



Policy & Procedure Review



STARTING A NEW CHAPTER, **BE PART OF OUR STORY.**

Policies & Procedures

As listed in your Onboarding package, there are a number of policies and procedures which you must review prior to your start date. It is important that you review and understand the content. Should you have any questions please contact Human Resources.

- 1. Code of Conduct**
- 2. Confidentiality and Privacy**
- 3. Facsimile Transmission of Information**
- 4. Fragrance Free Environment/Workplace**
- 5. Hand Hygiene**
- 6. Internet and E-Mail Usage**
- 7. Confidentiality/Privacy of Personal Health**
- 8. Respectful Workplaces – Staff**
- 9. Whistleblower Policy**
- 10. Intellectual Property**
- 11. Social Media for Staff, Physicians & Volunteers**
- 12. Dress Code Policy**
- 13. System Security & Data Confidentiality**
- 14. Food and Beverage Safety**



Title: Code of Conduct	
Manual: Management	Occupational Health and Safety:
Document Number:	Issuing Authority: Board of Directors
Date Issued: May 16, 2018	Date Revised: May 9, 2018

1. APPLICATION

As a responsible public hospital and corporate citizen, Brant Community Healthcare System (“BCHS”) is committed to conducting its affairs to the highest standards of ethics, integrity, honesty, fairness and professionalism – in every respect, without exception, and at all times. This Code of Conduct applies to every employee, staff member and Director of BCHS. Every employee, physicians and allied health professionals who, as independent contractors, provide health services to BCHS, patients, volunteers and agents (“Staff”) and Director is expected and required to assess every decision and every action on behalf of the organization in light of whether it is right, legal and fair. Ethical lapses at any level in the organization can quickly destroy the communities trust and confidence in our organization. This applies at all levels of the organization, from major decisions made by the Board to day-to-day management decisions. The following Code is intended to help you meet these expectations and make such assessments. It supports BCHS’s governance framework which brings together all of the elements that will allow BCHS to achieve its vision and strategic goals.

2. PURPOSE OF THIS CODE

- 2.1 This Code is intended to document the principles of conduct and ethics to be followed by the Staff, and the Directors of BCHS and community members of the Board committees.
- 2.2 The Code establishes the standards that govern the way we deal with each other, our stakeholders, patients, suppliers, other health services providers and communities. Where necessary, reference is made to formal corporate policies in specific areas. In addition, certain businesses or roles in BCHS have supplementary codes of conduct and policies, compliance manuals, operational procedures, regulatory rules, etc. that apply to their Staff or Directors that must also be complied with. In addition, some Corporate Members owe professional responsibilities to professional associations, self-regulatory organizations or regulators. Within this framework, Staff and Directors are expected to exercise good judgment and be accountable for their actions.
- 2.3 For Staff compliance with this Code is part of your contract with BCHS. All Staff and Directors are required to review and attest to compliance with this Code on an annual basis.
- 2.4 In any situation where the appropriate conduct is unclear or ambiguous, Staff must seek the advice and direction of their manager or Chief Human Resources Officer. Furthermore, Staff and

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Directors are obliged to report, in a timely fashion, any violations of this Code they may witness or reasonably suspect.

2.5 Its purpose is to:

- (a) Promote honest and ethical conduct including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Promote disclosure in order to avoid conflicts of interest, including disclosure to an appropriate person of any material transaction or relationship that reasonably could be expected to give rise to such a conflict;
- (c) Promote compliance with applicable governmental laws, rules and regulations;
- (d) Promote the prompt internal reporting to an appropriate person of violations of this Code;
- (e) Promote accountability for adherence to this Code;
- (f) Provide guidance to Individuals to help them recognize and deal with ethical issues;
- (g) Provide mechanisms to report unethical conduct;
- (h) Promote a positive public reputation for BCHS; and
- (i) Help foster BCHS's culture of trust, respect and integrity.

2.6 BCHS will expect all Individuals to comply and act in accordance, at all times, with the principles stated above and the more detailed provisions provided hereinafter. One or more violations of this Code by an Individual may be grounds for disciplinary action up to and including immediate termination of privileges, employment or office. Compliance with this Code will be included in annual performance reviews.

2.7 Individuals who are members of a profession and/or discipline which is governed by standards and codes specific to their profession will be expected to adhere to those professional codes and standards in addition to BCHS's policies, codes and By-law. In the event that there is a conflict between BCHS's policies, codes and By-law and the requirements imposed by a professional code or standard, the professional code or standard shall prevail.

2.8 A copy of this Code will be provided to each Individual at the start of their relationship with BCHS, and at the time that this Code is revised or replaced. Each Individual will be required to sign documentation acknowledging their agreement to abide by this Code. In order to ensure

the effectiveness of this Code, regular training and ongoing education concerning the content and principles contained in this Code will be provided to all Individuals. A copy of this Code is accessible on BCHS's website.

3. WORKPLACE

3.1 Preamble

Intimidating and disruptive behaviours can foster clinical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments.

3.2 A Non-Discriminatory Environment

BCHS fosters a work environment in which all individuals are treated with respect, fairness and dignity. BCHS is an equal opportunity employer and does not discriminate against Individuals or potential Individuals on the basis of race, colour, religion, sex, national origin, age, sexual orientation or disability or any other category protected by Canadian federal and provincial laws and regulations and in addition, in accordance with the laws or regulations applicable in the jurisdiction where such Individuals are located. BCHS will make reasonable accommodations for its Staff in compliance with applicable laws and regulations. BCHS is committed to actions and policies to assure fair employment, including equal treatment in hiring, promotion, training, compensation, termination and corrective action and will not tolerate or condone discrimination by its Individuals.

3.3 Human Rights, Diversity, Inclusion and Violence in the Workplace

BCHS is committed to conducting all its affairs with fairness and equity and fostering a unique and inclusive culture by providing a safe and respectful work environment that is free from harassment, discrimination and violence.

In support of this commitment:

- (a) BCHS will not condone, tolerate or ignore any harassment or discrimination on any ground protected by human or civil rights law.
- (b) BCHS will not condone, tolerate or ignore violence or threats of violence.
- (c) Every employee and potential employee, as well as every customer, supplier or other person in a business relationship with BCHS must be treated with dignity and respect.
- (d) Every employee is responsible for treating others with dignity and respect.

- (e) Any employee must report any inappropriate behaviour of which they are aware or suspect.
- (f) BCHS will train managers so they can maintain a harassment, discrimination and violence-free workplace, and promptly address concerns raised with, or observed, by them.

Any employee who violates the Harassment, Discrimination and Violence in the Workplace Policy applicable to his or her business segment or jurisdiction will be subject to discipline.

3.4 Alcohol and Substance Abuse

BCHS is committed to maintaining a safe and healthy work environment free of alcohol and substance abuse. All Individuals are expected to perform their responsibilities in a professional manner and be free from the effects of drugs and/or alcohol.

3.5 Employment of Family Members

Unless otherwise approved by your Manager, your relative may not be hired, promoted or transferred where one of you would:

- (a) be working directly for or supervising the other;
- (b) have indirect control or authority over the other; or
- (c) be reporting to the same supervisor/manager as the other.

Neither of you can be involved in any way in the performance or salary review of the other.

If you are involved in the recruitment of a relative you must disclose this relationship to the hiring manager as soon as you become aware of the application.

The same restrictions and requirements outlined above also apply with respect to any person with whom you are involved in a romantic relationship.

3.6 Domestic Violence

BCHS is committed to providing guidance to Individuals in addressing issues related to domestic violence.

4. ENVIRONMENT, HEALTH & SAFETY

4.1 Environment

BCHS is committed to sound environmental management. It is the intent of BCHS to conduct itself in partnership with the environment and community at large as responsible and caring corporate citizens. BCHS is committed to managing all phases of its affairs in a manner that minimizes any adverse effects of its operations on the environment, while balancing its obligations under the HSAA.

4.2 Health & Safety

BCHS is committed to providing a healthy and safe workplace in compliance with applicable laws, rules and regulations. Staff must be aware of the safety issues and policies that affect their job, other Staff and the community in general. Managers, upon learning of any circumstance affecting the health and safety of the workplace or the community, must act immediately to address the situation. Staff must immediately advise their managers of any workplace injury or any circumstance presenting a dangerous situation to them, other co-workers or the community in general, so that timely corrective action can be taken.

5. THIRD PARTY RELATIONSHIPS

5.1 Conflict of Interest

- (a) A Conflict of Interest occurs when a person's private affairs or financial interests are in an actual or perceived conflict with their duties to BCHS. Each Individual owes a duty to BCHS to advance its legitimate interests when the opportunity to do so arises and to refrain from activities which could hinder their ability to act in BCHS's best interest, have the potential to do so or could be perceived as doing so.
- (b) Individuals must avoid all situations in which their personal interests conflict or might conflict with their duties to BCHS. Individuals are free to engage in outside employment, business, and community activities; however, in doing so Individuals should seek to avoid acquiring any interests or participating in any activities that would tend to deprive BCHS of the time or attention required to perform their duties properly, or create an obligation or distraction which would affect their judgement or ability to act solely in BCHS's best interest.
- (c) Individuals shall not use their status or position with BCHS or misuse information of BCHS for personal gain.

- (d) Staff are required to disclose in writing to their immediate supervisor all clinical, research, business, commercial or financial interests or activities that might reasonably be regarded as creating an actual or potential conflict with their duties. Directors are subject to the Conflict of Interest provisions contained in BCHS's By-law.

5.2 Gifts and Entertainment

- (a) Individuals or their immediate families shall not use their position with BCHS to solicit any cash, gifts or free services from any patient, client, supplier or contractor of BCHS for their or their immediate family's or friend's personal benefit.
- (b) You may accept gifts and entertainment if they benefit the organization and are within normal industry standards for business relationships and hospitality.
- (c) You are encouraged to consider the motive behind gifts and entertainment to ensure the proposed activity is justified by ongoing business activity or is otherwise within the spirit of business courtesy and relationship management. You must be comfortable that the gift or entertainment would not create a sense of obligation, appear to improperly influence a business decision or be perceived by third parties as being extravagant or excessive. Any concerns about gifts or entertainment should be discussed with your manager in advance of acceptance.
- (d) The following are guidelines regarding whether such gifts and entertainment are reasonable:
 - (i) Nominal gifts and entertainment, such as logo items, pens, calendars, caps, shirts and mugs are acceptable.
 - (ii) Individual gifts with an estimated value in excess of \$100 must be reported.
 - (iii) Multiple gifts from the same supplier or vendor over a short period of time must not be accepted.
 - (iv) Reasonable invitations to business-related meetings, conventions, conferences or product training seminars may be accepted.
 - (v) Invitations to social, cultural or sporting events may be accepted if the cost is reasonable and attendance serves a customary business purpose such as networking (e.g. meals, holiday parties and tickets).
 - (vi) Invitations to golfing, fishing, sports or similar cultural or entertainment events that are usual and customary for the position within BCHS and the industry and

promote good working relationships with customers and suppliers may be accepted provided, in the case of Staff, they are approved in advance by the person's manager.

If you have any doubt about whether the gift is within normal industry standards for business relationships and hospitality or may otherwise be accepted, offered or given, you should seek guidance from your supervisor.

5.3 Supplier and Contractor Relationships and Gifts

- (a) BCHS shall comply with the Broader Public Sector Accountability Act (Ontario), its guidelines and directives.
- (b) Gifts or entertainment should not be offered or given to existing or potential suppliers or contractors or others with whom BCHS is seeking a business relationship (hereinafter collectively referred to as a "Supplier") if such gifts or entertainment would not be considered to be within normal industry standards for business relationships and hospitality. The following are guidelines regarding gifts and entertainment which may be provided to the Supplier:
 - (i) Nominal gifts and entertainment, such as logo items, pens, calendars, caps, shirts and mugs.
 - (ii) Reasonable invitations to business-related meetings, conventions, conferences or product training seminars.
 - (iii) Invitations to social, cultural or sporting events may be extended if the cost is reasonable and attendance serves a customary business purpose such as networking (e.g. meals, holiday parties and tickets).
 - (iv) Invitations to golfing, fishing, sports events or similar trips that are usual and customary for the position within BCHS and the industry and promote good working relationships with customers and suppliers.
- (c) Staff must inform their managers, and Officers and Directors must inform the Chair of the Resources Committee of any relationships that appear to create a Conflict of Interest.

5.4 Reasonable Expenses

Individuals must comply with BCHS's expense policy. Only reasonable expenses may be incurred.

5.5 Public Relations

- (a) BCHS's Chair and Chief Executive Officer are responsible for all public relations, including all contact with the media. Unless specifically authorized to represent BCHS to the media, an Individual may not respond to inquiries or requests for information. This includes newspapers, magazines, trade publications, radio and television as well as any other external sources requesting information about BCHS. If the media contacts an Individual about any topic, the contacted person should immediately refer the call to one of the above individuals.
- (b) Individuals must be careful not to disclose confidential, personal or business information through public or casual discussions to the media or others.

5.6 Government Relations

- (a) Individuals may participate in the political process as private citizens. It is important to separate personal political activity and BCHS's political activities, if any, in order to comply with the appropriate rules and regulations relating to lobbying or attempting to influence government officials. BCHS's political activities, if any, shall be subject to the overall direction of the Board and limited so as not to compromise any of the charitable registrations.
- (b) BCHS will not reimburse Staff for money or personal time contributed to political campaigns. In addition, Staff may not work on behalf of a candidate's campaign while at work or at any time use BCHS's facilities for that purpose unless approved by the Chair of the Resources Committee.
- (c) No Individual may offer improper payments when acting on behalf of BCHS.
- (d) In addition, BCHS and all Individuals are strictly prohibited from attempting to influence any person's testimony in any manner whatsoever in courts of justice or any administrative tribunals or other government bodies.

5.7 Confidentiality

- (a) All Staff, students and volunteers of BCHS and Directors and Officers are subject to the confidentiality provisions contained in BCHS's By-law.
- (b) Every Director, Officer, Professional Staff member, employee of BCHS and every member of a Committee appointed or authorized by the Board shall respect the confidentiality of matters brought before the Board or any Committee or coming to his

or her attention in the course of his or her duties, keeping in mind that unauthorized statements may adversely affect the interests of BCHS.

- (c) No statements respecting such matters shall be made to the public or the press by any such Director, Officer, Professional Staff member, employee of BCHS, or member of a Committee except as authorized by the Board. The Board by formal resolution, may authorize one or more Directors, any Officer(s) or employee(s) of BCHS to make such statements or publish information or particulars respecting any such matters.
- (d) Persons, other than persons referred to in paragraph (ii) above, permitted to attend any meeting of the Board or any meeting of a Committee established or authorized by the Board or by BCHS's By-Laws shall be advised that they are required to respect the confidentiality of all matters coming to their attention during any such meeting and shall undertake accordingly.

5.8 Directorship

An Employee shall not act as Director or officer of any other corporate entity or organization, public or private, without the prior written approval of the Chief Executive Officer or, in the case of the Chief Executive Officer, the Board Chair. Directorships or officerships with such entities will not be authorized if they are considered to be contrary to the interest of BCHS. The Chief Executive Officer may provide authorizations for Directorships/officerships that are necessary for business purposes or for Directorships/officerships with charitable organizations or other entities that will further BCHS's profile in the community or BCHS's interests.

6. LEGAL COMPLIANCE

All Individuals are expected to comply in good faith at all times with all applicable laws, rules and regulations and behave in an ethical manner.

7. COOPERATING WITH INVESTIGATIONS

All Corporate Members are required to cooperate with internally and externally led investigations audits or reviews which may, from time to time, occur. This includes attending all necessary meetings and accurately and fully answering all questions and maintaining the confidentiality of the investigation. Further, you may not in any way obstruct, hinder or delay any investigation.

8. PERSONAL INTEGRITY

8.1 Criminal Record

In order to ensure the health and safety of all patients and Staff, all Individuals must inform their manager or Human Resources if they are charged or convicted of a criminal offence. Depending upon the nature of the charge or conviction, such persons may be subject to employment action.

9. PERSONAL RELATIONSHIPS

Directors must not give to or receive from any friend, relative or someone with whom you are involved in a close personal relationship, any special consideration relating to employment or conditions of employment. Your business decisions must be based on sound ethical business practices, and your human resources decisions must be based on sound management practices and not be influenced by personal concerns.

10. INFORMATION AND RECORDS

10.1 Confidential and Proprietary Information and Trade Secrets

- (a) Individuals may be exposed to certain information that is considered confidential by BCHS, or may be involved in the design or development of new procedures related to the business of BCHS. All such information and procedures, whether or not the subject of copyright or patent, are the sole property of BCHS. Individuals shall not disclose confidential information to persons outside BCHS, including family members, and should share it only with other Individuals who have a "need to know" without the prior written authorization of the Director of Human Resources.
- (b) All Individuals are responsible and accountable for safeguarding BCHS's documents and information to which they have direct or indirect access as a result of their employment, officership or Directorship with BCHS.

