

MENTAL HEALTH PROMOTION GUIDE

for Agencies Serving Immigrants and Refugees in Ontario



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A MESSAGE FROM THE EXECUTIVE DIRECTOR

A Message from the Executive Director

OCASI- The Ontario Council of Agencies Serving Immigrants is pleased to bring you the Mental Health Promotion Guide for Agencies Serving Immigrants and Refugees in Ontario.

Mental health affects us all, but resettlement experiences of vulnerable populations such as refugees and other newcomers can present unique challenges and stresses. While a minority of all refugees and newcomers to Canada will experience mental health challenges that require intervention, the vast majority require support in other areas that can and do influence their mental health.

OCASI understands the significant role that immigrant and refugee serving agencies play in promoting resilience and providing settlement and integration support. It is important for agencies to provide these services in a way that recognises the impact that traumatic events, social exclusion, economic insecurity, and other socio-cultural factors like racism, can have on their clients' mental health. This guide therefore aims to help agencies understand their role and provide some policies and strategies that will help to promote the mental health of clients.

We hope this guide will support you and others in the critical work that you do to support refugees and other newcomers across Ontario.

Sincerely,



Debbie Douglas
Executive Director
Ontario Council of Agencies Serving Immigrants

ACKNOWLEDGMENTS

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OCASI Mental Health Project Partners

Canadian Centre for Victims of Torture
The Hong Fook Mental Health Association
St. Michael's Hospital

OCASI Mental Health Project Advisory Committee

London Cross Cultural Learner Centre
COSTI Immigrant Services, Toronto
Catholic Centre for Immigrants / Centre catholique pour immigrants
Centre for Addiction and Mental Health (CAMH)
The Multicultural Council of Windsor and Essex County
Reception House Waterloo Region
Wesley Urban Ministries

Others

Toronto Public Health
Toronto Newcomer Office
Across Boundaries

Pilot Participants

Newcomer Centre of Peel
Rexdale Women's Centre

I. INTRODUCTION

i. Background to this guide

A part of OCASI's 2016-2017 Mental Health Project, this guide aims to improve the capacity of immigrant and refugee serving agencies to promote the mental health of newcomers in general, but particularly that of their refugee clients. It does so in a number of ways, but primarily by employing a framework that emphasizes the social determinants of mental health.

The need for such a guide became evident during the large scale, government-led resettlement of 25,000 Syrian refugees in 2015-16, when many front-line staff, managers and executive directors indicated knowledge gaps at the agency level when it came to following appropriate policies and strategies to promote client mental health and to support those clients who are experiencing mental health-related challenges.

While several agencies have developed their own internal tools and policies to promote mental health while responding to related challenges among their clients, many have not. This document provides crucial guidelines for such agencies to adapt in ways that addresses their own needs, clients, and services while taking into account the resources to which they have access.

ii. Purpose and scope

This guide will help agencies in Ontario's immigrant and refugee serving sector develop a common set of policies and practices that promote refugee clients' mental health. It will also help these agencies serve the urgent, ongoing needs of clients who identify with a diverse spectrum of mental health backgrounds, thus ensuring that no one falls through the cracks.

Section 1 of this document outlines the conceptual framework through which immigrant and refugee serving agencies can consider refugee mental health. Section 2 explores the role of settlement agencies in promoting clients' mental health, as well as recommended policies and practices they should have in place to optimize this promotion. Section 3 of the document further considers the role of front-line staff at settlement agencies in promoting clients' mental health and in supporting clients who are experiencing mental health challenges. Management at settlement agencies can use this last section to inform training and policies for their own front-line staff.

I. INTRODUCTION

iii. What is mental health?

It's vital that service providers be aware of, acknowledge and respect the wide range of worldviews and cultural understandings of mental health. For instance, Eurocentric approaches have increasingly medicalized mental health and related challenges (Canadian Council for Refugees, 2016). Indigenous and other understandings of mental wellbeing, on the other hand, rely on a more holistic interpretation of health and the self, leading to an emphasis on healing through community engagement, prayer, and ceremonial practice (Mantini, Smylie, 2016).

Further, many individuals with diverse mental health backgrounds (who often refer to themselves as consumers/survivors/ex-patients), reject the "mental illness" label, claiming instead that all forms of diversity, including neurological ones, are simply a natural facet of human nature (Mcwade, Milton, Beresford, 2015).

This document, however, will rely on the following definition of mental health:

"Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity."

- Public Health Agency of Canada

Social determinants of refugee mental health

The social determinants of health (SDoH) approach recognizes quality of health—including the mental health of individuals and populations—as the result of more than just biological and behavioural factors. Mental health is in fact shaped by social, cultural, environmental, political, and economic determinants that exercise significant influence over the organization and distribution of resources in society. These factors correspond to social determinants of health (Khanlou, 2010). Some social determinants are listed below (Mikkonen, Raphael, 2010).

- gender
- disability
- housing
- early life
- income and income distribution
- education
- race
- employment
- working conditions
- social exclusion
- food insecurity
- social safety net
- health services
- unemployment and job security

I. INTRODUCTION

In addition to these determinants, refugee clients also have migration status, as well as pre-migration and migration experiences (including refugee camps) to contend with after arriving in Canada. It is thus unsurprising that, upon arrival, refugees are more likely to experience mental health challenges than other newcomers due to the unique range of stresses associated with the resettlement experience, refugee vulnerability, and past exposure to traumatic events, such as war (Khanlou, 2010).

It's useful to identify determinants of refugee mental health as being influenced by two types of factors: "protective" and "risk." Protective and risk factors affect refugees' ability to cope with the stress and overall circumstances they face. Such factors can also overlap or be common across stages of the refugee experience (Bontogon, Ceroni, Forestier, Mantini, Orr, Richards, Suliman, 2016).

Protective factors enable individuals to cope with stress and adverse circumstances by promoting their emotional and mental health. The likelihood of severe challenges developing as a result of stressful situations can often be reduced by these factors. It has also been suggested that more effective coping strategies and an increase in protective factors can enhance an individual's resilience (CAMH Best practice guidelines for mental health promotion programs: Refugees, 2012). Although factors perceived to be protective will often differ from one client to another, the following can often be said to act as protective factors:

- *Individual*

- strong sense of identity
- absence of chronic illnesses such as diabetes, heart disease, auto-immune disorders, etc.

- *Family, Community, Society*

- access to secure housing
- food security
- family reunification
- family cohesion and support
- access to community support services
- accessible and appropriate treatment
- access to health care
- adequate networks within the community (friendships and social activity)
- sense of belonging
- presence of interpreters and service providers with cross-cultural knowledge and an absence of language barriers
- economic security and occupational success
- access to job training

I. INTRODUCTION

Risk factors reduce an individual's ability to maintain their mental health while coping with stress and difficult circumstances. The presence of risk factors can even increase the possibility of developing certain mental health challenges. Factors perceived as leading to an increase in risk will differ from one client to another, but the following list includes some potential risk factors:

Pre-migration

- experiencing or witnessing physical violence
- experiencing or witnessing torture
- experiencing or witnessing sexual violence
- lack of food, water and shelter
- disease or injury
- loss of loved ones
- disrupted schooling
- discrimination and persecution

Migration

- separation from family
- detention
- traveling long distances in difficult conditions
- uncertainty
- lost migration

Individual

- chronic illnesses such as diabetes, heart disease, auto-immune disorders, cancers etc
- family history of mental health challenges

Family, Community, Society

- family left behind
- absence of family support
- economic insecurity and unemployment
- language barriers/ limited access to translators
- experiences of racism, gender based discrimination, homophobia, able-ism
- isolation and limited social network
- exposure to domestic violence
- little or poor access to healthcare
- community stigma against mental health challenges
- shift in gender role expectations in new culture
- lack of culturally appropriate services

II. HOW AGENCIES CAN HELP PROMOTE MENTAL HEALTH

i. The role of immigrant & refugee serving agencies in promoting clients' mental health

This section has been adapted from material found on Settlement.Org, Canadian Council for Refugees (CCR) Settlement Standards, and the CCR Position Paper on Refugee Mental Health.

While shelters, community health centres, legal aid offices, and cultural centres also serve immigrants and refugees by supporting the resettlement process in various ways, the following protocol is focused specifically on settlement agencies.

Settlement agencies help immigrants and refugees adjust to their new lives in Canada. They provide services in many languages and assist newcomers with interpretation and translation of documents, access to employment, housing, healthcare, schools, English/French as a Second Language classes, financial assistance, and other information about the community. Resettlement Assistance Program (RAP) service providers are a subset of settlement agencies that provide government-assisted refugees with help at airports or ports of entry; temporary accommodation and help with finding permanent accommodation; financial support; and initial resettlement assistance.

Refugee claimants, i.e. those who have claimed protection after entering Canada and are awaiting a decision on their claims, are eligible for limited settlement support at some settlement agencies in Ontario. Some of these agencies prefer to refer refugee claimants to refugee reception houses, which normally have programs in place that address clients' needs for transitional housing, housing stabilization, and other integration support, including employment advising, enrolling children in school, and even healthcare.

Settlement agencies play a key role in the mental health of newcomer clients by addressing the social determinants of health. Settlement agencies connect clients with programs/services that enhance protective factors while alleviating some of the post-migration risk factors. They often accomplish this through their established relationships and partnerships with other service providers such as community health centres and primary care providers.

Settlement agencies may also have on-site programs that promote an improved sense of belonging for newcomers, as well as stronger family and community connections, all of which can help to increase protective factors in clients' lives. Some settlement agencies also have mental health workers and programs on site to provide culturally relevant support to clients. It is important for the leadership at settlement agencies to understand that the way in which services are provided can also impact the mental health of their clients. Agencies can help to minimise the stresses that clients experience by ensuring they work from a trauma-informed framework. They should have clear anti-racism, anti-oppression and health and safety policies in place. These policies help ensure that services are accessible and sensitive to clients' diverse needs.

II. HOW AGENCIES CAN HELP PROMOTE MENTAL HEALTH

ii. Mental Health Promotion: Agency guidelines

The following list contains some policies and practises that settlement agencies must ensure they have in place:

Anti-Racism Anti-Oppression Policy

Agencies must have policies that prevent discrimination against clients on the basis of gender, class, race, ethnicity, sexual orientation, creed, ability, or gender identity.

In practice, integrating principles of Anti-Racism Anti-Oppression into settlement service provision requires recognizing and challenging the existence of barriers to participation for certain social groups (Integrating an Anti-Racism/Anti- Oppression Approach to Settlement Services, 2009). This includes but is not limited to ensuring that front-line workers and other staff are trained to engage in self-reflective practice, challenge attitudinal barriers among certain clients or staff that make agency environments less welcoming to clients and avoid making assumptions about clients and their "culture." Agencies must also ensure that events and venues are accessible and offer interpretation as required. For example: ASL, community sign language, or language specific interpretation. Policies for requesting accommodation (as per the Ontario Human Rights Code) on grounds of disability, religion, family status, age, gender, gender identity, and for making complaints when clients feel they have experienced discrimination in the agency environment, should also be in place.

For sample Anti-Racism Anti-Oppression and Accessibility policies, please refer to the Appendices.

Trauma-informed practice

The following section is adapted from the Klinik Community Centre Trauma Toolkit

Traumatic events are those in which an individual experiences extreme stress or distress. These events can cause terror, intense fear, horror, helplessness and physical stress reactions. For some, the impacts of these events do not go away. Some traumatic events are even profound enough to change the way children, adolescents and adults see themselves and the world. This is known as trauma. Sometimes the impact of the trauma is not felt until weeks, months or even years after the traumatic event.

Agencies must understand and apply the principles of trauma-informed practice in order to prevent re-traumatizing clients with previous experiences of trauma.

Trauma-informed practice involves providing services in a way that is sensitive to those who may be living with trauma, regardless of whether the client has disclosed their experience. This can be accomplished by ensuring that clients feel safe in the agency environment; ensuring that clients are informed and are given choice and control in decision-making about the services they receive; and ensuring that there is awareness of and sensitivity to potential triggers and the possibility of re-traumatization in the agency environment.

II. HOW AGENCIES CAN HELP PROMOTE MENTAL HEALTH

Linguistically Sensitive Service Provision

Agencies should hire staff that are reflective of the populations being served to help minimize the possible language and socio-cultural barriers their clients face. Linguistically and culturally sensitive service provision also helps promote rapport and trust between clients and service providers, which can further promote the seamless transition from settlement services to other services. Additionally, agencies must ensure that staff are aware of how to access interpretation services or refer clients to appropriate service providers when required.

It's also important to keep in mind that while it is generally considered best practice to match clients with service providers of similar language and cultural backgrounds, in some cases, clients may prefer service providers who are not from their communities.

Promoting Resilience

Agencies should work to help clients enhance protective factors in their lives. For many refugee clients, the most important protective factors will include food, income and housing security, a sense of belonging, strong friendships and beneficial social networks. Agencies should therefore develop their own programs accordingly and refer clients to external programs that address these factors.

Partnerships

The following section is adapted from the Youth Worker's Response Guide

Immigrant and refugee serving agencies across Ontario differ in size, scope, services and access to resources. Some agencies have a mental health department or mental health workers on site, while others do not. For agencies that do not have specialized mental health workers on site, it is vital to develop partnerships with community health centres and ethno-cultural organizations that can either provide mental health support or address the social determinants of health for clients.

