

# LOFT Community Services Policies: Care/Operations, Donations, and Volunteers

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## **Care/Operations**

### **LOFT's Mission, Vision and Values Statement**

#### **Our Mission**

To help people achieve their optimal health and well-being in the community, LOFT offers unwavering support and hope.

#### **Our Vision**

Together, we can all live successfully in our community.

#### **Our Values**

Compassion, Collaboration, and Community delivered with Dignity, Innovation and Excellence.

# **Fundamental Components of Recovery**

## **Relevant Legislation**

Not applicable to this policy.

## **Intent**

Not applicable to this policy.

## **Definitions**

Not applicable to this policy.

## **Policy**

The 10 Fundamental Components of Recovery

### 1. Self-Direction

Consumers lead, control, exercise choice over and determine their own path of recovery by optimizing autonomy, independence and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

### 2. Individualized and Person Centered

There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), systemic barriers, and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

### 3. Empowerment

Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

#### 4. Holistic

Recovery encompasses an individual's whole life, including mind, body, spirit and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment services, culturally relevant services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

#### 5. Non Linear

Recovery is not a step by step process but one based on continual growth, occasional setbacks and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move onto fully engage in the work of recovery.

#### 6. Strengths-based

Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g. partner, caregiver, friend, student, and employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

#### 7. Peer support

Mutual support including the sharing of experiential knowledge and skills and social learning, plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

#### 8. Respect

Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma- are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives. Mainstream systems may be oppressive and efforts must be made to eliminate discrimination and stigma.

#### 9. Responsibility

Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers

must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

## 10. Hope

Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn and fully participate in our society, but also enriches the texture of the whole community.

## **Procedures**

See program manual.

# **LOFT Community Services' Responsibilities to Clients**

## **Relevant Legislation**

Not applicable.

## **Intent**

LOFT takes its responsibility to clients seriously. The responsibilities of LOFT are outlined in this policy.

## **Definitions**

Not applicable.

## **Policy**

### **Value client well being and safety**

LOFT employees will hold the needs, well-being and safety of clients as a vital concern and priority in their support relationships with clients.

### **Practice non-discrimination**

LOFT employees will be sensitive to diversity and shall not discriminate on the grounds of ancestry, race, colour, creed, citizenship, ethnicity, gender identity, gender expression, sex (including pregnancy and breastfeeding), sexual orientation, age, disability, social class, religion, place of origin, family status, marital status (including single status), receipt of public assistance record of offences or political belief.

### **Ensure informed consent**

LOFT employees will ensure all clients understand when they are giving consent and will re-visit any consent given as required.

### **Engage all people with respect**

LOFT employees will have respect for the uniqueness and dignity of clients and colleagues and shall treat all people with fairness and courtesy.

### **Maintain client confidentiality**

LOFT staff will hold client information in confidence within the confines of the law. Since considerations of safety or legal obligations may on occasion override confidentiality, these limits will be discussed with clients.

### **Respect client privacy**

LOFT employees will be actively involved in ensuring client privacy.

### **Foster choice**

LOFT employees will foster client choice and client independence except where these may cause harm to self or others.

### **Protect client well being**

LOFT employees will have regard for the needs of clients who are unable to exercise self-determination or to ensure their own personal safety and act to protect clients' best interests, rights and well being. This will be informed by anti-oppression perspective that recognizes how power, influences our definitions of protection and the role of advocacy.

### **Maintain client anonymity**

LOFT employees will preserve the anonymity of clients when information is used in education, training, research or publications, unless prior informed consent has been granted.

### **Facilitating client access to services**

While LOFT may exercise the right not to accept a client, the organization will ordinarily take reasonable steps to ensure that the client has information regarding access to other services.

### **Practice impartiality**

LOFT will strive to be impartial to offer a consistent, quality client experience, with services without favouritism or bias.

## **Procedures**

See Program Manual.

Revised January 2018.

## **Client Rights**

### **Relevant Legislation**

Not applicable.

### **Intent**

LOFT will protect the rights and safety of clients, especially in the delivery of services and their ongoing interactions with the clients served.

### **Definitions**

Not applicable.

### **Policy**

LOFT employees will endeavor to protect the rights of clients, including the right to freedom from financial or other exploitation, humiliation and neglect. LOFT is committed to the continuous improvement of quality of service.

LOFT employees will, in a timely manner, provide access to the following:

- Information pertinent to the client served in sufficient time to facilitate decision-making;
- Informed consent or refusal or expression of choice regarding service delivery, release of information, concurrent services, and composition of the service delivery team;
- Access to referral to legal entities for representation that is culturally appropriate and understanding of clients' unique barriers;
- Access to self-help and advocacy support services;
- Direction for investigation and resolution of alleged infringement of rights and other legal rights (*refer to Complaints Procedure*)
- Client rights will be reviewed with the client annually and this will be documented.

### **Rights Restrictions**

Persons facing issues related to mental illness, substance use, poverty, physical health, neurocognitive disorder or other neurological conditions have the same basic legal, civil and human rights as other citizens. Their rights should never be limited or restricted unless otherwise stated below.

LOFT is committed to upholding all the rights of people under the law, including the Ontario Human Rights code, the Canadian Charter of Rights and Freedoms, the

Mental Health Act, Healthcare Consent Act and other relevant legislation. The rights outlined therein may be restricted by law or by order of a court or Review Board. In addition, they may be restricted reasonably in order to ensure the protection of the rights and safety of the individual and/or others. In this regard, a restriction of individual rights should only be considered as a last resort and should be withdrawn as soon as the safety of the individual and/or others has been secured.

## **Procedures**

See program manual.

## **Client Access to Records**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

Not applicable to this policy.

### **Definitions**

Not applicable to this policy.

### **Policy**

Clients have the right to request access to their files.

Clients may read their file with a staff present or clients may be given a copy of their file. The original file is the property of LOFT Community Services.

A release should be signed by the client as well as a staff person indicating that the client had requested to review their file and/ or that they have received a copy of their file.

### **Procedures**

See program manual.

# Privacy of Health Information

## Relevant Legislation

LOFT Community Services (LOFT) is a Health Information Custodian under the Personal Health Information Protection Act, 2004 (PHIPA). We are accountable and liable for compliance with PHIPA and the protection of LOFT clients' personal health information.

## Intent

LOFT maintains a privacy program in compliance with the Personal Health Information Protection Act (PHIPA) 2004. PHIPA establishes rules for the collection, use and disclosure of personal health information about individuals, which protect the confidentiality of that information and the privacy of individuals with respect to that information, facilitating the effective provision of health care services. The policy hereto details the measures by which LOFT carefully manages client data and information, as well as our overarching commitment to procedural transparency.

We collect, use and share Personal Health Information only as permitted by law and permitted by PHIPA. LOFT understands that information about LOFT clients and their health is confidential. We are committed to protecting the privacy of this information.

To protect client privacy and ensure the proper use of personal health information, all LOFT staff, volunteers, and practicum students will adhere to privacy policies and standards as set out by law and this policy. As a Health Information Custodian, LOFT and its agents are responsible for ensuring that the personal health information of our clients is treated with respect and sensitivity.

LOFT is committed to safeguarding personal health information, and takes all possible measures to protect personal information from loss, misuse, unauthorized access, disclosure, alteration, or destruction.

To fulfill LOFT responsibility with respect to accountability and openness, LOFT clients have opportunity to access their Personal Health Information at any time and to correct it if it is inaccurate, and contact Privacy Officer with questions and comments.

This policy document underscores LOFT's pledge to be our very best in providing care that is clear, accessible and transparent. This policy will be made publicly available to clients, third-party partners and the broader community to facilitate effective informed consent and strong service partnerships.

## Definitions

**Loft Client:** means individuals who are currently receiving or received in the past health care services from Loft.

**Loft Staff:** means healthcare professionals employed by LOFT that act on behalf of LOFT in respect of collecting, using and disclosing personal health information that is in LOFT's custody.

**PHIPA:** means a provincial health privacy statute that establishes rules for the management of personal health information and protection of the confidentiality of that information, while facilitating effective delivery of health care services.

**Consent:** means individual's right to make their own decision on how their personal health information is collected, used and disclosed.

**Collection of PHI:** means gathering, acquiring, receiving or obtaining personal health information by any means from any source.

**Use of PHI:** means handling or dealing with personal health information for the purpose of provision of health care services.

**Disclosure of PHI:** means making personal health information available or to releasing it to another health information custodian or to another person.

**Health Information Custodian:** means listed persons or organizations under the PHIPA, who have custody or control of personal health information as a result of work they do. As a community mental health agency, LOFT is considered to be a health information custodian.

**Substitute Decision Maker:** means an individual designated to make personal care or financial decisions for another individual if they become unable to make those decisions themselves.

**Personal Health Information:** means any identifying information about an individual relating to the individual's health or to the provision of health care to the individual. For example, an individual's health card number and medical record would be considered personal health information.

**Privacy:** means an individual's right to control how their personal health information is collected, used and disclosed.

**Privacy Breach:** means the collection, use or disclosure of personal health information that is not in compliance with applicable privacy law, or circumstances where personal health information is stolen, lost or subject to unauthorized or

inappropriate collection, use or disclosure, copying, modification, retention or disposal.

## **Policy**

This policy is organized around the *10 Fair Information Principles of the Canadian Standards Association's Model Code for the Protection of Personal Information* (CSA Model Code). The CSA Model Code is recognized as a national standard for privacy protection and it is used across Canada as the basis for health information privacy legislation, including PHIPA.

