procedures.

## SERIOUS OCCURRENCES

Serious Occurrence Reporting is a process that allows service providers to manage incidents as they occur, make records of the incidents and monitor actions taken in response to incidents in order to prevent or mitigate further incidents; and support the Ministry in monitoring and overseeing service providers in the delivery of service.

DEFINITIONS

“client” refers to a child/youth in the care of RYSE “service provider” refers to RYSE

“SO” refers to Serious Occurrence

“SOR” refers to Serious Occurrence Report

A serious occurrence is an incident that requires or may require intervention and/or investigation by a service provider, Ministry or other applicable parties, such as the police and falls within one or more of the following SO categories.

* death
* serious injury
* serious illness
* serious individual action
* restrictive intervention
* alleged, witnessed or suspected abuse or mistreatment
* error or omission
* serious complaint
* disturbance, service disruption, emergency situation or disaster

LEVELS/CATEGORIES OF SERIOUS OCCURRENCES

Level 1 Serious Occurrence requires immediate notification and an SOR submitted within 1 hour of becoming aware of the SO or deeming the incident to be an SO.

Level 2 Serious Occurrence is required to be submitted as soon as possible but no later than 24 hours of becoming aware of the SO or deeming the incident to be an SO.

**Death (Level 1)**

* The death of a client occurs while receiving a service, or
* A client dies where the client, or their family, received services from Ryse at any time in the 12 months prior to the child’s death.

Death Sub-Categories

* Suicide
* Violence/homicide
* Accidental (choking, fall, falling object, fire, motor vehicle accident, poisoning, alcohol poisoning, or other d) Known illness or other natural cause
* Unknown cause (the reason for the death is unknown at the time of submitting the SOR or the Coroner has classified the death as Undetermined.)

**Serious Injury**

A client receiving a service incurs a serious injury which requires unscheduled medical attention from a regulated health professional and/or unplanned hospitalization.

Level 1

* A life-threatening injury
* An injury caused by a service provider, or
* An injury requiring emergency medical services

Level 2

* All other serious injury SO’s

Serious Injury Sub-Categories

* Accidental (choking, fall, falling object, fire, motor vehicle accident, poisoning, alcohol poisoning, or other)
* Aggressive behaviour (physical altercation between individuals)
* Self-harm (including injuries sustained during a suicide attempt)
* Unknown cause (the reason for the injury is unknown at the time of submitting the SOR or there are conflicting accounts regarding how the injury was sustained)
* During a physical restraint, mechanical restraint or placement in a secure de-escalation room
* Other (specify)

**Serious Illness**

A client receiving a service incurs a serious illness or has an existing serious illness which requires unscheduled medical attention from a required health professional and/or unplanned hospitalization.

Level 1

* A life-threatening illness, or
* An illness requiring emergency medical services

Level 2

* All other serious illness SO’s

Serious Illness Sub-Categories

* Mental health (a client is taken to hospital due to mental health concerns)
* Communicable disease (physical altercation between individuals)
* Other disease, illness or infection
* Unknown cause (cause of illness is unknown at the time of submitting the SOR)

**Serious Individual Action**

Level 1

* **Suicidal Behaviour:** Threat to the health and safety or immediate risk of harm to the client
* **Alleged witnessed or suspected assault:** Any assault that results in serious injury to the client or service provider staff
* **Contraband/safety risk:** Any risk that has the potential to cause injury or death; assists with an escape, or has potential to assist with an escape from a youth justice custody/detention facility or secure treatment program; is being actively investigated by the police and/or THE MINISTRY; or resulted in the use of lockdown/searches
* **Inappropriate/unauthorized use of information technology:** Any use of information technology that results or could result in criminal charges; the usage is tied to engagement in prostitution or human trafficking; or the usage is a threat to public safety
* **Unusual, suspicious or unauthorized individual absence:** The absence poses a serious concern about the client’s immediate safety or poses a serious public safety concern
* **Serious charges:** new charges that represent a significant individual or public safety concern
* **Relinquishment of care/threat of relinquishment of care:** relinquishment of care by family/primary caregiver(s) has been fulfilled

Level 2

* All other serious individual action SO’s including

Serious Individual Action Sub-Categories

* **Suicidal behaviour:** A client receiving a service attempts suicide, utters a suicidal threat of a serious nature or utters a suicidal threat that results in the individual being placed on suicide watch
* **Alleged, witnessed or suspected assault:** A client receiving a service is assaulted or is accused of assaulting someone; client on client, client on staff, or client on other (specify)
* **Contraband/Safety risk:** A client receiving a service is suspected to be or is discovered to be, in possession of a substance or object that is either prohibited by legislation or policies & procedures or has the potential to cause injury or death and/or is deemed by the service provider to be a significant danger or concern such as weapons, narcotics/illegal substances, fire setting (including arson), or other items with the intent to cause harm
* **Inappropriate/unauthorized use of information technology:** A client receiving a service uses IT in an inappropriate and/or unauthorized way that has or could result in criminal charges and/or could be a threat to the health, safety or well-being of the individual, other individuals or the public
* **Unusual, suspicious of unauthorized individual absence:** A client receiving a service is discovered to be absent, and their absence is unauthorized, or the individual is missing/absent without permission, including a young person who has escaped from lawful custody; a young person who is unlawfully at large: an individual who is missing/absent without permission or is missing/absent under unusual or suspicious circumstances, specify whether the client is under the age of 16 or over the age of 16

**Restrictive Intervention**

Level 1

Any restrictive intervention that:

* Contravenes THE MINISTRY legislation, regulations and/or policy;
* Resulted in physical impairment/injury and/or emotional harm of the client;
* Resulted in treatment by a regulated health professional, requiring emergency medical services; or
* Was administered by an unauthorized person

Level 2

Any other restrictive intervention listed below.

Physical Restraint:

* Any use of a physical restraint on a client while receiving service is to be reported as an SO. The type of restraint and technique must be included in the report.
* A physical restraint used on an adult with a developmental disability who is receiving service in circumstances where the person is displaying challenging behaviour that is new or more intense behaviour than has been displayed in the past and the person lacks a behaviour support plan that would address the behaviour, or the behaviour intervention strategies that are outlined in the behaviour support plan do not effectively address the challenging behaviour; or the challenging behaviour places the person at immediate risk of harming themselves or others or causing property damage, and attempts to de-escalate the situation have been ineffective; the physical restraint resulted in injury to the person who was restrained, or the staff who employed the use of the physical restraint and/or anyone in the vicinity where the physical restraint took place; or the physical restraint resulted in an allegation of abuse.

Mechanical Restraint:

* A mechanical restraint is used on a young person detained in a youth justice secure custody/detention facility.
* A mechanical restraint is used on a child in a secure treatment program.
* Where there is a plan of treatment or a plan for the use of a personal assistance service device (PASD) for the use of a mechanical restraint on a client and the mechanical restraint is used contrary to or outside of the purpose of such plan.
* A mechanical restraint is used on an adult with a developmental disability contrary to the individual’s behaviour support plan,
* a secure de-escalation or secure isolation/confinement/time-out room. Any placement in such settings is to be reported as an SO.

**Abuse or mistreatment**

Allegations of abuse or mistreatment (witnessed or otherwise), or suspected abuse or mistreatment of a client receiving a service which occurred or is alleged to have occurred while the client was receiving a service; or when there are new allegations of historical abuse or neglect of a client.

\*\*Note: The individual who received the disclosure of alleged, suspected or witnessed abuse or mistreatment must report the information to Ryse (see Duty to Report). The notification to Ryse must be documented in the SOR.

Level 1

* There is an immediate threat to the health, safety or well-being of the client or others
* A current service provider staff, volunteer etc. is implicated in the alleged witnessed or suspected abuse or mistreatment of a client
* The client is receiving threats or harassment from a human trafficker.

Level 2

* All other alleged, witnessed or suspected abuse or mistreatment SO’s.

Alleged, Witnessed or Suspected Abuse or Mistreatment Sub-Categories

* Physical abuse
* Emotional harm
* Neglect
* Exploitation (e.g. human trafficking; financial abuse)
* Sexual abuse

**Error or Omission**

Level 1

* **Medication Errors:** Any medication error involving the prescribing, transcribing, dispensing, administration and/or distribution of medication(s) to a client that may result in physical or psychological impairment of the client or has or may threaten the client’s health or safety, requiring immediate medical attention.
* **Improper detainment/commitment/release:** All instances.
* **Breach/potential breach of privacy and/or confidentiality:** The client has been seriously harmed or is at risk of serious harm as a result of a breach of personal information.

Level 2:

* All other errors and omission SOs.

Error or Omission Sub-Categories

* Medication errors: any error that resulted or may result in physical or psychological impairment of the client or has or may threaten the client’s health or safety and requiring medical attention
* Improper detainment/commitment/release
* Breach/potential breach of privacy and/or confidentiality (a staff’s laptop is lost or stolen and contains client information; a service provider’s computer system has been hacked and personal information has been stolen; a client’s personal information is posted on social media; hard copy materials that contain a client’s personal information are left in a public place)

**Serious Complaint**

A complaint of a serious nature is made by or on behalf of a client who is receiving a service regarding the violation or alleged violation of their rights (e.g. under the Canadian Human Rights Act, Canadian Charter of Rights and Freedoms, BC Human Rights Code, , etc.); or if there is a complaint about the operational, physical or safety standards of the services received by a client.

Level 1

The complaint is about a service provider staff, director or owner being charged or arrested for a crime that may affect or has affected a client(s) receiving a service.

Level 2

All other serious complaint SOs.

Serious Complaint Sub-Categories

* Rights-based complaint: Privacy-related (a client makes a complaint about a potential or confirmed breach of privacy or confidentiality) or Human Rights-related (a client makes a complaint about alleged discrimination from the service provider and/or staff of the service provider)
* Service-related complaint: Operational (a complaint about staff competence, disciplinary techniques used, a previous incident that happened at the service provider’s site, etc.); Physical Environment (complaint about noise levels where municipal authorities are involved, loitering, upkeep of a service provider’s site, etc.); Safety Standards (improper storage of hazardous/dangerous substances, such as toxic cleaners or lamp oil, etc.)
* Complaint about a client receiving a service: complaint about physical contact between individuals
* Other (specify)

**Disturbance, service disruption, emergency situation or disaster**

The disturbance, service disruption, emergency situation or disaster occurs on the service provider premises or in the case of residential care, the place where residential care is provided, or within close proximity of where the service is provided and it interferes with the service provider or foster parent’s ability to provide routine services.

Level 1

* The Continuity of Operations Plan (COOP) or business continuity plan was activated in response to an incident that threatened the health or safety of clients or others;
* The incident is or was perceived to be a significant danger to or concern of the community;
* There was/is a site evacuation because of this incident;
* There was/is a site lockdown because of this incident;
* Police intervention or assistance was/is required.

Level 2

* All other disturbance, service disruption, emergency situation or disaster SO’s.

Disturbance, service disruption, emergency situation or disaster Sub-Categories

* Adverse water quality
* Fire
* Flood
* Natural disaster
* Power outage (an outage that causes significant disruption to services, an outage of an essential IT system, etc.)
* Gas leak
* Carbon monoxide
* Abduction
* Infectious outbreak (where public health officials are involved, e.g. an outbreak of bedbugs, influenza, etc.)
* Riot
* Stand-off
* Hostage taking
* External threat (e.g. bomb threat, a service provider’s computer system has been hacked, etc.)
* Other (specify)

INCLUSION OF CLIENT’S VIEW/PERSPECTIVE

When an SO involves a client, service providers should include the client’s view/perspective of the SO in the SOR. To the extent possible, the client’s view/perspective should be in the client’s own words.

Service providers must ensure that the client has provided their informed consent to having their view/perspective included in an SOR.

\*\*Note: Service Providers are required to report SO’s to THE MINISTRY within the timeframes outlined in the Guidelines. A client’s view/perspective does not need to be submitted immediately but every effort to include this information should be made.

Also include in this section who completed the debriefing with the client to obtain the information on their view/perspective.

If a service provider is unable to include the client’s view/perspective on the SOR, an explanation should be given as to why.