10.2 Privacy Rights of Victims and Staff of BCHS

BCHS is committed to maintaining the privacy rights of its patients and all Individuals. BCHS requires all Individuals to maintain the confidentiality and correctness of all personal information in a manner consistent with the Freedom of Information and Protection of Privacy Act (Ontario) ("FIPPA") and, with respect to personal health information, the Personal Health Information Protection Act (Ontario, "PHIPA"). For further information concerning issues of privacy, confidentiality of personal information or FIPPA/PHIPA, please contact BCHS's Privacy Officer or refer to BCHS's privacy policy available online and in the office of the Privacy Officer.

10.3 Financial Reporting and Records

BCHS maintains a high standard of accuracy and completeness in its financial records. These records serve as a basis for managing our business and are crucial for meeting obligations to Staff, customers, donors and others, as well as for compliance with regulatory, tax, financial reporting and other legal requirements. Any Individual who makes entries into business records or who issues regulatory or financial reports, has a responsibility to fairly present all information in a truthful, accurate and timely manner. No Individual shall exert any influence over, coerce, mislead or in any way manipulate or attempt to manipulate the independent auditors of BCHS.

10.4 Record Retention

BCHS maintains all records in accordance with laws and regulations regarding retention of business records. The term "business records" covers a broad range of files, reports, business plans, receipts, policies and communications, including hard copy, electronic, audio recording, microfiche and microfilm files whether maintained at work or at home. BCHS prohibits the unauthorized destruction of or tampering with any records, whether written or in electronic form, where BCHS is required by law or government regulation to maintain such records or where it has reason to know of a threatened or pending government investigation or litigation relating to such records.

11. REPORTING TO LOCAL HEALTH INTEGRATION NETWORK AND MINISTRY OF HEALTH AND LONG-TERM CARE

BCHS maintains a high standard of accuracy and completeness in its reporting obligations to the Local Health Integration Network and the Ministry of Health and Long-Term Care, including without limitation, its reporting obligations under its HSAA and to the Canadian Institute for Health Information.

12. CORPORATION'S ASSETS

12.1 Use of BCHS Property

The use of BCHS property for individual profit or any unlawful unauthorized personal or unethical purpose is prohibited. BCHS's information, technology, intellectual property, buildings, land, equipment, machines, software and cash must be used only for business purposes.

12.2 Destruction of Property and Theft

No Individual shall intentionally damage or destroy the property of BCHS or others or commit theft.

12.3 Intellectual Property

Individuals may not reproduce, distribute or alter copyrighted materials without permission of the copyright owner or its authorized agents. Software used in connection with BCHS's business must be properly licensed and used only in accordance with that license.

12.4 Information Technology

- (a) BCHS's information technology systems, including computers, e-mail, intranet and internet access, telephones and voice mail are the property of BCHS and are to be used primarily for business purposes. BCHS information technology systems may be used for minor or incidental personal messages provided that such use is kept at a minimum and is in compliance with Board policies.
- (b) Individuals may not use BCHS's information technology systems to:
 - (i) Allow others to gain access to BCHS's information technology systems through the use of their password or other security codes;
 - (ii) Send harassing, threatening or obscene messages;
 - (iii) Send chain letters;
 - (iv) Access the internet for inappropriate use;
 - (v) Send copyrighted documents that are not authorized for reproduction;
 - (vi) Make personal or Corporation solicitations unless authorized by a senior officer; or
 - (vii) Conduct personal commercial business.

BCHS may monitor the use of its information technology systems including conducting random audits to ensure compliance with this Code and any other applicable policies.

12.5 Intellectual Property

BCHS shall develop a policy which governs the funding and ownership of intellectual property developed by the Staff.

13. USING THIS CODE: WAIVERS AND REPORTING VIOLATIONS

- 13.1 It is the responsibility of all Individuals to understand and comply with this Code. To ensure compliance, ongoing training and education concerning this Code will be provided on a regular basis. Additionally, all Individuals have access to BCHS's Whistleblower Hotline, where

information relating to all matters discussed in this Code maybe obtained anonymously and on a confidential basis.

- 13.2 The Board is ultimately responsible, acting through the Resources Committee, for this Code and monitoring compliance with this Code. Any waivers of the provisions of this Code may be granted only by the Board, if such waiver is for the benefit of a Director or senior Officer of BCHS. Waiver for all other Staff shall be granted exclusively by the Chief Executive Officer or Director of Human Resources as may be designated by the Resources Committee.
- 13.3 Directors or Officers who become aware of any violation to this Code shall promptly report them to the Chair of the Resources Committee openly or confidentially (in the manner described above).
- 13.4 Any person reporting in good faith under this policy shall not suffer harassment or retaliation.

14. DISCLOSURE AND REPORTING POLICY: NON-RETALIATION POLICY AND PROTECTION

14.1 Wrongdoing

Any violation of this Code is considered a “Wrongdoing”.

14.2 Prohibition Against Discrimination

BCHS prohibits discrimination, harassment and/or retaliation against any Individual who reports, in good faith, conduct which they reasonably believe to be a Wrongdoing (a “Protected Disclosure”).

14.3 Protection

- (a) Each Individual has an obligation to disclose any good faith concern in respect of a Wrongdoing.
- (b) BCHS is committed to protecting Individuals from interference with making a Protected Disclosure or retaliation for having made a Protected Disclosure.
- (c) BCHS will not discharge, demote, suspend, threaten, harass or otherwise discriminate or retaliate against them in the terms or conditions of employment, officership or Directorship because the Individual made a Protected Disclosure.
- (d) BCHS shall develop a Disclosure and Reporting Policy to govern such Protected Disclosures.

14.4 Cooperation

All Individuals are required to cooperate with the Resources Committee and senior administration as they, from time to time, audit or investigate issues under this Code or otherwise within BCHS. This includes attending all necessary meetings, accurately and fully answering all questions and maintaining the confidentiality with respect to the investigation. Individuals may not in any way obstruct, hinder or delay any internal audit or investigation.

15. ACCOUNTABILITY AND CONSEQUENCES

Individuals who violate this Code and related policies may be subject to progressive disciplinary action up to and including termination of employment, privileges, or office.

16. FAILURE TO COMPLY

All Corporate Members are responsible to be aware of and understand the provisions of this Code as well as other applicable corporate policies, including those specifically identified in this Code. Failure of a Corporate Member to comply with this Code and those policies may result in disciplinary action up to and including termination of employment, privileges or office and may also impact upon performance rating and incentive pay. Directors are also required to comply with this Code. Failure of a Director to comply with this Code will be dealt with in accordance with the policies and procedures of the Board of BCHS.

17. GENERAL

The Governance & Nominating Committee shall review and assess the adequacy of this Code at least annually and submit any proposed amendments to this Code to the Resources Committee, the Board and Members for approval.

18. ANNUAL ATTESTATION

All Corporate Members are required as a condition of their ongoing contract of employment, privileges, or office, as the case may be, with BCHS shall be required to complete on attestation on an annual basis that they have complied with the obligations set out in section 16 above.



Title: Confidentiality and Privacy	
Manual: Management	Section: Human Resources
Document Number:	Issuing Authority: Human Resources
Date Issued: March 1983	Date Revised: January 2015

PURPOSE:

An explanation of the process that the BCHS will ensure employee confidentiality and privacy.

POLICY STATEMENT:

The Brant Community Healthcare System (BCHS) is committed to ensuring that employee employment and personal health information is protected from unauthorized access, unintended disclosures or theft.

DEFINITION (S):

None.

PROCEDURE:

Human Resources collects, uses, discloses, and retains personal employee information only to the extent required to fulfill its requirements by law and for purposes stated within this policy.

Organizational Health is responsible and accountable for collecting, maintaining, and disclosing all employee health information.

It is imperative that employees, volunteers, students and medical practitioners maintain confidentiality demanded by good Hospital practice.

Requests for employment information regarding current or past employees shall be referred to the Value Stream Leader, Human Resources. Demographic information such as home address, telephone numbers, etc., is considered to be confidential.

Requests for employee personal health information shall be referred to the Organizational Health Nurse.

All employees, students, volunteers and medical practitioners of the BCHS are required to sign the Confidentiality and Privacy Agreement. All signed agreements are to be placed in the appropriate personnel file, Volunteer file and or Medical practitioner contract file.

Disciplinary Action:

Offences under this policy are serious offenses. If anyone is found to have committed an offence contrary to this policy she / he will be subject to immediate disciplinary action up to and including termination of employment.

Infractions of this policy regarding breaches of personal health information will subject the violator to progressive disciplinary action being either a five (5) day suspension or immediate discharge depending on the seriousness of the offence.

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In the case of professional staff members with privileges (physicians, dentists, midwives and extended nurse classes), any breach of this policy will result in either a five (5) day suspension or revocation of privileges depending on the seriousness of the offence. Further, if any breach by a professional staff member with privileges results in a fine or damages imposed on the BCHS under the Personal Health Information Protection Act, the professional staff member will be held personally responsible for such amounts.

RELATED PRACTICES AND / OR LEGISLATIONS:

Privacy or Personal Health Information Policy
General Confidentiality of Patient Information Policy
Audits of Electronic Medical Record Policy

REFERENCES:

None

APPENDICES:

None.



Title: Facsimile Transmission of Information	
Manual: Management	Section: General
Document Number:	Issuing Authority: Board of Directors
Date Issued: August 1990	Date Revised: June 2014

PURPOSE:

An explanation of the process for transmitting and receiving facsimiles within the BCHS.

POLICY STATEMENT:**DEFINITION (S):**

None.

PROCEDURE:

Personal health information shall be transmitted by fax to facilitate timely patient care management.

Senders must use discrimination in determining the selection and number of documents to be transmitted. Only information for continuity of patient care shall be transmitted.

The sender of personal health information shall be responsible for ensuring security of the information being transmitted. The sender will inform the recipient of the sensitivity of the information and confirm the fax number.

Incoming Facsimiles – Information received from other facilities, professionals, agencies regarding a patient within the Brant Community Healthcare System will be retained as a permanent part of the patient record.

The use of the fax to receive physicians' orders and or requisitions is permissible if the faxed order has been dated and signed by the physician and is legible when received. These faxed orders must also comply with all Hospital Policies and Procedures and appropriate regulations. Faxes received for the purpose of patient care must have the orders or requisitions state the following:

- patient surname
- given name
- sex
- date of birth
- address
- Patient telephone number
- Health card number
- Signature of physician on the order/requisition
- Date of order or requisition
- the department who is to receive the order/requisition
- Contact telephone and fax number for the physician for clarification of the order/requisition

Outgoing Facsimiles - Security measures shall be implemented prior to the transmission of personal health information.

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Security: include all listed

Security measures:

- Ensure you have an accurate fax number.
- Check the accuracy of the key entry of the fax number prior to sending the transmission.
- Program all common fax numbers
- Ensure all demographic and sender information is provided
- Incident reports are required in situations of misdirected fax transmissions.

During **active** care, release of patient information by FAX machine to a physician currently involved in the care of the patient will not require an authorization. Fax cover sheets recording the documents sent during **active** care, will provide a permanent record of communication and will be retained on the patient record.

The sender of patient information must provide the following demographic data in order for a fax to be acceptable:

- patient surname
- given name
- date of birth
- The name of the sender
- The date of transmission
- phone number or extension of sender
- list documents on coversheet being transmitted (this will alert the recipient if a document is not received. It is also a record of communication)

An authorization for release of patient information by FAX is required to transmit information to any facilities or non-privileged physicians who were not involved in the care of the patient during their hospitalization, other than an immediate transfer of care to a receiving facility. Aside from the normal distribution of reports, requests for information after discharge shall be directed to the Health Information Services department.

It is imperative that the names of all attending physicians are entered into the Meditech system to ensure reports are distributed appropriately.

Sending a facsimile:

1. All information sent by facsimile must be accompanied by the approved Brant Community Healthcare System Facsimile Cover Sheet.
2. To ensure the accuracy of the Fax number being dialled, a visual check on the Fax machine is made to ensure the correct number has been dialled before sending the document.
3. Fax machines are to be used by authorized personnel only, and only in the course of Hospital business.

Misdirected Fax:

If a fax recipient notifies the sender of a misdirected fax, the sender will inform the recipient that arrangements will be made to retrieve the information. The sender will complete an incident report and inform their manager. The Group Leader will contact the Chief Privacy Officer or Group Leader, Health Information Services who will make arrangements to retrieve the information or be reasonably satisfied that the information has been destroyed.

In accordance with the Personal Health Information Act the patient whose personal health information has been misdirected will be notified.

NOTE: Location of fax machines capable of overseas transmission – Health Records, Administration

Location of fax machines: Administration, Health Records, Laboratory, Mental Health, Patient Registration, Pharmacy, Pre-op Clinic, Materiel Management, Diagnostic Imaging

EQUIPMENT SUPPORT:

Prior to the distribution of fax equipment to a patient care area, pre-programming of physician contact numbers will take place by The Document Source Centre. After distribution of the equipment to an area, continued pre-programming is the responsibility of the department.

The Document Source Centre will provide support to areas with a fax machine or multi-function equipment, however, departments are to be responsible for the day to day operation of the equipment. Contact extension 2220 should equipment require service.

Clinics or departments established by the hospital must use the appropriate cover sheet with department information provided. These cover sheets are located on the S: drive, under the Templates folder.

RELATED PRACTICES AND / OR LEGISLATIONS:

None.

REFERENCES:

Nursing Policy N-IV-500

APPENDICES:

None.

Title: Fragrance Free Environment/ Workplace	
Manual: Management	Section: General
Document Number:	Issuing Authority: Board of Directors
Date Issued: January 2007	Date Revised: June 2014

PURPOSE:

Details surrounding the need and requirements for a fragrance free environment/workplace at the BCHS.

POLICY STATEMENT:

In our efforts to provide a healthier place of work and care the BCHS promotes a fragrance free environment to minimize the potential adverse allergic and/or medical reactions that can occur among patients, visitors, staff, and volunteers. Employees, medical staff, volunteers, contractors, patients and visitors are to refrain from using fragrances as defined below while at the BCHS.

DEFINITION (S):

Fragrance: A substance that emits a distinctly noticeable scent, which includes but is not limited to; perfume, cologne, aftershave, body spray, some air fresheners and cleaning products.

PROCEDURE:

- Hospital staff that experience discomfort, an adverse allergic or medical reaction to fragrance will bring the issue to the attention of their Team Lead at the earliest opportunity. The Team Lead will investigate and if appropriate will inform the person that the fragrance is noticeable, causing discomfort to another individual and advise of the hospital's fragrance free policy.
- Patients and visitors who experience discomfort, an adverse allergic or medical reaction to fragrance will bring the issue to the attention of the most responsible care giver, or the Community Relations department at ext. 2472. The receiver of the concern will inform the Team Lead/Group Leader of the department who will investigate, and if appropriate will inform the person that the fragrance is noticeable, causing discomfort to another individual, advise of the hospital's fragrance free policy.
- Each site's Joint Health and safety Committee will be responsible for promoting awareness of the fragrance free policy during their inspections.
- All Team Lead/Group Leaders will be responsible for promoting awareness of the fragrance free policy during their departmental inspections.
- The policy will be reviewed with all new employees and volunteers during orientation and existing employees during regular department meetings as required.
- This policy will be incorporated into patient orientation literature.
- This policy will be publicized and promoted for public visitors through appropriate signage, literature and hospital website.

RELATED PRACTICES AND / OR LEGISLATIONS:

None.

REFERENCES:

None.

APPENDICES:

None.

Title: Hand Hygiene	
Manual: Infection Control	Section: Clinical Practice
Document Number: ICMAN.1017	Issuing Authority: Infection Control
Date Issued: March 2008	Date Revised: October 2011

PURPOSE:

The purpose of this policy/procedure is to communicate the importance of hand hygiene at the BCHS, and educate staff on the correct methods for hand hygiene. Through this effort we hope to:

- provide a healthy and safe environment for our patients, staff and visitors
- prevent healthcare-associated infections
- prevent the spread of antimicrobial resistance, both by preventing the spread of AROs, and by lowering the number of infections thereby lowering the need for antibiotic use
- improve compliance with hand hygiene at the BCHS

POLICY STATEMENT:

Frequent and appropriate hand hygiene is the single most important factor in preventing the spread of infection.

- All staff shall participate annually in the Hand Hygiene core competency module available through the Medworxx elearning.
- Hand hygiene stations will be available in convenient locations throughout the facility, including at all entrances and point of care. Where such stations are not appropriate, portable dispensers are available.
- Hand hygiene educational reviews will be provided at orientation, and during safety week, staff meetings, and at other times throughout the year.
- Hand hygiene audits will be performed and reported to the Ministry of Health and Long Term Care as one of the mandatory safety performance indicators.
- Health Care Workers will provide education to their patients on the importance of hand hygiene on a personal level (as part of their role in preventing infections) and for their caregivers, through written and verbal communication.
- Staff will maintain personal grooming and dress so as to avoid sabotaging their own hand hygiene efforts. This includes:
 - **False Nails or Nail Extensions** may not be worn by direct caregivers. They have been associated with the transfer of microorganisms and hospital outbreaks. Direct caregivers must ensure that their nails are short and clean. The nails should not show past the end of the finger.
 - **Nail Polish**, if used, must be intact, with no chipping.
 - **Jewellery** on the hands can retain dirt and contamination and act as a reservoir for microorganisms. It can also trap cleanser and moisture from hand hygiene, and cause irritation. Rings carry a risk of tearing gloves. Remove hand jewellery for proper hand hygiene. If watches and

other wrist jewellery are present, remove or push up above the wrist, should not dangle.