## **The Guiding Principles**

The principles stated below, and the ensuring processes described in this document, are inter-related and will be interpreted within the context of the 10 CSA principles.

### **4.1 Principle 1 – Accountability for Personal Information**

*The principle of accountability means that LOFT is responsible for PHI under its control and has designated Privacy Officer who is accountable for LOFT compliance with privacy principles.*

**4.1.1.** LOFT is responsible for the collection, use and disclosure of personal health information in its custody and must align those practices with privacy regulations set under by PHIPA. LOFT will appoint a Privacy Officer to ensure the safe, compliant, transparent and accountable collection of health information. The Privacy Officer is appointed by the CEO and performs the following duties:

- a. oversees LOFT's overarching compliance with agency privacy policy and PHIPA;
- b. works with a team to create policies and procedures that clearly mandate staff responsibilities for use of personal health information;
- c. ensures all LOFT staff are adequately informed of their duties under this policy and PHIPA overall;
- d. oversees regularly scheduled privacy audits and systems monitoring to verify policy compliance, as well as routine reviews of this policy to ensure its accuracy;
- e. ensures the development of transparent complaint procedures and responds to complaints from the public regarding alleged failure to uphold this policy or PHIPA regulations;
- f. verifies that all third-party contacts who administer PHI on LOFT's behalf maintain privacy in accordance with this policy and PHIPA;

- g. establishes and/or appoints a designate to facilitate staff training and orientation procedures related to this policy and privacy updates.

LOFT strives to uphold the principles of openness in the performance of this privacy mandate, and thus will ensure the name and contact information of Privacy Officer is accessible to all staff and clients for inquiries, comments and complaints. This information will be shared when requested and provided in all educational materials, pamphlets and posters.

Privacy Officer  
LOFT Community Services  
15 Toronto Street  
Toronto, ON M5C 2E3  
416-979-1994  
[privacy@loftcs.org](mailto:privacy@loftcs.org)

#### **4.2 Principle 2 – Identifying Purposes for Collecting Personal Health Information**

*The principle of identifying purposes means that the use and rationale for which PHI is collected is identified by LOFT at or before the time the information is collected.*

**4.2.1** LOFT in practice and through the provisions of this policy will clearly define the purposes of collecting and using client PHI. Information collected will only be used for purposes communicated to the client prior to or at the time of collection. Information will not be used for any other stated purpose unless permitted by law and any new use of information will be conducted with the explicit permission of the client.

**4.2.2** LOFT will limit the use of client PHI to what's necessary and legitimate for the provision of client care within our programs and use aggregate data instead of PHI wherever possible. Information will be collected to ensure LOFT can deliver the best care to client in a transparent and reliable manner. LOFT will collect, store and use client information for the purposes of:

- a. providing community support care or assisting in the provision of health care to clients;
- b. considering tenancy, providing housing support and personal care in housing;
- c. planning or delivering programs or services within LOFT Community Services;
- d. evaluating, monitoring and allocating resources to these programs and services;
- e. quality care improvement or quality management of any related program or service;
- f. anonymous data collection/analysis for funding reports and agency progress summaries;

- g. fundraising and development campaigns/materials, but only with express consent;
- h. as otherwise consented to by the individual; and
- i. as otherwise permitted, authorized or required by law

The above stated purposes will be reviewed annually or as the nature and scope of LOFT programming changes. Clients will be duly notified of these changes and information will be made publicly available.

**4.2.3** The aforementioned purposes will be made publicly available, as well as upon client request. The Privacy Policy will be available on LOFT website and/or via hardcopy on all LOFT sites. LOFT clients will also be provided educational materials, including brochures and posters that inform them of use, collection and disclosure purposes.

**4.2.4** LOFT staff will be trained to effectively explain and clarify purposes of collection to clients and/or third party interests. All information obtained in the service of these purposes will be consented to prior to or at the time of being obtained from the client. LOFT staff will be expected to be able to provide rationale for data collection and answer any questions clients may have in relation to this policy.

**4.2.4** Any changes in the purposes of use of information must receive the explicit consent of client prior to that use or collection. Clients will be notified of the change and provide written consent. This consent process will fall in accordance with the following principle on consent to collection, use and disclosure of health information.

### **4.3 Principle 3 – Consent for the Collection, Use and Disclosure of Personal Health Information**

*The principle of consent means that the knowledge and consent of LOFT clients are required for the collection, use or disclosure of PHI, except where exempted by law.*

**4.3.1** Express consent will be required for the collection of personal health information and the subsequent use or disclosure of that information. Where possible and practicable, LOFT will seek express consent for the use and disclosure of personal health information at the time of collection and before PHI is disclosed within and outside of the agency.

**4.3.2** LOFT will make a reasonable effort to ensure that LOFT clients are informed of the purposes for which the information will be collected, used and disclosed through the use of brochures and having information accessible on LOFT website and through other means directly at LOFT program locations. To make LOFT clients consent knowledgeable and meaningful, the purposes will be explained in such a way that the individual can reasonably understand how the information will be used or disclosed.

LOFT will not deceive or mislead LOFT clients to obtain their consent and will not seek consent for any secondary purposes.

**4.3.3** LOFT clients will be informed that consent may be withdrawn at any time, subject to legal restrictions, and LOFT staff will inform the individual of the implications of withdrawal of consent.

**4.3.4** In certain circumstances personal health information can be collected, used, or disclosed without the consent of the individual: when it is not reasonably possible to obtain the individual's consent in a timely manner, for the Ministry of Health and Long Term Care to provide payment for services and when contacting a relative or SDM if the individual incapacitated or ill. In these cases LOFT will rely on clients' implied consent.

**4.3.5** The LOFT client consent policy will be reviewed and updated as required annually along with the review of consent processes and staff actions involved in obtaining client consent.

**4.3.6** In situations where LOFT client is not capable of making decisions with respect to PHI, LOFT will turn to a Substitute Decision Maker for consent to collection, use and disclosure of PHI on behalf of the LOFT client. This list, in order of priority, is the following:

- a. the guardian of the person or the guardian of property
- b. the attorney for personal care or the attorney for property
- c. the representative appointed by the Consent and Capacity Board
- d. the spouse or partner
- e. a child or parent, which includes a Children's Aid Society
- f. a parent with only a right of access
- g. a brother or sister
- h. any other relative
- i. the Public Guardian and Trustee

#### **4.4 Principle 4 – Limiting Collection of Personal Health Information**

*The principle of limiting collection means that the collection of PHI is limited to that which is necessary for the purposes identified by LOFT. LOFT will collect PHI by fair and lawful means.*

**4.4.1** The amount and type of information collected will be limited to that which is reasonably necessary to fulfill the purposes for the collection. LOFT will not collect PHI if other information will serve the purpose.

**4.4.2** LOFT will not collect information by misleading or deceiving clients about the purposes for which the information is being collected. LOFT will provide as much detail as is reasonably necessary regarding the purpose for collecting PHI in order for clients to provide knowledgeable consent. LOFT clients will be informed that they can restrict the collection of PHI. LOFT clients' feedback on clear communication of PHI collection practice will be included in annual review of information collection and handling practices.

**4.4.3** Please refer to Principle 2 for description of purposes for collection PHI by LOFT.

#### **4.5 Principle 5 – Limiting Use, Disclosure and Retention of Personal Health Information**

*The principle of limiting use, disclosure and retention means that PHI will not be used or disclosed by LOFT for purposes other than those for which it was collected, except with the consent of the individual or as required by law. PHI will be retained by LOFT only as long as necessary for the fulfillment of those purposes.*

**4.5.1** LOFT will use and disclose PHI only for purposes it was collected, except with the consent of the client or as permitted or required by law. If a new purpose is identified, LOFT will seek the clients' express consent to use and disclose PHI. LOFT staff will update clients' PHI as needed and deemed appropriate.

**4.5.2** LOFT will monitor procedures, legal contracts, policies, and technical controls to ensure appropriate restrictions on the use and disclosure of PHI and make necessary changes and adjustments when needed.

**4.5.3** LOFT may generally disclose PHI to:

- a. a health care provider for the provision of LOFT client care, where it is not reasonably possible to obtain the individuals' consent in a timely manner, except where the individual expressly instructed LOFT not to make the disclosure
- b. the Ministry of Health and Long Term Care or other Health Information Custodian to secure or provide funding for services
- c. a person for the purpose of contacting a relative or friend of LOFT client if the individual is injured, incapacitated or ill and unable to give consent personally

- d. any person to confirm that the individual is a client of LOFT, provided that the individual has been given an opportunity to object and has done so
- e. a person for the purpose of identifying a deceased LOFT client or to inform a person of the fact that LOFT client is deceased, and of circumstances of their death when appropriate
- f. a spouse, partner, sibling or child of a deceased LOFT client if the recipients of the information require that information to make decisions about their own health care or their children
- g. a person for the purpose of determining or verifying eligibility of LOFT client to receive health care or other services or benefits where there are funded by the Government of Ontario or Canada or by a municipality
- h. a person conducting an audit or reviewing an application for accreditation
- i. a person designated to compile and maintain a registry of PHI for the purposes of facilitating or improving the provision of health care
- j. the Chief Medical Officer of Health or medical officer of health
- k. a public health authority established under the laws of Canada, a province or other jurisdiction under the Health Protection and Promotion Act
- l. a person where there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to an individual or a group of individuals
- m. the head of a penal or other custodial institution in which the individual is being lawfully detained or to officer in charge of a psychiatric facility, to assist in making a decision concerning provision of health care to the individual or the placement of the individual into custody, detention, release, discharge or conditional discharge
- n. subject to any applicable regulation, as required for the purposes of a legal proceeding, contemplated legal proceeding, to comply with the Court Order, summons or warrants issued by a court or tribunal, or to comply with a procedural rule
- o. a professional college, Public Guardian and Trustee, a Children's Aid Society
- p. a researcher, provided that specific requirements and conditions are met
- q. a person or entity for the purposes of planning or managing the health care system, or to health data institute as permitted by law

- r. a person carrying out an inspection, investigation or similar procedure authorized by a warrant, a court order or otherwise authorized by law
- s. a successor, archive, the Minister of Health and Long Term Care
- t. as otherwise permitted, authorized or permitted by law

**4.5.4 Retention of PHI** LOFT will ensure that appropriate PHI retention schedules are in place. The retention period will be long enough to fulfill identified purposes for which it was collected and for LOFT clients to access and/or challenge accuracy of PHI. LOFT clients will be notified about LOFT retention period policy and PHI disposal procedures.