Immediately following an incident that is an SO:

1. The client shall be provided with immediate medical attention as needed.
2. Appropriate steps shall be taken to address any continuing risks to the client or service provider’s health and safety.
3. Notifications will be made to the Case Manager or on-call Manager immediately or as soon as possible.
4. Incident Reports are to be completed as soon as possible by the Foster Parent or Service Provider involved in the incident.
5. The Foster Parent must gather the following in an IR and the RYSE Director or designate will complete the SORRL.
   1. date and time of incident;
   2. name(s) of child/youth and other people involved (first and last initials only for child/youth);
   3. summary of the incident, where the incident occurred;
   4. reason for the incident (if known);
   5. client’s views/perspectives specific to the incident
   6. reporting time to Director of Operations or designate
   7. other parties notified (police, Children’s Aid Society, coroner, parent(s), case manager/probation as applicable) unless the person to be notified is part of the allegation;
   8. action taken;
   9. current status;
   10. further action recommended;
6. In cases involving death, the Coroner and Police Services are to be notified immediately by the RYSE Director of Operations or designate.
7. The Director of Operations or designate will initiate the SORRL online within the required timelines and copy all relevant reports to file.
8. If there is reason to suspect that a resident has been abused or is alleging abuse, the person notified will immediately contact the Children’s Aid Society or FACS.
9. Upon completion of the SORRL the Director of Operations or designate will determine if:
   1. no further action is required.
   2. RYSE Director of Operations or designate should conduct a further review (A written follow up report would subsequently be provided to THE MINISTRY Program Supervisor).
   3. an independent body should be requested to conduct a review, which includes examining all documentation and possibly interviewing relevant parties. Their report, which includes
   4. conclusions and recommendations, will be shared with RYSE Directors. Recommendations would be forwarded to THE MINISTRY Program Supervisor.

SERIOUS OCCURRENCE REPORTING PROCEDURES:

Level 1 reporting procedures will be utilized when the incident is significant in nature and likely to result in public or media attention.

Level 2 reporting is for significant incidents where immediate notification is not necessary.

**Service Provider Responsibilities**

1. Service providers will be expected to have procedures in place to ensure there is a Designated Authority available at all times to determine when an incident may require Level 1 or Level 2 Serious Occurrence Reporting.
2. For a Level 1 SO: Immediately notify THE MINISTRY and submit an SOR within 1 hour of becoming aware of the SO or deeming the incident to be an SO.
3. For a Level 2 SO: A RYSE Manager will determine if the incident meets the requirements of an SO and will complete the SOR within 24 of becoming aware of the SO or deeming the incident to be an SO.
4. Foster Parent to follow the reporting/on-call procedures in place and then a RYSE Director or designate will determine if the incident may require Serious Occurrence Reporting.

## SERIOUS OCCURRENCES: APPROPRIATE INTERVENTIONS

RYSE DOES NOT USE SECLUSION OR RESTRAINT AS A PRACTICE

RYSE USES MANDT STRATEGIES FOR BEHAVIOR INTERVENTION AND SUPPORT

Restraint shall not be used unless there is an imminent risk of injury/death to the youth or others.

Seclusion shall never be used as a punishment, or to force compliance with staff commands.

To Further Clarify the meaning of imminent risk

* A verbal threat or verbally aggressive behavior does not indicate an imminent risk of injury
* Destruction or damage to property does not constitute a risk of imminent injury. Staff shall remove themselves in these situations as outlined in the Behavioural safety plan for the youth.
* Imminent risk means that the use of staff restraint stops the injury and or death of a youth, and without the intervention, there would be a guaranteed injury and or death of a youth and or staff.
* Staff are never to place themselves at imminent risk of injury or death to prevent the imminent injury or death of another. (as per Ministry procedures). The risk assessment will be assumed by the staff making the decision to intervene in order to prevent the imminent injury or death of a youth or another staff member.

## SMOKING AND VAPING

Because it is vital to safeguard the health of people we support, our employees, volunteers and tenants; they will not be subjected to second-hand smoke.

POLICY

Smoking and vaping is not permitted in individuals’ homes, RYSE buildings including all agency vehicles or personal cars when transporting individuals.

Smoking or vaping is not permitted within six metres of doorways, open windows or air intakes at any RYSE’ facilities including the homes.

Smoking or vaping must occur in the area designated by RYSE management.

Smoking or vaping is not permitted while employees are supporting individual(s) in the community.

Staff, volunteers and individuals receiving services who require a cigarette or vaping break notify the immediate supervisor.

Only one staff assigned to each home can take a smoke break and they must notify, in addition to their supervisor, the staff they are working with to ensure all individuals are being supported. If staff are scheduled in a home alone, staff must find appropriate coverage before taking the break.

**Procedure**

General

* Smoking will be done outdoors in areas designated by management personnel.
* Prior to leaving the building for a break ensure all individuals are being supported by another staff.
* Notify your supervisor or their designate.

Homes

* Prior to leaving the building for a break ensure all individuals are being supported by another staff.

## UNIVERSAL PRECAUTIONS, COMMUNICABLE AND INFECTIOUS DISEASES PREVENTION

RYSE is committed to ensuring the safe keeping of all individuals, staff, contractors and volunteers. Implementation of the following measures and procedures are required in order to uphold a safe and practiced level of Universal Precautions.

Universal Precautions is the practice of stopping the spread of germs to others because 90% of the time we are unable to tell if someone is infected. All human blood and certain human body fluids are potentially infectious for Human Immunodeficiency Virus (HIV), Hepatitis A, B and C and other blood borne pathogens.

HIV and Hepatitis A, B and C can be found in blood, semen, vaginal secretion, feces and breast milk. Other body fluids such as urine, vomit, nasal secretion, sputum and saliva may contain infectious germs that cause other diseases therefore all body fluids must be handled as if they are infectious.

RYSE recognizes its role as an educator. We are committed to keeping resources and up-to-date information on HIV, Hepatitis A, B and C available and accessible to all service recipients and employees. Questions or concerns may be directed to a supervisor or management personnel.

DEFINITIONS

A **communicable disease** is an illness caused by an infectious agent or its toxic product that can be transmitted in a workplace from one person to another. Examples of communicable diseases that may circulate in a workplace include COVID-19, norovirus and seasonal influenza (WorkSafe BC Communicable Disease Prevention Guide).

**Self-Isolation:** Self-isolation means staying home and avoiding situations where you could come in contact with others (HealthLinkBC).

**Sanitize:** Disinfecting surfaces and hands.

**Social-Distancing (physical distancing):** Limiting close contact with others. When outside of your home, keep two meters (six feet) away from other people (BC Centre for Disease Control).

**Disinfectant for hard surfaces:** Surface disinfectant – Sani-Cide and bleach. Hand sanitizer – approved by Health Canada.

POLICY

All staff and volunteers must observe and adhere to the Universal Precautions, Communicable and Infectious Disease Prevention procedures.

All RYSE locations will contain:

* Hazardous cleanup kits.
* Disposable gloves (also available in all RYSE vehicles).
* Additional devises which potentially prevent the spread of germs or diseases.

RYSE recognizes that we may provide services to individuals or employ persons or volunteers who live with an infectious or communicable disease. RYSE's primary responsibility is to ensure everyone is safe. An individual receiving services, employee or volunteer will not be discriminated against solely as result of becoming infected with an infectious or communicable disease. Infection will be treated like any other medical problem.

Knowledge of an individual's condition will not affect the delivery of services to that person. Refusal to serve the person will be treated according to the same disciplinary process as refusing to fulfill any other employment obligation.

Pre-existing conditions of any illness may preclude an employee from being eligible for enrollment in the organization's benefit plan.

RYSE strongly encourages individuals accessing our services, staff, volunteers and contractors to obtain vaccinations and booster shots that prevent the spread of diseases.

Applying social or physical distancing and universal precautions is paramount to preventing the spread of diseases and directs service provision.

Hands must be washed throughout the day especially before and after eating, using the bathroom and before and after supporting someone with personal care. Employees are required to support individuals to wash their hands frequently.

Surfaces are continually sanitized daily including however not limited to table tops, chairs, light switches, door handles, bathrooms, taps, computer keyboards, computer mice, photocopy machines, debit machines, bikes, bike parts, items used in activities, i.e. scissors, writing implements, sewing machines, bingo dabbers, etc.

If staff, volunteers, or individuals receiving service have communicable disease symptoms, if applicable they should be tested as soon as possible.

staff and volunteers are not permitted to attend services:

* If they are sick or have symptoms of a communicable disease.
* If they are being tested for a communicable disease
* If they have come into close contact with someone who tested positive for a communicable disease. They may be required to self-isolate. A health care professional will determine the self-isolation period. If after the isolation period they are showing symptoms of communicable disease, they must continue to isolate and call 811 for guidance.
* If they have been advised by Interior Health and/or 811 to self-isolate.
* If they have tested negative for a communicable disease however are still showing signs of illness, they cannot return to work until all the symptoms have been resolved.
* If someone in their household is awaiting communicable disease test results and Interior Health advises that everyone in the household should isolate.

If a staff, contractor, volunteer or individual alerts RYSE that they have tested positive for a communicable disease, the executive director, or designate will contact WorkSafe BC and/or 811 to seek direction. RYSE will compile a list of all people who had direct or indirect contact with the infected person. If directed by the Health Authority, the people deemed to have direct contact will be sent home to self-isolate the time-period determined by Interior Health. RYSE will follow all the recommendations and guidelines provided by the Health Authority.

RYSE will ensure notification of all people affected by potential or perceived contact. Those notified are to be respectful and compassionate. RYSE will not tolerate any harassing or unkind behavior towards staff or the people we support.

RYSE will compensate employees who are required to self-isolate as outlined in most recent government guidelines. In the case of employees required to self-isolate due to non-compliance of provincial and/or federal recommendations and/or guidelines and/or orders, such employees are ineligible for compensation through RYSE for the duration of their self-isolation.

RYSE adopts as part of this policy any provincial and federal communicable disease health orders and recommendations. Individuals attending, staff and volunteers must adhere to provincial and federal orders and recommendations, this includes however is not limited to travel.

Individuals receiving services, staff, contractors and volunteers that chose to defy provincial and/or federal orders or recommendations are required to notify RYSE and may not be permitted to enter a RYSE home.

Employees and volunteers are required to wear a mask their entire shift and follow all protocols within the organization. Proof of vaccination is required.

Staff, individuals and visitors entering service sites must have their temperatures taken and immediately wash their hands. Anyone with an above normal temperature (above 38°C or 100.4°F) is segregated and must go home.

**Outbreak of Disease**

There are two major types of illnesses that can contribute to an outbreak:

**Respiratory infections (RI)** –This illness is spread in the droplets sneezed or coughed from infected individuals that then come into direct or indirect contact with the mucous membranes of the eyes, mouth, nose or airway of another person (Interior Health, 2018).

RI Case is defined as a new or worsening cough and a fever greater than 38°C or a temperature that is abnormal for the person and at least one other symptom which may include muscle/joint pain, extreme fatigue, runny nose, sore throat, and/or headache. This includes COVID-19 a newly discovered type of coronavirus (SARS-CoV-2).

A RI outbreak is defined as two or more cases of RI occurring in the same home within a 7 day period amongst staff and/or home members.

Gastrointestinal (GI) infection – A viral or bacterial infection of the gastrointestinal tract causing any or all of the following symptoms: diarrhea, nausea, vomiting, abdominal cramps, fever, headaches and/or rashes. This infection is spread from person to person through direct or indirect contact via the fecal/oral route (Interior Health, 2018).

GI infection case is defined as one of the following conditions that cannot be attributed to another cause (e.g. laxative use, medication side effect, prior medical condition, diet). Two or more episodes of diarrhea or two or more episodes of vomiting in a 24 hour period, or one episode of both diarrhea and vomiting in a 24 hour period, or one episode of bloody diarrhea or positive culture for GI pathogen with a symptom of GI infection.

A GI outbreak is defined as three or more cases of GI illness in the same home setting in a four day period.

See the Universal Precautions, Communicable and Infectious Disease Prevention Procedure for instruction on what steps to take if an outbreak is declared.

Policies and procedures related to specific communicable diseases may be required.