Staff Training

Agencies must ensure that all staff receive training on the following:

- Anti-Racism Anti-Oppression
- Mental Health
- Trauma-Informed Care
- Agency Crisis/Emergency response

II. HOW AGENCIES CAN HELP PROMOTE MENTAL HEALTH

Legal Requirements:

Legislation on Confidentiality, Duty to Report, Health and Mental Health

Legislation on Confidentiality, Duty to Report, Health and Mental Health.

Agencies must ensure they have policies on protecting client information. It is the responsibility of each agency to ensure that staff are aware of the agency confidentiality policy and its limitations, i.e., when and/or if to disclose confidential information. It is also essential that staff inform clients of the policies and procedures related to confidentiality and disclosure of personal information.

Front-line workers should also be aware that criminal justice, child welfare, and mental health systems have a long history of discrimination against racialized populations who are often from immigrant and refugee communities. These discriminatory practices have resulted in the removal of children (without sufficient cause), misdiagnosis, over-diagnosis, incarceration without cause, physical violence and even death within these systems. Thus agencies and their staff should exercise extreme caution and be aware of the risks and unintended harm that can result for racialized clients when notifying law enforcement, Children's Aid, or emergency medical services.

Below are a number of key legislation that directly and acutely impacts settlement agencies' work with their clients:

Personal Health Information Protection Act: Professionals and institutions that provide healthcare, such as mental health care, are permitted to collect clients' personal information. This includes information about health challenges that clients are experiencing and/or medications which they are using. This information is called personal health information. The Personal Health Information Protection Act establishes rules about the collection, usage and disclosure of this information. Under the act, a client's health providers can share personal health information with other healthcare providers also providing care to a client. Healthcare providers cannot share this information with any other institutions without client consent, except in cases where a client's health and safety are at risk or someone else's health and safety are at risk.

II. HOW AGENCIES CAN HELP PROMOTE MENTAL HEALTH

Health Care Consent Act: Under this act, clients must provide informed consent to be admitted into a medical facility and to receive medical treatment (medication, therapeutic interventions etc.). Clients have the right to refuse admissions or treatment. Settlement agency staff, as well as healthcare providers, cannot compel clients to seek care and cannot forcefully administer treatment. In certain exceptional cases where a client is deemed incapable of making a decision by a “qualified assessor”, the client may be admitted or be administered treatment involuntarily. A qualified assessor is a healthcare professional registered with the appropriate regulatory body (eg: the College of Nurses of Ontario) who is qualified and trained to make judgements about a client’s capacity to make decisions about their health and wellbeing.

Substitute Decisions Act: In certain exceptional circumstances, a decision-maker may be designated to make decisions about a client’s health and medical treatment, when the client is deemed incapable of providing consent. The client may have become temporarily incapable of consenting due to illness, accident, or disability. Under this act, prior to becoming incapable, a client can designate someone they trust as a substitute decision-maker by granting them power of attorney. Or, as a last resort, the court may appoint a guardian to make decisions on the client’s behalf.

Mental Health Act: This act governs the provision of mental health services in Ontario. It sets out the criteria for voluntary, involuntary and informal admissions into psychiatric facilities. In particular, if a client is behaving violently towards others, or if there is reason to believe that the client may cause harm to themselves or others, or if the client has demonstrated an inability to care for themselves, then service providers or others can bring their concerns to the justice of the peace, who may then issue an order to have the client examined by a physician. Additionally, physicians who have examined the client can apply for a psychiatric assessment of the client if these conditions are met.

Child and Family Services Act: Agency staff and clients must be aware that under this act, service providers have a legal obligation to report to the Children’s Aid Society if they have reasonable grounds to suspect a child is in need of protection due to neglect or abuse by a person having charge of the child.

Please refer to Appendices for sample policies.

II. HOW AGENCIES CAN HELP PROMOTE MENTAL HEALTH

Health and Safety Policy

In addition to awareness, agencies also must ensure staff and client safety at all times. Health and safety policies address this by outlining standards for the workplace environment. Such policies are required by law under the Ontario Occupational Health and Safety Act. An agency's health and safety policy must additionally describe standard procedures to follow when crises, violence, or conflict arise in the agency environment. The following are some important components that an agency's health and safety policy must take into account:

Staff Wellness: A comprehensive Health and Safety Policy will take into account staff wellness. Agencies must recognize that front-line workers themselves are actually at risk of mental health related challenges due to the high volume of clients they see and the possibility of vicarious (secondary) trauma. Agencies should therefore institute policies and supports for staff to engage in self-care. Promoting staff wellbeing can include providing opportunities to debrief with fellow colleagues, access to mental health benefits, work plans that are tailored to the needs of individual staff, along with other activities that promote staff health and wellness.

Harassment and Violence: All staff and clients have the right to be free of harassment and violence in the agency environment. Any policy must therefore demonstrate the agency's commitment to protecting staff and clients from violence and harassment, and must outline the roles and responsibilities within the agency to address workplace harassment and violence when it occurs. Harassment and violence policies must additionally include information about situations when service providers reserve the right to withdraw services.

Please refer to Appendices for sample workplace violence and harassment policy.

II. HOW AGENCIES CAN HELP PROMOTE MENTAL HEALTH

Crisis Plan

Agencies need to have policies in place to support front-line workers in crisis situations. It is necessary for agency staff to be aware of how to respond in different crisis/emergency situations. Any agency crisis plan should contain the following:

De-escalation Strategy: Agencies must ensure that staff are aware of how to respond and intervene in cases of non-violent conflict. This should involve crisis intervention and de-escalation training for staff.

Internal Communication Strategy: All agencies must have an internal communication strategy in place for crisis situations. Staff must be aware of whom they should report to (for example, their manager or executive director) and who else they should involve (eg: on-site mental health worker) when a crisis arises. The strategy should also include details about how agency leadership will communicate with employees in the event of a crisis. The use of pre-established code words may be appropriate to communicate to team members that a crisis situation has occurred.

Critical Incident Report: An important component of a communication strategy is documenting exactly what happened as soon as possible after a crisis has occurred. Many organizations have an “Incident report policy” in place. Please refer to the appendices for an incident form template in case your organization does not yet have one.

Please refer to Appendices for sample crisis plan and critical incident report.



III. HOW FRONT-LINE WORKERS CAN HELP PROMOTE CLIENTS' MENTAL HEALTH

i. The role of front-line workers in promoting clients' mental health

For the purposes of this protocol, front-line workers include settlement workers, settlement workers in schools, community workers, social service workers, child and youth workers, as well as employment counsellors, LINC instructors, and others who serve immigrant and refugee clients in Ontario.

Front-line workers are often newcomer clients' first point of contact for guidance and assistance during the post-migration process. It is crucial for front-line workers to create a safe space for clients to feel comfortable to discuss their needs and concerns. Once these needs are identified, front line workers can then direct clients to community support services like employment counselling, bridging programs, healthcare, interpretation, language classes, community building programs, legal assistance and the education system. These services help address various social determinants which may impact the mental health of clients. Connection to supports/services may also help promote resilience, a sense of belonging, and power and control in clients' lives. Thus front-line workers have a large role to play in promoting the mental health of refugee clients.

ii. Mental health promotion for front-line workers

The following section is adapted from CAMH's Best practice guidelines for mental health promotion programs: Refugees, with input from Toronto Public Health

Guiding Principles

Frontline workers are encouraged to adopt the following guiding principles, informed by frameworks of anti-racism, anti-oppression and trauma-informed practice while working to promote the mental health of clients (continued on next page).

III. HOW FRONT-LINE WORKERS CAN HELP PROMOTE CLIENTS' MENTAL HEALTH

Front-line workers SHOULD:

- Be empathetic
- Maintain client confidentiality and ensure informed consent
- Create a safe space for clients to speak about their experiences
- Reassure the client
- Listen non-judgementally
- Respect client choices and preferences
- Recognize the limitations of their roles
- Respect and build on the values, preferences, beliefs, cultures and identities of the client
- Ask one question or make one request at a time. Keep the conversation simple
- Use open-ended questions where possible, e.g. "how are you feeling today?"
- Be sensitive to the possibility that a client has experienced a traumatic event
- Be aware of possible triggers and the potential for re-traumatization

Front-Line workers SHOULD NOT:

- Encourage trauma disclosure unless they have the professional training and resources to address it
- Force the client to disclose information the client does not wish to discuss
- Make assumptions or generalizations about the client's beliefs, behaviour, or circumstances
- Bring up potentially triggering or graphic situations or material with a client
- Provide clients with a diagnosis or label clients. Only a health professional can make a diagnosis

III. HOW FRONT-LINE WORKERS CAN HELP PROMOTE CLIENTS' MENTAL HEALTH

Mental Health Promotion Guidelines

1. Assess Client's Current Situation:

- Together with the client, identify and prioritize their needs (consider physical, social, mental health needs)
- Determine the existing supports in the client's life (e.g. family, friends, community etc.)

2. Enhance Protective Factors:

- Explore with the client ideas, people, coping strategies, supports they may find helpful
- In collaboration with the client, co-develop a plan to enhance the protective factors and supports in their life. This could include addressing social determinants of health (e.g. referrals to housing, employment, income, health, and social supports)

3. Reduce Risk Factors:

- Explore with the client major challenges and concerns that are having a negative impact
- In collaboration with the client, co-develop a plan to reduce the impacts of risk factors (e.g. address access barriers, reduce social isolation, advocate on behalf of the client)

4. Assess Mental Health Support Needs:

Front line workers can ask the following questions when clients identify that they are experiencing mental health challenges:

- How are you doing right now?
- What are the things that you think would be helpful to you?
- Have you felt like this before?
- What has helped you when you felt like this in the past?
- What supports do you currently have to help you with this situation? (e.g. family member, friend, family doctor, religious or community elder)
- Would you like me to connect you to additional or more specialized supports (e.g. family doctor, community support worker, etc)
- Who would you like us to call if you experience mental distress?

Continued on following page

III. HOW FRONT-LINE WORKERS CAN HELP PROMOTE CLIENTS' MENTAL HEALTH

5. Conduct A Risk Assessment:

These are some questions front-line workers can ask to determine if clients are experiencing mental distress or if they are at risk of harming themselves or others:

- Are you able to complete daily tasks that you are accustomed to completing?
- Are you planning on using physical violence against yourself or others?
- Have you had thoughts of killing yourself?
- Do you have a suicide plan?
- Do you have access to the means to carry out your suicide plan?
- What can we do to ensure your safety? Let's develop a safety plan that you can follow.

If the answer to one or more of these questions is yes, please refer to your internal agency crisis plan. See below for a list of potential strategies/options that can be utilized in a crisis situation based on the urgency of the situation.

Intervene in a Mental Health Crisis Situation:

1. Keep the client safe
2. Refer to internal Crisis Intervention Support Worker, if there is one onsite
3. Call a mental health distress line (can offer to call with client)
4. Contact the client's family/friends or other supports the client suggests (if possible)
5. Refer to a medical doctor (note: a medical doctor can also refer to psychiatrist)
6. Refer to an emergency shelter or other community agencies as needed
7. Recommend resources for additional support (can call '211' for referral assistance, Warm Line for peer support)
8. Obtain commitment from client to practice safety plan/strategies discussed
9. Follow up with client and internal staff if referral was made

III. HOW FRONT-LINE WORKERS CAN HELP PROMOTE CLIENTS' MENTAL HEALTH

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REGION SPECIFIC RESOURCES

Toronto	Phone Number	Website	Email
Helpline			
Toronto Distress Center	416-408-HELPL (4357)	https://www.torontodistresscentre.com/	
Gerstein Crisis Center	416-929-5200	http://gersteincentre.org/	
Mental Health Helpline	1-866-531-2600	http://www.mentalhealthhelpline.ca/Home/Call	
CHC			
Women's Health in Women's Hands	(416-593-7655, Ext. 7	https://www.whiwh.com/	
Women's College Hospital Crossroads Clinic	416-323-6400	website not working	
Access Alliance Multicultural Health Centre	416-324-8677	http://accessalliance.ca/	
Across Boundaries	416-787-3007	http://www.acrossboundaries.ca	
Primary Care			
Refugee Health Line	1-866-286-4770	http://settlement.org/news/ontario/refugee-healthline	
Centre for Addiction and Mental Health	(416) 535-8501 or 1(800) 463-2338	http://www.camh.ca/en/hospital/Pages/home.aspx	
The Canadian Centre for Refugee & Immigrant Health care	647-267-2176	http://www.healthequity.ca	
Public Health Unit			
LHIN: Toronto Central	1-866-383-5446 (toll free)		
Public Health Unit: Toronto Public Health	416-338-7600	www.toronto.ca/health/index.htm	
Toronto Central	1-866-243-0061 (toll free)	http://www.torontocentrallhin.on.ca/contactus.aspx	torontocentral@lhins.on.ca
Other Mental Health Supports			
Hong Fook Mental Health Association	416-493-4242	http://hongfook.ca	
Canadian Centre for Victims of Torture		/www.ccvv.or	mabai@ccvt.org
Ottawa			
Helpline			
Distress Centre Ottawa	613-238-3311	www.dcoottawa.on.ca	
YSB 24/7 Crisis Line	613-260-2360	www.ysb.ca	
Public Health Unit			
LHIN: Champlain	1-866-902-5446	http://www.champlainhin.on.ca/ContactUs.aspx	champlain@lhins.on.ca
Public Health Unit: Ottawa Public Health	1-866-426-8885	ottawa.ca/health	
CHC			
Centretown Community Health Centre	613-233-4697	https://www.centretownchc.org/	info@centretownchc.org
Sandy Hill Community Health Centre	613-789-1500	https://www.shchc.ca/contact-us	
Somerset West Community Health Centre	613-238-8210	http://www.swchc.on.ca/	info@swchc.on.ca
Primary Care			
The Ottawa Hospital - Civic Campus, General Campus	613-722-7000	http://www.ottawahospital.on.ca/	
Royal Ottawa Health Care Group/Services	613-722-6521	www.rohcg.on.ca	
Queensway Carleton Hospital	(613) 721-2000	https://www.qch.on.ca/	
Other Mental Health Supports			