LOFT will generally retain client health record containing PHI for a minimum of 10 years after discharge from LOFT services, unless in some cases, it is necessary to retain the health record for a period of time that is longer than 10 years.

The following LOFT client records will be retained by LOFT for a minimum of 10 years:

- a. Electronic client health records that contain: demographic information, diagnosis and medication, incident reports, employment and income information, hospitalization records, clinical assessments and case notes and client's contact information.
- b. Client clinical care agreements that contain: consent forms, service agreements, service plans, complaint forms and release of PHI requests.
- c. Client residential agreements that contain: residence lease agreement, arrears information and payment agreement, eviction notice and outcome.

**4.5.5** LOFT will proceed to securely dispose of PHI after the maximum period of retention ends after 10 years. No records will be disposed of before the maximum retention period has been met. Records will be disposed of in a secure manner such that the reconstruction of the record is reasonably foreseeable in the circumstances. LOFT will hire confidential shredding services for disposal of large quantities of health records containing PHI. LOFT staff will fine/cross shred paper copies of small quantities of health records. Electronic health records will be archived by LOFT staff.

Disposal of health records containing PHI will be documented by LOFT staff and maintained permanently. The PHI disposal document will contain the following information and will be sent to the Privacy Officer with the following meta-data:

- a. Date of disposal
- b. Method of disposal
- c. Description of disposed documents
- d. Inclusive dates covered
- e. Statement that the records were disposed in the normal course of business
- f. Signatures of the individuals supervising and witnessing the disposal

#### **4.6 Principle 6: Accuracy of Personal Health Information**

*The principle of accuracy means that PHI collected by LOFT will be as accurate, complete and up to date as is necessary for the purposes for which it is to be used.*

**4.6.1** LOFT will ensure that client PHI is current, accurate and relevant to the client's care. PHI is extremely useful for making decisions related to support and thus can impede effective care if information is out of date or inaccurate. Some examples of information that is important for accuracy and appropriate for updates are:

- medication
- physical and mental health diagnosis
- physicians/care providers name & contact
- emergency contacts
- third-party consent

**4.6.2** LOFT staff and management will conduct regular file audits to verify PHI is accurate and accords with the standards in this policy. Information will be reviewed annually. While LOFT endeavors to ensure all PHI is up to date, accuracy of information is limited by the frequency and scheduling of assessment as well as the disclosure of the client.

**4.6.3** LOFT clients will have the opportunity to review and correct any fact based PHI related to the information examples provided above (as opposed to staff assessments, consult reports etc.). The process whereby clients can review their information is documented in the proceeding section 4.9 related to *Individual Access to Personal Health Information*.

#### **4.7 Principle 7: Safeguards for Personal Health Information**

*The principle of safeguards means that PHI will be protected by LOFT by employing security safeguards appropriate to the sensitivity of the information.*

**4.7.1** LOFT will implement security safeguards to protect PHI against loss or theft, unauthorized access, disclosure, copying, use or modification. LOFT will protect PHI regardless of the format in which it is held and the level of security safeguards will be appropriate and proportional to the level of sensitivity of PHI. The methods of PHI protection will include the following measures:

- a. Physical (e.g. locked filing cabinet, restricted office access)
- b. Organizational ( mandatory annual staff training, confidentiality and user agreements, role-based access to PHI, regular audits of staff practices, 'Clean Desk' policy)

- c. Technological (e.g. passwords and user ID's, encryption of devices, firewalls and virus scanners, automatic backup for file recovery)

**4.7.2** LOFT will have a Privacy Breach Protocol in place so that there is a process to follow in the event where PHI is lost, stolen or accessed by someone without authorization to do so. Privacy Officer will conduct an internal investigation into the privacy breach and take appropriate remedial action. LOFT will also report confirmed privacy breaches to the Information and Privacy Commissioner.

#### **4.8 Principle 8: Openness about Privacy Policies and Practices**

*The principle of openness means that LOFT will make readily available to clients specific information about its policies and practices related to the management of PHI.*

**4.8.1** LOFT is committed to openness and transparency regarding its information and privacy measures. A clear and transparent policy ensures that clients can obtain the information they need to make informed decisions about accessing services. LOFT will take reasonable measures to ensure that staff and clients are appropriately informed of all laws, policies and practices that apply to PHI.

**4.8.2** LOFT will make information regarding its privacy policies as well as measures to reach out for concerns or complaints publicly available in a number of ways, including:

- a. LOFT policy and procedure manual, including privacy policies, will be available in hardcopy at all program sites and electronically accessible online via agency website
- b. Clients on occasion and upon request will be provided pamphlets and brochures detailing LOFT privacy policies and practices
- c. The contact information – the email and phone number – for LOFT Privacy Officer will be distributed to clients and publicly posted on LOFT website
- d. All staff will be thoroughly trained and educated on LOFT privacy policies in order answer any questions regarding this policy and/or how to access its contents

**4.8.3** LOFT staff will be expected to read and understand the contents of this policy. All staff must sign and acknowledge they have read the privacy policy. LOFT staff will also sign a confidentiality statement upon hire and agree to abide to the terms laid out in that statement.

**4.8.4.** LOFT will openly communicate and disseminate information regarding its privacy policies and practices to third-party partners in which the agency conducts service partnerships, agreements and collaborations.

**4.8.5** Where applicable and appropriate, all staff belonging to a professional college (e.g. the College of Social Workers, College of Nurses etc.) will communicate their compliance to these practices and policies as part of their professional membership.

#### **4.9 Principle 9: Individual Access to Personal Health Information**

*The principle of individual access means that upon request, client will be informed by LOFT about the existence, use and disclosure of their PHI and will be given access to that information. Clients will be able to challenge the accuracy and completeness of the information and have it amend it as appropriate.*

**4.9.1** Upon request, LOFT will inform clients of the existence, use and disclosure of their PHI and they will be provided access to that information. Exceptions to the right of access requirement will be in accordance with the law. Examples may include information that could reasonably be expected to result in a risk of serious harm or information that is subject to legal privilege. The reasons for denying or restricting access will be provided by LOFT to the individual requesting access to PHI. LOFT will ask the client to confirm their identity and fill out appropriate form with the request to access PHI. LOFT will respond to access requests within 30 days from date the request has been received and at no cost to the client requesting PHI. The requested information will be made available by LOFT in a form that is generally understandable.

Access to PHI does not apply to all records containing the following types of information:

- a. the record contains quality of care information
- b. the record contains information collected/created to comply with the requirements of a quality assurance program
- c. the record contains raw data from standardized psychological tests or assessments
- d. the record is subject to a legal privilege that restricts disclosure to the requestor
- e. other legislation or court order prohibits disclosure to the requestor
- f. the information in the record was collected/created in anticipation of or use in a proceeding that has not concluded
- g. the information in the record was collected/created for an inspection/ investigation/ similar procedure authorized by law that has not concluded

- h. granting access could reasonably be expected to result in a risk of serious harm to the client or to others
- i. granting access could lead to the identification of a person who was required by law to provide the information in the record
- j. granting access could lead to the identification of a person who provided the information in the record in confidence (either explicitly or implicitly) and it is considered appropriate to keep the name of this person confidential
- k. the request for access is frivolous, vexatious or made in bad faith
- l. the identity or authority of the requestor cannot be proven by the requestor

**4.9.2** LOFT client will be able to challenge the accuracy and completeness of factual information in their record and have an opportunity to amend it as appropriate. When a LOFT client successfully demonstrates the inaccuracy or incompleteness of their record, LOFT will correct all factual information as required. Otherwise, LOFT client may require that a statement of disagreement be attached to the record. Upon request of LOFT client, the corrected factual information or statement will be communicated to third parties to whom the information in question has recently been disclosed.

#### **4.10 Principle 10: Challenging Compliance with the Privacy Policies and Practices**

*The principle of challenging compliance means that LOFT client will be able to address a challenge concerning compliance with the privacy principles to the designated individual accountable for LOFT's compliance.*

**4.10.1** LOFT's Privacy Officer will be responsible for the agency's compliance with privacy principles. LOFT will put procedures in place to receive and respond to complaints or inquiries about policies and practices relating to the handling of PHI. Inquiry and complaint procedures will be explained to LOFT clients.

**4.10.2** LOFT is committed to investigate all complaints, and if justified, take appropriate action including, where necessary, amending current policies and practices.