- **Hand Lotion** should be used to prevent dryness but can easily become contaminated. Use a hospital-approved hand lotion. Do not apply lotion immediately before putting on gloves or handling sterile materials.
- **Dermatitis or chapped hands** can increase your risk for both picking up and transmitting infection. If your hands are chapped, or if you have dermatitis, consult Organizational Health Services.

DEFINITION (S):

Hand hygiene is the removal or destruction of microorganisms from the hands. Maintaining healthy skin integrity is extremely important. Soap and water hand wash and alcohol-based hand rubs are the two methods to achieve this.

Environment of the patient is the immediate space around a patient that may be touched by the patient and may also be touched by the health care provider when providing care. The patient environment includes equipment, medical devices, furniture (e.g. bed, chair, bedside table), telephone, curtains and personal belongings (e.g. clothes, books). In a multi-bed room, the patient environment is the area inside the individual's curtain. In an ambulatory setting, the patient environment is the area that may come into contact with the patient within their cubicle. In a nursery/neonatal setting, the patient environment includes the inside of the bassinette or incubator, as well as the equipment outside the bassinette or incubator used for that infant, e.g. ventilators, monitors, etc.

PROCEDURE:

This section contains the following procedures:

- When to Perform Hand Hygiene
- Procedure for Performing Hand Hygiene with Soap and Water
- Procedure for Performing Hand Hygiene with Alcohol-based Hand Rub
- Hand Hygiene Education for Patients

When to Perform Hand Hygiene

Step	Action
1	<p>Clean your hands when entering:</p> <ul style="list-style-type: none"> • before touching patient (handling baby) or • before touching any object or furniture in the patient's environment <p>To protect the patient/patient environment from harmful germs carried on your hands.</p>
2	<p>Clean your hands immediately before any aseptic procedure:</p> <ul style="list-style-type: none"> • before doing invasive procedures <p>To protect the patient against harmful germs, including the patient's own germs, entering his or her body.</p>
3	<p>Clean your hands immediately after an exposure risk to body fluids (after glove removal):</p> <ul style="list-style-type: none"> • before applying and after removing any Personal Protective Equipment, including gloves (even when gloves appear to be "clean", they can carry infectious microorganisms) • after personal body functions, like using the toilet or blowing one's nose • after care involving a patient's blood, body fluids, secretions and/or wound exudates (e.g. assisting patient to blow nose, changing a wound dressing) • when moving from a contaminated body site to a clean body site during care <p>To protect yourself and the health care environment from harmful patient germs.</p>
4	<p>Clean your hands when leaving:</p> <ul style="list-style-type: none"> • after touching patient (handling baby) or • after touching any object or furniture in the patient's environment <p>To protect yourself and the health care environment from harmful patient germs.</p>
5	<p>Whenever in doubt:</p> <ul style="list-style-type: none"> • if in doubt whether to perform hand hygiene, please do it

Procedure for Performing Hand Hygiene with Soap and Water

Step	Action
1	Place other items away from the sink so that they will not get splashed, or fall into sink.
2	Turn on water.
3	Wet hands and wrists.
4	Apply soap.
5	Lather well and apply friction covering all skin surfaces paying particular attention to webbing between fingers, palms, back, nail beds and each finger.
6	Wash vigorously for AT LEAST 15 seconds. (Optimum hand washing times vary, according to the circumstances for which the procedure is done.)
7	Rinse thoroughly with running water.
8	Pat hands dry with paper towel. Do not rub, because this encourages chapping.
9	Use the paper towel to turn the taps off, so as not to recontaminate your hands.

Procedure for Performing Hand Hygiene with Alcohol-based Hand Rub

Note: Alcohol-based hand rub is superior to cleaning hands with soap and water, in situations when hands are not visibly soiled. If hands are visibly soiled, use soap and water.

Step	Action
1	Locate a dispenser; they are available: <ul style="list-style-type: none"> • at hospital entrances • wall mounted throughout the building • at point of care • available in portable form in select locations
2	Dispense hand rub product onto hands.
3	Rub vigorously, applying friction. Cover all skin surfaces, paying particular attention to: <ul style="list-style-type: none"> • finger tips • webbing between fingers • palms • back of hands • nail beds • each finger

4	Rub hand surfaces together until the agent has completely dried .
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Hand Hygiene Education for Patients

Note: Alcohol-based hand rub is superior to cleaning hands with soap and water, in situations when hands are not visibly soiled. If hands are visibly soiled, use soap and water.

Step	Action
1	Offer patients the opportunity to clean their hands, especially after visiting the toilet and before meals.
2	Where possible, allow the patient to see you performing hand hygiene, and tell them about what you are doing. This has three purposes: <ul style="list-style-type: none"> • it reassures the patient that staff are competent and careful to protect their safety • it “normalizes” hand hygiene, and demonstrates the importance of frequent hand hygiene, especially in the hospital environment • it gives you an excellent opening to discuss the patient’s own hand hygiene, and that of their caregivers/family at home
3	Teach all patients proper hand hygiene.

RELATED PRACTICES AND / OR LEGISLATIONS:

REFERENCES:

- Health Canada.” Routine Practices & Additional Precautions for Preventing the Transmission of Infection in Health Care.” Vol. 25S4 1999.
- Centers for Disease Control and Prevention (CDC) 2002, “Guideline for Hand Hygiene in Health-Care Facilities.”
- Provincial Infectious Diseases Advisory Committee, Hand Hygiene Fact Sheet for Health Care Settings, January 2007 (available on common drive, Infection Control folder)
- Ministry of Health and Long Term Care - 2008, “Just Clean Your Hands Program”
- BCHS Management Manual Dress Code Policy V-175

APPENDICES:



Title: Internet and E-Mail Usage	
Manual: Management	Section: Information/Communication Systems (ICS)
Document Number:	Issuing Authority: Board of Directors
Date Issued: June 2001	Date Revised: September 2014

PURPOSE:

To communicate user accountability for internet and email use..

POLICY STATEMENT:

Access to the INTERNET (including e-mail) has been provided with the sole purpose of enabling Employees, Physicians, Dentists, Midwives and Volunteers (*hereinafter referred to as "User(s)"*) of The Brant Community Healthcare System at either the Brantford General site, the Willett site and all other such sites that come under the Brant Community Healthcare System, to perform their jobs better. We encourage respective users to utilize the INTERNET:

- To communicate with fellow Users and clients regarding matters within a User's assigned duties;
- To acquire information related to, or designed to facilitate, the performance of regular assigned duties; and
- To facilitate performance of any task or project in a manner approved by the respective supervisor overseer.

At all times Users must utilize these resources in a professional manner that will not violate this or any policy, nor in a manner that may expose The Brant Community Healthcare System to liability or damage of reputation. INTERNET access is a privilege, which will be granted to those Users whose job can benefit from it. Access to the INTERNET and e-mail resources are for business use only.

Users shall only retain information on their computer systems (hard drive) that is necessary in the performance as their assigned duties.

DEFINITION (S):

None.

PROCEDURE:**Security of INTERNET Transactions**

INTERNET Users must recognize that data transfer over the INTERNET is NOT SECURE and ensure that all clients, confidential business, or other sensitive data is transferred by other means. Please contact the I.T. department if such data transfer is required. All data transfers of such information must be approved by a member of the Senior Leadership Team.

Do not attempt to encrypt any e-mail message without the approval of your supervisor, or overseer. To the extent that you do encrypt any such message, please advise your

supervisor, or overseer in writing of the encryption technique and passwords used. Remember that encryption is not guarantee that your message will be kept confidential.

Privacy of INTERNET Transactions

All users of the INTERNET services via The Brant Community Healthcare System should be aware that the INTERNET firewall creates an audit log detailing every request for access in either direction by the user.

The Brant Community Healthcare System will not ordinarily monitor user e-mail messages, however, for it's own protection, The Brant Community Healthcare System reserves the right to access and monitor any user e-mail accounts or messages as well as any INTERNET activity.

Personal Use

Personal use of e-mail should be kept to a minimum and must not interfere with job performance. Users must understand that all e-mail transactions are the property of The Brant Community Healthcare System, subject to audit, and therefore are not confidential. During a user's absence or during an emergency, The Brant Community Healthcare System may access information contained in your e-mail account.

Use of the INTERNET browsing facilities for personal or entertainment purposes will not be tolerated. From time to time, Information Technology personnel will be conducting random checks.

System Security

Users are responsible for the use of their individual e-mail account that should take all reasonable precautions to prevent others from being able to use their account. Under no conditions should a user provide his or her password to another person except the System Administrator/I.T. Manager.

Users should immediately notify the System Administrator/I.T. Manager if they have identified a possible security problem.

Users will take all precautions to avoid the inadvertent spread of computer viruses. Users must not download software or install any software to their PC without prior permission from the I.T. Department. Users must at all times use approved scanning software. Should damage occur to the computer system or network due to improper software or viruses, then the department responsible will be charged by the I.T. department for the labour involved in repairing the system.

Litigation

Users should be aware that they may be required to disclose all files and records contained on the Computer system or network, including any personal files and e-mail messages, in the event of a lawsuit.

Do not delete any e-mail message that may relate, in any way, to an existing or potential lawsuit, inquest, investigation or similar legal proceeding. If you are in any doubt, please err in favour of retaining the message and consulting your supervisor, or overseer.

Retention

For system maintenance, The Brant Community Healthcare System will delete e-mail messages that are older than 30 days and will destroy back-up tapes containing e-mail messages every 2 months. We may, however, change these time periods, from time to time, without advising you.

If a User needs to keep an e-mail message on a long-term basis, store it in specific folders in your electronic mailbox. Please review e-mail messages periodically, however, and remove any that are no longer required.

Ownership of Materials

The Brant Community Healthcare System's e-mail address and any individual e-mail addresses granted to system users are the sole property of The Brant Community Healthcare System. Use of e-mail addresses may be revoked at the discretion of The Brant Community Healthcare System.

The Brant Community Healthcare System owns all material stored on its computer systems, including e-mail messages. No employee has any ownership right in the messages or in the content of the messages.

Users who leave the employ of The Brant Community Healthcare System are not entitled to take any information on the computer systems.

Specific Rules for E-mail Messaging

Do not represent yourself as someone else.

Do not send or receive client or User information without prior authorization from your supervisor, or overseer.

Do not give others outside The Brant Community Healthcare System information about, or list of, The Brant Community Healthcare System Users for commercial solicitation or other purposes.

Do not forward any e-mail marked "confidential" or "privileged" without the consent of the individual who sent the e-mail.

Misuse of INTERNET (and E-mail) Services

In utilizing the INTERNET and e-mail access provided by The Brant Community Healthcare System, Users are expressly prohibited from the following:

- Disseminating or printing of copyrighted materials (including articles and software) in violation of copyright laws;
- Sending, receiving, printing or otherwise disseminating:
 - proprietary data, trade secrets or other confidential information of The Brant Community Healthcare System's policy or agreements,
 - offensive or harassing statements or language including disparagement of others based on grounds prohibited by the Ontario Human Rights Code,
 - sexually-oriented messages or images;
- soliciting or using computer resources for personal or commercial ventures, religious or political causes, or any outside organizations;
- accessing material that is profane or obscene (pornography) that advocates illegal acts, or that advocates violence or discrimination towards other people (hate crimes);
- operating a business, soliciting money for personal gain, or searching for jobs outside of The Brant Community Healthcare System;
- personal use, including inappropriate jokes, sending chain letters or gambling;
- using the INTERNET access services provided by The Brant Community Healthcare System to attempt to gain unauthorized access to any computer system or accounts anywhere in the world;
- engaging in any activity in violation of local, provincial or federal law.

These activities not only violate The Brant Community Healthcare System's policies and procedures but may be subject to criminal prosecution.

Transfer of Data

Transfer of any proprietary or confidential data, by any means, over the INTERNET is strictly prohibited and subject to internal disciplinary action up to and including termination unless prior approval by a member of the Senior Management Team is received.

Obtaining INTERNET Access

In order to obtain access to the INTERNET services, Users requesting access must document how this resource will benefit them in the performance of their duties and have it approved by their manager. The request must be approved by the Computer and Communications Steering Committee.

The User must also have read The Brant Community Healthcare System Policies and Procedures related to computers and have signed a SECURITY AGREEMENT form before access is granted.

Publishing on The Brant Community Healthcare System Web-site

Users will respect the rights of copyright owners. Copyright infringement occurs when an individual inappropriately reproduces a work that is protected by a copyright. If a work contains language that specifies acceptable use of that work, the user should

follow the expressed requirements. If the user is unsure whether or not they can use a work that is available on the INTERNET, the user should request permission from the copyright owner.

Any information to be posted on The Brant Community Healthcare System web-site must be approved by a department head prior to being forwarded to the Webmaster (Community Relations).

The deadline for all submissions is on Friday at noon. Information will be posted on the site for two weeks from the Friday it is received.

Should approval of the page design be required prior to publishing on the web, the posting will take place one week after the department head signs off.

Community Relations will be responsible for final approval of all materials. Written materials should be saved in an "HTML" format when possible and e-mailed or delivered on disk.

Any photographs required for use on the web-site should be delivered to Community Relations at the same time. Community Relations will not be responsible for returning the photographs and they must be picked up within the month.

Disciplinary Action

If a User suspects that another individual is violating this policy, contact the system administrator/I.T. Manager, your supervisor, or overseer.

Disciplinary action for violation of this Policy may include, but is not limited to, termination or suspension of the offending User. In cases involving less serious violations, disciplinary action may consist of a warning or reprimand. Remedial action may also include counseling, changes in work assignments, or other measures designed to prevent future misconduct including termination or suspension of INTERNET and/or e-mail access.

This policy applies equally to every individual in the organization both during on-duty hours and off-duty hours when utilizing these resources.

RELATED PRACTICES AND / OR LEGISLATIONS:

None.

REFERENCES:

None.

APPENDICES:

None.



Title: Confidentiality/Privacy of Personal Health	
Manual: Management	Section: General
Document Number:	Issuing Authority: Senior Leadership Team
Date Issued: August 2004	Date Revised: April 2014

POLICY STATEMENT:

Patients have the right to expect that their personal health information concerning their attendance, condition or treatment at The Brant Community Healthcare System will be used by and be available to only those individuals involved in their circle of care or the advancement of medical care in general.

Patients also have the right to expect that individuals who have access to their personal health information will use it only in the context of their work within a 'need to know basis' and under conditions that will guarantee patient privacy and confidentiality. Patient centred conversations shall not be conducted in public and shall occur only for the benefit of the patient.

Scope

Any document containing patient identification or personal health information, including photos/images/videorecording are considered confidential.

Staff, physicians or volunteers viewing his/her own personal health information, that of a family member or acquaintance, not in their circle of care, or that of another staff member (even with that staff member's consent) is prohibited under this policy and violators will be subject to disciplinary action.

All requests for Personal Health Information will be directed to Health Information Management Department – Release of Information (see under Principle #9).

POLICY:

The Brant Community Healthcare System shall comply with the 10 principles of the CSA Model Code for the privacy of personal health information

These principles are:

1. Accountability
2. Identifying Purposes
3. Consent
4. Limiting Collection
5. Limiting Use, Disclosure, and Retention
6. Accuracy
7. Safeguards
8. Openness

DISCLAIMER: This is a CONTROLLED document. The most current version is in electronic format on the BCHS intranet site. Any documents appearing in paper form are NOT controlled.

- 9. Individual Access
- 10. Challenging Compliance

At the BCHS, the patient's right to privacy and securing information will be balanced with the delivery of effective healthcare.

Personal Health Information is to be collected, used, disclosed, and safeguarded as indicated in the following privacy principles.

Principle #1 – Accountability for Personal Health Information

The BCHS is responsible for all personal health information in its possession or custody, including information transferred to a third party for processing.

The Chief Privacy Officer or delegate is the person responsible for compliance with these principles and will oversee the Hospital's compliance with this policy, related procedures and the Privacy legislation. The Chief Privacy Officer will be made known to Hospital stakeholders and the public.

Principle #2 - Identifying Purpose

BCHS will define the purposes for which personal health information is being collected, used, disclosed and retained prior to being collected.

Personal Health Information related to the BCHS's patients is collected, used, disclosed, and retained for the following purposes; to serve as a means of ongoing communication amongst healthcare providers; to monitor the patient's progress and evaluate the response to the healthcare provided; to make decisions about patient treatment plans and follow-up care; as proof of what was done by whom and when during the patients healthcare encounter; comply with legal and regulatory requirements; for quality assurance, risk management, and outcome measurement activities; for strategic planning, decision making, allocation of human and financial resources.

Principle #3 – Consent

The knowledge and consent of the individual is required for the collection, use, disclosure and retention, except where inappropriate. BCHS will provide notice to its patients through "Statement of Information Practices" brochures, posters and on the website of the purposes for which the hospital will be using their personal health information. Specifically for direct patient care; administration of the hospital and health care system; complying with legal and regulatory requirements; health care databases, registries and related statistical research.