PROCEDURE

1. Cover your mouth when coughing or sneezing into the inside of your elbow and wash your hands following. DO NOT pass germs on to others.
2. Maintain a safe social distance at all times. Do not shake hands, hug or touch anyone unnecessarily.
3. Masks must be worn unless specific circumstances are identified and or as per policy. Employees are strongly encouraged to wear either masks that are composed of at least three layers of fabric or medical grade masks. Plastic visors do not provide adequate protection and can only be worn if a three layered mask or medical mask is also being worn.
4. Social distancing is practiced and paramount.
5. Contact sanitization is practiced and paramount.
6. Wear disposable waterproof gloves whenever you expect to come into direct hand contact with blood, other body fluids, or contaminated items or surfaces. This applies to incidents including, but not limited to, caring for nosebleeds, cuts, cleaning up spills, or handling clothes soiled by blood or body fluids. Do not reuse gloves. After each use, remove the gloves without touching the outside and dispose of them in a lined waste container.
7. Wash your hands and any other contacted skin surfaces thoroughly for 30-60 seconds with dispensable soap and minimally warm running water and thoroughly dry with disposable paper towels:
   1. Immediately after any accidental contact with; blood, body fluids, drainage from wounds, or with soiled garments, objects or surfaces.
   2. Immediately after removing gloves.
   3. Before eating, drinking or assisting individuals to eat.
   4. Before handling food, cleaning utensils or kitchen equipment.
   5. Before and after using the washroom or assisting a person with personal care.
   6. Before and after administering medication.
8. When running water is not available, use antiseptic hand cleanser and clean towels or antiseptic towelettes. Use soap and running water as soon as feasible.
9. Clean surfaces and equipment contaminated with blood with soap and water and disinfect them promptly with a fresh solution of bleach (ten parts water to one part bleach) or other disinfectant. While cleaning, wear disposable gloves and use disposable towels whenever possible. Rinse mops or other non-disposable items in the disinfectant.
10. Properly dispose of contaminated materials and label them as bio-hazardous.
    1. Place blood, body fluids, gloves, bloody dressings and other absorbent materials into appropriately labeled plastic bags or lined waste containers.
    2. Place needles, syringes and other sharp disposable objects in leak-proof, puncture proof containers.
    3. Dispose of urine, vomit or feces in the sanitary sewer system.
11. Do not care for others' injuries if you have any uncovered bleeding or oozing wounds or non-intact skin conditions.
12. Use a mouthpiece, resuscitation bag or other ventilation device when readily available in place of mouth-to-mouth resuscitation.
13. Staff shall immediately report any exposure incident or first-aid incident in accordance with the Incident Reporting policy and procedures.
14. Refer to the COVID-19 Pandemic Prevention at Service Sites procedure for specific information regarding pandemic prevention.

**Outbreak of Disease - Homes**

1. If a case of gastrointestinal (GI) or respiratory infection (RI) occurs as defined by the Universal Precautions, Communicable and Infectious Disease Prevention Policy then documentation shall be completed and the home's Team Leader shall be notified. The following is documented in the person’s Progress Notes:
   1. Temperature and time temperature was taken.
   2. PRNs administered, time they were given and the outcome.
   3. Any vomiting, fatigue, fainting or dizziness.
   4. Complete the Elimination Record in SharePoint.
   5. Follow the contact precautions dictated by Interior Health depending on the mode of transmission of the outbreak.
2. The homes Team Leader or designate notifies the Health and Safety Managers when a communicable disease is identified
3. If two or more cases of RI or three or more cases of GI infection are confirmed the home's Team Leader or designate declares an outbreak at the affected home members and notifies the Services Manager.
4. They complete a reportable incident form and submit it to the appropriate personnel. Refer to the Incident Reporting Policy and Procedure.
5. The affected individuals do not leave the home until symptoms of illness are no longer present.
6. Staff and visitors are made aware of the outbreak. Visitation to the home (family members may be exempt) will be restricted until such a time as the outbreak is over.
7. Staff at the affected home will only work at the affected home during an outbreak.
8. Universal precautions as outlined in the policy are adhered to.
9. Cleaning frequency will be increased in high touch areas. Any shared equipment between home members will be disinfected and common areas and surfaces will be routinely disinfected, minimally twice daily.
10. An outbreak is declared over under the advice of a Physician or:
    1. GI: 96 hours has passed with no new cases of GI infection or two incubation periods of the suspect causative organism.
    2. RI of severe illness or suspected influenza: 8 days without a new case; staff included.
    3. RI of severe illness due to non-influenza viral or bacterial cause: If after 4 days no other home members display symptoms of illness or in the time period advised by the provincial health authority.
    4. RI of milder illness due to non-influenza viral pathogen (common cold): 4 days with no new cases.

# Appropriate Conduct

## CODE OF ETHICS VIOLATIONS

Policy and Procedures to deal with allegations of violations of ethical codes of conduct

RYSE is committed to upholding the highest standards of conduct as set forth in our Code of Ethics (hereinafter referred to as the “Code”) The Code is intended to protect the safety, health and welfare of our stakeholders, to promote responsible conduct to foster the development of our staff and give the highest quality of care to our youth, and to maintain the integrity of our profession. RYSE staff agree to foster a safe, responsible, and ethical environment through upholding the code, discouraging ethical misconduct, and reporting observed ethical misconduct when it occurs within our professional community and especially when it involves our stakeholders activities or their interests. All allegations of ethical misconduct are to be considered, and, when appropriate, investigated and resolved in accordance with the procedures established herein.

DEFINITION

**Allegation:** A disclosure of possible misconduct through any means of communication. The disclosure may be by written or oral statement or other communication to the Ethics Committee (EC) Liaison.

**Complainant:** A person who in good faith makes an allegation of a Code of Ethics violation.

**Ethical misconduct proceeding:** Any actions related to alleged ethical misconduct including but not limited to, allegation assessments, inquiries, investigations, hearings and appeals.

**Evidence:** Any document, tangible item, or testimony offered or obtained during a misconduct proceeding that tends to prove or disprove the existence of an alleged fact.

**Good faith (as applied to a Complainant, witness, or Committee Member):** Having a belief in the truth of one’s allegation or testimony that a reasonable person in the Complainant’s or witness’s position could have based on the information known to the Complainant or witness at the time.

**Inquiry:** Preliminary information-gathering and preliminary fact-finding.

**Investigation:** The process engaged after Inquiry if there is sufficient evidence to warrant investigation of the Allegation. In the investigation phase there is a formal development of a factual record and the examination of that record leading to a finding of ethical misconduct or of no ethical misconduct.

**Misconduct in Ethics (or Ethical Misconduct):** An action that is in violation of any section of the Code, as set forth by the RYSE Code of Ethics then in effect as approved by the RYSE CEO.

**Records of misconduct proceedings:** Such documentation includes (1) the research, records, and evidence secured for the misconduct proceeding pursuant to this policy, except to the extent RYSE CEO determines and documents that those records are not relevant to the inquiry or that the records duplicate other records that have been retained; (2) the documentation of the determination of irrelevant or duplicate records; (3) the inquiry report and final documents (not drafts) produced in the course of preparing that report, including the documentation of any decision not to investigate; (4) the investigative report and all records (other than drafts of the report) in support of the report, including any recordings or transcripts of each interview conducted; and (5) the complete record of any appeal from the finding of ethical misconduct.

**Respondent:** The person against whom an allegation of ethical misconduct is directed or who is the subject of an ethical misconduct proceeding.

POLICY

**Responsibility to Report Ethical Misconduct**

All RYSE staff will report observed, suspected, or apparent ethical misconduct in accordance with the Code and these procedures. If an individual is unsure whether a suspected incident falls within the definition of ethical misconduct, he or she may meet with or contact the Services Manager to discuss the suspected misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of ethical misconduct, the individual or allegation will be referred to the Team Leader where he/she will be given the responsibility for resolving the problem if appropriate. At any time, stakeholders/staff may have confidential discussions and consultations about concerns of possible misconduct with the Services Manager and will be counseled about appropriate procedures for reporting allegations.

Any stakeholder may file a written ethics complaint or allegation. The complaint shall specify the section of the Code of Ethics that is alleged to have been violated. It shall state the facts of the alleged violation and provide any available evidence in support of its allegations.

All complaints, criticism of, and questions concerning the Code of Ethics should be addressed in writing to the CEO. These may be submitted either by email or post to the Services Manager, for whom e-mail and physical mail addresses are provided on the RYSE website.

**Cooperation with Ethical Misconduct Proceedings**

RYSE staff will cooperate with the review of allegations and the conduct of inquiries and investigations. RYSE Staff have an obligation to provide evidence relevant to ethical misconduct allegations.

**Confidentiality**

RYSE staff implementing this policy, or in any way involved in an ethics case, shall limit disclosure of identities and information regarding misconduct allegations and proceedings to those with a need to know, consistent with a thorough, competent, objective and fair ethical misconduct proceeding.

**Ethical Misconduct Procedures**

The procedure consists of four parts: (1) inquiry, (2) investigation, (3) final decision, and (4) appeal. It is the intent of this policy to establish basic principles that will apply to all ethical misconduct. If possible and practical, these four procedures should be enacted, conducted and concluded within a 120-day time frame.

Inquiry Complaints of Ethics Code violations from individual complainants, or anonymous sources shall be recorded as being received, acknowledged, and forwarded to the CEO and Services Manager for consideration. The CEO and Services Manager is charged with administering misconduct procedures.

The Services Manager will start the Inquiry upon receipt of an allegation. The Services Manager will assess each allegation to determine whether it falls within the definition of ethical misconduct as set forth in the Code.

If the Services Manager determines that the allegation does not fall within the definition of ethical misconduct as set forth in the Code, the allegation will be dismissed. The Services Manager will provide written notification as necessary to the complainant and others as appropriate. The Services Manager shall consider reasonable and practical steps to assist in protecting or restoring the reputation of persons alleged to have engaged in ethical misconduct, but against whom no finding of ethical misconduct is made. The CEO or his/her designee will file copies of correspondence confirming dismissal of complaints. Documentation will be retained for 3 years following the close of the investigation.

If the CEO or the Services Manager determines that the allegation falls within the scope of the Code of Ethics, is appropriate for RYSE to address, and is sufficiently credible and specific, an investigation is initiated.

The inquiry process, including the decision regarding whether an investigation is warranted, should be completed within 15 business days of receipt of the allegation, if possible.

**Investigation**

The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether ethical misconduct has been committed, by whom, and to what extent. The investigation should begin within 10 business days after the determination that an investigation is warranted.

The Services Manager is responsible for forming an Investigative team, usually of upper management. In the process of forming the Investigative team, the Services Manager is expected to take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical, avoiding or mitigating identified or perceived conflicts of interest.

The Services Manager initiates the investigative process by giving written notification to both complainant and respondent that an investigation will occur and requesting any additional information deemed by either party to be needed or relevant to the investigation. If the violation has been determined to be detrimental to the care of RYSE youth, then a recommendation to file for EI will be made and the staff will be asked to take a leave of absence until the inquiry is completed. The notice to the respondent will include an explanation of the allegations and a copy of any evidence and other materials submitted as part of the complaint.

The Services Manager will exercise diligence to ensure that the investigation is thorough and sufficiently documented and includes examination of such available records and evidence deemed relevant to reaching a decision on the merits of each allegation. The Services Manager will seek to interview each respondent, complainant, and any other available person who has been reasonably identified as having probative/pertinent information regarding any relevant aspects of the investigation, including witnesses identified by the respondent.

Should the investigation discover additional evidence that may be used in support of the complaint, this will be shared with the respondent, who will be given an opportunity to submit information or comment regarding such evidence.

Following completion of the investigative process, the Services Manager will discuss preliminary findings and recommendations. The Services Manager is responsible for developing a written draft report of the investigation that:

* Describes the allegation(s) of ethical misconduct;
* Identifies the respondent;
* Identifies and summarizes the records and evidence;
* Includes a statement of findings for each allegation;
* Indicates which element of the Code was violated in each offense found.

The Services Manager is responsible for reviewing the draft with the CEO, upon whose approval the draft is sent to the Guardian social worker if appropriate. The CEO and Services Manager will then convene the full report for the purposes of discussing the draft investigative report and comments as well as identifying any additional investigation to be undertaken. The CEO will edit the report as needed based on the input of the Services Manager as well as any additional investigations conducted at the request of the Services Manager. The CEO or the designee will then prepare the final investigative report.