**4.10.3** LOFT will ensure that challenging compliance process is easily accessible and simple to use and LOFT staff responds to client inquires in a fair, accurate and timely manner. LOFT will regularly review complaint and dispute resolution processes for its effectiveness, fairness, impartiality, confidentiality, ease of use and timeliness.

## **Procedures**

See program manual.

## Accessibility Policy

### Relevant Legislation

Section 7/Section 80.49 Ontario Regulation 191/11, Integrated Accessibility 11.1 Standards Regulations – AODA

### Intent

LOFT Community Services ensures that all of its staff, agents, volunteers, or others engaged by the Provider in the delivery of goods, services and/or facilities receive training on the requirements of the accessibility standards and on the Human Rights Code as it pertains to people with disabilities.

### Definitions

**Accessibility:** Accessibility refers to the design of products, devices, services, or environments for people who experience disabilities. Ontario has laws to improve accessibility for people with disabilities, including the Accessibility for Ontarians with Disabilities Act (AODA), the [Ontario Human Rights Code](#), and the [Ontario Building Code Act](#).

**AODA:** The Accessibility for Ontarians with Disabilities Act (AODA) seeks to ensure that all Ontarians have fair and equitable access to programs and services and to improve opportunities for persons with disabilities. The Act address barriers in Customer; Information and Communication; Employment; Transportation; the Design of Public Spaces

**Disability:** A disability is a physical or mental condition that limits a person's movements, senses, or activities. The AODA uses the same definition of disability as the [Ontario Human Rights Code](#).

### Policy

#### Training

All LOFT staff, agents, volunteers, or others engaged by the Provider in the delivery of goods, services and/or facilities will receive training on the requirements of the accessibility standards and the Human Rights Code as it pertains to people with disabilities.

#### Information and Communication Standards

- LOFT will ensure processes for receiving and responding to feedback is accessible to persons with disabilities.

- Upon request, LOFT will provide or make arrangements to provide accessible formats and communication supports.
- Provision of accessible formats and communications supports will be delivered in a timely manner that considers the person's accessibility needs and will be based on consultation with the person making a request.
- LOFT will ensure the public is aware of all accessible formats and communication supports.
- LOFT will ensure that its internet websites and content conform to the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, at Level AA, except in instances of undue difficulty.

### **Client Supports**

LOFT will provide information on its policies and all updates concerning support for clients with disabilities. This information is to be provided to all new clients to ensure all programs, services and opportunities are accessible.

Where requests for information and communications in accessible formats cannot be granted within a reasonable timeframe considering the person's accessibility needs, LOFT will let the client know and provide an alternative format.

### **Employment Standards**

LOFT will notify all staff, prospective staff, and the public about the availability of accommodations to meet accessibility needs. This information and related procedures will also be provided to new staff as soon as possible after they commence employment.

For more details, please visit the program-specific procedures.

### **Accessibility Plan**

LOFT will develop, maintain, and document an Accessibility Plan outlining the strategy to prevent and remove barriers, thereby improving opportunities for persons with disabilities.

The Accessibility Plan will be reviewed and updated yearly.

### **Procedures**

Standards shall be in accordance with the respective regulations and shall include, without limitation, a review of the purposes of the AODA, the requirements of the Regulations, and the Human Rights Code as it pertains to people with disabilities.

## **French Language Services Policy**

### **Relevant Legislation**

The French Language Services Act of Ontario

### **Intent**

LOFT Community Services endeavours to provide clients or perspective clients with services or access to services in French wherever possible.

### **Policy**

LOFT recognizes the needs and expectations of the francophone community and will provide services or links to services for individuals requesting services in French.

### **Procedures**

LOFT will provide an offer of services in French at our Administrative office as well as a voice mail message (in French) directing francophone individuals to services in French. Our website has contact information (written in French) to direct individuals to services in French.

Effective March 2018.

# Human Rights, Safety, Responsibilities

## Anti-Oppression and Anti-Racism Policy

### Intent

LOFT sees anti-oppression and anti-racism as informing its approach to diversity, equity, and inclusion and as a critical step in addressing client needs and supporting long-term outcomes. LOFT is committed to listening and responding to concerns, allegations and recommendations from staff or clients. This policy outlines these theoretical frameworks as well as LOFT's commitments to confronting and dismantling oppression.

### Definitions

**Power:** The ability to influence others and impose one's belief. It includes access to information/knowledge, connections, experience and expertise, resources and decision-making that enhances a person's chance of getting what they need to live a comfortable, safe, productive and profitable life.

**Privilege:** The experience of unearned freedoms, rights, benefits, advantages, access and/or opportunities afforded to some because of their group membership or social context.

**Oppression:** The use of power by a dominant group to disempower, silence, or marginalize another social group or category. Oppression can occur intentionally or unintentionally due to unconscious biases. Oppression can be systemic or individual. Systemic oppression consists of practices, policies, laws and standards that disadvantage a particular group or category of people. Individual oppression includes demeaning and oppressive behaviour toward, and treatment of, a particular group or category of people expressed through individual attitudes, beliefs and values.

**Racism:** A form of oppression. It is the use of power to discriminate against another person or group based on race. Racism can be systemic or individual and manifests in 4 forms:

- Internalized racism: Occurs when individuals internalize the negative messages received about one's racial identity.
- Interpersonal racism: Is based on the negative attitudes, beliefs and values that one consciously or unconsciously holds about a racial group.
- Institutional racism: Includes the construction and implementation of policies and protocols that create and reinforce racial disparities.

- Structural racism: When overlapping systems interact to deepen disparities and maintain racial marginalization.

**Anti-Oppression:** Recognizes that systems of oppression exist in our society due to imbalances in power and unearned privileges for certain groups. Anti-oppression attempts to address this by a) challenging individual, social and structural examples of oppression and b) self-reflecting on our own power and privilege within these systems and our complicity in upholding these structures.

**Anti-Racism:** Recognizes racism as a system of oppression and the ongoing process of identifying, challenging and eliminating racism. This includes recognition of the unique structural and historical experiences of oppression shaped by anti-Black racism and anti-Indigeneity.

**Intersectionality:** Recognizes that multiple forms of oppression are intersecting and overlapping and that the impacts are more significant (e.g. the intersections of racism and sexism, or transphobia and ableism).

## **Policy**

LOFT is committed to:

- Eliminating all forms of oppression in providing programs and services. This creates a safe space that fosters open and respectful inclusion of clients, staff, volunteers, student placements, Board of Directors and external stakeholders.
- Calling for change in inequitable practices and policies that create disparities and systemic barriers for marginalized communities.
- Supporting best practices and the work of champions in the community that work toward the dismantling of oppression.
- Ensuring all staff, volunteers, student placements, Board of Directors receive training and education to uphold these values.
- Educating clients, partners and collaborators about the impact of oppression and how it affects client outcomes.
- Confronting structural oppression by regularly reviewing LOFT's policies and procedures and challenging systems that oppress and marginalize our clients.

## Complaints Resolution

Clients, staff, and other stakeholders are encouraged first to approach the person the complaint is about to resolve the complaint informally, but are not obligated to do so, especially if they believe approaching the person can lead to an escalation, safety risks, or reprisal. If the complainant feels they can safely make their complaints known, this may resolve the matter.

If the situation cannot be resolved by speaking to the person the complaint is about, a formal complaint can be made to either one's supervisor, Human Resources or the Senior Director of their program services.

If the complaint cannot be resolved, it will be forwarded to the Senior Director of People and Culture to determine whether further action is warranted.

If necessary, the CEO or an independent external investigator may be called on by the Senior Director of People and Culture to assist with the situation and recommend resolutions where appropriate.

The complainant will receive an offer of culturally-appropriate counselling supports through the Staff Assistance Program. If necessary, the complainant or the respondent may also be separated, placed on a paid leave of absence, moved to a different location in the organization, or provided with alternative reporting relationships.

Any complaints made will reflect the principle that the complainant will not be penalized for making a complaint.

Providers would be required to respond to complaints within 60 days, but if a complaint is around alleged abuse, harm or risk of harm, the provider would be required to: respond within 10 business days, immediately investigate the complaint, and immediately disclose the complaint to any relevant partner Health Service Providers if the provider is a contracted provider as long as this is keeping with LOFT's Privacy policy. It is expected that complaints are reviewed and analyzed and that findings and resolutions be communicated to the complainant.

## **Diversity, Equity and Inclusion**

### **Intent**

LOFT addresses diversity, equity, and inclusion in all facets of the organization. This policy outlines LOFT's commitments and actions related to diversity, equity and inclusion.

### **Definitions**

#### **Health Equity**

Within the health system, equity means reducing systemic barriers to equitable access to high quality health care for all; addressing the specific health needs of people along the social gradient, including the most health disadvantaged populations; and ensuring that the ways in which health services are provided and organized contributes to reducing overall health disparities.

Health inequities or disparities are differences in health outcomes that are avoidable, unfair and systematically related to social inequality and marginalization. Health equity works to reduce or eliminate socially structured health inequalities and differential health outcomes.

(Health Equity Impact Assessment workbook, LHINs)

#### **Diversity**

The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique and recognizing our differences. These can be along demographic dimensions, such as race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. They can also encompass experiential diversity, including education, interests and experiences, and cognitive diversity, such as how a person thinks, problem-solves and makes decisions.

It is the exploration of these differences in a safe, positive and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

(University of Oregon, 1999; [Harvard Business Review](#), 2018)

## **Equity**

The concept of equity states that accommodations are needed to create a level playing field because of diverse needs and experiences. Equity requires removing barriers and privileges to ensure that programs, services, supports and opportunities are accessible to all regardless of factors such as race, gender identity, or belief system. It ensures everyone has the specific resources and accommodations they need, and these resources may be more, less or different from others based on diversity dimensions.