NOTE: Some circumstances allows for the collection, use or disclosure without the knowledge and consent of the individual. For example, legal, medical, or security reasons may make it impossible to seek consent. When information is being collected for the detection and prevention of fraud or for law enforcement, seeking consent of the individual might defeat the purpose of

collecting the information. Seeking consent may be impractical or inappropriate when the individual is a minor, seriously ill, or mentally incapacitated.

Consent is required for the collection of personal health information and the subsequent use or disclosure of the information. In some situations, written consent with respect to use or disclosure may be sought after the information has been collected.

Consent may be implied or expressed.

Implied consent for disclosing information will be used for designated individuals who are within the circle of care. For example, to physicians involved in your care, nurses, allied health professionals, technologists in diagnostic departments; clerical/administrative staff responsible for capturing, coding, filing, retrieving and otherwise managing medical records.

Expressed consent is required for disclosing outside of the circle of care. Expressed consent will be required for disclosing personal health information to other individuals related to the patient, such as family members, friends, and/or partners. Where the patient is deemed unable or incapable of making their own decision consent will be obtained from the substitute decision maker for both release of information and consent to treatment.

Responding to General Inquiries: The hospital may receive phone calls from concerned individuals regarding our patients. Hospital staff may disclose patient location and general health status (e.g., poor, fair, good, critical) to callers..

Patients that do not wish for this general information to be disclosed, can inform hospital staff who will ensure the patient's right to privacy. There are some situations that the above information will not be released to anyone.

This principle requires 'knowledge and consent'. The BCHS will make a reasonable effort to ensure that all individuals are advised of the purpose for which personal health information is used. In order to make the consent meaningful, the purpose will be known in such a manner that the individual can understand how the information will be collected, used and disclosed.

Principle #4 - Limiting Collection

The BCHS will limit the collection of personal health information to that which is necessary for the purposes. Information shall be collected by fair and lawful means.

BCHS will not collect personal health information indiscriminately. The amount and type of personal health information collected will be limited to that which is necessary to fulfill the purposes identified.

Principle #5 – Limiting Use, Disclosure, and Retention

Personal health information will not be used or disclosed for purposes other than those for which it was collected, except with consent from the individual or as required by law.

Specifically, collection, use or access to personal health information by staff members is strictly on a *need-to-know* basis to perform their assigned job duties.

Additional permitted uses of personal health information by the CEO or designates will be in accordance with the Personal Health Information Protection Act, (S37.1).

For example:

- For the purpose of risk management, error management, or for the purposes of activities to improve or maintain the quality of care (for example for investigating complaints and potential claims, etc.)
- For educating agents to provide health care
- For planning or delivering programs or services that the custodian provides or that the custodian funds in whole or in part

Personal health information will only be retained for as long as is necessary for the fulfillment of those purposes or as required by law (e.g. legislative requirements with respect to retention periods of personal health records).

Personal health information that is no longer required to fulfill the identified purposes will be destroyed or made anonymous. Personal health information will be destroyed according to the level of sensitivity. For example, paper medical records will be destroyed through the use of a shredding service with appropriate documentation of completion.

Principle #6 – Accuracy

Personal health information will be as accurate, complete, and up-to-date as is necessary for the purpose for which it is used.

Information will be sufficiently accurate and up-to-date to ensure that decisions about the individual's plan for service are based on true information.

Personal health information will routinely be updated on contact with the individual, including additions, deletions or changes.

Principle #7 – Safeguards

Personal health information will be protected through security safeguards appropriate to the sensitivity of the information.

BCHS will protect the information against loss or theft, and safeguard against unauthorised access, disclosure, copying, use or modification.

Extreme care will be taken during the disposal and/or destruction process to prevent unauthorised parties from gaining access to the information.

Principle #8 – Openness

BCHS will make readily available to all individuals specific information about its policies and procedures relating to the management of personal health information.

Policies and practices will be available without unreasonable effort and in the format that is easily understandable.

Principle #9 – Individual Access

Upon request, an individual will be informed of the existence, use, and disclosure of their personal health information and will be given access to that information.

The individual will be able to challenge the accuracy and completeness of the information and have it amended accordingly.

Note: some circumstances may result in the hospital's not being able to provide access. Exceptions to access requirements will be limited and specific. Reasons for denying access will be provided to the individual upon request.

All release of information requests for patient related information will be directed to the Health Information Management – Release of Information contact. The BCHS will respond to an individual request within 30-days of a written request and at minimal cost to the client. Information requested will be provided or made available through a controlled process and understandable format. For example, if the hospital uses abbreviations or codes for recording, these will be explained. The controlled process will include measures to ensure original information is not altered, deleted or appended without Hospital supervision and approval.

When an individual successfully challenges the inaccuracy or incompleteness of information, BCHS may amend the information as required. Depending on the nature of the information challenged, amendment involves the correction, deletion, or addition of information. Where appropriate the amended information will be shared with third parties having access to the information in question.

Principle #10 – Challenging Compliance

An individual will be able to address a challenge concerning compliance with the above principles to the Chief Privacy Officer.

Procedures are in place to receive, respond and monitor complaints or inquiries about the BCHS policies and procedures relating to the handling of personal health information. The complaint procedure will be easily accessible and simple to use.

BCHS will inform individuals who make inquiries or lodge complaints of the existence of relevant complaint procedures.

BCHS will investigate all complaints. If, in the opinion of the Chief Privacy Officer, the complaint is justified, the BCHS will take appropriate measures, including, if necessary, amending its policies and practices.

Disciplinary Action

Infractions of this policy will subject the violator to progressive disciplinary action.

Title: Respectful Workplaces – Staff	
Manual: Management	Section: General
Document Number:	Issuing Authority: Board of Directors
Date Issued: May 2010	Date Revised: September 2010 Reviewed January 2015

PURPOSE:

The Brant Community Healthcare System (BCHS) is committed to the safety and well being of all we serve, employ and work with. Actions of workplace violence and disrespectful behaviour will not be tolerated.

POLICY STATEMENT:

The BCHS is committed to building and preserving a safe working environment for all BCHS members (staff, physicians, volunteers, students, Board members, and affiliates), including assessing, identifying and addressing disruptive and disrespectful behaviour in the workplace. Actions of workplace violence will not be tolerated against BCHS members.

Healthcare environments free of disruptive and disrespectful behaviour are safer for patients, more satisfying to work in, and more productive. Guiding principles of a respectful and non-disruptive workplace include:

A Safe Workplace – The BCHS strives to create a work environment safe from all forms of abuse and violence. To the fullest extent possible, the BCHS will take active measures to increase the workplace safety of all BCHS members. The BCHS considers the perpetration of disruptive and disrespectful behaviour to be intolerable, unethical and unacceptable disruptive behaviour, and could result in disciplinary action up to an including termination of employment for cause and any other applicable and available disciplinary measures.

A Non-discriminatory Workplace – The BCHS is committed to a non-discriminatory and harassment-free workplace. The BCHS will not discipline, terminate, or retaliate against any BCHS members who report, in good faith, allegations of disruptive behaviour.

An Informed and Productive Workplace – The BCHS will provide education and make information available on the types and negative impact of disruptive behaviour in the workplace to new and existing BCHS members. The BCHS will ensure policies and booklets are available and accessible to all BCHS members electronically and in central locations including Human Resources and Organizational Health.

A Respect for Confidentiality – The BCHS will inform other BCHS members about allegations or sustained concerns regarding disruptive behaviour on a need to know basis only, and only to the extent necessary to conduct investigations, protect safety, and comply with legislation/law.

Roles and Responsibilities of BCHS Members

- Accept personal responsibility for his or her role in contributing to a safe, healthy, violence-free and non-disruptive workplace that supports the guiding principles of this policy.
- Work with other BCHS members in a professional manner and resolve issues in a non-violent, non-disruptive manner.
- Participate in mandatory education.
- Provide professional and timely feedback to BCHS members who do not follow this or related policies.
- Disclose disruptive behaviour experienced or witnessed, especially if it may pose a risk to self or others in the workplace (e.g., colleague, patient, visitor) through completing a Risk Pro report (Incident Reporting software). Note: if the disruptive behaviour is by a direct supervisor, *do not* file a Risk Pro report; contact the Manager of Human Resources directly.
- Participate in investigations as required.
- Explore and access internal and external resources as necessary for safety.
- Refrain from discussing BCHS members' disruptive behaviour in front of patients or visitors.

Roles and Responsibilities of BCHS Leaders

- Follow the expectations of all BCHS members as stated above.
- Model the substance and intent of this policy and demonstrate through words and actions the BCHS's commitment to intolerance of disruptive behaviour of any kind in the organization.
- Follow due diligence to mitigate risk or hazards threatening the physical, psychological and well being of BCHS members in their department(s).
- Ensure staff are able to access and participate in mandatory training.
- Listen to reported concerns of disruptive behaviour, and ensure incidents are formally reported in Risk Pro.
- Investigate allegations of disruptive behaviour received via Risk Pro according to protocol learned in Investigation Training; document finding and follow through to resolution.
- Work collaboratively with union and College representation (as applicable) and others involved who share joint responsibility to resolve issues of disruptive behaviour, risks, or hazards in the workplace that threaten the physical and/or well being of BCHS members.
- Take corrective action as appropriate.

Roles and Responsibilities of Organizational Health

- Ensure policies are available, posters are visible and informational materials are on display in the Organizational Health (OH) office and other appropriate locations at the BCHS.
- Inform the Joint Occupational Health and Safety Committee (JOHSC) of any violent incidents within 4 days.

- In consultation with the JOHSC, conduct regular workplace risk assessments, and reassess as the need arises, to identify recommendations and steps to be taken to protect worker safety.
- Vet changes and updates related to this and related policies to the JOHSC for consultation and recommendation.

DEFINITION(S):

- **Abuse** – physical abuse, neglect, verbal abuse, emotional abuse, sexual abuse or financial/property abuse.
- **BCHS member** – employed staff, privileged staff (physicians, midwives, dentists, extended-class nurses), volunteers, students, Board Members, and affiliates of the BCHS.
- **Bullying** – all behaviours by a person or a group that intimidates or demeans another person and can include abuse of power, persistent and unjustified criticism, exclusions, threats and engaging in gossip.
- **Complainant** – the person who alleges a complaint against another BCHS member.
- **Discrimination** – any action or behaviour which negatively affects an individual's employment status or the right of equal treatment with respect to services, goods and facilities that is based on one or more of the Prohibited Grounds stated within the Ontario Human Rights Code; every person has a right to freedom from discrimination in the areas of: services; goods and facilities; the occupancy of accommodation (where you live); contracts; employment; membership in vocational associations and trade unions; on the grounds of race, ancestry, place of origin, citizenship, creed, sex, sexual orientation, handicap, age, marital status, family status, the receipt of public assistance (in accommodation only), and record of offences (in employment only).
- **Disruptive Behaviour** - inappropriate words, actions or inactions by a person that interferes with an individual's ability to function well with others to the extent that the behaviour interferes with, or is likely to interfere with, quality health care delivery, patient or workplace safety, recruitment or retention of staff, or the cost of providing health care. **Disruptive behaviour includes abuse, bullying, discrimination, harassment, sexual harassment, and workplace violence.**
- **Harassment** – engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome. The following employer actions are *not* harassment:
 - Terminations
 - Demotions
 - Transfers

- Verbal or written warnings
 - Changes in productivity expectations
 - Changes in working hours
 - Innocent absenteeism counselling
 - Decisions related to entitlement of short-term or long-term disability benefits
 - Decisions made by the Workplace Safety and Insurance Board
 - Communication related to an early and safe return to work program
 - Any of the above subject to an appeal process, grievance and arbitration.
-
- **Respondent** – the person about whom the complainant is alleging a complaint of disruptive behaviour.

 - **Reviewer** – the investigator of a complaint.

 - **Sexual Harassment** – a course of action or conduct (usually more than one incident) based on sex or gender that is unwelcome or should be reasonably known to be unwelcome.

 - **Witness** – a person who was present, observed and/or heard disruptive behaviour occurring.

 - **Workplace** – All on-site locations, including adjacent parking areas, extended Hospital property, and remote locations (including through phone, email or other remote communications) where staff engage in Hospital business and/or social functions.

 - **Workplace Violence** – one or more of the following:
 - The exercise of physical force by a person against a BCHS member in a workplace that causes or could cause physical injury to a BCHS member,
 - An attempt to exercise physical force against a BCHS member in a workplace that could cause physical injury,
 - A statement or behaviour that is reasonable for a BCHS member to interpret as a threat to exercise physical force against the BCHS member, in a workplace, that could cause physical injury.

PROCEDURE:

See Appendix A for an overview of the procedure in responding to an incident of disruptive behaviour.

- If there is a safety risk, call a Code White and/or Police immediately.

- If there is no immediate safety risk, provide direct feedback to the individual engaging in disruptive behaviour that the behaviour experienced or witnessed is disruptive and must cease.

- If the behaviour does not cease and/or is unsafe, enter a Risk Pro report as soon as reasonably possible. Note: if the disruptive behaviour is by a direct supervisor, *do not* enter a Risk Pro report – call the Manager of Human Resources directly.
- When the Reviewer (i.e., the direct supervisor or delegate such as the Manager of Human Resources, or for serious incidents, Vice President of Resources and Development) receives a Risk Pro or verbal report of disruptive behaviour, the Reviewer must:
 1. Ensure the BCHS member and others in the work environment are not at immediate risk, and if so, take immediate action to ensure safety, such as calling a Code White or Police. Incidents that constitute criminal acts will be referred to the appropriate policing agency immediately.
 2. When an actual incident of workplace violence has occurred or when it is reasonably expected to become violent, the direct supervisor will advise BCHS members at risk, coordinate a review of current procedures to minimize risk, and take the appropriate steps to protect BCHS members.
 3. When there is no immediate risk of violence, the report will be reviewed in detail within 3 business days. Determine if there will be a challenge in being unbiased, impartial, maintaining confidentiality or providing a timely response; if so, secure an appropriate Delegate (e.g., Manager of Human Resources).
 4. Acknowledge the receipt of the complaint within 3 business days via correspondence to the Complainant through hospital email, face-to-face correspondence or written correspondence.
 5. Schedule a meeting with the Complainant within 5 business days from the time of initial follow-up of the complaint, or on a date agreeable to the Complainant.
 6. Meet with the Complainant. Obtain a detailed account of the incident(s), information regarding Witnesses of the incident(s), and expectations of resolution. Provide the Respectful Workplaces booklet and information regarding support (e.g., EAP).
 7. Inform the Respondent of the complaint within 3 business days of the date of the meeting with the Complainant to review the complaint via hospital email, face-to-face correspondence or written correspondence; secure an interview time and date.
 8. Book meetings with Witnesses as deemed necessary to establish the facts of the complaint within 3 business days of the date of the meeting with the Complainant.
 9. Interview all Witnesses within 21 days of the initial meeting with the Complainant.

10. Meet with the Respondent. Provide a summary of the complaint (including the alleged disruptive behaviour, impact of behaviour on other(s), how the alleged behaviour deviated from policy, and behavioural expectations). Interview Respondent regarding his or her recollection of event(s) related to the complaint. Provide Respectful Workplaces booklet and information regarding supports (e.g., EAP).
 11. Review all facts gathered to determine if there is sufficient or insufficient evidence that disruptive behaviour occurred and/or this policy was contravened.
 12. Determine if a resolution has been met. A resolution is achieved when, in the absence of any mitigating factors, the Respondent acknowledges the event took place, accepts responsibility for the way the disruptive behaviour was perceived by the Complainant, makes a commitment to avoid a recurrence of the disruptive behaviour, undertake steps including supports offered to learn how to manage the disruptive behaviour, and shows an understanding of the policies provided. In the case that the Reviewer is not satisfied that a resolution has been met, this is documented and a follow-up meeting is scheduled (to occur within a month) to review behavioural and policy expectations.
 13. Contact the Manager of Human Resources to determine appropriate closure of the incident. Document investigation and resolution in Risk Pro. Close file.
 14. Inform Complainant and Respondent file is closed with any further action necessary.
- Any formal remedial action will be documented and a Notice of Discipline will be placed in the Human Resources file.
 - If a BCHS member is disabled from performing his or her usual work or requires medical attention because of an incident of workplace violence, but no person dies or is critically injured because of that occurrence, the BCHS will give written notice and details of the occurrence within 4 business days to the JOHSC and a Director from the Ministry of Labour if an inspector from the Ministry requires notification.