The Services Manager will send a notice of findings to the respondent and the appropriate stakeholders, as well as the complainant and others as appropriate. The CEO or his/her designee must file copies of all pertinent documents and correspondence. Documentation will be retained for 3 years following the close of the investigation.

**Appeals**

A respondent found to have engaged in ethical misconduct may initiate an appeal process within 10 business days of his/her receipt of the Final Decision by providing written notice. An appeal may be either based upon procedural issues, factual issues. The written notice shall specifically identify the subject matter of the appeal and provide basis or evidence to support the appeal. The first level of appeal shall be to the Services Manager. The Services Manager will consult with the CEO. The Services Manager may send the appeal to the Guardian Social Worker for input. The Services Manager will either then revise the finding or determine that no changes are warranted based on the appeal and its review. The Services manager should, if possible, report her/his findings to the respondent as well as the complainant and others as appropriate, within 30 days.

Documentation will be retained for 3 years following the close of the appeal.

**Approval and Revisions**

The Administrative Coordinator is charged with the responsibility to review periodically these policies and to propose changes and/or clarifications to the full Ethics Code as needed.

## COMMUNICATIONS, MEDIA RELATIONS AND SOCIAL MEDIA PROCEDURES

Each child has the right to confidentiality about their personal information. Information about any child living in the home must be secured in the staff office so that children in the home do not have ready access. This is particularly important in relation to health, family, sexualized behavior, legal issues and any disclosures or allegations pending. The principle of “need to know” guides the release or sharing of confidential information with third parties. This must be carried out, and decisions to release information must be made in conjunction with the district. Confidentiality may not be guaranteed in cases where: there is a clear possibility of harm; there is an agreement for information sharing across departments (for example, Police, Hospital, Department of Corrective Services); and/or there are ethical reasons (such as the need to protect the child or any other person). If in doubt, consult with your Team Leader or the child’s case manager during office hours, the on-call manager or Crisis Care Unit after hours.

PHOTOGRAPHS PROCEDURE

For safety reasons, children must not be identified in photographs as a child in RYSE care. Residential care workers should observe the following procedures: A child must give permission to have their photo taken. Photos must not contain an identifiable background or signage (for example, a government vehicle or premises). Children in care should not be excluded from beneficial social experiences associated with photographs, video recording and other published media such as school photographs and sports club articles.

In the instance where a residential care worker only has their personal mobile available, at the first possible opportunity they should download the photos from a Department computer and permanently remove them from the personal mobile. A copy should be sent to the team leader and a copy given to the child.

Consideration should be given to what is in the child’s best interests, and to any adverse consequences that may result through the publication of a photograph (for example, safety concerns for the child should their whereabouts become known). Consultation should occur with the manager before publication is allowed, if there is a concern. If a Residential Care worker becomes aware of any published information that identifies a child as being a child in care, inadvertently or otherwise, they must report this incident to their manager immediately.

PRIVACY AND SOCIAL NETWORKING

Social networking websites and mobile phones have become popular tools for children to socialize with and share information. Children in care are a vulnerable group whose personal information should be safeguarded to prevent exposure to bullying, stalking or disclosure of their location.

**Procedure**

Children in care should be made aware of the importance of keeping their personal details private. This includes not identifying themselves as a child in care, not disclosing the names of residential care workers in their home, not disclosing their full name address, or telephone numbers, and not disclosing what school or groups they attend (such as a sporting club). It is the responsibility of staff to speak to their YIC and to regularly remind them of the importance of this procedure in order to ensure their safety.

MEDIA RELATIONS PROCEDURE

No communication to any Media outlet is permitted. If a Residential Care worker becomes aware of any published information that identifies a child as being a child in care, inadvertently or otherwise, they must report this incident to their manager immediately.

## COMPLAINTS POLICY AND PROCEDURE

RYSE Supportive Services accepts the rights of staff and youths to make complaints and to register comments and concerns about the services received. It further accepts that they should find it easy to do so. We welcome complaints and look upon them as opportunities to learn, adapt, improve, and provide better services.

This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by youths, their relatives, the care team and staff/volunteers are taken seriously. The policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not part of the company’s disciplinary policy.

RYSE believes that failure to listen to or acknowledge complaints leads to an aggravation of problems, dissatisfaction, and possible litigation. RYSE supports the idea that most complaints, if dealt with early, openly and honestly, can be sorted at a local level between just the complainant and RYSE management.

RYSE acts on the basis that, wherever possible, complaints are best dealt with on a local level between the complainant and the company’s management.

Aim of the Complaints Procedure for RYSE homes is to ensure that its complaints procedure is properly and effectively implemented and that the person making the complaint feel confident that their complaints and worries are listened to and acted upon promptly and fairly.

Specifically, it aims to ensure that:

1. Youths, staff, the care team and the youths relatives are aware of how to complain and that the company provides easy to use opportunities for them to register their complaints
2. A named person will be responsible for the administration of procedure
3. Every written complaint is acknowledged within 5 days. All complaints are investigated within 14 days of being made
4. All complaints are responded to in writing within 5 days of being made
5. Complaints are dealt with promptly, fairly and sensitively, with due regard to the upset and worry that they can cause to the complainant.

Responsibilities: The team leaders are responsible for following through with complaints for the company.

**Complaints by non-staff**

Verbal complaints

1. The company accepts that all verbal complaints, no matter how seemingly unimportant, must be taken seriously.
2. Staff who receive a verbal complaint are expected to seek to solve the problem immediately.
3. If they cannot solve the problem immediately, they should offer to get their Team Leader to deal with the problem.
4. Staff are expected to remain polite, courteous, sympathetic and professional to the complainant.They are taught that there is nothing to be gained by adopting a defensive or aggressive attitude.
5. At all times in responding to the complaint, staff are encouraged to remain calm and respectful.
6. Staff should not accept blame, make excuses or blame other staff.
7. If the complaint is being made on behalf of the youth by an advocate, it must first be verified that the person has permission to speak for the youth, especially if confidential information is involved. (It is very easy to assume that the advocate has the right or power to act for the youth when they may not). If in doubt it should be assumed that the youth’s explicit permission is needed prior to discussing the complaint with the advocate.
8. After talking the problem through, the manager or member of staff dealing with the complaint will suggest a course of action to resolve the complaint. If this course of action is acceptable then the member of staff should clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (i.e. through another meeting or by email).
9. If the suggested plan of action is not acceptable to the complainant, then the member of staff or manager will ask the complainant to put their complaint in writing. The complainant should be given a copy of the company’s complaints procedure if they do not already have one.
10. Details of all verbal and written complaints must be recorded in the Complaints file with Human Resources.

Serious or written complaints

1. Preliminary steps:
   1. When we receive a written complaint it is passed to HR who records it in the Complaint file and sends an acknowledgment letter within 3 working days to the complainant
   2. The manager also includes details of RYSE procedure for the complainant. (The complaints manager is the named person who deals with the complaint through the process)
   3. If necessary, further details are obtained from the complainant; if the complaint is not made by the youth but on the youth’s behalf, then consent of the youth, preferably in writing, must be obtained from the complainant
   4. If the complaint raises potentially serious matters, advice could be sought from a legal advisor. If legal action is taken at this stage, any investigation by RYSE under the complaints procedure immediately ceases.
2. Investigation of the complaint by RYSE:
   1. The complaints manager will start an investigation without delay and within 14 days should be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned
   2. If the issues are too complex to complete the investigation within 14 days, the complainant will be informed of any delays.
   3. Where the complaint cannot be resolved between the parties, an arbitration service may be used. This service and its findings will be final to both parties. The cost of this will be borne by RYSE.
3. Meeting:
   1. If a meeting is arranged, the complainant will be advised that they may if they wish bring a friend or relative or a representative such as an advocate
   2. At the meeting a detailed explanation of the results of the investigation will be given and also an apology if it is deemed appropriate (apologizing for what has happened need not be an admission of liability)
   3. Such a meeting gives the company management the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.
4. Follow-up action:
   1. After the meeting, or if the complainant does not want a meeting, a written account of the investigation will be sent to the complainant. This includes details of how to approach the Case Manager/Social worker if the complainant is not satisfied with the outcome (non staff related complaint)
   2. The outcomes of the investigation and the meeting are recorded in the Complaint file with HR, and any shortcomings in company procedures will be identified and acted upon
   3. The company management formally reviews all complaints monthly as part of its quality monitoring and improvement protocols to identify the lessons learned.

All staff receive training in dealing with and responding to verbal and written complaints. The complaints policy and procedures are included in new staff members’ induction training. In order to learn from mistakes, staff meetings are used to check knowledge of complaint handling and to discuss formal complaint issues in order that all staff can share and learn from the experiences.

## CONFLICT OF INTEREST

A conflict of interest exists when there is a divergence between an employee’s personal interests and his or her professional obligations to RYSE as an employee.

Employees shall seek to avoid conflict of interest situations.

Employees shall make full, timely and ongoing disclosure of a conflict of interest or a potential conflict of interest in accordance with procedures established.

RYSE may determine that the activity which constitutes the conflict of interest will be permitted and may impose such terms and conditions as it determines are appropriate.

Appropriate procedures for the disclosure of conflicts and potential conflicts will be created or negotiated as is appropriate in respect to each category of employee.

**Guidelines on Conflict of Interest**

The following guidelines set out the expectations concerning conflicts of interest.

* A conflict of interest depends on the situation, and not on the character or actions of the employee.
* The standard that will be applied to determine whether a conflict of interest exists is that of an independent observer who might reasonably question whether the employee’s actions or decisions are determined by considerations of, or result in, personal gain, financial or otherwise, or benefit to related persons.
* The existence of an actual or potential conflict of interest does not preclude the involvement of the employee in the situation where the conflict has arisen or may arise, but it does mean that the conflict must be disclosed and resolved in conjunction with the person to whom the employee reports or any other relevant stakeholders connected to the situation. .
* The following examples, while not comprehensive, are illustrative of situations which may lead to a conflict of interest and which should be disclosed. The situations pertain to an employee and all of his or her non arm’s length relationships, including but not limited to that of a spouse or spousal equivalent, parent, child or sibling, or a person with whom there exists, or has existed, or a close personal relationship.
* At no time shall an employee engage in a relationship with a current or past client of the NFCHC for a business purpose, friendship or any other interaction deemed to compromise the integrity of the RYSE. Clients are defined as someone who has been recorded in the centre database as having received service in any manner from the agency. This includes connecting on any form of social media.

Using RYSE Position for Personal Gain

* Entering into a contract/transaction on behalf of RYSE with an organization or firm in which the employee or related persons, have a financial interest.
* Influencing the purchase of equipment, materials or services for RYSE from a company or firm in which the employee or related persons, have a financial interest.
* Accepting gifts, benefits or favours from individuals or firms with which the RYSE does business, except as token courtesies.

Inappropriate Use of Personnel, Resources or Facilities

* Directing employees of the RYSE to carry out work for a company or firm in which the employee or member, or related persons, have a financial interest.
* Use of RYSE property, resources or facilities for the employee’s personal benefit or the benefit of related persons.

Inappropriate Involvement in Hiring or Evaluation

* Participating in or influencing the appointment, hiring, promotion or evaluation of a related person.
* Supervising or evaluating a student who is a related person.

Outside Employment and Outside Board /Committee Work

At no time shall an employee of the RYSE engage in outside employment or working relationship, whether paid or unpaid, that will compromise the integrity or risk to the organization.

All outside employment, Board and Committee participation must be approved by RYSE management after thoroughly investigating any conflict with respect to clients of the RYSE, clients of the outside employer/organization, other employees of the NFCHC and the outside employer /organization or disclosure of operations of the NFCHC and the outside employer/organization. Other considerations will include, but are not limited to, location of outside employment/organization and the business nature of the outside employer.

If approved, the confidentiality of RYSE business and operations shall remain in effect when the individual is working for the outside employer/organization.

If approved, the individual is expected to remain committed to full time duties and responsibilities with the RYSE and all other commitments to outside employment are secondary to the needs of the RYSE.