Equity is different from equality, whereby everyone receives the same resources regardless of their diverse needs.

## **Inclusion**

Inclusion occurs when a person feels welcome at LOFT and can be determined by perceptions of fairness, respect, a sense of value and belonging. Inclusion appreciates the full range of diverse backgrounds and experiences the staff, clients and consumers, volunteers, and other stakeholders bring and creates spaces where all can bring their authentic self and feel safe.

([Deloitte](#), 2013)

## **Policy**

### **LOFT's Commitment to Staff**

LOFT is an equal opportunity employer. The organization makes every effort to employ diverse individuals who are reflective of the population it serves. Hiring and personnel practices do not discriminate with regard to age, ancestry, colour, race, citizenship, ethnicity, place of origin, creed, disability, gender identity, gender expression, sex, sexual orientation or any other specific area specified under the Ontario Human Rights Code.

LOFT policies, procedures and programs reflect a respect for the values and diversity of all people. All programs are developed acknowledging the diversity of the persons served and the diversity of the service area

### **LOFT's Commitment to Clients**

LOFT services will be designed and delivered in a manner that is sensitive and relevant to the diversity of the persons served and the service area. Assessment of a client's needs includes addressing all factors that relate to the context in which the

person lives, as well as the barriers they may face and is based on the strengths, needs and preferences of the individual. All of these unique characteristics are taken into consideration.

Sensitivity to the diversity of the persons served in the programs will be reflected in all services.

### **Client Responsibilities to Staff and Peers**

Clients are expected to engage all people with respect for their uniqueness and dignity and treat all people fairly and with courtesy. Clients are expected to be respectful of all diversity and avoid discriminating on the grounds of colour, creed, ethnicity, sexual orientation, age, physical or mental disability, social class, religion or political belief.

### **Organizational Commitment**

LOFT completes a Health Equity Impact assessment annually as part of our accreditation.

LOFT reviews data, relevant work plans and the impact assessment annually to enhance the overall evidence base for equity-based interventions that can be fed back into the planning, policy or program development process.

# **Human Rights and Anti-Discrimination**

## **Relevant Legislation**

Under the Ontario Human Rights Code, every person has the right to freedom from harassment and discrimination. Harassment and discrimination will not be tolerated, condoned, or ignored at LOFT Community Services. If a claim of harassment or discrimination is proven, disciplinary measures will be applied, up to and including termination of employment.

## **Intent**

### **Organizational Commitment**

LOFT Community Services is committed to providing an environment free from discrimination and harassment, in which all individuals are treated with respect and dignity, and are able to contribute fully and have equal opportunities.

The objectives of this Policy are to ensure that employees, clients, board members, volunteers and associates of LOFT Community Services are aware that harassment and discrimination are unacceptable practices and are incompatible with the standards of this organisation, as well as being a violation of the law. This Policy will also set out principles and standards for behaviour that may be considered offensive and are prohibited by this Policy.

## **Definitions**

Not applicable to this policy.

## **Policy**

### **Application**

The right to freedom from discrimination and harassment extends to all employees, including full-time, part-time, temporary, probationary, relief/casual and contract staff, as well as volunteers, students, board members and clients.

It is also unacceptable for employees of LOFT Community Services to engage in harassment or discrimination when dealing with clients, clients on the waiting list for services, staff from other organizations and persons with whom they have professional dealings.

This Policy applies at every level of the organization and to every aspect of the workplace environment and employment relationship, including recruitment, selection, promotion, transfers, training, salaries, benefits and termination. It also

covers rates of pay, overtime, hours of work, holidays, and shift work, discipline and performance evaluations.

This Policy applies to events that occur outside of the physical workplace such as during staff training conferences and staff parties.

It is the responsibility of management and employees to report any known harassment or discrimination.

### **Protected Grounds**

This Policy prohibits discrimination or harassment on the basis of the following grounds, and any combination of these grounds:

- Age
- Creed (religion)
- Sex (including pregnancy and breastfeeding)
- Gender Identity
- Family status (such as being in a parent-child relationship)
- Marital status (including the status of being married, single, widowed, divorced, separated, or living in a conjugal relationship outside of marriage, whether in a same sex or opposite sex relationship)
- Disability (including mental, physical, developmental or learning disabilities)
- Race
- Ancestry
- Place of origin
- Ethnic origin
- Citizenship
- Colour
- Receipt of public assistance (in housing only)
- Record of offences (in employment only)
- Sexual orientation
- Association or relationship with a person identified by one of the above grounds
- Perception that one of the above grounds applies.

### **Prohibited Behaviour**

The following behaviour is prohibited by this Policy:

**Discrimination:** means any form of unequal treatment based on a Code ground, whether imposing extra burdens or denying benefits. It may be intentional or unintentional. It may involve direct actions that are discriminatory on their face, or it may involve rules, practices or procedures that appear neutral, but have the effect of disadvantaging certain groups of people. Discrimination may take obvious forms, or it may occur in very subtle ways. In any case, even if there are many factors affecting a decision or action, if discrimination is one factor, that is a violation of this Policy.

**Bullying:** refers to any acts or verbal comments that could psychologically, mentally, emotionally, or physically hurt or isolate a person in the workplace. It includes repeated incidents or a pattern of behaviour intended to intimidate, offend, degrade or humiliate a particular person or group of people, or the assertion of power through aggression. Relative to harassment, bullying does not necessarily occur based on OHRC protected grounds. Examples of bullying include:

- Excluding or isolating someone socially
- Undermining or deliberately impeding a person's work
- Making jokes that are 'obviously offensive' by spoken word or e-mail
- Assigning unreasonable duties or workload which are unfavourable to one person (in a way that creates unnecessary pressure)
- Blocking applications for training, leave or promotion

**Harassment:** means a course of comments or actions that are known, or ought reasonably to be known, to be unwelcome. It can involve words or actions that are known or should be known to be offensive, embarrassing, humiliating, demeaning, or unwelcome, based on a ground of discrimination identified by this Policy. Harassment can occur on any of the grounds of discrimination.

Examples of harassment include:

- Epithets, remarks, jokes or innuendos related to an individual's race, sex, disability, sexual orientation, creed, age, or any other ground.
- Display or circulation of offensive pictures, graffiti or materials, whether in print form or via e-mail or other electronic means.
- Singling out an individual for humiliating or demeaning "teasing" or jokes because they are a member of a protected group.
- Comments ridiculing an individual because of characteristics, dress etc. that are related to a ground of discrimination.

The fact that a person does not explicitly object to harassing behaviour, or appears to be going along with it does not mean that the behaviour is not harassing, and does not mean that it has been assented to.

For incidents of sexual harassment refer to LOFT's separate [Sexual Harassment Policy](#).

**Poisoned environment:** a poisoned environment is created by comments or conduct (including comments or conduct that are condoned or allowed to continue when brought to the attention of management) that create a discriminatory work environment such that it can be said that it has become a term and condition of one's employment to have to be in such a workplace. The comments or conduct need not be directed at a specific individual, and may be from any individual, regardless of position or status. A single comment or action, if sufficiently serious, may create a poisoned environment.

## **Roles and Responsibilities**

All persons to whom this Policy applies (see section headed "Application") are expected to uphold and abide by this Policy, by refraining from any form of harassment or discrimination, and by cooperating fully in any investigation of a harassment or discrimination complaint.

All persons, to whom this Policy applies, regardless of position or role within the organization, must report all incidents of harassment or discrimination to the Director of Operations. An individual who has reasonable grounds to believe that behavior contrary to this Policy is occurring within the organization and reports the behavior, in accordance with the Complaints Procedure, to the Director of Operations will not be subject to reprisal as a result of making the report.

Managers and supervisors have the additional responsibility to act immediately on observations or allegations of harassment or discrimination. Managers and supervisors are responsible for creating and maintaining a harassment and discrimination-free organization, and should address potential problems before they become serious.

## **Procedures**

See program manual.

Revised January 2018

## **Complaints Procedure for External Stakeholders**

### **Intent**

The intent of this policy is to set out a clear process by which external stakeholders, including donors, supporters and members of the general public can make a complaint about LOFT's activities, programs, services, staff or volunteers.

LOFT provides a complaints procedure for internal stakeholders: service users, staff and other LOFT community members. This is located in the LOFT Policy Manual on-line under the About Us tab of the LOFT website. Once in the Policy Manual, look under the heading of Human Rights, Safety, Responsibilities.

For a complaint of Workplace or Sexual Harassment or a complaint of Human Rights violation, please refer to the policies written to address these specific concerns and the relevant procedures set out in those policies also included in the on-line LOFT Policy Manual.

LOFT is accredited by Imagine Canada in order to ensure the highest standards in the treatment of donors, in our fundraising practices and in our financial transparency. Information on these accreditation standards, and how to make a complaint specific to it, can be found on the LOFT website on the Commitment to our Donors page under the Support LOFT tab and under the Fundraising Practices heading in the online Policy Manual.

### **Definitions**

A complaint is an expression of dissatisfaction about the service, actions, or lack of action by LOFT as an organization or a staff member or volunteer acting on behalf of LOFT.

### **Procedure**

LOFT is committed to dealing with complaints promptly and resolving them as quickly as possible. All complaints are reviewed fairly, impartially and in a manner that is respectful to all parties.