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REGION SPECIFIC RESOURCES

London	Phone Number	Website	Email
Helpline			
London and District Distress Centre Inc.	(519) 667-6711	www.londondistresscentre.com/	
London Mental Health Crisis Service	1-800-811-5147	http://www.southwestlh.on.ca/contactus.aspx	southwest@lhins.on.ca
Public Health Unit			
LHIN: South West			
Public Health Unit: Middlesex-London Health Unit	519-663-5317	www.healthunit.com	
CHC			
London InterCommunity Health Centre	519-659-6399	http://lhic.on.ca/	mail@lhic.on.ca
St. Joseph's Health Care London	519-646-6100	https://www.sjhc.london.on.ca/directions/parkwood-institute	
London Health Sciences Centre - University Campus, Victoria Campus	519 685-8500	http://www.lhsc.on.ca/	
Primary Care			
muslim resource centre for social support and integration		http://www.mrcssl.com	
Waterloo	Phone Number	Website	Email
Helpline			
Here 24/7	1-844-437-3247	http://here247.ca/	
Canadian Mental Health Association- Waterloo/Wellington	519-745-1166	https://cmhaww.ca/programs-services/distress-lines/	
Public Health Unit			
LHIN: Waterloo-Wellington	310 2222 (no area code required)	http://www.waterloowellingtonlh.in.on.ca/contactus.aspx	
Public Health Unit: Region of Waterloo	519-575-4400	www.region.waterloo.on.ca/ph	
CHC			
Kitchener Downtown Community Health Centre	519-745-4404	http://kdchc.org/	mail@kdchc.org
Sanctuary Refugee Health Centre	226-336-1321	http://www.sanctuaryrefugee.ca/	sanctuaryrefugee@gmail.com
Primary Care			
Grand River Hospital Corporation - Kitchener-Waterloo Site	519-742-3611	http://www.grhosp.on.ca/	
Cambridge Memorial Hospital Mental Health services	519-621-2330	/www.cmh.org/programs/mental-health-services	www.sanctuaryrefugee.ca/

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REGION SPECIFIC RESOURCES

London	Phone Number	Website	Email
Helpline			
London and District Distress Centre Inc.	(519) 667-6711	www.londondistresscentre.com/	
London Mental Health Crisis Service	1-800-811-5147	http://www.southwestlhn.on.ca/contactus.aspx	southwest@lhins.on.ca
Public Health Unit			
LHIN: South West			
Public Health Unit: Middlesex-London Health Unit	519-663-5317	www.healthunit.com	
CHC			
London InterCommunity Health Centre	519-659-6399	http://lhic.on.ca/	mail@lhic.on.ca
St. Joseph's Health Care London	519-646-6100	https://www.sjhc.london.on.ca/directions/park-wood-institute	
London Health Sciences Centre - University Campus, Victoria Campus	519 685-8500	http://www.lhsc.on.ca/	
Primary Care			
muslim resource centre for social support and integration		http://www.mrcssi.com	
Waterloo	Phone Number	Website	Email
Helpline			
Here 24/7	1-844-437-3247	http://here247.ca/	
Canadian Mental Health Association-Waterloo/Wellington	519-745-1166	https://cmhaww.ca/programs-services/distress-lines/	
Public Health Unit			
LHIN: Waterloo-Wellington	310 2222 (no area code required)	http://www.waterloowellingtonlhn.on.ca/contactus.aspx	
Public Health Unit: Region of Waterloo	519-575-4400	www.region.waterloo.on.ca/ph	
CHC			
Kitchener Downtown Community Health Centre	519-745-4404	http://kdchc.org/	mail@kdchc.org
Sanctuary Refugee Health Centre	226-336-1321	http://www.sanctuaryrefugee.ca/	sanctuaryrefugee@gmail.com
Primary Care			
Grand River Hospital Corporation - Kitchener-Waterloo Site	519-742-3611	http://www.grhosp.on.ca/	
Cambridge Memorial Hospital Mental Health services	519-621-2330	/www.cmh.org/programs/mental-health-services	www.sanctuaryrefugee.ca/

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REGION SPECIFIC RESOURCES

Thunder Bay		Phone Number		Website		Email
Helpline						
Canadian Mental Health Association (CMHA)-Thunder Bay Crisis Line		807-346-8282		https://thunderbay.cmha.ca/programs-services/crisis-response-services/		
Crisis Support Residence - Thunder Bay Crisis Response Service		1-866-531-2600		http://www.mentalhealthhelpline.ca/Directory/Program/7128		
Public Health Unit						
LHIN: North West		807-684-9425		http://www.northwestlin.on.ca/ContactUs.aspx		
Public Health Unit: Thunder Bay District Health Unit		807-625-5900		www.tbdu.com		
CHC						
White Cedar Health Care Centre		807-475-4357		http://www.whitecedarhealthcare.com/wchcc/splash/		info@whitecedarhealthcare.com
Thunder Bay Regional Health Sciences Centre		(807) 684-6000		http://www.tbhsc.net/		
Joseph Esquega Health Centre		807-623-4444		http://esquegahealth.ca/		info@esquegahealth.ca
Primary Care						
St. Joseph's Care Group, Lakehead Psychiatric Hospital Site		807-343-2431		http://www.sjcg.net/aboutus/sites.aspx#location		
Thunder Bay Regional Health Sciences Centre		(807) 684-6000		http://www.tbhsc.net/		
North Bay		Phone Number		Website		Email
Helpline						
North Bay Regional Health Centre Helpline		705-495-8198 or 705-495-8148		http://www.tbhsc.net/		
Public Health Unit						
LHIN: North East		705-840-2872		http://www.nelhin.on.ca/contactus.aspx		
Public Health Unit: North Bay Parry Sound District Health Unit		705-474-1400		http://www.myhealthunit.ca		
CHC						
North Bay Regional Health Centre		705-474-8600		http://www.nbrhc.on.ca/		
Blue Sky Family Health Team		(705) 475-0500		http://www.blueskyfht.com/		
Primary Care						
North Bay Regional Health Centre		705-474-8600		http://www.nbrhc.on.ca/		
Windsor		Phone Number		Website		Email
Helpline						
Community Crisis Centre Crisis Line		(519) 973-4435		https://www.hdgeh.org/crisis		
Distress Centre-Windsor Essex County		519-256-5000		http://www.dcwindsor.com/		
Public Health Unit						
LHIN: Erie-St. Clair						
Public Health Unit: Windsor-Essex County Health Unit		519-258-2146		http://www.eriesclairlin.on.ca/Contact%20Us.aspx		
CHC						
Windsor Essex Community Health Centre		(519) 258-6002		http://www.wechc.org/		communications@wechc.org
City Centre Health Centre		(519) 971-0116		http://citycentrehhealthcare.ca/		infochc@cmha-wechc.on.ca
Primary Care						
Windsor Regional Hospital-Quellette Campus		(519) 254-5577 Ext. 33894		https://www.wrhc.on.ca/Site/Published/wrhc_internet/default.aspx		

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ii. Sample Policies



Administrative Policy Manual

Title: Privacy Principles

Women's College Hospital		Policy No:	1.20.001
Title	Privacy Principles	Original: (mm/dd/yyyy)	09/2010
Category	Administrative	Reviewed: (mm/dd/yyyy)	03/9/2016
Sub-category	Privacy and Information Security	Revised: (mm/dd/yyyy)	01/10/2013 01/13/2015
Issued by:	Privacy Office		
Approved by:	Executive Team		

Women's College Hospital Intranet document is considered the most current.

Policy Statement:

Women's College Hospital (WCH) is committed to protecting the privacy and confidentiality of the personal health information (PHI) in our custody and control. Anyone who collects, uses, discloses, retains or destroys personal health information on WCH's behalf is required to follow these ten information principles. All WCH policies and procedures relating to the collection, use, disclosure, retention, protection and destruction of personal health information are developed in consideration of these ten principles.

Principle 1 – Accountability

Women's College Hospital (WCH) is responsible for the personal health information in our custody or control, and has designated an individual, the Manager of Privacy, to act as our contact person. The Manager of Privacy is responsible to oversee and facilitate WCH's Privacy Policies and privacy compliance activities.

Principle 2 – Identifying Purposes

Prior to collecting personal health information all care providers should identify to the individual from whom they collect personal health information the purposes for the collection and should only collect as much personal health information as is required for the purpose.

WCH collects personal health information for purposes related to direct patient care, administration and management of WCH programs and services, patient billing, administration and management of the health care system, research, teaching, statistical reporting, fundraising, and as permitted or required by law.

When personal health information that has been collected is to be used for a purpose not previously identified, the consent of the patient must be obtained prior to the new use; unless the new purpose is permitted or required by law.

Principle 3 – Consent

WCH care providers and members of the circle of care may generally rely on implied consent from our patients for the collection, use, or disclosure of personal health information.

An individual may withdraw consent for the use or disclosure of his/her PHI at any time, but the withdrawal cannot be retroactive. The withdrawal may also be subject to legal or contractual restrictions and reasonable notice.

Principle 4 – Limiting Collection

WCH care providers must limit the amount and type of personal health information they collect to that which is necessary to fulfill the purposes identified. Information should be collected directly from the individual, unless the law permits or requires collection from third parties.

Principle 5 – Limiting Use and Disclosure

WCH care providers must use and disclose personal health information only for permitted purposes: for direct patient care, administration and management of WCH programs and services, patient billing, administration and management of the health care system, research, teaching, statistical reporting, fundraising and as permitted or required by law.

Personal health information must be retained in accordance with the WCH record retention policy, and as required by law.

Principle 6 – Accuracy

WCH will take reasonable steps to ensure that the information and personal health information that we use is accurate, complete and up-to-date as is necessary for the purpose for which we use the information..

Principle 7 – Safeguards

WCH has implemented security safeguards for the protection of personal health information we hold, which includes:

- Physical measures (such as locked filing cabinets);
- Administrative measures (policies, procedures and guidelines), and
- Technological measures (such as the use of passwords, encryption and audit trails).

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

Principle 8 – Openness

Information about WCH's policies and practices relating to the management of personal health information are available on the hospital website, in patient handbooks and are posted in strategic locations throughout the hospital and include

- Contact information for the Manager of Privacy, to whom complaints or inquiries can be made;
- Policies and procedures;

Principle 9 – Access

Individuals may make written requests to have access to their records of personal health information. If, after having access to their PHI an individual would like to request correction to his/her PHI, they should contact the WCH Privacy Office to submit their request.

Principle 10 – Challenging Compliance

An individual may address a challenge concerning compliance with this policy to the Privacy Office, at 416-323-7702 or by e-mail at privacy@wchospital.ca. If a complaint or concern is not adequately addressed by the WCH Privacy Office, the individual should contact the Office of the Information and Privacy Commission of Ontario at 416-326-3333 or www.ipc.on.ca Email: infor@ipc.on.ca

References:

Personal Health Information Protection Act, R.S.O. 2004, c.3.
Canadian Standards Association Model Code for the Protection of Personal Information

ANTI-RACISM ANTI-OPPRESSION POLICY

Policy Number: 06	Effective: April 1, 2006
Original Approval Date: March 28, 2006	Last Revised and Approved:
Approved by:	Dated:

Immigrant Women Services Ottawa Mandate

- To empower immigrant and visible minority women in the City of Ottawa to participate in the elimination of all forms of abuse against women.
- To provide a culturally responsive crisis counselling service and a language interpretation service which will facilitate an abused woman’s accessibility to community and mainstream services.
- To provide other services and/or programs which will assist immigrant women in their journey to attain their full potential.

Statement of Principles

IWSO recognizes the intrinsic value of culture and believes that cultural diversity is a source of enrichment and strength.

IWSO believes that every woman and child is unique and must be treated with respect and equity. That every woman and child has the inherent right to social and economic justice and that every woman and child has the right to self determination and a right to contribute to society in her/his own way.

IWSO recognizes that all women face misogyny and sexism; however some bear an additional burden of oppression due to racism and other forms of discrimination.

IWSO recognizes that all members of non-dominant racial and ethno-cultural groups suffer from racism and systemic discrimination.

IWSO recognizes that each group experiences discrimination and racism differently depending on the history of each group, the power and privilege it holds, and how visible its members differ from the dominant group in Canada.

IWSO’s analysis of racism recognizes the dynamics of power and privilege and how these tools serve to perpetuate racial oppression in society.