RELATED PRACTICES AND / OR LEGISLATIONS:

- Criminal Code of Canada
- Occupational Health and Safety Act
- Amendments to the Occupational Health and Safety Act
- Ontario Human Rights Code
- Human Rights Act
- Public Hospitals Act
- Regulated Health Professionals Act

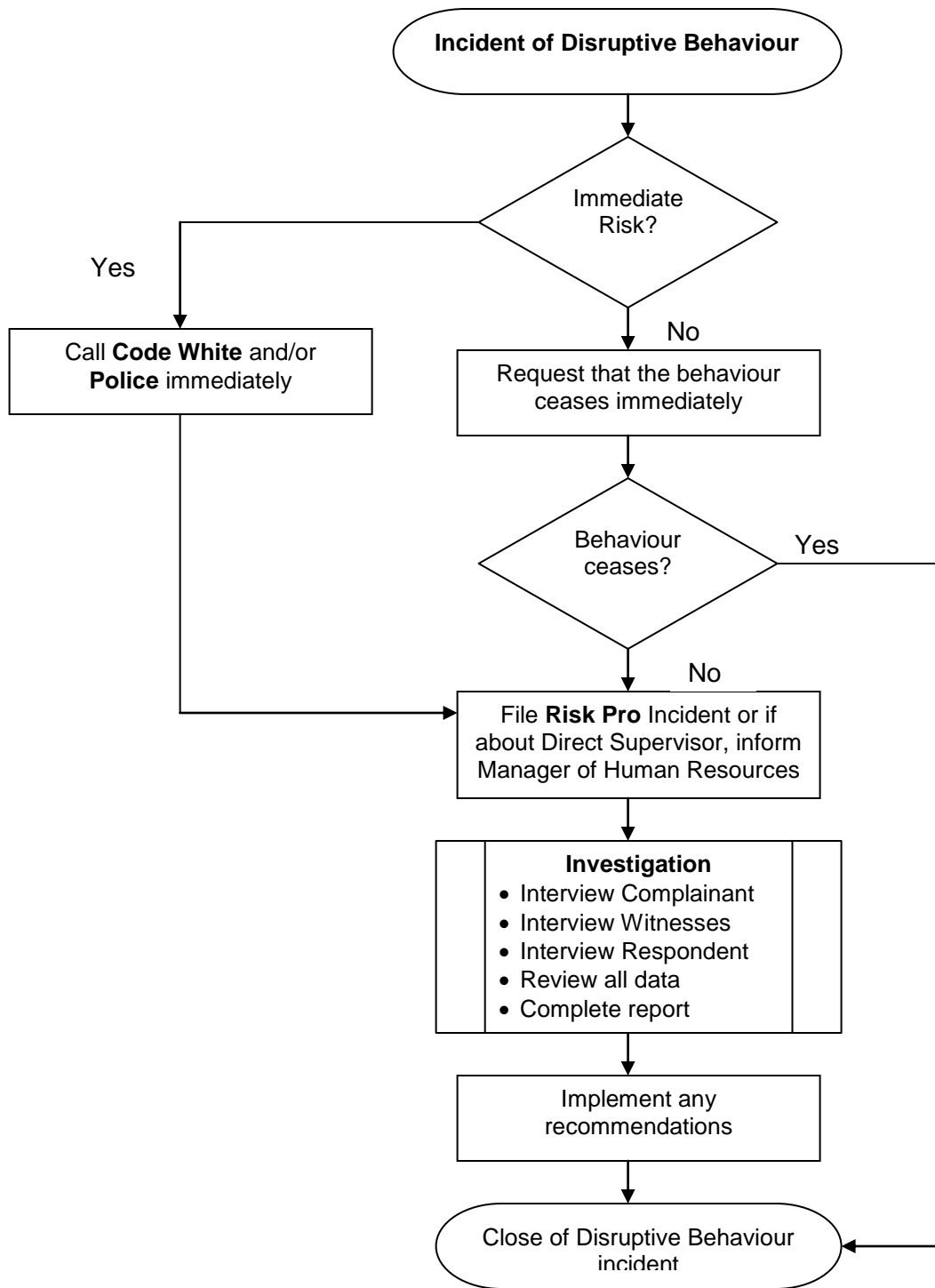
- Medicine Act
- Nursing Act
- Dentistry Act
- Midwifery Act
- Workplace Safety & Insurance Act
- Code of Conduct Policy
- Respectful Workplace - Privileged Staff Policy
- Respectful Workplace - Customers and Visitors Policy
- Code White – Violent Behaviour
- Work Refusal Policy

REFERENCES:

1. Ontario Coroner. (2007). Dupont Inquest. Verdict of Coroner's Jury.
2. BCHS Respectful Workplaces Booklet. (2009).
3. Ontario Safety Association for Communities and Healthcare. (2009). OSACH Bullying in the Workplace: A Handbook for the Workplace.
4. Dykeman, Dewhirst & O'Brien Health Law. (2010). Workplace Violence and Harassment Toolkit.

APPENDICES:

Appendix A: Flowchart of Addressing Disruptive Behaviour



Appendix B: Levels of Disruptive Behaviour

Stage 1 Severity Disruptive Behaviours – Reviewer is direct supervisor or delegate

- Use of inappropriate language (e.g., profanity)
- Angry outbursts
- Demeaning comments or intimidation
- Inappropriate criticism of a colleague in front of Patients, visitors or other staff
- Inappropriate arguments in front of Patients, visitors or other staff
- Insensitive comments about a Patient's medical condition, appearance or situation
- Unreasonable conflict with team members
- Non-compliance with BCHS processes
- Non-compliance with this policy and related policies
- Refusal to follow BCHS Policies that are not immediately critical to patient well-being (breach of critical Policies would warrant a higher level of concern)
- Non-compliance with institutional processes or waste of resources

Stage 2 Severity Disruptive Behaviours – Reviewer is direct supervisor or delegate

- Recurrence, persistence, and/or escalation (in frequency, intensity or severity) of Stage 1 Severity Disruptive Behaviour(s)
- Threats
- Throwing or breaking an object or BCHS property
- Sexual Harassment (non physical)
- Activities that generate several written complaints from Patients, family members, Privileged Staff, Employed Staff, students, Board representatives, volunteers or community stakeholders.

Stage 3 Severity Disruptive Behaviours – Reviewer is Vice President of Resources and Development or delegate

- Recurrence, persistence, and/or escalation (in frequency, intensity or severity) of Stage 2 Severity Disruptive Behaviour(s)
- Physical assault or physical sexual advances
- Racial slurs, comments or discriminatory conduct
- A course of conduct with other Protected Grounds
- Behaviours apparently attributable to impairment caused by mental illness or substance abuse
- Behaviour that contravenes established laws (municipal, provincial, federal, criminal etc.) or that gives rise to the obligation to make a mandatory report to police, the CPSO or Hospital administration

Title: Whistleblower Policy	
Manual: Management	Occupational Health and Safety:
Document Number:	Issuing Authority: Board of Directors
Date Issued: May 16, 2018	Date Revised: May 9, 2018

1. THE HOSPITAL VALUES

1.1 Commitment to Values

The Brant Community Healthcare System (“BCHS”) is committed to dealing fairly and ethically with all whom we associate and to conduct ourselves in accordance with our values. In so doing, BCHS adheres to a high standard of corporate conduct and ethics. BCHS complies with all applicable laws, regulations, BCHS’s By-Law and polices, and will avoid any activities that could involve or lead to involvement in any unlawful or unethical practice.

2. PURPOSE AND SCOPE OF POLICY

2.1 Introduction

Every employee and member of BCHS community has a duty to report any suspected wrongdoing, fraud, illegal or unethical behaviour, or violation of law, regulation or policy.

This Policy has been put in place to ensure that processes are in place to disclose, in good faith and, without fear of retaliation, information concerning Wrongdoing within BCHS that may involve ethical, clinical and administrative concerns.

2.2 Purpose of Policy

- (a) The purpose of this Policy is to establish procedures for reporting concerns regarding but not limited to the following activities (“Wrongdoing”):
 - (i) non-compliance with legal and regulatory requirements;
 - (ii) non-compliance with professional standards;
 - (iii) suspected theft or fraud, including reporting fraud;
 - (iv) unethical behaviour or practices;
 - (v) questionable accounting, controls and auditing matters;
 - (vi) developing deals and/or accepting gifts for one’s own personal benefit/gain;

- (vii) knowingly directing or counselling a person to commit an incident of Wrongdoing;
 - (viii) failure to comply with, or circumvent, BCHS's internal controls or policies;
 - (ix) a retaliatory act against any party who, in good faith, reports a suspected violation or concern; or
 - (x) any actions designed to have the effect of concealing any of the above.
- (b) the submission by an employee, member of Professional Staff, officer, director, agent, volunteer, contractor or subcontractor of BCHS ("Person"), on a confidential basis and in good faith, of a concern regarding a Wrongdoing; and
- (c) the protection of any Person who in good faith:
- (i) presented a grievance, complaint or report to BCHS, to a governing College, or to any governmental authority, or to an agency responsible for accrediting or evaluating BCHS in respect of a Wrongdoing; or
 - (ii) has initiated, participated or cooperated in a (internal or external) review or investigation or administrative proceeding related to a Wrongdoing (hereinafter collectively referred to as a "Disclosure").

3. NON-RETALIATION AND PROTECTION POLICY

3.1 Prohibition and Protection Against Discrimination

- (a) BCHS prohibits discrimination, harassment and/or retaliation against any Person who makes a Disclosure, in good faith, of a Wrongdoing.
- (b) BCHS is committed to protecting a Person from interference with making a Disclosure or retaliation for having made a Disclosure.
- (c) The Hospital will not discharge, demote, discipline, suspend, threaten, harass, prejudicially modify the privileges of, or otherwise discriminate or retaliate against a Person in the terms or conditions of his/her employment or privileges or opportunities (hereinafter collectively called a "Reprisal") because a Person made a Disclosure.
- (d) The Hospital will investigate and, if applicable, discipline up to and including terminate any Person who has participated or permitted a Reprisal to occur.

4. PROCEDURES FOR THE SUBMISSION AND INVESTIGATION OF DISCLOSURES

4.1 Existing Policies and Procedures

- (a) This Policy is not intended to replace the procedures that already exist for the reporting or investigation of Disclosures.
- (b) In the ordinary course, it is expected that concerns will be reported through normal reporting practices, Policies and procedures. For example, separate procedures exist for Persons to raise individual issues relating to:
 - (i) grievances in respect of their employment and the terms of their employment;
 - (ii) the quality of clinical care provided to BCHS's patients by those members of BCHS's Professional Staff; or
 - (iii) workplace safety, harassment and discrimination or any other occupational health and safety concerns.
- (c) Any Person who makes a Disclosure of a Wrongdoing or a suspected Wrongdoing, whether falling within the scope of section 2.02 of this Policy or under any existing Hospital Policy, is protected by the safeguards set out in ARTICLE 3 against any Reprisal.

5. PROCEDURES FOR THE SUBMISSION AND INVESTIGATION OF A DISCLOSURE OF WRONGDOING

5.1 Reporting Wrongdoings

If a Person reasonably believes that he or she has information that could show that a Wrongdoing has been committed or is about to be committed, the Person may make a Disclosure in accordance with either the internal or external processes set out below.

5.2 Internal Disclosure of Regarding Wrongdoing

- (a) In the ordinary course, a Disclosure should be reported in writing to the Person's supervisor with sufficient detail of the Wrongdoing and the persons and circumstances included to allow the Disclosure to be investigated.
- (b) The supervisor shall report the Wrongdoing and provide a copy of the Disclosure to the Chief Human Resources Officer ("Chief Human Resources Officer") as soon as possible. The Chief Human Resources Officer shall determine who is the most appropriate hospital person ("BCHS Investigator") to investigate the Disclosure.

- (c) The Disclosure shall be investigated in a timely manner and the outcome shall be reported to the Chief Human Resources Officer within 30 days from the receipt of the complaint.
- (d) Once the investigation has been completed, the Chief Human Resources Officer must prepare a report containing his or her findings and any recommendations about the Disclosure and the Wrongdoing within ten days from receipt of the report to the President and Chief Executive Officer (“Chief Executive Officer”).

5.3 Disclosure of Wrongdoing

- (a) For confidentiality or other reasons, a Person may choose to report the Disclosure to the Chair of the BCHS Board of Directors through one of the following processes:
 - (i) Submit an email to the Board Chair at whistleblower@bchsys.org with the subject line noted as “Whistleblower Policy Disclosure”
 - (ii) By mail at:

Board Chair
Brant Community Healthcare System
200 Terrace Hill Street
Brantford, ON
N3R 1G9
- (b) Once a report has been submitted using one of the above methods, the Board Chair or a designated representative will contact the Person to generate a Report. Once the Report is completed will submit the Report to the Chief Human Resources Officer and the internal process set out in section 5.02 with necessary changes to points of detail shall be followed to determine the BCHS Investigator.
- (c) The Report/Disclosure will be reviewed promptly by a BCHS Investigator and the manner in which it will be investigated will be consistent with Section 5.02 to 5.03 above. The anonymity and confidentiality of the Report will be maintained.

5.4 Referral to Chair of Audit Committee, Chief of Staff or Chief Executive Officer

The Chief Human Resources Officer may refer a Disclosure to the Chair of the Audit Committee, Chief of Staff or Chief Executive Officer, if he or she believes it is more appropriate.

5.5 When Investigation Not Required

The BCHS Investigator is not required to investigate a Disclosure — and the Chief Human Resources Officer in consultation with the Chief Executive Officer, may cease an investigation — if he or she is of the opinion that:

- (a) the subject matter of the Disclosure could more appropriately be dealt with, initially or completely, according to a procedure provided for under the Governing Legislation;
- (b) the Disclosure is frivolous or vexatious, or has not been made in good faith or does not deal with a sufficiently serious subject matter;
- (c) the Disclosure relates to a matter that could more appropriately be dealt with according to the procedures under a collective agreement, employment agreement, BCHS's By-Law or a more appropriate and specific Hospital Policy or Procedure; or
- (d) there is another valid reason for not investigating the Disclosure.

6. GENERAL OFFENCES

6.1 False or misleading statement

No person shall — in seeking advice about making a Disclosure, in making a Disclosure, or during an investigation — knowingly make a false or misleading statement, orally or in writing, to a supervisor, designated officer or Chief Human Resources Officer, or to a person acting on behalf of or under the direction of any of them.

6.2 Fraudulent Vexation

No person shall make a fraudulent vexatious disclosure.

6.3 Obstruction in performance of duties

No person shall willfully obstruct a supervisor, designated officer or senior manager, or any person acting on behalf of or under the direction of any of them, in the performance of a duty under this Policy. Such conduct will be deemed to be a "Reprisal".

6.4 Discipline

The Hospital will investigate and, if applicable, discipline up to and including terminate any Person who has committed an offense set out in this ARTICLE 6.

7. MONITORING WHISTLEBLOWER DISCLOSURES

7.1 Monitoring Reports

The investigation of all disclosures will be monitored on an ongoing basis by the Chief Human Resources Officer. A summary of all complaints filed will be reported to the Chair of the Audit Committee on a monthly basis. The Report shall include:

- (a) Total number of Disclosures received during the prior month; and
- (b) All Disclosures received, by relevant category, and a high-level action plan to monitor action.

7.2 Record Retention

- (a) All Disclosures and corresponding investigations must be fully documented;
- (b) Disclosure and investigation filed will be stored in a secure location with access to those responsible for conducting the investigation; and
- (c) When the Disclosure or investigation results in disciplinary action, the Report will then be kept in the record of the employee who faced disciplinary action.



Title: Intellectual Property	
Manual: Management	Section: General
Document Number:	Issuing Authority: Board of Directors
Date Issued: February 2005	Date Revised: August 2016

BCHS IP Policy

PURPOSE:

The Brant Community Healthcare System (BCHS) is committed to addressing Intellectual Property matters as they arise in the hospital environment. In this regard, this Intellectual Property Policy ("Policy") seeks to address the following:

Creativity - Encourage creativity at BCHS among those individuals that are covered by this Policy.

Ownership – Set out the ownership of Intellectual Property developed or created at BCHS.

Commercialization - Encourage the Commercialization of Intellectual Property that arises from research and innovation at BCHS.

Revenue sharing – Facilitate whenever possible and subject to and pursuant to this Policy, that where Intellectual Property is introduced for commercial development, there will be revenue sharing between at least the Creator(s) and BCHS.

Public Benefit - Increase the likelihood that ideas, innovations, Inventions, and creative works produced at BCHS are used to benefit the public.

External contracts - Address compliance with the provisions of contracts with external parties sponsors.

Disclosure - Establish, outline and facilitate the process for disclosure of Inventions pursuant to this Policy.

Contact - Identify a point of contact for Intellectual Property matters to be addressed as they may arise at BCHS.

POLICY:

Subject to the provisions of this Policy, the rights to all Intellectual Property specified in this Policy, arising out or in connection with, in whole or in part, that may be created by Covered Individuals while employed or working at BCHS are the property of BCHS regardless of whether it was developed or created at BCHS or using BCHS resources or facilities, during or outside working hours, or whether it relates to employment duties, a contractor's or consultant's

contractual obligations or work placement obligations. While responsibilities may change from time to time, notwithstanding such changes, ownership of Intellectual Property always vests in BCHS.

This Policy is subject to:

- any agreements that may reasonably and demonstratively take precedence over and which limit the Intellectual Property rights of BCHS and have been agreed to in writing by BCHS; and
- the rights set out in any properly authorized employment offer signed by any BCHS employee, a services agreement signed by contractors or consultants service providers or agreements involved in a work placement at BCHS.

SCOPE:

Persons covered

All BCHS Members and contractors, consultants and all others whose work or study affiliation is with BCHS, whether compensated by BCHS or not (Covered Individuals).

Identification of Ownership

Upon becoming a BCHS Member or for contractors, consultants and all others whose work or study affiliation is with BCHS, whether or not compensated by BCHS, prior to signing a contract with BCHS, any prior agreement affecting ownership of any Intellectual Property right that may conflict with BCHS's proprietary rights shall be disclosed and addressed by the Chief Financial Officer (CFO).