## DISCIPLINE PROCEDURES

Progressive Discipline is defined as the imposition of consequences for employee misconduct that becomes increasingly severe as the problem continues or as infractions are repeated. Progressive discipline makes clear exactly what the person is doing that is unacceptable, provides a way(s) to correct it and provides steadily more severe consequences to show that correction of the problem is required and the results of not. However, the nature of an incident warranting discipline may be such that the Employer determines it is appropriate to by-pass the normal steps of progressive discipline. In cases of serious misconduct, discipline may commence at suspension and lead to termination, or discipline can start and end with termination. For example, in cases of serious misconduct, such as resident abuse or theft, the response will be termination.

POLICY

An employee or volunteer who breaches a policy of the organization or does not fulfil his/her assigned job requirements may be subject to discipline and in some cases, immediate dismissal. Although the levels of discipline will vary, Progressive Discipline will apply in the majority of cases. Any disciplinary action taken will be commensurate with the offence.

Bargaining unit personnel have the right and will be given the option to have a shop steward present during all disciplinary meetings.

PROCEDURES

When it becomes necessary for disciplinary action to occur, it will normally progress through the following stages. Stages 2 through 5 are carried out by exempt management staff only.

**1. Counselling/Discussion**

Counselling/Discussion should always come prior to any discipline and is typically done by the immediate supervisor.

The supervisor outlines verbally the problem behaviour or misconduct and identifies means of correcting it. These discussions may be summarized in an email however emails cannot be given to an employee without the discussion occurring first. They serve to clearly identify the issue and how it can be resolved. They are not notices of discipline but descriptors of the problem and how it can be resolved.

An accumulation of counselling discussions may result in disciplinary action depending on the severity, frequency and repetitiveness. The decision to move to the first step of discipline will need to be determined. Sensitive areas like drug or alcohol abuse require counselling discussions as well however the staff involved must be referred to qualified personnel.

**2. Oral Reprimand**

An oral reprimand consists of a meeting with the employee or volunteer, the immediate supervisor and the Services Manager or designate.

A written letter summarizing the discussion will be given to the employee and a copy placed in their employee file.

Unless someone has committed a serious infraction, this is where discipline begins.

**3. Written Reprimand/ Write Up**

A Write up reprimand consists of a meeting with the employee or volunteer, the immediate supervisor and the Services Manager or designate. A written letter summarizing the discussion is given to the employee and a copy placed in their employee file.

A written reprimand is imposed when an oral reprimand(s) may have been given but has not been successful in bringing out the desired results or the misconduct is serious.

A written reprimand will outline the nature of the infraction with relevant data such as time, date, place and make reference to previous warning(s) if applicable. A warning against repetition will also be included, advising that such may lead to the next step.

**4. Suspension**

If previous disciplinary measures have failed or the misconduct is very serious a suspension may be appropriate. The employee or volunteer will be provided with a verbal and written explanation of the suspension, the corrective measures that need to be taken, duration, expectation of future behaviour and the results of not correcting the behaviour.

A copy of the written explanation of the suspension is placed in the employee’s file and a copy given to Human Resources to place in their file.

**5. Discontinuation of Employment or Volunteer Position**

Discontinuation of employment or of a volunteer position is a disciplinary measure that is only used when all other corrective measures have failed and/or are considered inapplicable because of the nature of the offence.

Dismissal can be based on an accumulation of disciplinary actions, which have been communicated to the employee in writing. However, dismissal on the basis of a single but serious offence is not precluded.

Discharge requires concurrence of the supervisor(s) and the Directors.

The employee or volunteer will be provided with a verbal and written explanation of the dismissal.

A copy of the written explanation of the dismissal is placed in the employee’s file and a copy given to the dismissed person.

## JOB ABANDONMENT (CASUAL)

In accordance with MCFD's requirements, this policy is in place to ensure caregivers are properly cleared to work with our youth, and in doing so they must be actively taking shifts to maintain their clearance. All caregivers who go on a protected leave of absence will be required to complete their re-screening, and receive clearance, prior to resuming employment. Unprotected leaves will follow the policy of casual job abandonment.

**Exceptions to this policy will be on a case-by-case basis.**

POLICY

Employees, who have been called to work shifts and are not available for ninety consecutive days, will be considered to have abandoned their position with the organization. The organization will provide two weeks’ notice to terminate, prior to or after the 90 days, to work comparable shifts, whereas employment will end pursuant to the last shift offered or two weeks, whichever comes first.

**Procedure**

1. Supervisors will document when casual employees are not available for shifts.
2. Thirty days prior to the ninety consecutive day period of refusal to work, the casual employee will be notified in writing at the last address noted in their personnel file, of their casual employment status.
3. Ninety days after the last shift worked, the casual employee will receive a notice of termination, record of employment and any outstanding compensation they are entitled to at their last address noted in their personnel file.
4. References will be provided as per RYSE’s Release of Personal Information policy and procedures.
5. Employees who abandon their position may still apply for future employment.

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# Performance Management

## 

## ENGAGEMENT POLICY

Recognize Achievement Often

RYSE strive to recognize employee contributions and will utilize announcements, public awards to achieve

Encourage Feedback

One of the best ways to learn is by making mistakes. Failures force us to address our shortcomings and evaluate how we can make an improvement in any future endeavors.

When it comes to employee engagement and an effective staff engagement strategy it’s no different. RYSE encourages employee feedback to see what changes they feel need to be made

By Identifying where hurdles are occurring at the root cause, RYSE is better placed to address them. If they feel like there are areas that need improvement, encourage them to highlight and provide feedback.

It might be something as straightforward as simplifying work processes or creating a digital space for collaboration and thought processing. Without asking, you won’t know. Without knowing, you can’t make the necessary changes. Hearing the opinions of the very people you are actively encouraging to engage with your company is the first step to making your business a workplace built for your people and not the other way around.

Show Employees that you Listen

RYSE wants truly engaged employees and will strive to make the action a priority. If there are concerns or complaints, there should be solutions proposed immediately and will be reviewed by management.

Share Ideas

Every department’s skill set is different, but sometimes a successful strategy can be universal. The same applies for a staff engagement strategy. Sharing departmental successes allows you to gauge what’s working and what isn’t on a company-wide level. If something is working well for one team, it’s entirely plausible that it could work well for another.

It could be an efficient work process or a way in which information is shared. Peer to peer learning is a great way of not only encouraging inter-departmental engagement but an effective way of strengthening productivity and overall efficiency.

Emphasize Respect

This approach is all about the value that each employee brings to the company. You want your workforce to feel that both their opinion and work is respected.

It’s little observations like these that will not only help your employees be more productive but more satisfied in the work that they produce. Engagement is all subjective. This is why it’s important to make sure that your employee engagement strategies are too. Play to your employee’s strengths and support their weaknesses. This way your company can benefit from your employee’s full potential whilst allowing them to develop their skill set at the same time.

Increase Transparency

RYSE strives to achieve constant communication with employees providing regular updates often on what their leadership is doing and distribute general company updates regularly.

* The benefits of workplace transparency are:
* Everyone is on the same page
* Better performance management
* Improves company performance and goal setting
* Strengthened workplace culture
* Improved communication
* Increased employee engagement

The importance of transparency in the workplace cannot be overstated. With so many powerful benefits, achieving a culture of honesty and openness between leadership, managers, and employees is top priority.

## EVALUATION PROCEDURES

Evaluation procedures are constructive, supportive, flexible, and empowering. The performance review acts as a tool to express appreciation for staff contributions and strengths. This process also allows an opportunity to discuss personnel goals and how they may achieve them. They motivate the personnel to aim for higher standards and pinpoint where the organization can help the Staff to achieve their goals. The performance review will offer the opportunity for Staff to give input and to negotiate change. The evaluation validates the role of the Staff and their significant contribution to our organization.

POLICY

Staff performance review will be evaluated annually by the Executive Director/Designate.

**Procedure**

* The performance review is an opportunity for the personnel to provide feedback, share new ideas, concerns and vital information pertinent to the enhancement of Victim Services Elgin.
* The Staff, and Executive Director/Designate will schedule and participate in the performance review. They jointly complete an appraisal form that measures the Staff/Crisis Responders’ performance against the Staff job description.
* A written record of evaluation is maintained as a part of the file for each Staff/Crisis Responder and referred to for future purposes (i.e. references). Personnel will be able to review and acknowledge receipt of their appraisal. Staff submit written comments relative to their appraisal, which will be reviewed by the Executive Director/Designate.
* Following an evaluation, in some situations, corrective action may be called upon. Such actions may include, but not limited to, changes to job description, reiterate agency expectations or Staff goals and the requirement of additional training. In extreme cases, the Staff may be suspended or dismissed from the organization.

Employees

A formal written performance evaluation is carried out prior to the expiry of an employee's trial or probationary period and annually thereafter. Evaluations encompass the period from which the preceding evaluation was completed. The team leader completes the evaluation form and arranges a mutually convenient time to review with the employee. During the review, the employee completes the goal planning section, and they go over and collaborate on ways to achieve the desired goals. Goals are reviewed based on the timeline appointed by the team leader, or annually at the following review meeting.

Probationary reviews for new hires and new supervisory or management personnel are carried out prior to completion of 3 months of employment confirming successful completion of the trial or probationary period. Probationary reviews are used to determine whether employment will be continued, terminated, or another probationary term of 3 months is deemed appropriate. Second probationary reviews are used where the employee has not passed the minimum requirements of the job description as evaluated in the review.

The employee’s supervisor or manager, with participation and/or review by the executive director and/or Services Manager, completes performance evaluations.

Employees receive a copy of their evaluations and a copy is placed in their active employee file.

A performance evaluation and/or a probationary review will not be changed without the knowledge of the employer or employee.

The employee and Team Leader, are responsible for following up on the stated employment goals and reviewing them periodically to ensure they are being addressed and concluded.

The employee and Team Leader are responsible for a timely scheduling of performance reviews prior to the anniversary and/or probationary period end date.

Volunteers - Board of Directors

The board of directors completes individual self evaluations in the month of June. The executive director compiles the data and reports the results to the board. The board addresses the specific areas requiring development or improvement at board meetings or through annual strategic planning or strategic planning reviews.

Volunteers

A volunteer’s performance, depending on their role and level of activity within RYSE, is evaluated annually formally or informally by a supervisor, manager, or executive director Informal evaluations include recognition of performance and/or verbal feedback.

Formal evaluations are completed using an evaluation form. Areas identified as requiring development are addressed through specific goals.

The volunteer, supervisor, manager, and or executive director are responsible for completing the stated volunteer goals and reviewing them periodically to ensure they are being addressed and concluded.

**Employee Probationary Evaluation Reports**

1. The employee is made aware of the probation evaluation time and date.
2. The supervisor or manager:
   1. Completes the probation report in the template document. Probationary employees who work in more than one area have the probationary report completed by their primary supervisor or manager who solicits input from the other area supervisors or managers. The other area supervisors or managers may also attend the evaluation meeting.
   2. Saves it to the employee’s evaluation file in the directory, specifying the probation month and year i.e. Smith Probation Report Jun 15.
   3. Notifies the executive director or designate that the evaluation has been completed.
3. The executive director or designate:
   1. Review the probation report.
4. 5. Upon completion of the probation evaluation meeting:
   1. The employee signs the probationary report indicating the content of the report has been reviewed.
   2. The supervisor or manager signs the probationary report, copies the report and provides the employee with a copy and uploads to the person’s SharePoint site. The original is placed in the employee's personnel file.
5. If an employee has concerns regarding the evaluation or the process, they follow the RYSE Conflict Resolution procedure.

**Employee Annual Performance Evaluations**

1. The executive director prepares the employees evaluation packages (job description, Confidentiality form, Internet Usage form, etc.) in the month of December. They give the packages and blank evaluations to the supervisors and managers.
2. The supervisor or manager gives each employee their package and makes them aware of the evaluation date and time.
3. The employee and supervisor each complete an evaluation form.
4. The supervisor or manager:
   1. Completes the evaluation in the Excel document. Employees who work in more than one area have the evaluation completed by their primary supervisor or manager who solicits input from the other area supervisors or managers. The other area supervisors or managers may also attend the evaluation meeting.
   2. Notifies the executive director or designate that the evaluation has been completed and sends it to the upper management team.