Policy

IWSO's analysis and framework is shaped by a feminist, anti-racist, anti-oppression approach, which means we understand society as being fundamentally based on patriarchal social relations as well as by racism and multiple other forms of oppression on the basis of: class, age, sexual orientation, disability, gender identification, colour, place of origin, ethnic origin, citizenship, religion, political affiliation, record of offences, marital status, family status, life experiences and appearance. Our analysis also highlights the complexity of dominant power relations, including the ways these multiple forms of oppression intersect and work together, to create differential impacts and diverse needs and issues for different groups of women.

Systemic racism, discrimination, and oppression based on race, class, sexual orientation, gender identification, age, and ability must be addressed as part of an integrated approach to addressing issues of poverty, violence, homelessness and oppression in the lives of women and children.

IWSO is an anti-racist organization that questions and rejects the status quo, challenges existing power relations and believes that racism can and should be eradicated.

IWSO will take a pro-active organizational stance in the struggle against racism and oppression will reflect this commitment both internally and externally.

IWSO will ensure that all Board members, staff, volunteers, students and clients adhere to these principles and policy.

IWSO's programs and services will be delivered within an anti-racist, anti-oppression framework.

IWSO acknowledges that racism and oppression exist and takes responsibility for learning and change. IWSO will provide education and training to all staff, volunteers, students and service users on racism and oppression.

IWSO will have a standing staff Anti-Racism and Anti-Oppression committee which will be responsible for ensuring on-going education and training, the execution of service and program components of IWSO Anti-Racism and Anti-Oppression Implementation Plan, and maintaining a critical review of agency policies and procedures.

IWSO will have a standing Board Social Justice and Anti-Racism and Anti-Oppression committee which will be responsible for ensuring on-going education and training for Board members, the execution of all aspects of IWSO's Anti-Racism and Anti-Oppression Implementation Plan, and maintaining a critical review of agency policies. This Committee can be the Program and Policy Committee or a separate entity.

IWSO will ensure that diversity is reflected in the board, staff, volunteers, students and clients and actively seek to eliminate barriers to participation.

IWSO will not tolerate racism or discrimination in any form by staff, board, volunteers, students or users of IWSO services. IWSO will inform all the above parties of their rights and responsibilities outlined in this policy.

Strategies for Change

Board, staff and volunteers will be active in the strategies for change. Work will be based on our organization's mission and informed by the work we do with women and children in our programs and services. The women with whom we work will be included in all aspects of the work we do in ending racism and oppression.

We will ensure that in all the work in which we are involved, we bring to the discussion a feminist, anti-racist, anti-oppression framework for action. We will maintain active involvement in anti-racist, anti-oppression social change work.

We will actively lobby the municipal, provincial and federal governments to provide proper funding for programs that address racism and oppression and that serve communities that are marginalized.

The methods we will use to effect social change may include participation in coalitions, public education and media campaigns, and direct political action such as participation in protests and rallies, deputations, complaints and refusals to participate in government programs that contribute to systemic oppression.

We will respond with programs and services that meet the needs of the diversity of women and children who have experienced oppression. All services will be delivered from a feminist, anti-racist/anti-oppression framework. Programs and services will address the diverse needs of women and assist them in strengthening their economic and social position so as to enable them to protect and support themselves and their children.

We will continue to identify the changing realities and oppression in all systems and laws through inclusive consultation with the women and children we serve, to identify the areas where they are failing women and children, and to advocate for changes that will serve the goal of ending racism and oppression in the lives of women and children.

Complaint Policy

IWSO will treat all complaints seriously and sensitively. All investigations will be handled in a manner that respects the confidentiality of the complainant(s), witnesses and the alleged offender(s). Any interference with an investigation including intimidating or coaching of a complainant or witness will not be tolerated.

The procedures outlined below do not affect the individual's right to file a complaint with the Ontario Human Rights Commission.

Complaint Procedure

Step 1

1. The complainant and/or witness will ask the alleged offender to stop her behaviour immediately, outlining the offensive conduct. The alleged offender should be reminded that such behaviour is not tolerated. The complainant has the right to ask a third party to speak to the alleged offender on her behalf.
2. Any witness (es) to the incident should intervene immediately. In all cases, the witness does not have the option not to respond to incidents.
3. The alleged offender must be given an opportunity to stop the behaviour and offer reparation(s) to the complainant.
4. The complainant and/or witnesses shall make a written record of the incident, including dates, times, locations and a detailed account of the incident and forward this to the Executive Director or her designate.
5. Should the alleged offender not offer reparation or the incident is of such a nature that this is not acceptable action will be taken including appropriate disciplinary action of staff, board, volunteers and in the case of service users discharge from IWSOs services.
6. The complainant has the right to go directly to Step 2.

Step 2

1. A written complaint shall be forwarded to the Executive Director.
2. The Executive Director shall review and investigate the complaint within 10 working days.
3. The alleged offender(s) have the right to be made aware of the allegations against them and respond to the complaint in writing.
4. The Executive Director, upon review and investigation will summarize the findings and take appropriate action.
5. The complainant(s) will be met with and a copy of the written resolution provided.
6. A report will be forwarded to the Board that documents the resolution of the complaint.

Step 3

1. Where the resolution of a complaint is not satisfactory to the complainant(s) or the complaint is directly with the Executive Director a written complaint should be forwarded directly to the Board of Directors.
2. The Board of Directors shall retain a community race relations consultant to investigate and resolve the complaint.
3. The written findings and action taken to resolve the complaint will be documented

Both the complainant(s) and alleged offender will be met with and a copy of the written resolution provided.

ANNEX 1

Definitions

Ableism is a set of practices and beliefs that assign inferior value and worth to people who have developmental, emotional, physical or psychiatric disabilities.

Ageism is discrimination of individuals based on their age. For instance, discrimination of senior aged women based on the notion that they are incapable of performing certain functions such as driving, or discrimination of youth based on the notion that they are immature and therefore incapable of performing certain tasks.

Anti-racism: A process that acknowledges the existence of systemic racism and, through policies and practices, seeks to actively identify, challenge and end systemic racism in all its various forms.

Anti-Semitism is hatred of and hostility towards Jewish people.

Classism is discrimination of groups of persons sharing a similar social position and certain economic, political, and cultural characteristics.

Discrimination is behaviour based on prejudiced feelings and attitudes that lead to differential and unfavourable treatment of persons based on factors such as sex, race, culture, class, religion, age, sexual orientation, gender identification and disability. Discrimination can be systemic and refers to the pervasive structures and practices that exclude groups on the basis of race, ethnicity and/or other forms of oppression. Incidents of oppressive conduct include but are not limited to: unwelcome remarks, jokes, slurs, innuendoes, name calling, stereotyping, graffiti, insults or taunting about a person's racial, ethnic, cultural, religious or social background, threats, intimidation, avoidance, or exclusion, display of racist, derogatory or offensive material, any comment or conduct that is unsolicited and known or ought to be known to be unwelcome and is likely to cause offense or humiliation. Discrimination may be intentional or unintentional, verbal or nonverbal, subtle, passive or overt in nature.

Feminism is a range of contemporary theoretical perspectives in which women's experiences are examined in relation to actual and perceived differences between the power and status of men and women. It includes a social justice movement in which issues of particular importance for women (eg domestic violence, pay equity, and globalization) are analyzed, understood, and addressed from feminist perspectives. Feminism is rooted in the belief that women and men are, and have been, treated differently by our society, and that women have frequently and systematically been unable to participate fully in all social arenas and institutions. This gives a "new" point-of-view on society, when eliminating old assumptions about why things are the way they are, and looking at it from the perspective that women are not inferior and men are not "the norm."

Heterosexism relates to social structures and practices which serve to elevate and enforce heterosexuality while subordinating or suppressing other sexual orientations.

Oppression is the subjugation of others by the unjust use of force or authority. It is the suppression of the natural self-expression and emotions of others.

Prejudice: A frame of mind that tends to prejudice a person, or a group, unfavorably, by attributing to every member of group characteristics falsely attributed to the groups as a whole. These unfavourable assumptions are frequently not recognized as such because of the frequency with which they are widely accepted, and are used to justify acts of discrimination.

Privilege is the power and advantage that benefit a group, derived from the historical oppression and exploitation of other groups.

Racism is an action or practices by individuals or institutions which subordinates individuals and groups because of their race, colour or ethnicity. Racism is a form of discrimination and combines power and prejudice, whether it's social, economic or political, to the advantage of one group, a dominant group, and to the disadvantage of another, a non-dominant group. It is attitudinal and institutional.

Sexism includes any action, attitude, behaviour or language that depicts women as inferior. It is attitudinal and institutional.

Transphobia is the negative valuing, stereotyping and discriminatory treatment of individuals who do not conform in appearance and/or identify to conventional conceptions of gender.

Administrative Policy Manual

Title: Privacy and Security of Personal Health Information

Women's College Hospital		Policy No:	1.20.002
Title	Privacy and Security of Personal Health Information	Original: (mm/dd/yyyy)	10/01/2004
Category	Administrative	Reviewed: (mm/dd/yyyy)	03/16/2016
Sub-category	Privacy and Information Security	Revised: (mm/dd/yyyy)	04/22/2013 01/13/2015
Issued by:	Privacy Office		
Approved by:	Executive Team		

Policy Statement:

Privacy is governed by the Ontario *Personal Health Information Protection Act* (PHIPA), a law that establishes rules governing the collection, use and disclosure of personal health information. As a health information custodian, Women's College Hospital (WCH) and its staff, physicians, volunteers and students are responsible for ensuring that the personal health information of our patients is managed with respect and confidentiality.

The purpose of this policy is to assert WCH's commitment to the protection of personal health information from theft, loss and unauthorized access, copying, modification, use and disclosure. This policy addresses issues of collection, access, use and disclosure of personal health information.

In formulating its approach to protection of privacy, WCH has these objectives:

- To comply with legislation – the *Personal Health Information Protection Act, 2004* (PHIPA), the *Public Hospitals Act*, the *Mental Health Act* and any other applicable legislation.
- To adhere to the principles of fair information practice, as laid out in the Canadian Standards Association Model Code for the Protection of Personal Information.
- To support the delivery of high quality patient care.
- To reflect established, relevant standards and guidelines including:
 - standards and guidelines from Accreditation Canada;
 - standards and guidelines from the Canadian Health Information Management Association (CHIMA)

Definition:

Agent – PHIPA defines an agent to include any person who is authorized by a health information custodian to perform services or activities on the custodian's behalf and for the purposes of that custodian.

An agent may include an individual or company those contracts with, is employed by or volunteers for a health information custodian and, as a result, may have access to personal health information.

In such cases, the custodian is permitted to authorize the agent to handle or deal with personal health information on its behalf so long as the agent complies with PHIPA and adopts the information practices and policies of the custodian.

Examples of agents of WCH include, but are not limited to: employees, physicians, volunteers, students, residents, fellows, consultants, researchers, and vendors.

Capable – means mentally capable and “capacity” has a corresponding meaning and refers to the ability of a person to consent to the collection, use or disclosure of personal health information. A person is able to consent if he or she is able to understand the information that is relevant to deciding whether to consent to a collection, use or disclosure and to appreciate the reasonably foreseeable consequences of giving, not giving, withholding or withdrawing consent.

Circle of Care – The “circle of care” is not a defined term under PHIPA. It is a term of reference used to describe health information custodians and their authorized agents who are permitted to rely on an individual's implied consent when collecting, using, disclosing or handling personal health information for the purpose of providing direct health care.

For example, in a hospital, the circle of care includes: the attending physician and the health care team (e.g. physicians, residents, nurses, technicians, health disciplines and employees assigned to the patient or providing support in the provision of care to the patient) who have direct responsibilities of providing care to the individual.

Collection – means the process of gathering, acquiring, receiving or obtaining personal health information whether directly from the patient, or from other sources such as tests, images, samples, specimens or from other health care providers.

Confidentiality – means the obligation to protect someone's personal health information, to maintain the privacy of the information and not misuse or wrongfully disclose it. Misuse could include the unauthorized reproduction of the personal health information.

Consent Directive – Under PHIPA, individuals may provide written instructions to health information custodians not to use or disclose their personal health information for health care purposes without their consent. Patients may essentially block all or some part of their information from one or multiple WCH agents or external health information custodians. Although the term “consent directive” is not specifically used in PHIPA, this ability to restrict use or disclosure of health information will be referred to consent directive for WCH purposes.

Disclosure – means to release or make available personal health information that is under the control or custody of a health information custodian or its authorized agent to another custodian, organization or third party outside of the circle of care.

Encryption – means using recognized techniques to transform plain electronic information into an unintelligible form that requires a special key in order to transform it back into the intelligible format.



Health Care – means any observation, examination, assessment, care, service or procedure that is done for a health-related purpose and that:

- is carried out or provided to diagnose, treat or maintain an individual's physical or mental condition, is carried out or provided to prevent disease or injury or to promote health, or is carried out or provided as part of palliative care, and includes:
 - the compounding, dispensing or selling of a drug, a device, equipment or any other item to an individual, or for the use of an individual, pursuant to a prescription, and

Health Information Custodian – means a listed person or organization under PHIPA such as hospitals, who have custody or control of personal health information as a result of the work they do. As a public hospital, WCH is considered to be a health information custodian.