Asserting Prior and Other Ownership

Claim - BCHS does not claim any Intellectual Property rights conceived and developed by a BCHS Member prior to becoming a BCHS Member and contractors and consultants whose work or study affiliation is with BCHS prior to engaging in a formal relationship with BCHS. Any such rights should be disclosed to BCHS by the individual claiming to have these rights before commencing any work with CFO.

Inventions developed with other organizations

Inventions developed jointly by the BCHS Members and other organizations will be governed by agreements negotiated between BCHS and such other organizations.

Publications

A Covered Individual wishing to present data, publish or present papers derived from an Intellectual Property right covered under this Policy must obtain prior written consent of BCHS, which shall not be unreasonably withheld or delayed. It is understood that BCHS shall make reasonable efforts to approve or refuse such consent within ten days of receipt of the request for such consent. BCHS shall reasonably withhold or delay its approval in the event that the

proposed document contains false or damaging or detrimental information or information that is considered confidential information.

Documentation

Covered Individuals may be required from time to time to execute documentation confirming BCHS ownership and other rights in the Intellectual Property rights.

COMMERCIALIZATION:

General

The following is part of the process for the Commercialization for a potentially patentable Invention. The Commercialization process for other Intellectual Property rights shall be determined by BCHS in consultation with the Creator(s) or authors of the Intellectual Property.

Options

BCHS may access any number of methods to Commercialize the Intellectual Property including but not limited to marketing and commercializing it themselves or licensing the Intellectual Property to an existing corporation or new entity to commercialize the Intellectual Property.

Information and the BCHS Disclosure of Invention Form

BCHS requires all Covered Individuals involved with or contemplating any initiatives related to the development of an Invention to have an early informal discussion with the Chief Financial Officer (CFO). Disclosure must be made when it can be reasonably concluded that a protectable subject matter has been created, and sufficiently in advance of any publications, presentation, or other public disclosure to allow time for possible action that protects rights to the Intellectual Property for the Creator(s) and BCHS. In these circumstances and in the event an Invention is made, the Creator(s) shall promptly complete the BCHS Disclosure of Invention Form and submit it to the CFO. The key information required on the BCHS Disclosure of Invention Form should include:

- invention title;
- names of the Creator(s);
- description of the Invention;
- sponsorship, if any;
- design date and date put into practice; and
- publication dates, existing or projected, if any

Disclosure to BCHS must be made in accordance with the BCHS Disclosure of Invention Form and a minimum of forty-five days prior to any public disclosure by BCHS. Creator(s) shall give appropriate recognition to all individuals who contributed to the Inventions.

Records of Invention

Covered Individuals shall create and maintain complete and current written records and provide the records at the request of BCHS to protect BCHS's interest in the Intellectual Property and to

assist in the preparation and filing with respect to any Patent application and related matters. Such records may include email and other correspondence, lab notebooks, discussions with others of all their Inventions and these records shall be provided to BCHS at the request of BCHS.

Confidentiality and Precautions

Prior to any Public Disclosure of an Invention by BCHS

- all Inventions shall be kept strictly confidential by the Creator(s); and
- all necessary precautions shall be taken to maintain patentability prior to such disclosure.

For disclosure of confidential information to individuals or entities outside of BCHS, a confidentiality agreement satisfactory to BCHS should be signed by both parties prior to the disclosure. A sample confidentiality agreement can be obtained from the CFO and BCHS should be involved in this process.

Commercialization of the Invention

BCHS shall review and assess the Disclosure of Invention Form for its technical and commercial value, novelty, utility and inventiveness within forty-five days of receipt. For patentable Inventions, BCHS may seek the assistance of patent counsel in making the determination.

BCHS is not responsible for or liable in respect of any type of lost opportunity as a result of the assessment process.

In the event that BCHS decides to pursue the Commercialization of the Invention,

the Creator(s) shall

- execute the documentation required by BCHS including an assignment document confirming the assignment to BCHS of all Intellectual Property rights in the Invention; and
- work with BCHS to formalize all aspects of this process including but not limited to the development, marketing and licensing of the Invention

and BCHS shall

- consult with the Creator(s) as to the development, marketing and licensing or other activities to Commercialize the Invention and shall keep the Creator(s) reasonably informed of the same;
- keep full and complete records and books of account with respect to all gross revenues, direct costs and net proceeds in connection with each Invention; and

- ensure that all such books and accounts relating to an Invention shall be made available to the Creator(s) and other parties, as applicable, on reasonable notice in order to review the revenues received and costs claimed with respect to an Invention.

Revenue Sharing

Each Commercialization process will be reviewed on a case-by-case basis to determine the revenue sharing between BCHS and the Creator(s). The basic principles that govern the revenue sharing are based on the following principles:

- 100% of the revenue goes to BCHS until all out-of-pocket expenses associated with protection and exploitation of the Patent has been reimbursed. Such expenses include fees associated with filing and registration fees and any other continuing costs associated with licensing and other Commercialization of the Intellectual property;
- once all out-of-pocket expenses have been paid, the net income is shared between the Inventor and BCHS on a basis to be determined;
- the Inventor's percentage share decreases whereas that of BCHS increases as total net revenue increases; and
- BCHS will establish and review the thresholds, and revise them as necessary in the light of inflation and other economic factors.

Decision Not to Commercialize the Invention

If BCHS decides not to pursue the Commercialization of an Invention and the Creator(s) wishes to proceed on his/her own initiative, the following will occur:

- **Notification** – BCHS will inform the Creator(s) in writing that they will not be pursuing the Commercialization of the Invention
- **Assignment** – BCHS will assign the Intellectual Property rights in the Invention back to the Creator(s) provided that the assignment provides the following;
 - the Creator(s) provides an indemnification of BCHS by the Creator(s);
 - that BCHS will be reimbursed for any expenses that BCHS may have incurred in the development and Commercialization of the Invention and providing BCHS a percent share as may be agreed upon of any revenues received by the Creator(s); and
 - any further development and Commercialization shall be undertaken independently of BCHS, on the Creator(s) own time and not utilizing BCHS Resources.

Leaving BCHS – Net Revenues

Creator(s) or author individuals who leave the employment of BCHS or who no longer have a contract with BCHS will continue to receive his/her portion of Net Revenues unless there is an agreement to the contrary. In the event of the death of the Creator, his/her portion of Net Revenues will be dealt with on a case by case basis as set out in the revenue sharing agreement.

ADDITIONAL CONSIDERATIONS

Intellectual Property Developed in Joint Initiatives

Where BCHS enters into an agreement with a contractor or consultant that may result in the creation of Intellectual Property, the parties will ensure that a written agreement sets out any terms relating to the sharing of risk and revenue from the exploitation of the work and their respective rights to the Intellectual Property in the work, specifically if it is different from this Policy in that regard.

Dispute Resolution

The CFO is responsible for the administration of this Policy. The CFO will handle questions regarding the application, interpretation or implementation of this Policy. Disagreement with any determination made by that office may be directed to the Chief Executive Officer (CEO) or his or her designee for a final determination.

Conflict of Interest

The Inventor must promptly disclose all potential conflicts of interest to the BCHS Contact.

Use of BCHS Name, Logo or Trademark

Use of the BCHS name, logo or trademark by anyone other than by BCHS is not permitted except with written permission. Any questions regarding the use of the BCHS name, logo or trademark should be referred to the BCHS Communications Department.

Changes to this Policy

BCHS reserves the right to change this Policy from time to time. Proposed changes normally will be developed by the CFO.

DEFINITIONS

BCHS Member – means employed staff, privileged staff (including physicians, midwives, dentists, and extended-class nurses), volunteers, students, Board members and affiliates;

BCHS Resources – means and includes but is not limited to BCHS funded or administered salaries, fellowships, equipment, facilities and databases;

Chief Executive Officer or CEO – means the BCHS Chief Executive Officer;

Chief Financial Officer or CFO – means the BCHS Chief Financial Officer;

Creator(s) – means for this Policy any Covered Individual or Individuals who for the purposes of a Patent application, makes or develops an Invention or for the purposes of other Intellectual Property rights made creative or authorship contributions;

Commercialization – means the process through which an Invention or creative work is brought to the commercial market;

Covered Individuals – means BCHS Members and contractors, consultants and all others whose work or study affiliation is with BCHS, whether compensated by BCHS or not;

Invention - means any new and useful art, process, machine, manufacture or composition of matter, or any new and useful improvement in any art, process, machine, manufacture or composition of matter;

Intellectual Property – means and includes all original works of authorship, translations, , trademarks, logos, designs, inventions, discoveries, developments, innovations, ideas, improvements, modifications, processes, and compilations of data, whether or not subject to registration or capable of registration, which are solely or jointly created or conceived relating to the activities of BCHS or the health care field generally. This includes the World Intellectual Property Organization understanding of Intellectual Property being a creation of the mind and includes Inventions, literary and artistic works, designs and symbols, and names and images used in business, Patents, trademarks, copyright, industrial design and integrated circuit topographies;

Net Revenues – means the revenues remaining once BCHS has recovered the legal, licensing and other expenses related to the protection of the Invention; and

Patent - means letters patent for an Invention and upon a successful application is the right granted by the government to exclude others from making, constructing, using of selling an Invention.

BCHS Disclosure of Invention Form

This BCHS Confidential Disclosure of Invention Form is used to record Inventions made using BCHS Resources, the circumstances under which the Invention was made or the technology created and is to be completed in accordance with the BCHS Intellectual Property Policy (Policy) and any instructions provided in this form. The Policy should be read before completing this BCHS Confidential Disclosure of Invention Form. If you have any questions, contact the BCHS CFO at 519-751-5516 or Matthew.speak@bchsys.org.

[For all items, if necessary, use additional pages.]

1. Name/Title of Invention

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Note: The Name/Title may become public and can be used in as the identification in agreements. Do not reveal novel and useful features of the Invention in the Name/Title.

2. Names of Inventors and Contributors

Inventors at BCHS: List all individuals who have made an inventive contribution to this disclosure through the use of BCHS Resources (i.e. staff, students, visiting scientist, etc). Attach separate pages if necessary.

SURNAME, GIVEN NAMES	DEPARTMENT <i>(List any cross appointments or affiliated institutions)</i>	AFFILIATION WITH BCHS <i>(i.e. staff, research assoc., visiting scientist etc.)</i>	EMAIL ADDRESS AT BCHS	CONTACT INFORMATION <i>(non-BCHS mailing address, phone, fax)</i>

External Inventors: List all individuals who have made an inventive contribution to this disclosure using non-BCHS Resources (i.e. sponsor employees, academic collaborators, etc). Include names, organization, email address and contact information.

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Contributors (Non-Inventors): List all individuals at or external to BCHS who have not made an inventive contribution to the Invention but have contributed otherwise to the development of

the Invention - for example, the contribution to the Invention in terms of staff, financing, equipment, materials or facilities. Include name, organization and email address.

Further development: Is there a potential need for others to be involved in the further development of the Invention?

3. Description of the Invention

Provide a detailed description and summary of the Invention, identifying the following;

- general **purpose** of the Invention and the problem it solves;
- data as is available showing that the Invention **works** for its proposed purpose;
- technical **description** of the Invention;
- features believed to be **new/novel**;
- **advantages and improvements** over existing methods, devices or materials;
- emphasize aspects of the Invention that make it unique and **non-obvious**;
- possible **variations and modifications**, as well as products and processes that could result from the Invention; and
- any **proprietary materials** obtained from external individuals that were later used in the making of the Invention

If the Invention is an **improvement** to a prior disclosure, identify it and explain why the new Invention is different.

4. Location

Where was the research that led to the Invention carried out? If this research was conducted at more than one location the information is to be listed below.

5. Sponsorship/Funding

How was the research which led to the Invention funded? (Funding includes but is not limited to salaries and research materials.)

List the contribution of any organization(s) or sponsor(s) (other than BCHS) to the Invention in staff, money, equipment, facilities or materials. (If any grant monies were involved, indicate the source, grant number and value of contribution.)

6. Design and practice events

Provide the dates for the following:

Date of initial idea and/or conception

First reduction to practice date

7. Public Disclosure

Provide information on planned or prior publication (of any kind) and/or oral presentation of the Invention. List any prior public disclosures, including the date each disclosure occurred (for example any abstracts, oral talks, presentations, and/or publications. Have any scientific results related to the Invention been disclosed in any grant application?

8. Environment

Has a literature or a patent search been conducted? If so, what were the results?

List the closest existing publications and/or patents relating to the Invention and attach a copy if available.

List any risks or possible barriers to the successful patenting or developing of the Invention.

9. Agreements

Was the work or research leading to this Invention subject to or related to any written or oral contract(s) or other agreement(s) such as: material transfer, data transfer, software license, confidentiality, collaboration, and/or sponsored research? If so, provide details.

Are you a party to any other agreements pertaining to the Invention? If so, provide details.

Signature and Confirmation

Policy – I/We have read and understand the BCHS Intellectual Property Policy dated -----.

BCHS Confidential Disclosure of Invention Form – I/We understand that this BCHS Confidential Disclosure of Invention Form is used to record Inventions made using BCHS Resources, the circumstances under which the Invention was made or the technology created and is to be completed in accordance with the Policy and any instructions provided in this form. It provides the basis for a determination of patentability and for drafting a patent application. A disclosure of an Invention should be made when something new and useful has been conceived or developed including improvements to existing devices circuits, systems, chemical compounds, drugs, etc, or when unusual, unexpected, or non-obvious research results have been achieved. Additional information may be required once this form has been reviewed by BCHS.

Information Provided - I/We have read, understood and agree to all of the preceding and declare that all of the information provided in this disclosure is complete and correct. To the best of our knowledge, all persons who might legally make an ownership claim on this Invention are identified in Section 2. If substantial changes are made later a revised disclosure will be necessary. I/We undertake to correct any information found in this form whenever I/We become aware of any error. I/We acknowledge that any inaccuracy in this BCHS Confidential Disclosure of Invention Form may hamper commercialization or lead to litigation or other costs.

Proceeds – If there is more than one Inventor or Contributor, there will be agreement to the distribution of the proceeds prior to patent application.

Name	Signature	Date

Title: Social Media Policy for Staff, Physicians and Volunteers	
Manual: Management	Section: People Development
Document Number:	Issuing Authority: Engagement & Community Partnerships
Date Issued: August 2011	Date Revised: July 2013

PURPOSE:

This is the official policy for social media use and provides guidance for employees on their professional and personal use of social media. All employees are responsible for knowing and understanding the policy.

POLICY STATEMENT:

This policy was developed in conjunction with our Social Media Strategy. It is essential to understand that comments made via social media platforms are as public as if the same comments were made in a public forum. The intention of this policy is to establish a culture of openness, trust and integrity in internet activities.

DEFINITION (S):

Social Media

Content created by people using highly accessible and scalable publishing technologies. Social media is distinct from traditional media, such as newspapers, television, and film. Social media comprises relatively inexpensive and accessible tools that enable anyone (even private individuals) to publish or access information – traditional media generally require significant resources to publish information. (http://en.wikipedia.org/wiki/Social_media)

Social Media may include (although is not limited to):

- social networking sites (e.g. Facebook, LinkedIn)
- video and photo sharing websites (e.g. Flickr, Youtube)
- blogs, including corporate blogs and personal blogs
- blogs hosted by media outlets (e.g. 'comments')
- micro-blogging (e.g. Twitter)
- wikis and online collaborations (e.g. Wikipedia)
- forums, discussion boards and groups (e.g. Google groups)
- podcasting
- online multiplayer gaming platforms
- instant messaging (including SMS)
- geo-spatial tagging (Foursquare)

Employee

Any staff member, physician, or volunteer

PROCEDURE:

General Responsibilities

Everyone should be aware of their responsibilities under the Code of (Business) Conduct.

DISCLAIMER:

This is a CONTROLLED document. The most current version is in electronic format on the BCHS intranet site. Any documents appearing in paper form are NOT controlled.

Compliance

Depending on the circumstances, non-compliance with this policy may constitute a breach of employment or contractual obligations, misconduct, sexual harassment, discrimination, or some other contravention of the law. Those who fail to comply with this policy may face disciplinary action and, in serious cases, termination of their employment or engagement.

Identifying inappropriate use

If you notice inappropriate or unlawful content online relating to the Brant Community Healthcare System, or content that may otherwise have been published in breach of this policy, you should report the circumstances to the Chief Privacy Officer or People Development.

PROFESSIONAL USE OF SOCIAL MEDIA

Becoming authorized to comment

- You may not engage in social media or comment as a representative of the BCHS unless you are **authorized** to do so.
- To become authorized to comment in an official capacity, you must obtain permission from Engagement & Community Partnerships.

Rules of engagement

Once authorized to comment as a BCHS representative, you must:

- disclose you are an employee of the BCHS, and use only your own identity, or an approved official account or avatar
- disclose and comment only on information classified as public information
- ensure that all content published is accurate and not misleading and complies with all relevant BCHS policies
- ensure you are not the first to make an announcement (unless specifically given permission to do so)
- comment only on your area of expertise and authority
- ensure comments are respectful of the community in which you are interacting online
- adhere to the Terms of Use of the relevant social media platform/website, as well as copyright, privacy, discrimination, harassment and other applicable laws, and PHIPPA

If you are authorized to comment as a BCHS representative, you must not:

- post or respond to material that is offensive, obscene, defamatory, threatening, harassing, bullying, discriminatory, hateful, racist, sexist, infringes copyright, constitutes a contempt of court, breaches a court order, or is otherwise unlawful
- use or disclose any confidential or secure information
- make any comment or post any material that might otherwise cause damage to the BCHS's reputation or bring it into disrepute.