# Operations

## INVESTIGATIONS AND LEGAL ACTION POLICY AND PROCEDURES

RYSE is committed to resolving workplace grievances and formal complaints fairly and openly. Where the circumstances surrounding a grievance or complaint are unclear, RYSE will ensure a thorough and impartial investigation is conducted into the matter in the interests of a fair and timely resolution. The purpose of this policy is to outline the requirements for internal investigations and the RYSE’s response to potential legal actions.

POLICY

**Investigations**

Formal complaints or grievances will be handled as outlined in the most recent Complaints policy and procedures. The process will be thorough, fair and impartial. The overriding purpose of any investigation is to inquire into the truth of the matter, to report on the evidence in relation to matters alleged to have occurred and to take remedial action to prevent the complaint or grievance from reoccurring.

The COO and/or the Services Manager will appoint investigators. Investigators will not have a relationship with the complainant or those alleged to be parties to the complaint. Investigators are to have no presumption regarding the complaint or grievance. Investigators may be a RYSE employee or an appointee.

External investigators will be used where:

* The matter is regarded as sufficiently serious,
* Impartiality is difficult, or
* The expertise to adequately investigate the issue does not exist.

Investigators will be presented with a written Terms of Reference, which will include the name of the person responsible for overseeing the investigation.

The complainant will be advised in writing of the appointment of an investigator and the process of enquiry outlined. They will be reminded that they may seek representation at any stage.

Individuals and or witnesses mentioned in the complaint will be advised of the appointment of an investigator and the process of enquiry outlined. They will be reminded that they may seek representation at any stage.

Employees who have been implicated and whose actions or behaviours could bring into question their capacity or conduct, may be transferred to a different service area or be suspended with or without pay from duty.

Volunteers or individuals receiving services who have been implicated and whose actions or behaviours could bring into question their capacity or conduct, may be suspended.

All persons will be reminded that the matter is confidential and should not be discussed outside the involved parties.

The investigator will prepare a written report, with recommendations for action. All relevant parties will review the report and the actions implemented.

**Legal Action**

The COO will note circumstances that could potentially lead to legal action being taken against RYSE. The COO will contact the designate council to apprise them of the matter and obtain direction on how to proceed.

**Procedure**

Investigations

1. An investigator will be appointed and presented with written Terms of Reference (how they will operate and what they will do).
2. The person complaining will be told in writing who the investigator is and reminded that the matter is confidential between the parties (people) involved. They will be informed that they may seek representation (someone to help them) at any stage.
3. Persons mentioned in the complaint will be told of the appointment of an investigator and reminded that the matter is confidential between the parties (people) involved. They will be informed that they may seek representation (someone to help them) at any stage.
4. Employees whose actions or behaviours could bring into question their capacity or conduct (could they cause problems) may be transferred to a different service area or be suspended with or without pay from duty (cannot work in that area).
5. Volunteers or individuals receiving services, whose actions or behaviours could bring into question their capacity or conduct (could they cause problems) may be transferred to a different service area or be suspended (cannot go to that area).
6. All persons will be advised that the investigator may meet with them to discuss the complaint. The meeting place will be private and agreed with the person.
7. The investigator will provide RYSE management with a completed written report of their findings.
8. RYSE management will review and implement or carry out the relevant recommendations or changes.

Legal Action

1. The COO notifies the board of directors when a legal matter arises.
2. He/she contacts the designated RYSE council to inform them of the issue and seek their advice and direction.
3. He/She keeps the COO informed of all actions or matters related to the issue.

## MEDIA RELATIONS

A strategic approach to media relations is required to build an equally beneficial and trusting relationship with news media in order to foster accurate and fair reporting; increase positive news coverage; and protect and enhance the agency’s reputation and integrity. This policy provides general principles and guidelines to facilitate the release of information and

interaction with the media regarding the agency policies, programs and services.

This document outlines who can interact with the media in an official capacity on behalf of the agency and when, how, and why to initiate or respond to inquiries from print, broadcast, online, and social media outlets.

SCOPE

Media relations are managed by Executive Leadership on behalf of the organization. This policy applies to all employees including full-time and part-time workers, casual and temporary staff, as well as students, volunteers and interns. It addresses how employees interact with traditional (i.e. print, radio, TV), online and social media sources.

DEFINITIONS

**Media** includes traditional news sources (print, radio, and television), online (websites) and social media (blogs, Facebook, LinkedIn, YouTube, Twitter) and other sites where content is generated by users.

**RYSE spokesperson** is an employee who has the authority to make statements to traditional, online and social media outlets on behalf of the organization. Unless otherwise authorized, the RYSE’s spokespersons are:

* **Executive Director:** The Executive Director or designate, shall be the chief spokesperson at all times for representing RYSE.
* **Executive and Senior Management Team members (EMT, SMT):** The EMT and SMT of RYSE department shall speak on behalf of his / her area of accountability and responsibility as the chief spokesperson for the department.
* **Other employees as directed or delegated by EMT or SMT:** Staff may provide background information to the media that is publicly available only when directed to do so by EMT or SMT. Requests for interviews shall be referred to the appropriate spokesperson or department head. Staff members can be delegated/designated the duties of spokesperson on issues concerning programs, operations, and activities that fall within their area of responsibility, where authorized.

COMMUNICATIONS GUIDING STANDARDS OF PRACTICE

The media relations are conducted in conformance with the following principles:

* Work collaboratively to respond to all media queries in a timely way. This may include media contacts outside traditional office hours or days of work.
* Make available the most appropriate spokesperson(s) based on accountability and responsibility and consider the wide range of communication tools available to address the needs associated with each unique circumstance.
* The agency reserves the right to time news releases and events in ways that are most beneficial to its own interests. This recognizes that media have different timing requirements.
* Communications prepared to conform to professional journalistic practices and standards in terms of style, content and timing and will support two-way symmetrical communication engagement opportunities with the media.

**The Spokesperson Role**

A spokesperson may share or delegate their responsibility when the subject matter expertise/information is sought beyond what the spokesperson could provide, and when the delegated spokesperson is not adequately prepared to undertake this responsibility.

**Non-spokespeople**

Employees who are not authorized spokespeople must refer all media inquiries to the authorized spokesperson for the agency.

Nothing in this policy is intended to prevent the access of information to the public that is normally available.

RYSE employees who are not designated spokespeople are not authorized to make statements to the media and / or in public discussion on behalf of the RYSE. RYSE staff who are not designated spokespersons and who is contacted by a news media representative shall:

* Be courteous and professional.
* Explain that they are not a spokesperson for the RYSE and respectfully decline the request for an interview or information. An appropriate response to the media would be: “I do not have the information for you regarding that topic. I will forward your request to the Executive Director who will respond to you as soon as possible.”
* Provide timely responses to the media by collecting the following information to be forwarded to the Executive Director:
  + Journalist’s name and who they work for
  + Contact number of the journalist or news agency
  + Journalist’s deadline
  + Topic of the interview

RYSE may consider disciplinary measures or legal action if an identifiable employee makes defamatory or otherwise inappropriate statements in the public domain about their co-workers and/or employer. This includes comments made on websites, blogs, and social media networks using personal computers, Smartphones or devices, from an online account or profile associated with a personal email address.

1. Employees should be aware that the use of media relations in a way that is unfavorable or malicious may lead to disciplinary action under the RYSE’s Code of Conduct. Employees that contact the media without first notifying Corporate Communications, and/or who cause serious damage to the agency may lead to action up to and including dismissal.

## PROCEDURES FOR RESPONDING TO SUBPOENAS, SEARCH WARRANTS, INVESTIGATIONS AND OTHER LEGAL ACTIONS

RYSE will comply with legal authorities upon the presentation of a subpoena, court order and search warrants. RYSE shall release records and information when so required by law and will cooperate with lawful searches but will protect confidential information such as client information and legally privileged information, to the extent authorized by law. RYSE staff, volunteers, program/student placements shall not attempt to obstruct an investigation or destroy, alter or conceal documents or other evidence sought in an investigation.

DEFINITIONS

**Subpoena:** For the purpose of this policy, a subpoena is a type of legal document issued by a court of law or judicial officer. An "appearance only" subpoena requires someone to appear in court and testify as a witness. A "records only" subpoena requires the witness to bring specific records, documents and/or materials to court. An "appearance and records" subpoena requires the individual to both testify as a witness and produce the necessary documents requested by the court

**Court Order:** For the purpose of this policy, a court order is a legal document issued by a court of law or judicial officer. The term court order can be used to describe the legal command made by a judge to order someone, or a party, to do something or to refrain from doing something. For example, a court order may demand those involved in a court case from talking about it with others not involved in the case.

**Search Warrant:** For the purpose of this policy, search warrant is defined as a judicially enforceable order authorizing the search of specific premises for material described in the search warrant with reasonable particularity.

POLICY

This policy provides direction to RYSE staff, volunteers, student/program placements on how to respond to subpoenas, court orders and search warrants issued to RYSE Supportive Services.

**Procedures for Subpoenas/Court Orders/Investigations**

RYSE staff, volunteers, program/student placements presented with a subpoena/court order will: Contact the Services Manager or designate immediately. Escort the law enforcement personnel, provincial or federal agent to a conference room or private office until the Services Manager or designate arrives.

The Services Manager or designate will:

Notify the person named on the subpoena (If the Services Manager has been subpoenaed then the CEO will immediately be notified) Obtain a copy of the subpoena/court order. Seek consultation with legal counsel as needed. Complete an Incident Investigation Form, maintain records of all subpoenas/court orders and the follow-up action taken.

RYSE staff, volunteers, program/student placements who have been subpoenaed will:

Testify in court and tell the truth

Search Warrants

If RYSE staff, volunteer, student/program placement is approached by law enforcement personnel, provincial or federal agents who wish to search RYSE’ premises, review certain documents and/or receive copies of certain documents, the RYSE individual will:

1. Contact the Services Manager or designate immediately.
2. Escort the law enforcement personnel, provincial or federal agent to a conference room or private office and request that the agent in charge not proceed until the Services Manager or designate arrives.

Upon arrival, the Services Manager or designate will:

1. Carefully read warrant
2. Ask to see official identification and obtain a business card from the agent in charge of the search
3. Ask to see and receive a copy of the search warrant
4. Make sure the warrant is signed by a judge or magistrate. If there is a discrepancy, notify the agent in charge.
5. Determine the scope of the warrant, the area to be searched and type of evidence to be seized.
6. If there is any discrepancy between the scope of the search document and the search conducted by the agent, notify the agent in charge.
7. Remind RYSE staff, volunteers, student/program placements that they must not remove, destroy, alter or otherwise conceal anything subject to the search warrant
8. Attempt to assist the agent in retrieving those documents that are the subject of the search by identifying the essential RYSE individuals that can assist in retrieving the documents, computer information, etc.
9. Notify the agent in charge that the key RYSE individuals are here to ease the search with minimal disruption of business
   * Advise RYSE individuals that agents executing the warrant may ask them questions. Advise RYSE individuals it is their choice whether or not they want to speak with an agent, they are not required to do so.
   * Monitor the search, do not impede or obstruct.
   * Photocopy each item seized. If the agent in charge refuses to permit you to photocopy, record in detail all items seized.
   * Agents sometimes number the rooms they enter. Record the numbering scheme.
   * Request backup copies of all documents and computer disks, etc. before agents seize computers.
   * If agents attempt to seize privileged documents or other documents that you believe are outside the scope of the warrant, notify the agent in charge. Ask that the privileged material be segregated from the other materials and marked as “privileged”.
   * The agent in charge will prepare an inventory of the items seized. Ask for a copy of that inventory before the agent leaves, but do not sign anything verifying the content or accuracy.
   * Ask RYSE individuals not to discuss the search warrant or any related events with the press or other employees.

Following any execution of a search warrant, the Services Manager or designate will

1. Notify the CEO and Administrative Coordinator.
2. Complete an Incident Investigation Form; maintain records of seized items, and any follow-up action taken.

## PROCEDURE ON DISCLOSING EMPLOYEE INFORMATION TO THIRD PARTY

Team Leaders and Upper Management are NOT to share ANY information regarding an employee without the express written consent of the employee.