Identifiable – information is identifiable if, for example, it includes the patient's name, Health File Number (HFN) or any information if either alone or with other information could be utilized to identify an individual.

Patient – means either the patient or if applicable, a person legally authorized to make decisions on the Patient's behalf (substitute decision-maker – See Appendix 1)

Personal Health Information or Patient Information – means identifying information about an individual in oral or recorded form, if the information:

- relates to the physical or mental health of the individual, including the individual's medical history and
- the individual's family medical history;
- relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual;
- relates to payment or eligibility for health care;
- is the individual's health card number; or
- identifies an individual's substitute decision-maker.

Personal Health Information Protection Act, 2004 (PHIPA) - The *Personal Health Information Protection Act, 2004* (PHIPA), is Ontario's health specific privacy legislation. PHIPA governs the manner in which personal health information may be collected, used and disclosed within the health care system. It also regulates individuals and organizations that receive personal health information from health care professionals.

Record of Personal Health Information – means personal health information in any form or in any medium whether in written, printed, photographic or electronic form or otherwise. Furthermore, any information in a health record under the custody or control of the WCH Health Information Department, any WCH clinic or service (as per the *Public Hospitals Act*, Regulation 965, Section 20), includes, but is not limited to:

- patient name,
- health file number (HFN),
- health card number,
- address,
- telephone number
- all the names of clinical staff involved in the patient's care, films, slides, diagnoses, discharge
- summaries, progress notes, transcribed reports, orders, consents, electronic images and

photographs

- any information and/or medical images in E-film or the Picture Archiving and Communication System
- (PACS)

Relative – means either of two persons who are related to each other by blood, marriage or adoption.

Research – means systematic investigation to develop or establish principles, facts or generalized knowledge or any combination of them and includes the development, testing and evaluation of research.

Researcher – means a person who conducts research.

Research Ethics Board – means a board of persons that is established for the purpose of approving research plans under PHIPA and that meets the prescribed requirements.

Security – refers to measures taken to protect personal health information against unauthorized disclosure or destruction.

Threat Risk Assessment (TRA) – is the process of assessing and mitigating threats and risks to personal health information

Use – means the handling or dealing with personal health information that is in the custody or control of WCH or its authorized agents. This includes accessing or reproducing personal health information as required by WCH.

Procedure:

1.0 Accountability for the Privacy and Confidentiality of Personal Health Information

1. WCH recognizes its obligation to respect the privacy of patients and is committed to maintaining the confidentiality of personal health information, whether written, verbal, electronic, photographic or stored on any other medium.
2. To assist with meeting our privacy obligations, WCH has a designated Privacy Office that oversees and facilitates the hospitals compliance with its privacy policies and applicable legislation.
3. It is the obligation of all of those who collect, receive and share personal health information concerning patients at WCH to exercise the utmost vigilance in the protection of patient confidentiality.
4. WCH has implemented policies and practices to give effect to this policy including:
 - a. Using security safeguards to protect personal health information.
 - b. Procedures to receive and respond to complaints and inquiries on privacy related matters.
 - c. Signing of a Confidentiality Agreement by all agents of WCH prior to commencement of employment or affiliation with WCH.
 - d. Training staff, physicians, volunteers and students and communicating to them information about PHIPA and WCH's policies and practices.
 - e. Responding to requests for access to, or correction of, personal health information in the

- custody of WCH.
- f. Developing publicly available materials that explain WCH's policies and practices.
 - g. Using contractual or other means to protect personal health information it discloses to third parties.
5. In compliance with PHIPA, WCH will inform patients of the loss, theft or inappropriate access of their personal health information as soon as reasonably possible.
 6. Breaches of this policy and related privacy practices may be subject to disciplinary action, up to and including termination, as outlined in the Confidentiality Agreement.
 7. WCH and its staff, physicians, volunteers and students (agents) are subject to the fines and penalties set out in PHIPA up to \$50,000 for individuals and \$250,000 for the organization.

2.0 Identifying Purposes for the Collection of Personal Health Information

1. At or before the time personal health information is collected, identify the purposes for which personal health information will be collected.

3.0 Consent for the Collection, Use & Disclosure of Personal Health Information

1. A patient who presents for treatment is considered to be giving implied consent or the use of his or her personal health information for authorized purposes.
2. The knowledgeable consent of a patient is required for the collection, use or disclosure of personal health information. The consent is knowledgeable if the patient understands the purpose of the requested collection use or disclosure and that he/she may give or withhold consent.
3. Consent does not need to be in written form; sometimes it may be implied or obtained verbally.
4. WCH may assume patient consent to collect, use and disclose his/her personal health information for the purposes of providing treatment, unless the patient tells us otherwise.
5. WCH presumes an individual is capable of consenting unless there is reason to believe otherwise.
6. If it is determined that an individual does not have capacity to consent and, in the case where the individual is a patient and has not applied for a review of your determination to the Consent and Capacity Board, the consent of the individual's substitute decision-maker should be sought. Ranking of substitute decision-makers is determined in accordance with Section 23 of the *Personal Health Information Protection Act, 2004*. (See Appendix 1)
7. In the clinical context, it is recognized that it will often be necessary to share confidential personal health information with other members of the health care team, those individuals within the patient's "circle of care".
8. Consent is not required if permitted or required by law. An example of such circumstances includes reporting a child in need of protection to a Children's Aid Society.

9. An individual may withdraw consent at any time, subject to legal restrictions and reasonable notice. For more information please see Section 7.0 Consent Directives.

4.0 Limiting Collection of Personal Health Information

1. WCH collects personal health information about patients directly from them or from the person acting on their behalf.
2. The personal health information collected may include, for example, name, date of birth, address, health history, records of visits to Women's College Hospital and the care received during those visits.
3. Occasionally, WCH collects personal health information about a patient from other sources if consent to do so has been obtained, or if the law permits.

5.0 Limiting Use and Disclosure of Personal Health Information

1. Agents of WCH have authority to access and use certain personal health information. This access is limited and strictly confined to information required for the performance of hospital duties.
2. In so far as hospital duties require, WCH agents are specifically authorized to collect and use personal health information from an individual to whom the information pertains in order to:
 - a. provide health care to the individual;
 - b. assist the Hospital with obtaining payment for the treatment and care (from OHIP, WSIB, a private insurer or others) provided to the individual;
 - b. plan, administer and manage the Hospital and its programs;
 - c. conduct risk management activities;
 - d. conduct quality improvement activities (such as sending an individual a patient satisfaction survey);
 - e. teach;
 - f. conduct research that has been approved by the WCH Research Ethics Board or the Ethicist Assisted Process for Quality Improvements Projects (APQIP);
 - g. compile statistics;
 - h. comply with legal and regulatory requirements; and
 - i. fulfill other purposes as permitted or required by law.
3. In the clinical context, it is recognized that it will often be necessary to share confidential personal health information with other members of the health care team, those individuals within the patient's "circle of care".
4. Information should not be shared unless there is a legitimate need to know.
5. Care should be taken to ensure that confidential information and patient records are not generally available to non-treating personnel or to others without a legitimate need to know.
6. Requests for the disclosure of personal health information should generally be referred to the Health Information Department.

7. Disclosure of personal health information is generally prohibited without the individual's consent except as outlined below:
 - a. as necessary in the performance of current hospital duties.
 - b. as required by statute. For example, the *Child and Family Services Act*, the *Health Protection and Promotion Act*.
 - c. If the disclosure is to another health care provider and it is reasonably necessary in order to provide health care to the individual and it is not possible to obtain the individual's consent in a timely manner.
 - d. When disclosing confidential personal health information will eliminate or reduce a significant risk of serious bodily harm to a patient or third parties. The first concern of the health care professional must be the safety of the patient or third party. Even when the health care professional is confronted with the necessity to disclose, confidentiality should be preserved to the maximum possible extent.
 - e. In accordance with section 41 of the *Personal Health Information Protection Act* (includes court orders, summons, search warrants) or other legislation. In all instances, upon receipt of such a document, you should consult with the Risk Management Department and/or the WCH Privacy Office to ensure that the document legally authorizes the disclosure.
8. Subject to the reasonable limits described below, personal health information should never be discussed in any area where others not entitled to receive that information are present.

For example:

- a. in public areas of the hospital such as elevators, washrooms, lounges, stairwell, or cafeteria;
 - b. at home;
 - c. in public places outside the hospital, unless required to do so by law or with permission from an authorized individual.
9. Because WCH is a teaching institution, opportunities may arise where the safeguarding of patient confidentiality will require extra vigilance. In the presentation of rounds, lectures or seminars, the identity of patients should not be revealed on or determinable from slides or radiological images. Under no circumstances where the instructive aspects of a clinical condition are discussed with non-WCH affiliated persons, should sufficient information be revealed to enable the identification of the patient, unless the express written consent of the patient has been obtained in advance.
10. Personal health information should not be left in written form or displayed on computer terminals in locations where it may be seen by unauthorized persons (e.g. while transporting patients and their records through the hospital or leaving information on a photocopier or fax machine).
11. Discretion should be used in determining what personal health information is placed on whiteboards that are located in patient areas. If the whiteboard is publicly accessible, the personal health information on it should, to the maximum extent possible, be limited. Medical information should not be linked to an identifiable person, especially for those patients who have asked for additional privacy protection. There may be circumstances where because of a safety concern for a patient or others, special steps may need to be taken to protect the identity of a patient. Each

situation should be considered individually and in consultation with the Risk Management and the WCH Privacy Office.

6.0 Fundraising and Marketing

1. WCH may release to WCH's Foundation the name and address only of patients, or if incapable the designated Substitute Decision Maker, for the purposes of fundraising activities for WCH.
2. A patient, or if incapable the designated Substitute Decision Maker, may request to have their name removed from WCH's fundraising contact list by contacting the WCH Foundation and/or the WCH Privacy Office.
3. WCH will not release patient contact information for marketing purposes without express consent from the patient, or if incapable Substitute Decision Maker.

7.0 Consent Directives

1. Under the *Personal Health Information Protection Act*, patients have the right to limit or restrict how their personal health information may be used or disclosed for healthcare purposes. In some cases, a patient may not want his/her information to be used by Hospital staff or disclosed to non-WCH clinicians – such as the family doctor, or another hospital. These limitations are referred to as consent directives. For more information, please see WCH's Consent Directive Process Summary.

8.0 Media

1. All inquiries from the Media regardless of their nature should be immediately referred to the Strategic Communications Department.
2. After business hours, a Strategic Communications representative may be reached through Locating.

9.0 Telephone Inquiries

1. It is a patient's right to request that their presence at WCH not be confirmed to callers. In an ambulatory environment, staff are expected to protect patient privacy by not confirming the presence of any patient in the Hospital without the patient's express consent.

10.0 Ensuring Accuracy of Personal Health Information

1. WCH will take reasonable steps to ensure that information is as accurate, complete, and up to date as is necessary to minimize the possibility that inappropriate information may be used to make a decision about the individual.
2. Limitations on the accuracy and completeness of personal health information disclosed will be clearly set out to the recipient where possible.

11.0 Ensuring Safeguards for Personal Health Information

1. Security safeguards will be used to protect personal health information at WCH.
2. Security safeguards are used to protect personal health information against loss or theft, as well as unauthorized access, disclosure, copying, use or modification. WCH protects personal health information regardless of the format in which it is held.
3. The nature of safeguards will vary depending on the sensitivity of the information that has been collected, the amount, distribution and format of the information, and the method of storage.
4. The methods of protection will include:
 - a. Physical measures, for example, locked filing cabinets and restricted access to offices where personal health information is held;
 - b. Administrative measures (abiding by organizational policies and procedures),
 - c. Technological measures (such as the use of passwords, secure computer networks, encryption and audits).
5. WCH will make its employees, physicians, volunteers and students aware of the importance of maintaining the privacy and confidentiality of personal health information. As a condition of employment, privileges or contractual arrangement at WCH, all new WCH employees/agents (e.g. employee, physician, volunteer, student, researcher, consultant, or contractor) will sign a Confidentiality Agreement with WCH. This safeguard may also be facilitated through contractual provisions.
6. Personal health information will be used only in a manner consistent with the identified purposes and will be used only by those with a need to know in fulfilling those purposes. It is prohibited to access personal health information unless required to perform duties as assigned or sanctioned by WCH. Access will only be granted to individuals for whom a signed Confidentiality Agreement is on file with WCH.
7. Anyone found accessing personal health information outside these parameters will be considered as having committed a breach of privacy and confidentiality, and will be subject to discipline, up to and including termination and/or loss of privileges.
8. Anyone granted access to personal health information by virtue of their employment or other working relationship with WCH must be prepared to present evidence of authorization to access it. Normally, for medical records, diagnostic images, etc. being requested outside the normal cycle of care and treatment, the WCH photo-identification badge and the appropriate documentation authorizing access must be presented at the time of a request to access a record. For electronic access, the unique identification and password(s) as properly issued to the requestor will normally be sufficient.
9. Any staff member asked to provide access to records has the right to request to see evidence of authorization prior to providing access, and should do so if he or she has any doubt about the authorization or identify of the requestor. If the staff member does not receive proper evidence on request, he or she has the right and obligation to refuse access.