Moderation of BCHS produced social media

- The site owner must ensure a moderation policy is clear when inviting comments from the public on our website or social media platform.
- All website activity (including any social media) must be approved by Engagement & Community Partnerships.

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PERSONAL USE OF SOCIAL MEDIA:

Overview

The BCHS recognizes that you may wish to use social media in your personal life. This policy does not intend to discourage nor unduly limit your personal expression or online activities.

However, you should recognize the potential for damage to be caused (either directly or indirectly) to the BCHS in certain circumstances via your personal use of social media when you can be identified as an employee of the BCHS. Accordingly, you should comply with this policy to ensure that the risk of such damage is minimized.

You are personally responsible for the content you publish in a personal capacity on any form of social media platform. When in doubt, you should seek guidance from People Development on how to comply with the following obligations.

Where your comments or profile can identify you as an employee of the BCHS:

You must:

- only disclose and discuss publicly available information
- ensure that all content published is accurate and not misleading and complies with all relevant BCHS policies
- expressly state on all postings (identifying you as a BCHS employee) the stated views are your own and are not those of the BCHS
- be polite and respectful to all people you interact with
- adhere to the Terms of Use of the relevant social media platform/website, as well as copyright, privacy, defamation, discrimination, harassment and other applicable laws, and PHIPPA

You must not:

- post material that is offensive, obscene, defamatory, threatening, harassing, bullying, discriminatory, hateful, racist, sexist, infringes copyright, breaches a Court order, or is otherwise unlawful
- imply that you are authorized to speak as a representative of the BCHS, nor give the impression that the views you express are those of the BCHS
- use the identity or likeness of another employee of the BCHS
- use or disclose any confidential information obtained in your capacity as an employee of the BCHS, including, but not limited to, information, photographs, or comments about patients
- imply you are authorised to speak on behalf of the BCHS, or give the impression that any views you express are those of the BCHS
- use your BCHS email address or any BCHS logos or insignia that may give the impression of official support or endorsement of your personal comment
- use or disclose any confidential information or personal information obtained in your capacity as an employee of the BCHS
- post material that is, or might be construed as, disruptive behaviour (ie. threatening, harassing, bullying or discrimination) towards another employee of the BCHS
- make any comment or post any material that might otherwise cause damage to the BCHS's reputation or bring it into disrepute.

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Reasonable/unreasonable personal use

When accessing social media via the BCHS's internet and intranet systems, or via your own personal devices, you must do so in accordance with the BCHS's Internet and Email Usage Policy, which requires you to use these resources 'reasonably', in a manner that does not interfere with your work, and is not inappropriate or excessively accessed.

Examples of reasonable use include:

- re-tweeting content from the BCHSYS account on your own Twitter account
- updating Facebook status and posting messages during a lunch break
- BCHS resources may not be used to access or post any material that is fraudulent, harassing, threatening, bullying, embarrassing, sexually explicit, profane, obscene, racist, sexist, intimidating, defamatory or otherwise inappropriate or unlawful
- it is not acceptable to spend hours using social media that is not related to your work

Guidance for navigating legal issues

The following is offered as general guidance to assist you in complying with the obligations set out in this policy. When in doubt, seek further guidance from People Development.

Privacy, confidentiality and information security

You should only use personal information obtained in the course of your employment with the BCHS in a manner consistent with the BCHS's Privacy Policy. You should **not** publish or report on conversations or information that is deemed confidential or classified or deals with matters that are internal in nature.

Copyright

You should respect copyright laws and fair use of copyrighted material and attribute work to the original author/source wherever possible.

Harassment and bullying

The BCHS's Respectful Workplace Policies (Staff and – Privileged Staff) apply online and in the physical workplace. Workplace bullying and harassment includes any bullying or harassing comments employees make online, even on their own private social networks or out of office hours. Abusive, harassing, threatening or defaming postings are in breach of the BCHS's Respectful Workplace Policies, and may result in disciplinary action being taken. All employees are expected to treat their colleagues with respect and dignity and must ensure their behaviour does not constitute bullying and/or harassment.

Defamation

You should refrain from publishing material that may cause injury to another person, organization, association or company's reputation, and should seek further guidance if publication of such material is thought to be necessary.

Offensive or obscene material

Material may be offensive or obscene and may infringe relevant online classification laws if it is pornographic, sexually suggestive, harassing, hateful, racist, sexist, abusive or discriminatory.

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RELATED PRACTICES AND / OR LEGISLATIONS:

- Respectful Workplace Policy – Staff
- Respectful Workplace Policy – Privileged Staff
- Privacy Policy
- Internet and Email Usage Policy
- Hospital Spokesperson
- Code of (Business) Conduct

REFERENCES:

- Victorian Department of Justice, Social Media Policy
- http://en.wikipedia.org/wiki/Social_media

APPENDICES:

None.

DISCLAIMER:

This is a CONTROLLED document. The most current version is in electronic format on the BCHS intranet site. Any documents appearing in paper form are NOT controlled.



Title: Dress Code Policy: Regulation ID Badges, Safety Attire	
Department: Human Resources	Section: General
Issuing Authority: Chief Human Resources Officer	Review Cycle: 2 years
Date Issued: March 1983	Date Revised: September 2019
Reviewing Authority: HR Leadership	Report Version: N/A

PURPOSE:

The Brant Community Healthcare System is dedicated to providing an environment with a professional image while promoting the safety of everyone who works and interacts within the hospital and promoting the best practices of infection prevention and control and adhering to the following policy statements.

POLICY STATEMENT:

Employees failing to adhere to the dress code will be subject to progressive disciplinary action. The dress code policy shall not be interpreted nor applied in any way that would violate any aspect of the Ontario Human Rights Code, Revised Statutes of Ontario, 1990.

Standards of dress are based on the three principles: infection control, safety for both staff and patients and image of the organization. Under no circumstances shall a staff member compromise these three principles for reasons of personal preference.

All staff are required to identify themselves by wearing the BCHS security identification name tag so that it is visible between the shoulder and waist.

Leaders may require additional departmental standards of clothing, uniforms, jewelry limitations, footwear or other standards related to requirements in specific work areas.

BCHS recognizes and respects the right of staff to dress in accordance with their religious beliefs and/or practices. Accommodation will be approved for particular dress related to such religious beliefs and/or practices where the three guiding principles of infection control, safety and image are met.

DEFINITION (S):***Infection Prevention and Control***

For patient and staff infection prevention and control and hygiene, OR greens and/or personal protective equipment are only to be worn in the workplace to reduce the possibility of transfer of infectious organisms to patients or into the homes of staff. Specifically, OR greens are not to be taken off hospital premises and they must be laundered through the standardized methods which adheres to the prescribed ORNAC standards.

Staff and Patient Safety

Staff and patient safety is paramount. Clothing, footwear and jewelry that are considered appropriate for the workplace contributes to this, as does properly covered/secured hair and appropriate personal product scents and odors. **Image**

Patients have indicated that the appearance and identification of the care provider impacts the patients' sense of confidence in the care received. BCHS is committed to patient centered care and while recognizing the diverse communities we serve, we are required to reflect an image of professionalism and to inspire confidence in patients, visitors and others. It is essential that personal grooming (such as hair, nails and odors) and appearance (clothing, tattoos, body piercings, etc) are appropriate and/or inconspicuous.

PROCEDURE:

CLOTHING

For employees not required to wear uniforms, clothing choices should present a business or casual business attire. Clothing should be neat, clean, pressed and loose enough to permit free movement. (see Appendix A)

UNIFORM STANDARDIZATION

Effective October 3, 2016 all employees that are designated to wear a standardized uniform must comply with policy. Clothing for uniformed employees shall be the BCHS standard uniform and uniform colour scheme outlined below:

DESIGNATION	COLOUR	COLOUR TO BE DESCRIBED ON COMMUNICATION TO PATIENTS AS	EMBROIDERED ON TOP
Nursing (RN or RPN)	Royal Blue	Blue	RN or RPN
Personal Support Worker	Red	Red	PSW
Environmental Services Aide	Light Grey	Light Grey	ESA
Nutrition Aide	White	White	
Registration Clerk/Unit Clerk/Service Clerk	Eggplant	Purple	Clerk
<u>Therapy Services:</u> Occupational Therapist, Physiotherapist, OT/PT Assistant	Wine	Burgundy	OTA/PTA; OT; PT; Rec Therapy
<u>Therapy Services:</u> Social Work, Registered Dietitian, Speech Language Pathologist	Caribbean Blue	Blue	MSW; Dietitian
Medical Laboratory Assistant/Technician	Turquoise	Light Blue	MLT; MLA
Diagnostic Imaging/Cardiac/ Pulmonary Function/ EMG	Black	Black	MRT/Cardiac/RT/EMG
Material Handler	Hunter Green	Green	Stores
Pharmacy Technician	Pewter	Dark Grey	RPhT

Each uniform top must be embroidered to assist in the identification of each employee's job to ensure role clarity. The bottoms for all staff required to wear the uniform will be black.

HOLIDAY WEAR

Employees wearing standard uniforms are permitted to participate in “holiday wear” on the following days:

- i. Valentine’s Day—February 14th
- ii. St. Patrick’s Day—March 17th
- iii. Easter—from Good Friday until Easter Monday
- iv. Canada Day—July 1st
- v. Halloween—October 27-31st
- vi. Thanksgiving—from the Friday before until the Monday following
- vii. Christmas—from December 1st -31st

Staff are reminded that “holiday wear” must still conform to the dress code standards of what is acceptable to wear in the workplace.

STUDENTS

All students that have a school uniform will be required to wear when onsite during their placements (e.g. nursing, PSWs, etc). Students that do not have a formal school uniform (e.g scrubs) they will be required to wear black pants and a golf/collared shirt from their school with the college/university logo.

All students will also have the option to purchase the BCHS standardized uniform top.

CASUAL DRESS DAYS

While casual dress days allows our employees to dress in a more casual fashion, they should take into account the necessity to continually comport themselves in a professional fashion, and dress in such a way that will not create a negative perception by our customers either internal or external. When casual days are observed (for all employees who do not normally wear a uniform) the same guidelines for regular attire will apply, however denim jeans will be considered appropriate. Shoes must meet the requirements outlined below.

SHOES

Under the Health care and residential facilities regulations in Ontario, if a person is exposed to the hazard of foot injury the worker is required to wear foot protection appropriate to the circumstances. The healthcare setting has several hazards for which proper footwear is an excellent risk control measure [see *Risk Assessment chart*]. Workers in healthcare have potential for physical and chemical exposure that could lead to an injury i.e. contusion from falling objects, slips and falls, blood and body fluids exposure, physical activity which requires well-fitting shoes [stable shoes which do not fall off during physically demanding activity], aggressive patient behaviour, moving of equipment, carrying heavy items, working with sharps, chemical spills or infectious agent exposures.

All footwear used in work and patient care areas must be clean, and in good repair. Heels must be height that induces quiet, safe movement and made with a non-slip material. Well fitting

shoes, that will not fall off during physically demanding activity and will protect vulnerable areas of the foot from exposure, must be worn. Toes/uppers must be covered i.e. resist splashes from chemicals or blood or body fluids. Shoe material must be durable to protect from chemical spills, hot liquids or sharps such as needles. (e.g. canvas, leather, plastic etc. Closed heels (backs) are recommended however, a shoe that fits all the above requirements, and has a well-fitting strap across the back (e.g. Birkenstock with strap across the back) is acceptable.

Workers who perform work around or with heavy materials and equipment, large volumes of hazardous materials, electrical or construction activities must have footwear compliant with CSA standards i.e. safety boots.

Footwear Risk Assessment Chart

Risk	Potential Hazards/Locations of Higher Risk	Appropriate Footwear
LOW	<ul style="list-style-type: none"> Office areas and hallways that are not adjacent to patient care areas, provided that the employee or contractor is not engaged in tasks that are higher risk, (pushing carts, transporting patients, or traveling from one patient care area to another for purposes related to patient care. 	<ul style="list-style-type: none"> The toe and front section of foot is not required to be covered (sandals, perforated top or other open-toed shoes are permitted) The shoe must be well fitting so that it does not fall off during physically demanding activity. The heel is low to moderate.
MODERATE	<ul style="list-style-type: none"> Patient-care or clinical areas Laboratories Where needles or other sharps may be used Where blood or biological fluid splashes may occur Where chemicals are handled in a controlled setting (e.g. Fume hoods) Food handling areas Aggressive patients Job requires movement into various areas of the hospital for deliveries, interactions with patients or staff working in patient care areas, or departments where there are chemicals, infectious materials, heavy lifting or machinery is used. 	<p>The footwear must have the following characteristics:</p> <ul style="list-style-type: none"> The toe and front section of foot must be covered (sandals, perforated top or other open-toed shoes are not allowed) The shoe must be well fitting so that it does not fall off during physically demanding activity. The sole must be made of non-slip material The heel is low The shoe material must be durable and impermeable to protect from chemicals, hot liquids or sharps such as needles <p><i>Examples of appropriate footwear include running/walking shoe or Birkenstock with heel strap.</i></p>

HIGH	<ul style="list-style-type: none"> • Heavy materials, heavy equipment • Maintenance work • Moderate to large volumes of hazardous substances • Electrical work 	<ul style="list-style-type: none"> • Footwear must comply with CSA standards <i>Example – safety boot</i>
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HAIR

Hair must be neat, clean and well-groomed, long hair should be pulled back and controlled. Keep sideburns, beards and/or moustaches clean, well-trimmed and neat. Wear applicable beard and hair nets as required.

NAILS

Nails must be clean and trimmed. The nails should not show past the end of the finger. Artificial nails or nail extensions are not acceptable for direct patient caregivers, for staff who provide patient care or where there may be risk of infection or contamination, including areas that support clinical area, such as food, nutrition and environmental services. Nail polish, if used, must be intact with no chipping.

JEWELRY / BODY ART

Employees, staff and volunteers shall not wear loose, dangly (e.g. large hoop earrings), excessive jewellery. Jewellery shall not be worn where it presents a potential hazard to patients or staff. Employees that deliver direct care are permitted only to wear a single smooth wedding band. A watch, if worn, should not be manipulated or touched. Cover tattoos that would reasonably be considered offensive.

NECKTIES

All employees, staff and volunteers must secure neckties so that they do not dangle freely in patient care areas.

STETHOSCOPES

Employees and staff shall not wear stethoscopes around the neck except when the stethoscope is in active use during patient care. The stethoscope must be cleaned after each patient use.

PERFUME/COLOGNE

Perfumes and colognes can be irritants to patients and/or co-workers; therefore their use is restricted. See Policy– Fragrance Free Environment/Workplace for further details.

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment (safety glasses, goggles, gowns, masks, gloves etc) must be worn as indicated on Material Safety Data Sheets and in accordance with WHMIS and Infection Control policies. Staff are not permitted to wear these items in areas where food is prepared or consumed. Staff who work in areas where food is prepared or consumed will wear personal protective equipment as required.

REGULATION ID BADGE (ID Badge)

All employees, staff and volunteers must wear the ID badge at all times while on duty within the hospital or when performing work within the community.

Patient safety standards require that the ID badge be:

1. Affixed to a “break away” necklace no longer than 35 cm (14 inches) or,
2. Pinned or clipped to the collar, lapel or shirt pocket.
3. The ID badge and full name of the employee must at all times be clearly visible to the public. The badge will include: both first and last name will be displayed unless the employee works in Paeds, Emergency or Mental Health The employee’s identification number, position title and department in which they work. The exception for including department name is for RNs, RPNs and PSWs due to volumes of internal transfers.
4. Attached to a retractable device that is pinned to the collar, lapel or shirt pocket.
5. The ID badge shall be kept clean (i.e. no defacement) and free of any attachments (i.e. stickers, pens, tape, trinkets, etc.)

The employee identification badge is hospital property whereby tampering, alteration, damage or destruction of this property will subject the employee to corrective action levied by the Hospital.

Clarification:

- Every employee is responsible for exercising sound judgement and common sense for his/her attire at all times. If an employee is deemed to be wearing inappropriate attire, their Leader is responsible for coaching the employee accordingly.
- Individual situations relating to appropriate workplace attire may be addressed on a case by case basis.

Compliance:

- Departure from appropriate grooming, hygiene and attire standards will result in employee counseling and/or disciplinary action up to and including termination of employment.
- Personal appearance standards may be reviewed periodically and updated as deemed necessary.

RELATED PRACTICES AND / OR LEGISLATIONS:

None

REFERENCES:

College of Nurses Professional Standards

RELATED DOCUMENTS:

Medical Device Reprocessing Department Dress Code
Routine Practice Policy
Operating Room Dress Code Policy

APPENDICES:

Appendix A: Appropriate and Inappropriate Wear

These lists are not intended to be all-inclusive, but are provided to help set the general parameters. Additional criteria to ensure a safe, clean environment and a professional appearance may be applied at the discretion of the leader.