Complaints can be made in person, by phone, mail, fax or email. LOFT requests that the complainant include their name and a means of contacting them: a phone number, email address or mailing address. Please note that although all complaints are taken seriously it may not be possible for LOFT to respond or act on a complaint if it is made anonymously or does not include contact information.

Complainants are informed that they have the option of escalating their complaint to a more senior staff person if they are dissatisfied with treatment or outcomes.

Complainants are also provided with clear, understandable reasons for decisions made regarding their complaint.

If the resolution of a complaint takes an unduly long time, complainants will be updated during the review process.

LOFT uses complaints to assist in improving services, policies and procedures.

### **Procedures for Staff or other LOFT Representatives Receiving and Handling a Complaint:**

A complaint can be received verbally (by phone or in person) or in writing (by mail, fax or email).

Any LOFT staff member or volunteer who receives a complaint from an external stakeholder will use the following guideline in handling the complaint:

- Name the problem

The person who receives the complaint should acknowledge to the complainant that the complaint has been received and will be acted upon either by them or by another staff member. If a timeframe for resolution is available, it should be included in the acknowledgement.

- Own the complaint

When a staff or volunteer receives a complaint, first determine the proper person to handle it. This will generally be the person who has the primary relationship with the complainant or the person with the specific knowledge needed to resolve the problem.

Basic contact information for the complainant – name, phone number and email address – should be recorded immediately.

It is the responsibility of the person who receives the complaint to either resolve it or transfer it to another person who can resolve it. If a complaint is transferred, the person to whom it is transferred must acknowledge that they have received it and will act on it.

- Apologize

Regardless of the nature or validity of a complaint, it is not LOFT's intent to cause distress or inconvenience to a supporter or member of the public. It is appropriate for the person receiving the complaint to apologize for any distress or inconvenience experienced by the complainant and thank the complainant for making contact.

- Resolution

Every effort should be made to resolve complaints in a timely fashion. When receiving a verbal complaint, staff should listen and seek to understand it, and may attempt to resolve it immediately. Complaints received in writing should be acknowledged within 2 business days. Staff should attempt to resolve all complaints within 10 business days.

Where a complaint cannot be easily resolved, it should be escalated to the relevant Senior Staff. If this person cannot resolve the issue it should be escalated to the CEO. If the complaint is about the CEO, it will be handled by the board chair.

Complainants should be kept informed of the status of their complaint. If the complaint cannot be resolved within the allotted time, the complainant should be informed and every effort made to resolve it within an additional 10 days.

All complaints should be resolved within 1 month of being received.

- The Future

All complaints should be documented including a description of the complaint, who handled it, the timeframe and what was done to resolve it.

A complaint that cannot be resolved immediately should be followed-up after it is resolved to review the nature of the complaint, how it was resolved, and whether it can be used to improve services, policies or procedures.

### **Reporting on Complaints:**

At least once a year, the board is informed of the number, type and disposition of complaints received under this policy.

## **Whistleblower Policy for Board and Staff**

### **Intent**

LOFT Community Services is committed to ensuring the organization acts in accordance with applicable laws and observes the highest standards of business and personal ethics in conducting its responsibilities. This policy sets out the duty of all Board members and staff to report information relating to illegal or unethical practices, violations of LOFT policies, or financial misconduct or suspected misconduct, including fraud and financial impropriety, and ensures that anyone who makes a report in good faith will be protected from retaliation.

### **Policy**

#### **Duty to Report**

It is the duty of all Board members and staff to report concerns about illegal or unethical practices, violations of LOFT policies, or financial misconduct or suspected misconduct, including fraud and financial impropriety to the LOFT Compliance Officer. This includes but is not limited to:

- Breach of legal obligations, rules, regulations or policy
- Endangerment of health and safety
- Gross mismanagement or omission or neglect of duty
- Abuse of authority
- Providing false or misleading information, or withholding material information on LOFT financial statements, tax returns or other public documents.
- Misappropriation or misuse of LOFT resources such as funds or assets.
- Unauthorized alteration or manipulation of electronic records.
- Pursuit of material benefit or self-advantage in violation of LOFT's Conflict of Interest Policies.
- Concealment of any of the above or any other breach of this policy

The proper investigation of a report may require that additional facts and information be obtained from the complainant to substantiate the allegations and confirm good faith. Therefore, LOFT does not accept anonymous misconduct reports.

#### **Acting in Good Faith**

Anyone filing a complaint alleging misconduct must act in good faith and have reasonable grounds for believing the information disclosed indicates wrongdoing. Making allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false could result in disciplinary action up to and including termination.

## No Retaliation

No Board member or staff member who makes a report in good faith shall suffer retaliation. Retaliation means any direct or indirect detrimental action threatened or taken against an individual. Anyone who is found to have retaliated against someone who has made a report in good faith will be subject to disciplinary action up to and including termination.

## Procedures

### Compliance Officer

LOFT's Compliance Officer for the purpose of this policy is the Senior Director, Administration and Transformation & Privacy Officer. The Compliance Officer is responsible for investigating and resolving all reported complaints and allegations under this policy and is required to report to the CEO on all complaints of misconduct and retaliation. If, due to the nature of the complaint, the CEO is not the appropriate person to receive the report, the Compliance Officer will report to the Board Chair.

Individuals who are not comfortable making their report to the Compliance Officer may contact the Senior Director, People and Culture to report their concern or send the information anonymously by mail.

#### Contact Detail

Compliance Officer	<a href="mailto:hsechter@loftcs.org">hsechter@loftcs.org</a>
Senior Director, People and Culture	<a href="mailto:abaraka-clarke@loftcs.org">abaraka-clarke@loftcs.org</a>
CEO	<a href="mailto:hmcdonald@loftcs.org">hmcdonald@loftcs.org</a>
Board Chair	<a href="mailto:maryjosmith39@gmail.com">maryjosmith39@gmail.com</a>

### Reporting of Misconduct

A report of misconduct or suspected misconduct is to be made in writing or by email to the LOFT Compliance Officer.

Some useful detail to include:

- Date, time and location
- Names of person(s) involved
- The general nature of your concern
- How you became aware of the issues
- Possible witnesses
- Other information that you have to support your report

The Compliance Officer will report all suspected misconducts to the CEO and will respond to the complainant within 10 business days to acknowledge receipt of the report of misconduct. The Compliance Officer will protect the identity of the complainant and safeguard the confidentiality of any such report, and information will be shared only on a need-to-know basis.

All reports will be investigated within 30 business days unless there are extenuating circumstances. Appropriate action will be taken at the completion of the investigation. The Board of Directors will be informed of all such complaints and their disposition.

### **Reporting of Retaliation**

Individuals who believe that retaliatory action has been taken against them because they have reported misconduct should make a report in writing to the Compliance Officer, forwarding all information and documentation to support their allegation of retaliation. Reports of retaliation will be kept confidential to the extent possible consistent with the need to conduct an adequate investigation.

The Compliance Officer will inform the CEO of any report of retaliation and conduct an investigation within 30 business days of receiving the report.

If the result of the investigation indicates there is a credible case of retaliation or threat of retaliation, the Compliance Officer will refer the findings to the CEO and recommend measures to safeguard the interests of the complainant. The complainant will be informed of the outcome in writing.

The Compliance Officer may also recommend disciplinary actions to be taken against the retaliator. The CEO will make the final decision on the appropriate action to be taken.

If the investigation reveals no credible case of retaliation or threat of retaliation, the complainant will be advised of other mechanisms on conflict resolution.

### **Appeal Process**

If the complainant is not satisfied with the findings of the Compliance Officer, they may make a direct appeal to the CEO within 20 business days of receipt of the written report. Ruling from the CEO will constitute the final disposition of the complaint.

## **Consent to IAR**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

The intent is to have a standardized approach to client consent to IAR.

### **Definitions**

Not applicable

### **Policy**

#### IAR Consent Management Process – LOFT Level

Prior to conducting the assessment, the staff will inform client regarding the collection, use and disclosure of their personal information (PI) and personal health information (PHI) and the client's privacy rights. The client will make an informed decision (either to consent or to withhold their consent initiating a consent directive). Based on the client's decision, the staff will obtain express consent (or consent directive) according to existing consent process. The staff will update CIS and/or Goldcare database with the consent directive received according to existing consent process. If the client decides to update their consent directive, the staff will obtain consent directive update and will update CIS and/or Goldcare database.

#### IAR Consent Management Process – IAR Level

The client can place a call to the centralized Consent Call Centre via a toll free number to register their IAR consent directive. A consent directive to share one's assessments in IAR means all of the client's assessments across HSPs will be shared with participating HSPs that provide care to the client. A consent directive to not share assessments, or withdrawal of a previously provided consent directive to share in IAR, means all of the client's assessments in the IAR – both past and any that will be uploaded in the future – will be locked and no participating HSPs will be able to view them.

### **Procedures**

See program manual.

# **Policies Regarding Donations**

## **Gift Acceptance Policy**

### **Relevant Legislation**

Not applicable to this policy.

### **Intent**

To provide a guideline for the acceptance of charitable gifts.

### **Definitions**

Not applicable to this policy.

### **Policy**

LOFT accepts gifts that are consistent with its mission, purposes and priorities.

The LOFT development staff is authorized to accept all gifts of publicly trading securities and cash, and gifts of property other than real estate.

Gifts of property other than real estate that are not considered marketable or that the donor does not wish LOFT to sell, and that are not of use to LOFT or its service users, will not be accepted.

Gifts of real estate are subject to the discretion of the Board of Directors.