10. Personal health information should not be discussed in any place where unauthorized persons might overhear the discussion. Even healthcare cases without patient identifiers should not be discussed, because such discussions may undermine public confidence in WCH confidentiality practice.
11. All media containing personal health information (e.g. medical records, films, ECG strips, patient wrist bands, disks, laptop computers, whiteboards, mail, drug labels, bradma cards, computer screens) must be carefully positioned, packaged, stored, transported and/or disposed of by their custodians to prevent unauthorized viewing or other access.
12. Any person observing any unattended personal health information in a public area that contains personal health information is asked to promptly forward it to and/or notify the Privacy Office, for appropriate follow-up.
13. Any portable devices (e.g. laptop, CD, USB memory key, etc) that are used to store personal health information MUST be encrypted. If there are questions or concerns regarding how to ensure devices are encrypted, staff can call the help desk for assistance, speak to their managers or contact the Privacy Office.
14. Every WCH computer user must sign a confidentiality agreement prior to being granted access to computerized personal health information. Each user is assigned a user ID and password unique to that user, which enables access to that personal health information for which access is authorized as a function of the role(s) that person performs for WCH. Authorized access is limited to the personal health information that person needs to know in order to do his or her job. Each user is responsible for maintaining the confidentiality of any assigned passwords and for ensuring no other person knows the assigned passwords.
15. Access to personal health information will be audited on a regular and consistent basis to ensure that actual access conforms to authorized access. Such audits may include review of computerized data usage by computer users, review of specific patient records for use, and review of sign-out logs for paper medical records. Inappropriate access to the system will be investigated and may result in disciplinary action up to and including termination.
16. Care will be used in the disposal or destruction of personal health information, to prevent unauthorized parties from gaining access to the information. Disposal or destruction must be in accordance with WCH policies on retention, destruction and secure disposal of personal health information. See *Secure Disposal of Personal Health Information* for more information.

12.0 Openness about Personal Health Information Policies and Practices

1. WCH makes readily available to individuals specific information about its policies and practices relating to the management of personal health information in a form that is generally understandable.
2. This includes a written public statement made available to the public. This notice:

- a. provides a general description of WCH' s information practices
- b. describes how to contact the WCH Privacy Office (the designated privacy contact person)
- b. describes how an individual may obtain access to or request correction of a record of personal health information
- c. describes how an individual may make a complaint to WCH or to the Information and Privacy Commissioner of Ontario.

13.0 Individual Access to Personal Health Information

1. Individuals have the right to access personal health information maintained on them and to request amendment and correction to personal health information incorrectly recorded about them.
2. WCH also recognizes its obligation to ensure and facilitate timely access to personal health information as required by authorized individuals for direct patient care, individual administrative use, legal use, or where required to do so by law.
3. Upon request, an individual will be informed of the existence, use, and disclosure of his or her personal health information and will be given access to that information. An individual will be able to challenge the accuracy and completeness of the information and make a request to have it corrected as appropriate.
4. When an individual successfully demonstrates the inaccuracy or incompleteness of personal health information, WCH will correct the information as required. Depending upon the nature of the information challenged, correction may involve the correction, deletion, or addition of information. Where appropriate, the corrected information will be transmitted to third parties having access to the information in question.
5. When a challenge is not resolved to the satisfaction of the individual, WCH will record the substance of the unresolved challenge in the form of a written letter or statement from the patient which will be retained in the patient' s medical record. When appropriate, the existence of the unresolved challenge will be transmitted to third parties having access to the information in question.
6. A request to access a health record should be directed to the Health Information Department.

14.0 Challenging Compliance with WCH' s Privacy Policies and Procedures

1. An individual will be able to address a challenge concerning privacy compliance.
2. WCH has procedures in place to receive and respond to complaints or inquiries about its policies and practices relating to the handling of personal health information.
3. Complaints concerning the privacy, confidentiality and/or security of personal health information should be referred to the WCH Privacy Office, who will ensure they are properly documented and addressed.

4. All staff, physicians, volunteers and students have an obligation to ensure confidentiality of personal health information is preserved at all times. Anyone who observes a breach of confidentiality or a potential breach should enter the event into the WCH electronic incident Reporting Information System (IRIS) where it will be reviewed by the WCH Privacy Office and the WCH Quality, Risk and Safety Office
5. If appropriate, the WCH Privacy Office, will on a priority basis ensure response to the incident and will escalate the response as needed to ensure timely action.
6. Complaints and requests for information about WCH privacy policies or WCH's compliance with them can be directed to the WCH Privacy Office at (416)323-7702 or by e-mail to privacy@wchospital.ca. In addition, or as an alternative, the requestor may be given the standard WCH brochure covering the Hospital's privacy practices.
7. Individuals may also make a complaint to the Ontario Information and Privacy Commissioner.

References:

Personal Health Information Protection Act, R.S.O. 2004, c.3. Ontario Hospital Association, (2004) Hospital Privacy Toolkit

Canadian Standards Association Model Code for the Protection of Personal Information

Office of the Information and Privacy Commissioner

Canadian Health Information Management Association



Appendix 1

Authorized Substitute Decision Makers - Persons who may Consent on behalf of Patient (Pursuant to Section 23 of the *Personal Health Information Protection Act, 2004*)

When a patient is not capable of providing consent to disclose their personal health information, consent may be obtained (ranked in order as listed) from the patients substitute decision maker:

1. guardian (if the guardian has the authority to make such decisions),
2. attorney for personal care or attorney for property (if the attorney has the authority to make such decisions),
3. representative (appointed by the Consent and Capacity Board under the *Health Care Consent Act, 1996* if therepresentative has the authority to give the consent),
4. spouse or partner,
5. child, custodial parent, or children's aid society or other person legally entitled to give or withhold consent in place of a parent,
6. parent with access rights,
7. brother or sister, and
8. any other relative (related by blood, marriage or adoption).

If the patient has died, consent may be obtained from the patient's estate trustee or someone who is in charge of administering the patients' estate.

To consent for a patient, the person must be:

- included in the above list,
- available and capable of consenting,
- at least 16 years old or the patients parent,
- willing to assume responsibility for giving or refusing consent,
- free of any court order or separation agreement prohibiting them from having access to or consenting for the patient, and
- the highest ranked person on the list of potential substitute decision-makers who is available and capable of consenting.

Children of any age are presumed to have the capacity to consent to the disclosure of their personal health information. Capacity should not be presumed if it is not reasonable to do so in the circumstances.

For children under 16, a parent or other lawful guardian may consent to the disclosure of personal health information even if the child has capacity, unless the information relates to:

- treatment within the meaning of the *Health Care Consent Act, 1996* about which the child has made his or her own decision, or
- Counseling in which the child has participated on his or her own under the *Child and Family Services Act*.

Consent to disclosure of personal health information about a child less than 16 years of age, may either be obtained from that child, if capable, or the parent or other lawful guardian (but not the access parent, unless such a parent has been lawfully authorized in place of the custodial parent to make information decisions). If there is a conflict between the child and the parent, the capable child's decision prevails with respect to the consent.

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
Urgent Care Services Address _____
Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

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The one thing that is most important to me and worth living for is:

Newcomer Centre of Peel

Subject: Consent to Obtain and Release Confidential Information	Index Number:
Last Updated: September 2016	Page 1 of 1

Consent to Obtain and Release Confidential Information

Name: _____

Date of Birth: _____

PR Card: _____

Parent/Guardian (if applicable): _____

Information provided to Newcomer Centre of Peel is confidential. However, what you say to staff (like Settlement Counsellors or Crisis Intervention Support Workers) may become part of your record kept within Newcomer Centre of Peel. At times, it is important to obtain from and/or release information to others, and this consent form allows us to exchange information with a specific individual or agency.

I authorize Newcomer Centre of Peel to obtain and/or release pertinent information regarding myself or my child _____, from/or to the following individuals or agencies:

Individual (Relationship) / Agency:	Client Initial:	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Witnessed and Verified:

Staff Member's Name (print)

Staff Member's Signature

Date

Note: Valid for the duration of treatment or support accessed from Newcomer Centre of Peel unless revoked by client in writing.



YMCA of Western Ontario / Incident Report

Date:	Site Name:
Name of Principle Person involved:	Location:
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Age of Individual (If under 18) or date of birth:	<input type="checkbox"/> Member <input type="checkbox"/> Guest <input type="checkbox"/> Volunteer
	<input type="checkbox"/> Participant <input type="checkbox"/> Camper <input type="checkbox"/> Staff
Membership #:	Time of Incident:
Address:	
Phone #:	
Emergency Contact Name & Phone # :	
Circle one: Serious incident Minor incident Theft	
Describe the accident / incident and the treatment or action taken: _____	

Value of items lost or stolen:	
Did this person resume activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was first aid given? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Response Information * Requires immediate notification of GM	
<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance	Did media come to the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Officer / Attendant:	Badge #:
Incident #:	Time Called:
	Time Arrived:
Witness Information	
Name of Witness #1:	
Address:	Phone:
Name of Witness #2:	
Address:	Phone:

Staff person completing this report _____ Position _____ Date: _____

GM / Acting GM / Director / Manager _____ Signature _____ Date: _____

Follow-up Guidelines:

All Incident / Accident reports need to be followed up within 48 hours. For all serious incidents report them to the GM / Director / VP immediately regardless of his / her location, and call Risk Management Analyst (519.667.2352) within 24 hours to report the incident.

Follow-up		
Staff Name:	Date:	Time:
Details:		
Follow-up		
Staff Name:	Date:	Time:
Details:		
Follow-up		
Staff Name:	Date:	Time:
Details:		

Staff person completing this report _____ Position _____ Date: _____

GM / Acting GM / Director / Manager _____ Signature _____ Date: _____

Newcomer Centre of Peel

Subject: Limits to Confidentiality & Consent to Treatment	Index Number:
Last Updated: July 2017	Page 1 of 1

Limits to Confidentiality

Newcomer Centre of Peel will keep your information confidential and will only share it with your consent, when we need to in order to support you safely, or when we are legally obligated to share information. What you say to staff (like Settlement Counsellors or Crisis Intervention Support Workers) may become part of your record kept within Newcomer Centre of Peel.

We have to share information about you:

- If you say you are going to **seriously hurt or kill yourself or someone else**, we may have to report this in order to stop you or someone from getting hurt.
- If you say anything about a **child (under the age of 16 years) or an adult in need of protection being hurt, treated poorly, or not being looked after properly**, whether it is happening now or it already happened in the past.
- If you say that a **health care professional or service provider has harmed you** we may have to report this in order to stop you or someone from getting hurt.
- If **other staff members at Newcomer Centre of Peel (like Settlement Counsellors, Crisis Intervention Support Workers, or LINC teachers) are working with you**, we can share information if we need to in order to provide you with the best support.
- If a **court or judge** orders us to provide information because of a case they are dealing with, then we must give them the information requested.

Consent to Treatment

I voluntarily give my permission to the mental health care providers and other care providers at Newcomer Centre of Peel, as they may deem necessary, to provide support and treatment services. I understand by signing this form, I am authorizing treatment for as long as services are provided, or until I withdraw my consent in writing. I understand services and treatment options available and can expect crisis intervention and/or counseling, as explained by mental health care providers. I have been given the opportunity to ask questions, and I understand what was told to me.

Client Name (print)

Client Signature

Client's Parent/Guardian (print)

Client's Parent/Guardian Signature

Relationship

Witnessed and Verified:

Staff Member's Name (print)

Staff Member's Signature

Date

PRIVACY STATEMENT / POLICY

Policy Number: 05	Effective: July 1, 2005
Original Approval Date: June 28, 2005	Last Revised and Approved :
Approved by:	Dated:

1.0 Immigrant Women Services Ottawa (IWSO) Mandate

- To empower immigrant and visible minority women in the City of Ottawa to participate in the elimination of all forms of abuse against women.
- To provide culturally responsive crisis counseling service and a language interpretation service which will facilitate an abused woman's accessibility to community and mainstream services.
- To provide other services and/or programs which will assist immigrant women in their journey to attain their full potential.

2.0 Privacy Statement

IWSO is a not-for-profit community organization with a volunteer board of directors and professional staff. IWSO is committed to protecting the privacy of personal information of its employees, clients, volunteers and donors. For the purpose of this Statement/Policy, "personal information" means any information about an identifiable individual, and includes the following:

- i) Members of the Board of Directors -- -. Information relating to identity, age, gender, address, telephone number, e-mail address, date of birth, and employment
- ii) Staff (including contractual staff) -- -. Information relating to identity, nationality, age, gender, address, telephone number, e-mail address, Social Insurance Number, date of birth, family composition, education, employment and health history, as well as a Criminal Reference Check.
- iii) Clients -- -. Information relating to identity, nationality, age, gender, address, telephone number, e-mail address, Social Insurance Number, date of birth, marital status/family composition, education employment and health history.
- iv) Students-- -. Information relating to identity, nationality, age, gender, address, telephone number, e-mail address, Social Insurance Number, date of birth, education, employment and health history, as well as a Criminal Reference Check
- v) Volunteers -- -. Information relating to identity, nationality, age, gender, address, telephone number, e-mail address, Social Insurance Number, date of birth, education employment and health history, as well a Criminal Reference Check

This privacy policy has been developed to comply with Canada's Personal Information Protection and Electronic Document Act (PIPEDA). PIPEDA sets out the rules for collection, use and disclosure of personal information in the course of commercial activity as defined in the ACT.