As an employer in the private sector, RYSE is governed by the Personal Information Protection Act or “PIPA”. Under PIPA, Upper Management and Team Leaders have a duty to protect the personal information of our employees. This includes any information that can identify them and any information about their employment. There are a number of cases where the employer can disclose a specific class of personal information called “employee personal information” without the employee’s consent (see section 18 and 19 for a list of these circumstances).

<https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/03063_01#section17>

However, the employer cannot disclose employee personal information to third parties (such as ICBC) in this type of a situation unless you have the express advance written consent of the employee.

For that reason, you should speak with the employee first and explain that an unrelated 3rd Party is requesting information about them. For example; someone hired by ICBC contacts a TL or Upper Management and is asking to discuss certain information about their employment. In this scenario, the employee should speak with their personal injury lawyer about this request. If the employee does not consent, then you cannot provide any information and the matter ends there. If the employee consents, management must confirm this in writing with the employee and ask them to respond with their confirmation that you can proceed with the interview. You can then proceed to verify the credentials of the individual adjuster and once you are satisfied with this, you can proceed with the interview.

## PRIVACY

RYSE is committed to protecting the privacy of the personal information of its employees, persons served and other stakeholders. We value the trust of those we deal with, and of the public, and recognize that maintaining this trust requires that we be transparent and accountable in how we treat the information that you choose to share with us.

During the course of our various projects and activities, we frequently gather and use personal information. Anyone from whom we collect such information should expect that it will be carefully protected and that any use of or other dealing with this information is subject to consent. Our privacy practices are designed to achieve this.

POLICY

Personal information gathered by RYSE is kept in confidence. Personnel are authorized to access personal information based only on their need to deal with the information for the reason(s) for which it was obtained. Policies are in place to ensure that the information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered. RYSE also takes measures to ensure the integrity of information is maintained and to prevent its being lost or destroyed.

RYSE collects, uses and discloses personal information only for purposes that a reasonable person would consider appropriate in light of the circumstances. We routinely offer, both through verbal and written clarification to the individuals we deal with the opportunity to opt not to have their information shared for purposes beyond those for which it was explicitly collected.

RYSE regularly reviews our privacy practices for our various activities and updates our policies in compliance with local, provincial and federal acts and regulations.

The COO is responsible for ensuring the organization is in compliance with all privacy legislation.

RYSE does not sell, trade or otherwise share its mailing lists. If at any time a person or business wishes to be removed from our mailing list they simply need to contact us. We require 10 business days to allow us to update our records.

**Procedure**

1. The COO is the Privacy Officer.
2. Employees, members, persons served and other stakeholders will be told what information collected is required and what information is optional.
3. Individual’s files will be maintained in a secure location. Access to information will only be made available as per the Confidentiality and Release of Personal Information and Release of Personal Information polices and procedures.
4. Personnel files will be maintained in a secure location. Access to information will only be made available as per the most recent collective agreement and the Confidentiality and Release of Personal Information and Release of Personal Information policies and procedures.
5. To access private information contact RYSE COO.
6. Questions, concerns or complaints relating to RYSE’s privacy policies or practices are to be directed to the COO for follow-up and resolution.

## RECORDS RETENTION POLICY AND PROCEDURE

Our Record Retention policy describes our guidelines to create, preserve and access our company’s records. To ensure that our records are accurate and secure, we ask our employees to adhere to this policy

SCOPE

In this policy, a “record” is any type of electronic or paper file (document, spreadsheet, database entries) that we store in our systems. This includes files both employees and external sources create. All legal and business documents, as well as formal internal and external communications, fall under this policy’s purview. This policy applies to employees who may create, access and manage records. The HR and finance departments, which manage sensitive and critical information, are primarily responsible for keeping accurate and secure records. Every other employee who creates and stores important records should follow this policy.

POLICY

**Creating records**

We place high value on our company’s records. By storing information, we can:

* Make better decisions
* Support our day-to-day operations
* Forecast and prepare for the future
* Learn from past mistakes
* Preserve and defend our company’s legality
* Evaluate our operations and employee productivity over time
* Develop plans to improve and grow the company

**Authorization**

Records may have different levels of authorization that limit their accessibility. The authorization level is usually determined by those who create the records, our company’s official policy or the law (the law always take precedence.) The following records are strictly confidential and require a high-level authorization:

* Employment records
* Budgets
* Unpublished financial data
* Youth in Care/ Client/ vendor/ partner/ job applicant information
* Contracts
* Billing Information
* Legal Information

Access to those records is restricted to employees who directly manage that information. Other types of records, like company performance metrics, internal policies, and safety handbooks may be accessible by all permanent employees. Employees must not disclose records to people outside of our company, unless authorized.

**Retaining records**

Our employees must protect our records, whether marked as confidential or not.

Physical records

Printed records are stored safely in locked filing cabinets or closed offices. Important, confidential files must not be left in open office areas. When employees need to carry physical records out of our offices, they must prevent them from being damaged, lost or stolen. We advise our employees to avoid relocating records as much as possible.

Electronic records

Electronic records will be protected by passwords, firewalls and other security settings (both locally and in the cloud.) Employees are responsible for keeping these records intact. For example, if an employee shares a Google spreadsheet, they must decide whether to give colleagues permission to edit, view or comment. Employees should not grant editing privileges unless necessary. Also, when employees access electronic, confidential records outside of our offices, they should ensure that both their devices and networks are secure. They should not leave their screens and devices unattended while logged in to our company’s accounts. Monthly backups of electronic records is to be performed by the Team Leader to the RYSE OneDrive.

Data retention period

As a rule, we will keep all records for a minimum of [two years.] The law may oblige us to retain certain records for a longer period. In this case, we’ll abide by the law. Also, the following records must be preserved indefinitely:

* [Tax returns]
* [Internal policies]
* [Employment contracts]
* [Ministry contracts]
* [Financial statements and annual reports]
* [Results of audits and legal investigations]

Discarding records

After the data retention period has passed, authorized employees may choose to discard records for a specific reason. They will usually do this either by shredding physical documents or deleting data from a database or computer. Printed copies of electronic files should be shredded, too.

Records may also be discarded upon request from a stakeholder. For example, a customer or partner may ask us to delete their information from our databases. In this case, managers should authorize employees to discard relevant records. We expect our employees to always respect our confidentiality policy. When files need to be discarded, employees must not create copies or store information on their devices. This may constitute a security breach and warrant disciplinary action. A master checklist for police checks, and other certifications required by RYSE staff will be kept at the RYSE head office and will be reviewed semi-annually to ensure it is kept up to date and accurate. This will be performed by upper management and the CEO of RYSE.

## REPORTING TIMELINE POLICY

The Purpose of this policy is to give a consistent timeline for submitting documentation to stakeholders. The policy ensures the transfer of information to the appropriate people in a timely fashion.

POLICY

Progress reports will be submitted to the Resource Liaison Social Worker on a monthly basis, in the content and format approved by MCFD. Staff are required to maintain the daily progress notes log, to be stored electronically. Monthly reports are generated using information from the daily progress notes.

Critical incidents must be reported to the guardianship social worker, resource social worker, RYSE Services Manager and COO within 24 hours of the occurrence. If the incident has occurred after 4:30PM or on weekends, Ministry After Hours must be contacted regarding a critical incident, by telephone at the time of the occurrence and in writing to the guardianship social worker and contract liaison social worker the following business day by 10am.

## STAFF MEETINGS

POLICY

All employees are encouraged to attend staff meetings on a regular basis in order to exchange ideas and recommendations that will assist employees in providing quality services to the people we support. Employees are paid their regular wage for all time attended and will record the hours on their timesheet in the meeting column.

If RYSE instructs an employee to attend a mandatory meeting, the employee will be paid at their regular rate of pay or, if applicable, as outlined in the overtime policy.

Employees who do not attend staff meetings are required to read the staff meeting minutes posted in One Drive for the respective areas they work, within a week of the meeting minutes being posted and check off confirming they have done so.

**Procedures**

Staff Meeting Minutes

1. The area supervisor:

* Uploads the staff meeting minutes to the OneDrive list within one week of the staff meeting.
* Reviews the list to confirm staff have read the minutes.

2. Staff:

* Who did not attend the meeting must read the minutes and confirm they have been read by clicking on the Staff Meeting Minutes – Sign off, found on One Drive under the service area that the staff meeting is applicable to.
* Who did attend are encouraged to read the minutes.

## SUPERVISION POLICY AND PROCEDURES

Supervision has a vital role to play in supporting caregivers in a challenging care environment. As such, supervision is a two-way process involving rights and responsibilities for both supervisors and for those they supervise.

The purpose of this policy and procedure is to outline how supervision is to be carried out throughout RYSE Supportive Services. The document applies to all Youth Caregiver staff with the exception of Directors.

POLICY

RYSE recognises that staff members are its most important asset in fulfilling the company’s responsibility to provide a high-quality service and have a duty of care to support their workforce to enable this:

*"Effective Supervision is the cornerstone of safe social work practice. There is no substitute for it"* (Laming 2003).

It is RYSE’s policy, to provide high-quality supervision, which supports and motivates staff and encourages reflective practice. To monitor performance and targets set at appraisal, thereby linking with the Company’s aims and objectives and in doing so enhance the quality of staff performance in providing services to our youth.

This policy and procedure set out how staff will be supervised and also provides supervisors with the key standards and tools required to supervise staff effectively. Team Leaders, Services Managers and supervisees are jointly responsible for ensuring that supervision meets the standards as outlined in this policy and procedure and underpins the Supervision Framework.

**Supervision Framework**

The Supervision Framework is designed to provide the key requirements and processes for staff supervision. It is also to ensure a consistent approach for all Caregiver staff.

The components of the framework are:

* The Supervision Policy and Procedure are communicated through regular training for Services Managers, Team Leaders, and staff;
* All staff are to receive personal supervision (sometimes referred to as a 'one on one' supervision) with the frequency of these to be agreed;
* Reflective Practice Tools are to be incorporated within supervision meeting
* Supervision will incorporate Continuing Personal and Professional Development to ensure staff have the relevant skills, knowledge, and understanding to succeed in their job role
* Team Leaders are responsible for ensuring that everyone within their team is met at least monthly.

**Supervision Procedure**

The components of the framework are to be delivered through the supervision procedure.

RYSE defines Supervision as a regular one-on-one meeting between the supervisor and staff member (supervisee) in order to review organizational, professional and personal objectives.

**Types of Supervision**

Personal/One-on-One Meeting

At all times supervisors and supervisees hold an individual and joint responsibility to ensure purposeful and effective supervision takes place.

At other times there will be Informal discussions and decision-making.

One-on-One Meetings will be recorded on the designated Monthly Check-In

Informal Discussions

Informal discussions or decisions are likely to be needed on a case-by-case basis, and may result from unexpected changes of circumstances or new incidents. Whereas a result of this discussion, activity is planned or decisions made, these discussions and decisions should be recorded in a follow-up email to the staff and Human Resources CC’d. It is the manager's responsibility to ensure accurate and timely recording of Informal Discussions or Decisions.

Group Supervision

Group supervision may be considered to encourage caregivers to reflect on practice and how attitudes, approaches, and skills affect the relationships they have with both youth and coworkers. This may involve working through the values and principles and giving examples of how these principles have been applied in practice. Examples may relate to professionalism, conduct and confidentiality.

Records of the group's supervision is kept in Monthly Meeting Minutes, and uploaded to Sharepoint.

## TRANSPORTATION AND VEHICLES

RYSE employees, as part of their terms of hire, are required to transport individuals.

RYSE is committed to ensuring the safe keeping of all persons served, staff and volunteers using vehicles. Vehicle accidents are costly, but more importantly they may result in injury to self or others. It is the driver's responsibility to operate a vehicle in a safe manner and to drive defensively to prevent injuries and property damage. RYSE endorses all applicable provincial motor vehicle regulations. RYSE expects each driver to drive in a safe and courteous manner and adhere to safety rules. The attitude taken when behind the wheel is the single most important factor in driving safely.

The purpose of this policy is to ensure the safety of those individuals who drive RYSE vehicles and/or their own vehicles. Implementation of the following measures and procedures are required in order to uphold a safe and practiced level of efficiency in their use.