LOFT does not accept gifts that violate the terms of its corporate charter, jeopardize its charitable status, are for purposes outside the mission of LOFT, will be difficult to administer or that may result in any obligation or liability.

### **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).

# Donation of Gift Cards or Certificates

## Relevant Legislation

Canada Revenue Agency (CRA) guidelines at:  
<https://www.canada.ca/en/services/taxes/charities.html>

## Intent

LOFT accepts gift certificates for use in acquiring goods or services to be used in charitable activities, or to be provided to its clients for their personal use. LOFT can also accept gift certificates to be used in fundraising events such as auctions or raffles when such events are official sanctioned by LOFT.

As a Canadian registered charity, LOFT Community Services is authorized to issue official receipts for income tax purposes for the eligible amount of donated gift certificates under specific circumstances.

Please note that, if the donor identifies a specific individual client who is to receive the gift certificate, this is not considered a charitable donation and no tax receipt will be issued.

This policy is intended to cover the issuing of tax receipts only. The use and monitoring of gift certificates is covered under the LOFT Expenses Policy.

## Definitions

**Gift Certificate:** a certificate with a clearly stated monetary value that entitles the recipient to purchase goods and/or services in the issuer's establishment.

**Gift Card:** a card that has a clearly ascertainable monetary value that entitles the recipient to purchase goods and/or services in the issuer's establishment. Whenever possible LOFT encourages the use of electronic gift cards for donation purposes to facilitate tracking and streamline the documentation required as per the below procedures.

**Holder:** the person who has acquired the gift certificate. The holder cannot be the issuer.

**Issuer:** the person (individual, retailer, business) that creates a gift certificate or a gift card redeemable for goods and/or services from that person. An issuer cannot be a holder.

For purposes of this policy, “gift certificate” and “gift card” will be referred to collectively as “gift certificate”.

## **Policy**

LOFT issues donation receipts in compliance with CRA rules and guidance. In order to issue an official donation receipt for a gift certificate, Development must be in possession of proof of value of the certificate. When the gift certificate is donated by the issuer, Development must also be in possession of proof of its use. LOFT will issue an official donation receipt for a donated gift certificate in the following situations:

### **A Cash Donation for the Purchase of Gift Certificates**

When a donor makes a cash donation and indicates that it is to be used for the purchase of gift cards or certificates, the tax receipt is issued in response to the cash donation.

A Gift Certificate is donated by the Holder. When a donor has purchased a gift certificate (s), the donor then being the holder, and donates the gift certificates to LOFT, the following procedures must be followed in order to issue a tax receipt.

### **Proof of Value**

When the cash value of the gift certificate is printed on the certificate, Development must receive a photocopy of the front and back of the gift certificate that clearly showing the cash value and the gift certificate registration number.

If the cash value is not printed on the certificate, Development must be provided with a store receipt that clearly shows the certificate registration number and the cash value, as well as a photocopy of the front and back of the gift certificate showing the certificate registration number.

When the holder does not have proof of the value of the gift certificate, this proof must be obtained from the issuer by taking the certificate to the issuing store and obtaining a store receipt showing the certificate registration number and value. This is to be done either by the donor themselves or by the staff member who has received the certificate. This store receipt must be provided to Development along with the photocopy of the front and back of the certificate clearly showing its registration number.

When the donor has indicated that a gift certificate is intended for the personal use of clients or programs, the program must provide Development with a copy of the

Gift Certificate Acceptance Sheet signed by the client(s) in accordance with LOFT Expenses Policy.

### **A Gift Certificate is Donated by the Issuer**

LOFT does not provide tax receipts to the issuer of a gift certificate.

### **Procedures**

LOFT Development team maintains clear documentation around various development processes and procedures. For further details please contact the development team at [fundraising@loftcs.org](mailto:fundraising@loftcs.org).

# Treatment of Restricted or Designated Gifts

## Relevant Legislation

Not applicable to this policy

## Intent

In accepting a restricted or designated gift, LOFT is making its commitment to use the gift in accordance with the donor's wishes.

## Definitions

A "restricted" or "designated" gift is considered to be a gift for which the donor has given specific directions on how it will be used.

## Policy

LOFT accepts restricted or designated gifts provided such gifts are consistent with LOFT's charitable mission and purposes and do not place any undue burden of administration or oversight on the organization.

Gifts that are restricted or designated for the general operation of a specific LOFT program will be accepted provided that program has need of charitable support, and if the program does not, Development staff will contact the donor to suggest an alternative use of the gift that is in keeping with the donor's particular interest or motive in giving.

If the restriction or designation placed on a gift requires that LOFT undertake any new or additional program, project or activity, even though these may fall within LOFT's mission and purposes, such a gift can only be accepted with approval of LOFT senior staff.

If the gift is a bequest, staff will have this conversation with the Estate Trustee or other appropriate representative.

# **Naming of Buildings, Parts of Buildings & Spaces**

## **Relevant Legislation**

Not applicable to this policy

## **Intent**

LOFT Community Services sets out conditions under which buildings, parts of buildings or spaces may be named in honour of individuals or organizations.

The underlying principle of any naming is that the person(s) or organization(s) for whom the space will be named and LOFT Community Services should both be honoured by the naming of the building, part of building or space.

## **Policy**

Persons or organizations that may be honoured by the naming of a building, part of building or space include:

- a) Persons or organizations that have contributed to the life and mission of LOFT Community Services through voluntarism or other dedicated services.

OR

- b) Persons or organizations that, through their contributions of capital or other assets, enable LOFT Community Services to further its mission.

The name may refer to a foundation, individual, family or similar unit or to a respectable commercial or business unit.

In the case of naming in recognition of philanthropy, the guiding principle shall be that the gift received will represent at minimum between 20% and 50% of the cost of the named building, part of building or space. The terms and conditions of such a naming will be set out in a written agreement signed by both LOFT and the donor or donor representative.

The autonomy of LOFT shall be safeguarded at all times. The attribution of a name does not imply or confer any involvement or oversight into the operations of LOFT Community Services.

It is the intention of LOFT Community Services to respect the donor's intent. If, however, circumstances change so that the entire amount of the gift is not received

by LOFT, LOFT may at its option remove the donor's name from the named space, or any part therein or thereon where the donor's name appears, and/or reduce the name or form of recognition from that set out in any written agreement and/or offer the donor an alternative naming opportunity and benefits commensurate with the donor's level of giving.

In the event that a named building, part of building or space is renovated, sold or its use changes in any other way that affects the naming and form of recognition contemplated in the gift agreement, LOFT will inform the donor if possible, and will make every effort to find an optional way to continue appropriate recognition of the donor. This may include naming of an alternate building, part of building or space, or the installation of a suitable recognition plaque.

Ultimate authority to accept or decline any proposal on the name of a building rests with the Board of Directors. The naming of parts of buildings and spaces may be done at the discretion of senior management.

Ultimate authority to discontinue the designated name of a building, part of a building or space, or to transfer the name to another building, part of a building or space rests with the Board of Directors.

Notwithstanding any other provision of this policy, no naming will be approved or existing name continued that will call into question the integrity, reputation or public image of LOFT Community Services.

# Gifts to the Investment Fund

## Relevant Legislation

Not applicable to this policy

## Intent

To confirm LOFT's ability to accept charitable donations to the Investment Funds and the terms and conditions thereof.

## Definitions

The "Investment Fund" refers to LOFT's capital and discretionary funds.

## Policy

LOFT accepts gifts to its Investment Fund, the purpose of which is to ensure the long-term financial health and stability of the organization.

Gifts can be designated by the donor to be added to the Investment Fund. In general, unrestricted or undesignated gifts made by will are also added to the Investment Fund.

LOFT does not generally accept gifts that require the establishment and management of a separate investment fund or a separately endowed fund. This type of gift would only be considered if the size of the gift warranted the creation of such a separate fund, and acceptance of the gift would require board approval.

LOFT does not have a separately constituted endowment fund.

## **Use of Bequests**

### **Relevant Legislation**

Not applicable to this policy

### **Policy**

Unrestricted and undesignated gifts received as bequests are understood to be an expression of the donor's commitment to the future of LOFT and its work, and as such will be added to the Investment Fund. When receipt of an unrestricted or undesignated bequest coincides with a special or significant immediate need for funding, a recommendation may be made to the Board that the bequest donation be used as capital, project or operating funding rather than adding it to the Investment Fund.

## **LOFT Community Services Volunteer Guide**

Thank you for volunteering your time in supporting our mission to help people achieve their optimal health and well-being in the community.

Volunteering at LOFT shows that the wider community values the health and well-being of our clients. Your actions help to instill and support the sense of hope that is essential to recovery.

### **LOFT's Volunteer Policy**

LOFT strives to support and recognize volunteers like you for your valuable contributions. This guide and the policies outlined here are designed to ensure that volunteers are protected in their interactions with LOFT staff and clients.

These policies apply to all volunteers who contribute their time and services on behalf of and at the direction of LOFT in fulfilling its mission.

Volunteers under 18 years of age must be accompanied by a parent or guardian.

### **Volunteer Recruitment**

LOFT's volunteer program is open to all individuals interested in participating.

Successful applicants must be able to demonstrate a commitment to LOFT's mission and may only be placed if their needs as volunteers match LOFT's needs. Volunteer recruitment is at the LOFT's discretion.

### **Volunteers and LOFT Staff**

LOFT engages volunteers to enhance the role of paid staff, not as a replacement. Each volunteer will be assigned a Contact Person who is a staff member with responsibility in the area, program or project in which the volunteer is working.