Appropriate for Regular and for Casual Wear	Inappropriate Wear
<p>BOTTOMS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uniforms, as applicable <input type="checkbox"/> Business casual pants (e.g. khaki) <input type="checkbox"/> Dress pants <input type="checkbox"/> Casual dresses/skirts <input type="checkbox"/> Dress walking shorts/skort <input type="checkbox"/> Dark wash jeans in good repair for “casual” days <input type="checkbox"/> Leggings with a longer top to mid-thigh 	<p>BOTTOMS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sweat pants (both fleece and knit) <input type="checkbox"/> Overalls <input type="checkbox"/> Shorts, skirts or dresses shorter than mid-thigh (e.g. mini skirts) <input type="checkbox"/> Cut-off shorts <input type="checkbox"/> Spandex, gym shorts, bicycle shorts <input type="checkbox"/> Jeans or pants with ripped or torn areas <input type="checkbox"/> Beach wear <input type="checkbox"/> Leggings with a shorter top to waist or hip <input type="checkbox"/> Yoga Pants
<p>TOPS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blouses <input type="checkbox"/> Sweaters/Cardigans <input type="checkbox"/> Turtlenecks Shirts with collars (e.g. golf) <input type="checkbox"/> Button shirts <input type="checkbox"/> Dress shirts <input type="checkbox"/> Shirts without collar (this does not include T-shirts) 	<p>TOPS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Scrub tops that are not designated colour <input type="checkbox"/> Sport tank tops/Muscle shirts <input type="checkbox"/> Transparent blouses and dresses <input type="checkbox"/> Low cut necklines <input type="checkbox"/> Strapless, spaghetti straps or halter tops without a covering (i.e. jacket, sweater or cardigan) worn at all times <input type="checkbox"/> Spandex <input type="checkbox"/> Any top that reveals bare midriff between tops and bottoms <input type="checkbox"/> Sweatshirts/hoodies <input type="checkbox"/> Shirts with monogrammed messages (i.e. political; suggestive; offensive language, logos or images and/or promotes alcohol, drugs, cigarettes, or violence)

<p>FOOTWEAR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dependent on work area, this includes a variety of types of shoes; <input type="checkbox"/> Loafers or deck shoes <input type="checkbox"/> Dress shoes <input type="checkbox"/> Dress sandals may be worn in nonpatient care areas and if there are no safety concerns-contact your manager as to whether these are appropriate in your work area <input type="checkbox"/> Walking shoes <input type="checkbox"/> High heels <input type="checkbox"/> Flats <p>See footwear risk assessment chart and requirements under shoes section.</p>	<p>FOOTWEAR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flip flops <input type="checkbox"/> Slippers <input type="checkbox"/> Any footwear that may present a danger to health or safety(i.e. Crocs with a perforated covering) <hr/> <p>MISCELLANEOUS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Baseball hats <input type="checkbox"/> Dark glasses (unless prescribed by a physician)
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Appendix B: Positions Requiring Uniforms

CLASSIFICATION	UNIFORM REQUIRED
CLERICAL	
CERTIFIED DIET TECHNICIAN	N
DICTATYPIST	N
HLTH INFORMATION PROFESSIONAL	N
INVENTORY CONTROL CLERK	N
MENU CLERK	N
REGISTRATION CLERK-IMAGING	Y
REGISTRATION CLERK-PATIENT REGISTRATION	Y
SECRETARY	N
SERVICE CLERK-FINANCE	N
SERVICE CLERK-HEALTH RECORDS	Y
SERVICE CLERK-SWITCHBOARD	Y
UNIT CLERK	Y
SERVICE	
BIOMEDICAL TECHNICIAN	Y- OR greens provided
DIAGNOSTIC IMAGING-MRT/ULTRASOUND/CARDIAC	Y
DIETITIANS	Y
ELECTRICIANS	Y—uniform provided
ELECTRONIC JOURNEYPERSON	Y
ENVIRONMENTAL SERVICE AIDE (ESA)	Y
LABORATORY SERVICES- MLT/MLA	Y
MATERIAL HANDLER	Y

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MDR AIDE	Y—OR greens provided
MSW Inpatient Programs	Y
NUTRITION AIDE	Y – Uniform provided by Compass
O.R. AIDE	Y-- OR greens provided
OTA/PTA	Y
PHARMACIST	N
PHARMACY TECHNICIAN	Y
PSW	Y
RECREATION THERAPIST	Y
REPAIRER 1	Y
REPAIRER 2	Y
REPAIRER JOURNEYPERSON	Y
RESPIRATORY THERAPY	Y-- OR greens provided
RN (with the exclusion of Mental Health)	Y
RPN (with the exclusion of Mental Health)	Y
THERAPY SERVICES (OT, PT, SPEECH)	Y



Title: System Security and Data Confidentiality	
Manual: Management	Section: Information/Communication Systems (ICS)
Document Number:	Issuing Authority: Board of Directors
Date Issued: March 1996	Date Revised: January 2017

PURPOSE:

To communicate the user's accountability for security of electronic information and use and guarding of a user's passwords.

POLICY STATEMENT:**A. ACCESS TO COMPUTERIZED RECORDS**

Persons who require access to computerized patient/administrative information will be provided access based on an individual password. Users must not share their password with anyone. Passwords must not be publicly posted. All such activities could result in a violation of the patient's legal and ethical right to privacy, and as such are a breach of security.

B. ACCESS MONITORING AND SAFEGUARDS

Each access session of the computerized information system is recorded in the system by individual password, name, date, time, location and data category. These records/audit reports provide the basis for analysis of attempts at inappropriate access. Further, attempts to access the system through incorrect passwords are logged immediately and provide a further tracking mechanism. Audit reports which are regularly reviewed are maintained by the Information Systems Department.

Each username and password controls the level of access deemed necessary for a person to conduct work requiring access to electronic information and systems.

C. FINANCIAL/ADMINISTRATIVE INFORMATION

Password access to financial/administrative information will be limited to those whose job function requires they have the information. Information will be restricted by cost centre, patient grouping, program and/or division. This will require approval of Value Stream Leadership.

D. CONSEQUENCES OF VIOLATIONS OF PATIENT CONFIDENTIALITY

Once a violation of confidentiality has been identified by the Information and Communications Technology Department and the Manager/Leader of the appropriate department, there will be an immediate suspension of the password. Additional consequences of such behaviour will be applied as follows:

1. Hospital Employee/Volunteers - This violation is subject to disciplinary action, up to and including termination, for the first offence. Password for the employee will be re-instated upon acceptance of a corrective action plan.
2. Medical Staff - Consequences to be determined by the Medical Advisory Committee.

3. Employee of the Medical Staff - Subsequent to determination of appropriate disciplinary action by the medical staff employer, possible reinstatement of password will be determined by the Medical Advisory Committee.

Disciplinary Action:

Infractions of following policies: General - Confidentiality of Patient Information and General - Privacy of Personal Health Information, will subject the violator to progressive disciplinary action

In the case of professional staff members with privileges (physicians, dentists, midwives and extended class nurses), any breach of this policy will result in either a five (5) day suspension or revocation of privileges depending on the seriousness of the offence. Further, if any breach by a professional staff member with privileges results in a fine or damages imposed on Brant Community Healthcare System under the Personal Health Information Protection Act, the professional staff member will be held personally responsible for such amounts.

SECURITY

Access to Brant Community Healthcare System's computer system is granted to any hospital personnel when it is required to enable them to perform their job function. The specific level of access provided is governed and limited according to the user's role and job function. This access is periodically reviewed and modified as necessary to ensure a user's level of access remains aligned with their role and job function.

When access to the system is granted, a network based username and a one-time password will be provided to the user. Upon first logon to the system, the user will be required to change their password according to the password policy defined below. To help protect the user's account from unauthorized access and use and to help protect the security of the Hospital's computer systems, the system will periodically require the user to change their password. A user must also change their password if they feel it is no longer secure. Under no circumstances shall passwords be shared or written down.

To minimize multiple passwords, Hospital applications may be configured, where possible, to leverage the user's network based account/password. Where this is not possible, applications shall be configured to enforce a password policy equal to, or as close to the password policy defined below.

PASSWORD POLICY

1. Passwords must be constructed according to set length and complexity requirements. As such, passwords must be at least 8 characters in length, and must include three of the following four character groups:
 - a. Upper case (A-Z)
 - b. Lower case (a-z)
 - c. Number (0-9)
 - d. Special characters such as @ # % & * !
2. Passwords must not include any part of your name or username

3. New passwords will have a minimum lifespan of 1 day before another password change is allowed
4. New passwords will have a maximum lifespan of 60 days at which point a user will be forced to change their password
5. The system will maintain a user's password history such that a user cannot reset their password back to a previous one
6. Passwords are to be used and stored in a secure manner. As such, passwords are not to be written down or stored insecurely. While logging into a system, password should be obscured from view by others.
7. Passwords are to be individually owned, kept confidential and are not to be shared under any circumstances.

OWNERSHIP

All information obtained and any applications generated from the Hospital's computer systems shall be deemed the property of The Brant Community Healthcare System.

All new software acquisitions must have prior approval by the Management Information Systems Department.

Under no circumstances shall any employee bring in and install their own software on their local hard disk.

MAINTENANCE

Computer System maintenance and upgrades are scheduled at times that will least affect the users. It may become necessary to interrupt service during the normal work hours when third party companies need to be involved. Every effort will be made to provide notice of this in order that schedules can be changed to support the interruptions in service.

DEFINITION (S):

None.

PROCEDURE:

None.

RELATED PRACTICES AND / OR LEGISLATIONS:

None.

REFERENCES:

None..

APPENDICES:

None..



Title: Food and Beverage Safety	
Document #: 6468	Issuing Authority:
Last Revised Date: 6/6/2019	Version Number: 2.0 (Current)

PURPOSE:

Brant Community Healthcare System (BCHS) is committed to providing a safe environment for patients, staff and visitors. The contamination of food and beverage from hazardous chemicals, hazardous drugs, and infectious materials place the health care worker at risk. In accordance with the Occupational Health and Safety Act (OHSA), BCHS prohibits the consumption, handling or storage of personal belongings, personal and communal food or beverages, tobacco or cosmetics in areas where infectious materials, hazardous chemicals or hazardous drugs are used, handled or stored.

POLICY STATEMENT:

Under the OHSA, it is the duty of all staff and/or affiliates to comply with this regulation and report non-compliance to the manager. It is the duty of the manager to comply with the regulation, ensure staff and affiliates are aware of the hazards and enforce this regulation.

Failure to comply with this policy may result in disciplinary action, up to and including termination of employment or affiliation. Charges for infractions of the OHSA can be given to an employer, supervisor, employee and/or affiliate. If employees and/or affiliates have been instructed by their employer, and the employee and/or affiliate continues to be non-compliant, the Ministry of Labour inspector may issue a personal order to the employee and/or affiliate and/or a fine may be levied.

DEFINITION (S):**Affiliates**

Individuals who are not employed by BCHS but perform specific tasks at, or for, the organization, including but not limited to:

- Credentialed professional staff with a hospital appointment (e.g. physicians, midwives, dentists),
- Volunteers,
- Contractors or contracted workers who may be members of a third party contract or under direct contract with the organization, and
- Individuals working at the organization but funded through and external source.

Communal Food

Food that is intended to be shared by many people, including but not limited to food trays (e.g. fruit, meat, cheese), doughnuts, bags of chips, candy, and potlucks.

Communication Station

The common shared space in a clinical area (also referred to as the Nursing Station or Communication Station) in which charts may be housed, team communication occurs and/or documentation is completed.

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Hydration Station

A designated location in all clinical areas where only beverages in closed containers (i.e. beverages with proper sealing lids) may be stored and consumed. Food will not be permitted to be stored or consumed at hydration stations.

Designated Clean Space

A location that has been approved by clinical managers in consultation with Organizational Health for food and/or beverage storage and consumption. The space must meet the following conditions:

- Direct patient care (i.e. direct hands on care) is **not** administered in the area,
- Patients do not have access to the area,
- Surfaces are in good state of repair and can be easily cleaned,
- Medications are not stored or handled in the area,
- Chemicals are not stored or handled in the area (includes cleaning products),
- Specimens are not handled, labelled or stored in the area, includes areas where there is a pneumatic translogic station, and
- Soiled "dirty" patient equipment is not handled or stored.

Routine Practices

The system of infection prevention and control practices recommended by the Public Health Agency of Canada to use used with all clients, patients and residents during all care to prevent and control transmission of microorganisms in all health care (e.g. hand hygiene, environmental controls, and use of personal protective equipment).

PROCEDURE:

1. Food and Beverage Storage and Consumption

Staff and/or affiliates must:

- a. Only store and consume food in an approved designated clean space located outside of the direct patient care/contact environment and away from infectious materials, specimens, contaminated equipment and hazardous chemicals or drugs. (See Appendix A). If unclear regarding whether or not an area is appropriate for food or beverage consumption, contact the clinical manager for further direction.
- b. Ensure food and beverages are stored with appropriate fitting lids.
- c. Observe Routine Practices and safe food handling practices at all times (See Appendix B).

2. Communal Food

Communal food is discouraged in the workplace, but is permitted in designated clean spaces if the following conditions are met:

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- a. Any food to be served or shared must be in an area where there is no direct patient care/contact or possibility of contamination from infectious materials, hazardous chemical or drugs.
- b. Any area where food is being consumed must have either a hand washing sink or the availability of alcohol based hand rub so individuals can perform proper hand hygiene.
- c. Proper waste containers (not adjacent to food serving area) must be available for the disposal of all materials (food and serving Implements).

For potluck type events:

- a. Guidance should be provided to those contributing food regarding safe handling and storage (See Appendix B).
- b. Sufficient supplies of clean implements must be available to allow for each dish to have separate serving utensils to prevent cross contamination.
- c. The food area must be supervised during service by an individual(s) who understands their role in maintaining cleanliness and food safety in order to prevent cross contamination.

RELATED PRACTICES AND / OR LEGISLATIONS:

Occupational Health and Safety Act, R.S.O. 1990, c.0.1.

Public Health Agency of Canada, Routine Practices.

REFERENCES:

London Health Sciences Centre. (2019). Food and Beverage Safety Policy #GEN066.

Occupational Health and Safety Act Ontario Regulation 67/93 Healthcare and Residential Facilities. (April 30, 2018). Retrieved April 26, 2019, from www.ontario.ca

Provincial Infectious Disease Advisory Committee (PIDAC), Best Practice Document, Routine Practices and Additional Precautions in All Health Care Settings, November 2012.

APPENDICES:

Appendix A – Food and Beverage Storage, Handling, Transportation and Consumption Location and Guidelines

Appendix B – Every Day Safe Food Handling Practices

Appendix C – BCHS Hydration Station Signage

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Appendix A – Food and Beverage Storage, Handling, Transportation and Consumption Location and Guidelines

Permitted	Not Permitted
<ul style="list-style-type: none"> ✓ Private/staff/affiliate areas of the department <ul style="list-style-type: none"> • Lunch room • Classroom/meeting room • Private office areas ✓ Other approved designated clean spaces or hydration stations 	<ul style="list-style-type: none"> ✗ Communication stations ✗ Direct patient care areas including but not limited to: <ul style="list-style-type: none"> • Patient rooms • Patient examination bays • Procedure areas • Treatment rooms • Patient care corridors and hallways ✗ Wherever chemicals or medications are located including but not limited to: <ul style="list-style-type: none"> • Laboratories • Pharmacies • Sterile processing areas • Housekeeping areas • Maintenance areas ✗ On/in mobile equipment including but not limited to: <ul style="list-style-type: none"> • Medication carts • Isolation carts • Housekeeping carts • Supply carts • Code blue crash carts ✗ In patient supply storage areas (e.g. patient lockers, cabinets, bedside tables) ✗ In areas containing contaminated equipment or materials ✗ Areas where specimens are stored or handled

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Appendix B – Every Day Safe Food Handling Practices

Practice	
Clean	<ul style="list-style-type: none"> • Hand hygiene is one of the best ways to prevent the spread of food borne illness. • There must be hand hygiene stations or sinks nearby to support effective hand hygiene. • Always clean your hands with warm water and soap or alcohol based hand rub before and after handling food. • Thoroughly clean and sanitize food surfaces, cutting boards, utensils and dishes after each use using hot soapy water or a bleach sanitizer. • Consider using disposable towels to clean areas as cloth towels and sponges can harbour bacteria. • Avoid food which are not packaged for individual consumption (e.g. unwrapped candy, large bags of chips, fruit and sandwich trays or other similar products).
Chill	<ul style="list-style-type: none"> • Bacteria can grow in the danger zone between 4° C and 60° C – Do not keep food in the danger zone for more than 2 hours • Always refrigerate perishable food within 2 hours – within 1 hour when temperature is above 32.2° C. • Food and beverages sealed or otherwise cannot be refrigerated in any specimen or medication fridge.
Discard	<ul style="list-style-type: none"> • Discard any food left out at room temperature for more than 2 hours (1 hour when temperature is above 32.2° C). • Immediately discard any used disposable containers, plates or utensils.

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Appendix C – BCHS Hydration Station Signage



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