3.0 The Ten Principles of PIPEDA Summarized

IWSOs Privacy Statement reflects our compliance with fair information practices, applicable laws and standards of practice. Below are the 10 principles of PIPEDA, their definitions, and how IWSO applies the principles.

1. **Accountability.** Organizations are accountable for the personal information they collect, use, retain and disclose in the course of their commercial activities, including, but not limited to, the appointment of a Chief Privacy Officer.

IWSO takes its commitment to securing your privacy very seriously. Each staff member associated with IWSO is responsible for the personal information under her control. Our staff members are informed about the importance of privacy and receive periodic updates regarding the Privacy Policy and related issues. The Executive Director or her designate is the Privacy Officer for IWSO.

2. **Identifying Purposes.** Organizations are to explain the purposes for which the information is being used at the time of collection and can only be used for those purposes.

IWSO asks for information only as necessary. We obtain our information directly from you. You are entitled to know how we use your information.

3. **Consent.** Organizations must obtain an Individual's express consent when they collect, use, or disclose the individual's personal information;

You have the right to determine how your personal information is used and disclose.

4. **Limiting Collection.** The collection of personal information must be limited to only the amount and type that is reasonably necessary for the identified purposes.

IWSO collects information by fair and lawful means and collects only that information which may be necessary for purposes related to our being able to respond to your needs.

5. **Limiting Use, Disclosure and Retention.** Personal information must be used for only the identified purposes, and must not be disclosed to third parties unless the Individual consents to the alternative use or disclosures, or as the law requires.

The information IWSO requests is used for the purposes outlined above. We retain your information only for the time it is required for the purposes we describe. The information is kept on file for 10 years from the date of your first visit to IWSO, and once it is no longer required, it will be destroyed.

6. **Accuracy.** Organizations are required to keep personal information in active files which are accurate and up-to-date.

IWSO tries to ensure that any personal information provided by the individual in his or her active file(s) is accurate, current and complete as is necessary to fulfill the purposes for which the information has been collected, used, retained and disclosed.

Please inform IWSO in writing of any change in your personal information.

7. **Safeguards: Protecting your information.** Organizations are to use physical, organizational, and technological safeguards to protect personal information from unauthorized access or disclosure.

IWSO protects personal information with appropriate safeguards and security measures. Client files remain in the office unless required by law to be removed.

8. **Openness.** Organizations must inform their clients and train their employees about their privacy policies and procedures.

IWSO will keep you informed of any changes to this Privacy Policy. If you have questions or concerns about privacy, please contact the Executive Director or her designate.

9. **Individual Access and Correction.** An individual has a right to access personal information held by an organization and to challenge its accuracy if need be.

IWSO will give you access to the information we retain about you at your request. You should address your request in writing to the Executive Director or her designate.

10. **Provide Recourse.** Organizations are to inform clients and employees of how to bring a request for access, or complaint, to the Chief Privacy Officer, and respond promptly to a request or complaint by the individual.

IWSO encourages you to contact us with any questions or concerns you might have about your privacy or our Privacy Policy. You should address your questions or concerns in writing to the Executive Director or her designate.

4.0 Application

This Privacy Policy applies to IWSO Board of Directors, employees (including contracted employees), clients, students and volunteers. As well, IWSO ensures that contractors sign confidentiality agreements prior to any transfer of an individual's personal information.

The ABC Model of Crises Intervention for Settlement Agencies

A: Basic Attending Skills

- Introduce yourself and your role in a respectful, friendly, and calm manner
- Use open body language and eye contact
- Remain near exit in order to leave quickly if risk to personal safety increases
- Try to initiate client in a simple dialogue to relieve tension

B: Identifying the Problem and Therapeutic Interaction

- Identify the precipitating event (i.e., what lead up to the crisis, why is the crisis happening now)
- Explore meanings, cognitions, and perceptions of client
- Identify client's subjective distress (i.e., emotional distress)
- Identify potential impairments in functioning or stressors in the following areas:
 1. Behavioural
 2. Social
 3. Academic
 4. Occupational

Identify pre-crisis level of functioning in B: (1-4) above. If known and possible, compare the client's current assessment with their normal functioning. If trained, identify and implement the following:

- Identify any ethical concerns:
 1. Suicide/homicide or self-harming assessment
 2. Organic or other medical concerns
- Identify substance use/abuse issues.
- Use therapeutic interactions:
 1. Educational comments (i.e., helpful information)
 2. Empowerment statements (solution-focused dialogue)
 3. Support statements
 4. Positive reframes

C. Coping:

- Identify clients' current coping attempts
- Encourage client to think of other creative coping strategies
 1. Present alternative coping idea/develop a plan (i.e., safety plan)
 2. Refer to a medical doctor (note: medical doctor can also refer to psychiatrist)
 3. Refer to internal Crisis Intervention Support Worker, if onsite
 4. Refer to Crisis Line (i.e., Peel Mental Health Crisis Line)
 5. Refer to a lawyer (i.e., Legal Aid)
 6. Refer to an emergency shelter or other community agency
 7. Recommend resources (can call '211' for referral assistance)
 8. Obtain commitment from client to practice plan/strategies discussed
 9. Follow up with client and internal staff if referral was made

Note: This working document is intended for non-clinical front-line staff who work directly with clients.

Edited Version - Original Reference: Nursing Best Practice Guidelines

<http://pda.rnao.ca/content/abc-model-crises-intervention>



Workplace Violence and Harassment Prevention Program Policy

SECTION 2 – EMPLOYMENT PRACTICES

THIS POLICY/DOCUMENT APPLIES TO: All YWCA Hamilton Employees

Description: Under the Occupational Health and Safety Act, all employers must take every precaution reasonable in the circumstances to protect the health and safety of their workers in the workplace. This includes protecting them against the risk of workplace violence and harassment.

YWCA Hamilton is committed to workplace health, safety and security for all employees, clients, members, volunteers and visitors. YWCA Hamilton has consulted the joint health and safety committee (JHSC) and the following legislation governing workplace violence and harassment in Ontario:

The Occupational Health and Safety Act
The Criminal Code of Canada
The Ontario Human Rights Code
The Workplace Safety and Insurance Act, 1997
The Compensation for Victims of Crime Act
The Regulated Health Professions Act

YWCA Hamilton will support and maintain strict compliance expectations regarding violence and harassment. To support this commitment, YWCA Hamilton has developed a workplace violence and harassment policy applicable to all locations and work-sites.

Scope: Violent behaviour and harassment in the workplace from anyone is unacceptable. Employees are expected to uphold this policy and to work cooperatively to prevent workplace violence and harassment.

Violence is any incident, in which an employee is abused, threatened, harassed, assaulted by inflicting injury or damage to property or threatened damage to property. It can be in the form of offensive comments including: jokes, comments, obscene remarks, insult, ridicule, swearing, shouting, demeaning or belittling statements, threats without weapons, causing emotional distress or personal humiliation, or threatening the health, safety and livelihood of the employee. The act may be implied or actual, and be either verbal or physical in nature.



Physical violence can be aggravated assault, assault, sexual assault, stalking, gestures, kicking, pushing, biting and/or spitting. Violence also includes acts or threats of aggression resulting in physical or psychological damage, pain or injury to a worker.

Workplaces are more than just offices. When an employee is at an off-site meeting, the meeting place is the workplace. When an employee is travelling in their automobile or by transit in the performance of their job, the vehicle is a workplace.

Workplace violence and harassment can occur during work-related functions at off-site locations such as conferences, social events, or the offices of community based institutions such as schools, hospital, doctor's offices and courts. Violence can also happen in an employee's home, if it is work related: for example, threatening telephone calls from co-workers, clients or managers. Workplace violence and harassment can be committed by anyone.

Policy: The YWCA Hamilton is committed to providing a safe, healthy working environment. Violence and harassment in the workplace has been proven to have devastating effects on the quality of life for employees and on the productivity of the organizations. All members of the YWCA Hamilton community, employees, clients, members, residents, visitors, volunteers, placement students, guests, contractors, sub-contractors and board members, have the right to work, live and use our facilities in an environment free from violence and harassment. YWCA Hamilton is committed to this policy and charges YWCA Management to create an environment that supports YWCA Hamilton's goal of strict compliance.

The work performed by YWCA Hamilton has the potential for staff to encounter violence and harassment in the workplace. YWCA Hamilton will make every reasonable effort to:

- train management and staff;
- identify sources of violence and harassment;
- establish reporting requirements and procedures designed to address violent acts, threats of violence and harassment;
- reduce or eliminate the risk of violence and;
- Implement policies and procedures to be adhered to by the workforce.

Protection of employees from work place violence and harassment is established under the Ontario Occupational Health and Safety Act. It is occupational health and safety hazard when occurring in the workplace. It is defined as:

- The exercise of physical force by a person against a worker that causes or could cause physical injury.



- An attempt to exercise physical force against a worker that could cause physical injury.
- A statement or behaviour that a worker would have reason to interpret as a threat to exercise physical force and that could cause physical injury.
- Domestic violence is workplace violence if it occurs in the workplace. YWCA Hamilton shall take every reasonable step to protect employee(s), if the Employer is aware, or ought reasonably to be aware, that domestic violence would likely expose an employee to a physical injury. YWCA Hamilton will take every reasonable precaution in the circumstances to protect the individual and other employees.

YWCA Hamilton and staff may request involvement of the police and will work cooperatively with the police in matters of workplace violence and harassment.

All managers, supervisors and staff are responsible to adhere to safe work practices and the policy and procedures outlined in the Workplace Violence and Harassment Prevention Program Policy.

This Policy is designed to ensure that all employees are aware of and adhere to the work practices designed to make the workplace safe. YWCA Hamilton encourages and supports the involvement, the commitment of employees and the Joint Health and Safety Committee in the design and the implementation of this policy, subsequent review and in establishing Workplace Violence and Harassment Prevention Program(s).

Every employee must promptly report to his or her supervisor or management any incidence of workplace violence and harassment. Management staff are responsible to promptly respond and investigate complaints, reports, incidents, and the risks or threats of workplace violence and harassment; take steps to protect employees in accordance with this policy.

The management of YWCA Hamilton is responsible for ensuring that health and safety practices and procedures, including workplace violence and harassment prevention, are clearly communicated and understood by all employees. Management staff are required to enforce this policy and program requirements fairly and consistently throughout the organization.

Definitions:

Verbal/Emotional/Psychological abuse: is a pattern of behaviour that makes someone feel worthless, flawed, unloved, or endangered. Like other forms of abuse, it is based on power and control. Examples include: swearing, put-downs/name calling over a period of time, labelling the victim in a derogatory way such as stupid, crazy or irrational, acts of humiliation, extreme jealous behaviour,

attacking the victim's self-esteem in other ways. It can also include harming pets and damaging property

Threat: (verbal or written) is the communicated intent to inflict physical or other harm on any person or to property by some unlawful act. A direct threat is a clear and explicit communication distinctly indicating that the potential offender intends to do harm, for example, "I am going to make you pay for what you did to me." A conditional threat involves a condition, for example, "If you don't leave me alone you will regret it." Veiled threats usually involve body language or behaviours that leave little doubt in the mind of the victim that the perpetrator intends to harm. It can include stalking behaviours. Various electronic social media may be included in forms of either threats or abuse.

Physical Attacks: is aggression resulting in physical assault/abuse with or without the use of a weapon. Examples include hitting, shoving, pushing, punching, biting, spitting, groping, pinching, or kicking the victim, unwelcome displays of affection or inciting an animal to attack.

Psychological Abuse: is an act that provokes fear or diminishes an individual's dignity or self-worth or that intentionally inflicts psychological trauma on another.

Assault: is any intent to inflict injury on another, coupled with an apparent ability to do so; any intentional display of force that causes the victim to fear bodily harm.

Sexual Abuse/Harassment: is any unwelcome verbal or physical advance or sexually explicit statement, such as jokes, displays of pornographic material, pinching, brushing against, touching, patting or leering that makes a person feel humiliated, intimidated or uncomfortable, thus interfering with work performance.

Incidents involving sexual harassment include unwelcome sexual advances, requests for sexual favours, or other verbal or physical conduct of a sexual nature when:

- Such conduct might reasonably be expected to cause insecurity, discomfort, offence or humiliation to another person or group; OR
- Submission to such conduct is made either implicitly or explicitly a condition of employment, appointment, approval of privileges, an educational/training opportunity, or receipt of services or a contract; OR
- Submission to or rejection of such conduct is used as a basis for any employment, reappointment, or advancement decision (including, but not limited to, matters of promotion, raise in salary, job security and benefits affecting the employee); OR
- Such conduct has the purpose or the effect of interfering with a person's work performance or creating a difficult, intimidating, hostile or offensive work environment.