Your Contact Person is responsible for your on-the-job training and supervision and will be available to offer support and advice as needed. The Contact Person is also responsible for scheduling you and logging your volunteer time.

You are responsible for providing the Contact Person with accurate information about your availability and committing to the schedule agreed upon. If you are unable to attend to an agreed upon shift, please let your Contact Person know as soon as possible.

Make sure you check in with your Contact Person at the beginning and end of each work shift. Your Contact Person can provide advice and guidance as needed.

## **Orientation and Training**

LOFT continually recruits new volunteers. Initially, an appointment time is set for each volunteer during regular working hours. This meeting will include an overview of LOFT's work, a discussion of your volunteer interests and motivations, and an outline of the volunteer opportunities available.

You will be given an orientation package with contact information and documents to fill out and bring on your next visit to LOFT.

You will receive thorough training in your volunteer role. You will be trained by the Contact Person or another designated person either "on-the-job" or in a dedicated training session, depending upon your volunteer role.

## **Equity and Diversity**

LOFT welcomes diverse individuals as volunteers reflecting our diverse client population. LOFT policies, procedures and programs demonstrate respect for the values and diversity of all people. All programs are developed acknowledging the diversity of the persons served by LOFT.

We ask that all our volunteers engage all people with respect for their uniqueness and dignity and treat all people with fairness and courtesy. We also ask volunteers to be sensitive to diversity and to avoid discriminating on any grounds as set out in the Ontario Human Rights Code. If you have questions or concerns about this issue, please see the Human Rights policy which is included in your orientation package.

## **Confidentiality and Data Protection**

Respecting the privacy of our clients, donors, staff, volunteers and of LOFT Community Services itself is a fundamental value of LOFT.

LOFT is bound by the Personal Health Information Privacy Act (PHIPA) and the Personal Information Protection and Electronic Documents Act (PIPEDA).

As a volunteer you are required to review and follow the LOFT Confidentiality Policy in your orientation package.

## **Occupational Health and Safety**

It is our goal to ensure that LOFT Community Services maintains a safe and healthy environment for our employees, clients and volunteers.

LOFT follows the Internal Responsibility System, where everyone involved within LOFT is responsible to identify and report any actual or potential hazard or incident. The complete LOFT Health and Safety Policy is available at each site.

LOFT Community Services' Health and Safety program is governed by the

Occupational Health and Safety Act (OHSA), the Workplace Safety Insurance Act (WSIA), and LOFT's own policies and procedures.

## **Problem Solving and Complaints**

If you have a problem with a client, staff member, or another volunteer, you should discuss it with your Contact Person.

If the issue is not resolved, or the complaint is about your Contact Person, it should be taken to the Director.

## **Expenses**

You may be reimbursed for pre-approved, actual out-of-pocket expenses incurred while volunteering for LOFT. Make sure you first get approval from your Contact Person before incurring the expense.

## **Screening and Police Reference Checks**

LOFT requires that all new volunteers who will have ongoing direct contact with residents or clients complete a Police Reference Check (PRC) under the Vulnerable Sector Screening Program as part of the selection process. The volunteer is responsible for the cost of this screening.

LOFT recognizes and appreciates the level of trust that our residents and clients place in our staff and volunteers. The requirement for a PRC is part of our commitment to protect the safety and well-being of vulnerable individuals within the community we serve, and to comply with the requirements of government funders.

## **Additional Volunteer Policies**

These policies have been developed to enhance LOFT's relationship with its valued volunteers, and to provide clarity and guidance on important topics. You will be given copies of the additional policies listed below at your initial orientation and asked to sign and return them to LOFT at your next visit:

1. Confidentiality Policy for Volunteers
2. Volunteer Code of Conduct
3. Volunteer Conflict of Interest Policy

Specific roles may require that you sign additional policies, e.g. Computer Use Policy.

You will also be asked to review the following policies, which will be provided in your orientation package.

- Human Rights
- Workplace Violence & Harassment Prevention
- Sexual Harassment
- Social Media

If you would like information about other LOFT policies, the General Policy Manual is available online at <https://www.loftcs.org/who-we-are/accountability/> by clicking Loft General Policy Manual.

## **Confidentiality Policy for Volunteers**

Respecting the privacy of our clients, donors, staff, volunteers, and of LOFT Community Services itself is a basic value of LOFT. Client information is protected by law under the Personal Health Information Protection Act (PHIPA), and donor information is protected by law under the Personal Information Protection and Electronic Documents Act (PIPEDA).

Information on LOFT's adherence to both Acts is available at [www.loftcs.org/who-we-are/accountability/](http://www.loftcs.org/who-we-are/accountability/) and clicking on the link "LOFT General Policy Manual."

Individuals are asked to read and sign this policy at the time they become active LOFT volunteers, and once per year thereafter.

### **Definition of Personal Information**

Personal information is any information that can be used to distinguish, identify, or contact a specific individual. This information can include an individual's opinions or beliefs, as well as facts about, or related to, the individual. Business contact information and certain publicly available information such as names, addresses and telephone numbers as published in telephone directories, are not considered personal information.

### **Confidential Information**

Volunteers do not have access to confidential client information under any circumstances.

Personal and financial information about donors and/or other volunteers is confidential and is not to be disclosed or discussed with anyone. Print or electronic documents containing such confidential information are not to be left in the open or unintentionally shared.

Volunteers may be exposed to business or financial information about LOFT which is confidential, privileged, or proprietary in nature. Such information must be kept confidential both during and after volunteer service.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including limiting or terminating volunteer involvement.

## **ACKNOWLEDGEMENT**

I have read, understand and accept the LOFT Volunteer Confidentiality Policy.

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Volunteer Signature

---

Date

## **Volunteer Code of Conduct**

LOFT expects volunteers to conduct themselves and the work they do on LOFT's behalf in a manner that honours LOFT's values and does not harm public trust and confidence in LOFT.

### **Policy**

Volunteers must treat with respect all clients, staff and fellow volunteers with whom they interact while volunteering with LOFT. Volunteers will not discriminate against any person or persons by reason of age, creed (religion), gender (including pregnancy and breastfeeding), sexual orientation, gender identity, family status (such as being in a parent-child relationship), marital status (including the status of being married, single, widowed, divorced, separated, or living in a conjugal relationship outside of marriage, whether in a same sex or opposite sex relationship), disability (including mental, physical, developmental or learning disabilities), race, ancestry, place of origin, ethnic origin, citizenship, colour, political affiliation, or by association or relationship with a person identified by one of the above grounds or the perception that one of the above grounds applies.

Volunteers will not seek or accept gifts, payments, services, or other valuable privileges from any person, organization or group that is engaged or seeks to become engaged with LOFT in any way.

Volunteers must maintain the highest standard of confidentiality regarding information obtained directly or indirectly through their involvement with LOFT and adhere to LOFT's Confidentiality Policy for Volunteers at all times.

Unless expressly designated by the CEO to do so, a volunteer does not speak on behalf of LOFT. It is not appropriate for a volunteer to express an opinion publicly unless it is an opinion pertaining specifically to their personal experience as a LOFT volunteer. When a volunteer expresses an opinion privately on a subject related to LOFT's work, it is incumbent upon them to make clear that this is a personal opinion and not the opinion of LOFT.

Volunteers will remain cognizant of and sensitive to the vulnerability of individuals served by LOFT. When interacting with clients, volunteers will conduct themselves in a professional manner and will maintain appropriate boundaries at all times. It is not acceptable for a volunteer to socialize with a client outside the program or to give or receive a gift or favour to or from a client, without the knowledge and approval of the Contact Person. It is not appropriate for a volunteer to provide personal or financial advantage to a client.

## **ACKNOWLEDGEMENT**

I have read, understand and accept the LOFT Volunteer Code of Conduct.

---

Volunteer Signature

---

Date

# Volunteer Conflict of Interest Policy

## Definition

A conflict of interest is any decision-making situation where the private interests of a volunteer conflict with the best interests of LOFT. This can involve the volunteer, a close family member, or friend, directly or indirectly giving or receiving a personal benefit, gain, privilege, or advantage through an insider relationship. In such situations independent judgement and objectivity are threatened.

## Intent

The goal of this policy is for all inside parties to operate at arm's length with all outside parties with which LOFT does business.

## Policy

Volunteers must remain conscious of possible conflicts of interest and must report any real or potential conflict of interest to their Contact Person immediately.

Volunteers and staff will avoid any arrangements or circumstances, including personal relationships, which may compromise the judgement and the ability of staff or volunteers to act honestly, in good faith and in the best interests of LOFT.

Similarly, volunteers will avoid any personal relationships with clients that may compromise the judgement and ability of the volunteer to act honestly, in good judgement, and in the best interests of LOFT.

Volunteers are bound by the LOFT Volunteer Confidentiality policy. Further, any disclosure or use of information related to LOFT for the benefit, advantage or profit of the volunteer or an outside concern is prohibited.

Volunteers will not directly refer clients and/or their families to any private professional practices in which the volunteer may be engaged.

Volunteers will not accept gifts, fees, honoraria or personal benefits or advantages from any outside source doing business or seeking to do business with LOFT. Volunteers will not accept gifts, fees, honoraria or personal benefits or advantages from LOFT clients, or the friends or family of clients, when those gifts are intended to influence the Volunteer in any way.

In an exception to the above, a volunteer may accept a gift of nominal value when it is given in recognition of a job well done.

## **ACKNOWLEDGEMENT**

I have read, understand and accept the LOFT Volunteer Conflict of Interest Policy.

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Volunteer Signature

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Date