POLICY

A class 4 driver’s license is a condition of employment for all employees other than administrative personnel. Employees are strictly forbidden from transporting individuals without a class 4.

RYSE vehicles will be driven by authorized employees only, except in emergencies, or in case of repair testing by a mechanic. Spouses and other family members are not authorized to drive RYSE vehicles.

The use of a RYSE vehicle or an employee’s own vehicle to conduct RYSE business while under the influence of intoxicants and other drugs is forbidden and is sufficient cause for discipline up to and including dismissal.

No driver shall operate a vehicle when their ability to do so safely has been impaired by illness, fatigue, and injury or prescription medication.

All federal, provincial and local driving laws must be obeyed.

All accidents, regardless of severity, will be reported. Failing to stop after an accident and/or failure to report an accident may result in disciplinary action up to and including dismissal.

Drivers must immediately report to the Services Manager in writing all summonses received for moving violations during the operation of a RYSE vehicle or while using their own vehicle to conduct RYSE business. Employees are liable for traffic violations incurred while on duty.

Any employee who has a driver’s license revoked or suspended shall immediately notify the Services Manager, and will not transport individuals or conduct RYSE business. Failure to do so may result in disciplinary action up to and including dismissal.

Employees are not permitted to drive a company vehicle or transport a person if they are aware of any personal health concerns that could have a negative effect on their driving and or driving abilities.

Motor Vehicle Records will be ordered in the month of January to assess employees' driving records. An unfavorable record will result in a loss of the privilege of driving a vehicle and could result in the loss of employment.

The following system will be used to determine eligibility to operate a RYSE vehicle:

All type “A”’ violations (as defined below) will result in termination of driving privileges for employees. Any drivers (employees or applicants) showing one of the following will be restricted from driving RSYE vehicles or conducting RYSE business:

* One (1) or more type ‘A’ Violations in the last 3 years.
* Three (3) or more accidents (regardless of fault) in the last 3 years.
* Three (3) or more type ‘B’ violations in the last 3 years.
* Any combination of accidents and type ‘B’ violations that equal four (4) or more in the last 3 years.

*Type ‘A’ Violations*

* Driving while intoxicated,
* Driving while under the influence of drugs,
* Negligent homicide arising out of the use of a motor vehicle (gross negligence),
* Operating during a period of suspension or revocation,
* Using a motor vehicle for the commission of a felony,
* Aggravated assault with a motor vehicle,
* Operating a motor vehicle without the owners authority (grand theft),
* Permitting an unlicensed person to drive,
* Reckless driving,
* Speed contest (racing),
* Hit and run (bodily injury or property damage).

*Type ‘B’ Violations*

* All Moving Violations not listed as type ‘A’ Violations.

All drivers and passengers operating or riding in a RYSE vehicle or conducting RYSE business must wear seat belts. RYSE staff must ensure individuals wear seatbelts. Individuals and/or staff refusing to wear seatbelts are prohibited from operating or being transported in a

RYSE vehicle and/or from conducting RYSE business.

No unauthorized personnel (e.g. hitch-hikers) are allowed to ride in RYSE vehicles or employee vehicles when conducting RYSE business.

Smoking, eating and cellphone use is strictly forbidden when operating a RYSE vehicle or the employee’s own vehicle to conduct RYSE business.

Drivers are responsible for the security and cleanliness of vehicles assigned to them. Drivers must complete a pre-trip inspection prior to using a Vehicle. The vehicle engine must be shut off, ignition keys removed, steering wheel locking device placed and vehicle doors locked whenever the vehicle is left unattended. All garbage must be removed.

Headlights shall be used 1/2 hour before sunset and 1/2 hour after sunrise, or during inclement weather or at any time when a distance of 500 feet ahead of the vehicle cannot be seen clearly.

Vehicle inspection checklists are to be completed prior to each trip.

RYSE vehicles contain first aid kits, emergency kits and binders with relevant transportation policies and procedures.

Employees transporting individuals to conduct business must sign in and sign out “To Go Bag” which contain first aid kits, emergency kits and binders with relevant transportation policies and procedures.

Vehicle Content Checklists for agency vehicles and To Go Bags are completed twice per year in the month of January and June. Missing or expired items are replenished and replaced.

RYSE employees are responsible for documenting the date, destinations (to and from) and the exact mileage used in kilometers. Trips outside of city limits require prior approval from the supervisor.

Employees driving their own vehicle to and from work may be required to use their vehicle to transport individuals. The employee will be reimbursed at the specified rate in the most recent agreement. Employees are required to obtain and maintain Liability insurance of 3 million and Team Leaders are to maintain business class car insurance. RYSE will reimburse the difference between “To and From” (003 or 023) class insurance and “Business” (007 or 027) class insurance. RYSE strongly recommends that employees purchase the maximum liability insurance. Employees are responsible for the cost of any repairs to their vehicles.

Individuals receiving services cannot be left in a vehicle that is running or with keys in the ignition without support staff. Individuals whose Consent and Community Support form states that they can be left for short periods of time, may remain in a vehicle if they choose unattended for a maximum of 5 minutes.

The CEO oversees and designates the responsibility for the management and maintenance of RYSE Vehicles.

RYSE vehicles are serviced through a government authorized motor vehicle inspection facility. All vehicles are scheduled for general service minimally once per year and as recommended by a certified mechanic, barring any additional concerns.

**Procedure**

*Motor Vehicle Accidents and vehicle damage are handled as outlined in the*

*Motor Vehicle Accident and Vehicle Damage Reporting policies and procedures.*

Vehicle Usage

1. Read and adhere to the COVID19 Pandemic Prevention at Service Sites policy and procedure.
2. Staff is responsible for safeguarding the property of RYSE including vehicles.
3. Before departing, complete a Vehicle Pre-trip inspection form. If repairs are required give the Pre-Trip Vehicle inspection form directly to the person responsible for vehicle maintenance. If the problem is serious or requires immediate attention, an appointment will be made as soon as possible. If you are not sure who the person is, ask your supervisor.
4. The staff designated responsible for vehicles reviews all Vehicle Pre-trip inspection forms and documents all concerns in the Vehicle Maintenance Repair list. They arrange for the vehicle to be repaired and give a copy of the identified concern to the garage at the time the vehicle goes in for servicing.
5. On the Vehicle Pre-Trip Inspection form, document the starting kilometers and destination. If required refuel the vehicle and place the receipt in the appropriate pouch.
6. Upon returning, document the kilometers used. Remove any garbage; ensure the vehicle is tidy and locked. Return the keys.
7. The concluded Vehicle Pre-trip Inspection forms and Vehicle Usage forms are given to the staff designated responsible for vehicles. Once reviewed and addressed, they file the document for a period of one year.

Employee Vehicles

1. Read and adhere to the COVID19 Pandemic Prevention at Service Sites policy and procedure.
2. Prior to leaving, complete the “Vehicle to Go Bag Sign In Sign Out” form and take a Vehicle To Go Bag.

## WITNESSING AND SIGNING DOCUMENTS

Employees/volunteers will not become involved in the personal affairs of an individual receiving services relating to legal, financial or property matters.

RYSE staff is only allowed to sign the form if they are a designated decision maker.

Employees/volunteers or relatives of employees/volunteers may not sign, sign on behalf

of or witness:

* "Consent for Treatment" forms.
* Wills.
* Legal documents except as designated by the Employer’s contractual requirements of their funding bodies.

Employees/volunteers can witness RYSE documents except for the following:

* Communications
* Protocols.

Exceptions to this policy may be made by management personnel.

# Appendices

# APPENDIX A: EXAMPLES OF BULLYING, HARASSMENT, AND DISCRIMINATION

The following are examples of workplace bullying, harassment, and discrimination:

1. verbal conduct, such as:
   1. unwelcome attention of a sexual nature, including:
      1. questions or remarks about sex life
      2. propositions of physical intimacy
      3. remarks about physical appearance
      4. requests for dates or sexual favours
      5. offers of job related benefits in return for sexual favours
      6. requests or demands to submit to sexual requests in order to keep one's job or avoid some other loss, etc.
   2. · unwarranted criticism
   3. · ridicule
   4. · epithets
   5. · derogatory comments
   6. · slurs
   7. · name-calling
   8. · offensive remarks
   9. · jokes
   10. · rumours
   11. · gossip
   12. · innuendo
   13. · abusive language
   14. · threats
   15. · shouting
   16. · yelling
   17. · swearing
2. visual conduct, such as:
   1. displaying or disseminating pornographic, sexist, racist or other offensive or derogatory material (e.g. posters, cartoons, drawings, photographs, music etc.) including via e-mail, internet, or text message.
   2. leering
   3. gestures
   4. ostracism (e.g. deliberately excluding a RYSE employee from work-related social interaction, “silent treatment,” etc.)
3. physical conduct, such as:
   1. · interfering with a person’s normal movement;
   2. · unwelcome physical contact including touching and assault.

# APPENDIX B: RESPONSE FORM

0Complaint Form under the Respectful Workplace Policy

I, [name of complainant], working as a [title] in the [RYSE home] have reasonable grounds to believe that [name of respondent] working as a [title] in the [RYSE Home] has [bullied/harassed/discriminated against] me in employment on [date].

The grounds of [bullying/harassment/discrimination] are:

The particulars are as follows:

Signed at: [place] on: [date]

Complainant’s signature:

# APPENDIX C: COMPLAINT FORM

|  |
| --- |
| **Response Form under the Respectful Workplace Policy**  I, [name of respondent], working as a [title] in [resource name] house have received a complaint signed by [complainant’s name] working as a [title] in the [resource name] alleging that I have [bullied/harassed/discriminated against] [him/her] in employment on [date].  The grounds of [bullying/harassment/discrimination] are:  I deny the allegations and provide particulars as follows:  Signed at: [place] on: [date:]  Respondent’s signature: |

# APPENDIX D: TEAM LEADER CHECKLIST

Once a complainant reports offensive behaviour to a team leader, it is necessary for the team leader to gather as much information as possible in order to ascertain whether there is prima facie evidence of workplace harassment sufficient to justify an investigation.

* \* Identify the name and position of person complaining.
* \* Ascertain who allegedly bullied, harassed, or discriminated against the employee.
* \* What occurred? Try to get as many details as possible, even though this may be uncomfortable for the complainant. Ask open-ended, non- judgmental questions.
* \* How often did the harassment occur?
* \* On what dates and at what times did the harassment take place?
* \* Where did the incidents of harassment take place?
* \* Who, if anybody, witnessed the incidents of harassment?
* \* How did the complainant feel about the harassment at the time it occurred?
* \* Does the complainant feel the same way now? If not, what is different about how the complainant now feels, and what brought about the difference?
* \* How did the complainant respond to the harassment? Did the complainant make any effort to stop it?
* \* Did the complainant tell anyone else about the incidents of harassment? If so, get the details concerning who, what, when, where, and the response, if any.
* \* Does the alleged harasser have control over the compensation, working conditions,or future employment of the complainant?
* \* Has the alleged harasser made or carried out any threats or promises in connection with the alleged harassment?
* \* Does the complainant know of or suspect that there are other victims of harassment by the same person?
* \* To what extent has the senior management been made aware of the situation?
* \* What action would the complainant like RYSE to take?

Once this information has been ascertained, the team leader will prepare or assist the complainant in making their written complaint.

**Time limits**

RYSE encourages a time limit of 14 days for reporting a complaint; however, a complaint will not be dismissed simply because it has not been reported in a timely fashion. We understand that fear of retaliation or embarrassment may cause a person to wait until the bullying, harassment, or discrimination becomes unbearable before reporting the behaviour. The very act of having to report bullying, harassment, or discrimination may also add to the individual’s distress.

Complainants often feel uncomfortable, embarrassed, or ashamed when they talk about personal incidents of bullying, harassment, or discrimination. Some may feel that they will be ignored, discredited, or accused of misunderstanding intentions. Common reasons given for not reporting incidents are that the complainant believes nothing would be done, that the complaint would be ridiculed or treated lightly, that the complainant would be blamed, or would suffer repercussions.

**Complaints**

RYSE Management will act on complaints within 5 days of the information coming forward, and will be followed up with a resolution email regardless of an investigation.