Within this context, types of behaviour which constitute sexual harassment include, but are not limited to:

- Sexist jokes causing embarrassment or offence
- Leering (suggestive staring)
- Sexually derogatory or degrading remarks directed towards a person because of their sex or sexual orientation
- Sexually suggestive or obscene comments or gestures
- Unwelcome inquiries or comments about a person's sex life
- Inappropriate or unwelcome focus/comments on a person's physical attributes or appearance
- Persistent or unwelcome sexual flirtation(s), advance(s), proposition(s)
- Displaying printed material of a suggestive or sexually offensive nature.
- An implied or expressed promise of a reward, benefit or advancement in return for sexual favours, or reprisal if such favours are not given
- Persistent unwanted contact or attention after the end of a "consensual" relationship
- Unwanted touching or patting
- Verbal abuse or threats

Sexual Assault: is the use of threat or violence to force one individual to touch, kiss, fondle or have sexual intercourse with another.

Examples of sexual assault include, but are not limited to:

- Touching which is committed in circumstances of a sexual nature; and
- The threatened use of violence to force a person to engage in sexual conduct.

Near Miss: is an act of acting out and or striking out, but missing the target. This may include: a punch or hit thrown but missed, object thrown but missed, lurking and stalking.

Poisoned Work Environment: is a hostile and abusive work environment resulting from harassment by comment or conduct that ridicules or demeans an individual or specific group of employees: for example, racial slurs or derogatory comments about sexual orientation. It can also include actions or inactions witnessed that create or can be interpreted as creating an offensive term or condition of employment or continued employment. The offending action does not need to be directed at the individual who claims to be harassed.

Harassment: is acting in a manner contrary to the prohibited ground for discrimination in employment and services as established under the Ontario Human Rights Code. The Ontario Human Rights Code



recognizes the inherent dignity and equal and inalienable rights of all members of the human family. The aim is to create a climate of understanding and mutual respect for the dignity and worth of each person so that each feels part of the community and is able to contribute fully to the development and well-being of the community and the Province.

Every person has a right to equal treatment with respect to employment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, gender, citizenship, creed, sex, sexual orientation, age record of offences, marital status, family status or disability. Every person has a right to freedom for sexual harassment. Harassment and sexual harassment, includes instances of conduct that is known or ought to reasonably be known to be unwelcome and unwanted.

Harassment may include words, use of social media, gestures, jokes, remarks, innuendo, taunting about a person's body, attire, age, marital status, ethnic or national origin, religion and so on. Harassment extends to incidents occurring at or away from the workplace, during or outside normal working hours when such incidents are employment related.

Examples of harassment include, but are not limited to:

- Remarks, jokes, taunts, or insults about a person or a group of people identified by a Prohibited Ground (i.e., such things as race, colour, place of origin, ancestry, ethnic background, gender, creed, disability, etc.);
- The displaying of racist, sexually suggestive or other offensive or derogatory pictures, cartoons or material
- Insulting gestures or practical jokes based on sexual, racial or ethnic grounds which cause embarrassment or awkwardness
- Knowingly making a false complaint
- Insisting that employees only speak English if it does not negatively affect the work being done
- Making ridiculing, taunting, belittling, humiliating or insulting comments;
- Physically intimidating behaviour or threats;
- Use of profane, abusive or threatening language;
- Harassment does *not* include appropriate direction, evaluation, appraisal or discipline of an employee by a supervisor or manager.

Workplace Bullying: is repeated and persistent negative acts towards one or more individuals which involve a perceived power imbalance and creates a hostile work environment. Workplace bullying can include, social isolation, personal attacks on a person's private life or personal attributes, over monitoring of work, intentionally withholding information required for the performance of the job, rumours, excessive criticism, verbal aggression, withholding job responsibilities and the inappropriate use of social media. Bullying extends to incidents occurring at or away from the workplace, during or

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outside normal working hours provided such incidents are employment related.

Domestic Violence: is also known as personal relationship violence in the workplace. It is normally from someone who has or has had a personal relationship with an employee. They employ a pattern of coercive tactics meant to hurt, intimidate through the use of or the threat of physical force, verbal harassment or manipulation (i.e. financial or emotional).

Employees: Unless otherwise noted in this policy, employees shall mean such individuals as but not limited to directors, managers, supervisors, front line staff, board members, contractors, sub-contractors, volunteers and placement students.

Responsibilities: Human Resources/Health & Safety Officer shall provide the guidance to Management and the Joint Health and Safety Committee and involve the employee(s), in the assessing of workplace violence and harassment hazards in all jobs and in the workplace as a whole. The risk assessment of workplace violence and harassment shall occur at least annually, whenever new situations of risk occur or when new jobs are created or jobs are substantially changed. The assessment of risk is communicated to employees affected.

All employees in their work are expected to be vigilant of risks of violence/harassment and are required to report risks/hazards to their supervisor in a timely fashion. Employees who are victims of violent incidents in the workplace are advised to consult a physician for treatment or referral for counselling. Staff who may be victims or exposed to violence/or harassment are encouraged to make use of the confidential Employee Assistance Program.

YWCA Hamilton is committed to working with its employees to develop strategies and practices for the ongoing reduction of risks of workplace violence and harassment. These include but are not limited to training, education, information exchange and annual and periodic reviews of practices and procedures.

YWCA Hamilton is committed to:

- The training and education of all employees
- Integrating safe behaviour into day-to-day operations
- Ensure that measures and procedures in the violence and harassment prevention program are carried out. Hold management accountable for responding to and resolving complaints of violence
- Reviewing of all reports of violence and/or threats of violence in a prompt, objective and sensitive manner. This includes a review of all investigations associated with violence-related incidents.

- Providing appropriate response measures.
- Facilitating medical attention and appropriate support for all those either directly or indirectly involved.
- Ensure any deaths or critical injuries are reported to a Ministry of Labour (MOL) inspector, the police (as required), JHSC or H&S representative and trade union, as well as investigated with the JHSC. Send the report explaining the circumstances to all parties in writing within 48 hours of the occurrence. Include information and particulars prescribed by the *Occupational Health and Safety Act* and regulations
- Tracking and analyzing incidents.
- Taking appropriate corrective and disciplinary action.
- In consultation with the JHSC, conduct regular risk assessments.
- Posting this policy on the health and safety notice boards
- Including details of this policy in new employee orientation package

Supervisors/Managers/Directors:

- Shall enforce policy, procedures and monitor worker compliance.
- Not permit any worker to do work if it is likely to endanger the worker or another worker.
- Not engage in or condone any acts or behaviours that are in conflict with this policy.
- Investigate all workplace violence using the organization's accident investigation procedure and form, and contact the police as required
- Shall complete the WSIB Form 7 when required.
- Shall notify and request police involvement as required.
- Provide for first aid and/or medical attention if required.
- Debrief those involved in the incident either directly or indirectly.
- Contact Human Resources/Health & Safety Officer to ensure the employee receives further counselling about her/his legal rights.
- Request other supports through the Employee Assistance Program
- Track and analyze incidents for trending and prevention initiatives.
- Immediately report a death or critical injury to an MOL inspector, the police (as required), JHSC, H&S representative and trade union, and investigate with JHSC Report the circumstance to all parties in writing within 48 hours. Include information and particulars prescribed by the regulations.
- Issue a report to the employer and WSIB on all lost-time accidents where an employee requires healthcare, earns less than regular pay for regular work, requires modified work at less than regular pay or performs modified work at regular pay for more than seven days. Copies of accident information where there is no critical injury must be provided to the JHSC and the trade union within three (3) days of the occurrence, as prescribed by the *Occupational Health and Safety Act*.



Employees:

- Participate in education and training programs so you can respond suitably to any incident of workplace violence or harassment.
- Understand and comply with the violence and harassment prevention policies and related procedures.
- Report all incidents or injuries of violence/harassment or threats of violence/harassment to your supervisor immediately. Complete the Accident/Incident Form.
- Inform the JHSC or the employee member of the JHSC about your concerns regarding the potential for violence/harassment in the workplace.
- Contribute to risk assessments.
- Seek support when confronted with violence/harassment or threats of violence.
- Not engage in or condone any acts or behaviours that are in conflict with this policy
- Shall refuse to do work if he/she has reason to believe that it is likely to endanger himself or herself or another worker.
- Report all incidents of violence and/or threats of violence to their supervisor immediately.
- Seek appropriate support from available resources, when confronted with violence or threats of violence.
- Shall not voluntarily get directly involved in any actions to deter robbery, violent acts or other serious criminal behaviour where such involvement would result in violence directed at them. This does not include immediately notifying police.
- Shall, except for the duty to report violence, maintain this type of sensitive personal information as confidential.
- Be supportive of staff that may be experiencing forms of harassment especially domestic violence.

Joint Health and Safety Committee (JHSC):

- Participate in the development, establishment and implementation of violence prevention measures and procedures (the violence and harassment prevention program).
- Make recommendations to the employer for developing, establishing and providing training in violence prevention measures and procedures.
- At least once a year, take part in a review of the workplace violence and harassment prevention program.
- The employee-designate should investigate all critical violence-related injuries.
- Immediately review reports of critical injury or death. Outline in writing the circumstances and particulars within 48 hours of the occurrence.
- Within four days, review written notices lesser injuries where any person is disabled from performing his or her usual work or requires medical attention.



Procedure:

Reporting

All reports of incidents or potential incidents of violence will be taken seriously and dealt with in an appropriate, respectful and timely fashion.

- Reporting Emergencies: (Immediate danger; weapons involvement; physical injury related to violent behaviour; and obvious signs of abusive and/or threatening behaviour):
 1. Staff who are being physically threatened or feel there is a potential for violence, are to CALL 911 immediately. Critical information will be required by the 911 Attendant (i.e. offender still present; whether weapons are involved; etc.). If possible, the staff in question should contact his/her supervisor. After the emergency has been handled, an Accident/Incident Report must be completed.
 2. In the Developmental Services, Supervised Access and Transitional Housing programs, staff will follow written protocols/behaviour escalation continuums including on-call emergency procedures for dealing with client-related physical & verbal aggression directed towards staff or other clients.
- Employees are to report all violence-related incidents including abuse, assault, near misses, threats, verbal abuse, domestic violence and harassment using the ***Internal Complaints Protocol***.
- Confidentiality of personal sensitive information will be maintained to the extent possible. The commitment to confidentiality does not apply in any situation when it is necessary to protect the safety of others and prevention of reoccurrence.
- Workplace violence incidents shall be reported by completing the Accident/Incident Report Form and following the steps in the ***Internal Complaints Protocol***.
- WSIB will be informed in accordance with the reporting requirements.
- Safety alerts to all staff will occur when required.
- Work refusals and critical injury reporting shall be in accordance with the Right to Refuse Policy
- The supervisor will investigate and ensure that appropriate and reasonable measures are taken to safeguard employees.
- YWCA Hamilton is committed to providing support services to victims of violence. Confidential counseling through the Employee Assistance Program (EAP) shall be available to employees who are victims of violence and to those who are experiencing personal problems in relation to violence.
- No employee shall be disciplined or reprisal taken for an employee reporting an incident of violence or refusing to perform work as a result of a health and safety concern.



- Failure to adhere to this policy, engaging in acts of violence or failing to report violence or high risk situations, may be subject to disciplinary measures up to and including dismissal for cause.

Investigation and Response

- The Director of Operations will initiate the investigation of any incidents relating to workplace violence or harassment as per the *Internal Complaints Protocol* and will complete the Accident/Incident Report form.
- The Director of Operations will decide on the appropriate involvement of Human Resources, Directors, Managers and/or Supervisors in the investigation process as appropriate.
- The Director of Operations will review reports of workplace violence and ensure that appropriate actions have been taken.
- The Joint Health and Safety Committee will be informed, make any recommendations and participate in investigations and any related matters, including reports, trends etc.
- The Director of Operations will review all workplace violence or harassment reports, monitor trends and make recommendations for prevention and changes to the Workplace Violence and Harassment Prevention Program Policy.
- If an incident of violence or harassment represents a potentially dangerous situation, the Director/Manager/Supervisor shall notify the Director of Operations immediately to ensure appropriate safety plans are initiated.
- The Director of Operations may, as necessary, instruct the supervisor/manager(s) to inform other employees in their unit to protect their health and safety.

Work Refusal

A worker may refuse to work or do particular work where he or she has reason to believe that such work is likely to endanger himself or herself or another worker. This includes when they believe they are in danger from workplace violence, in accordance with the *Occupational Health & Safety Act*. A worker who in accordance with this policy reports workplace violence or refuses to perform work will not be subject to any form of reprisal or disciplinary action. However if a worker may not refuse if it is a normal condition of the worker's employment or when the worker refusal would directly endanger the life, health or safety of another person. Example workers in a residential group home or other facility for persons with behavioural or emotional problems, or physical mental or developmental disability. Refer to Section 43 (1)(2) of the Occupational Health and Safety Act.

Consequences

Violence is a serious offence. Any individuals found to have perpetrated an act of violence may be subject to disciplinary action up to and including dismissal for cause. In addition, individuals may be subject to action under the *Criminal Code of Canada*.



Training

Violence and harassment prevention training shall be offered to Directors, Managers, Supervisors, employees and volunteers. This training shall include workplace violence and harassment prevention strategies including policy awareness, complaint resolution, listening and communications skills, identifying problematic behaviour characteristics, anger management and any other topics that may be deemed necessary.

Related Policies/Procedures/Documents:

- YWCA Internal Complaints Protocol

Document #OPM002-5	Document Title: Workplace Violence And Harassment Prevention Program Policy		
Previous Revision Date: None	Revision Date: None	Approval Date: July 24/14	Approved By: Denise Doyle, CEO