



BC CENTRE FOR ABILITY POLICY AND PROCEDURES MANUAL

OCTOBER 24, 2024

Our Mission, Vision and Values

Vision

Inclusive communities where every person thrives at all stages of life.

Mission

To lead in the design and delivery of community-based services for persons with diverse abilities.

Values

Hope: We help clients and families see hope for the future.

Kindness: Kindness and empathy form the basis of every interaction.

Collaboration: We work together as staff, clients, members and communities to build on our strengths and achieve the best possible outcomes.

Innovation: We are creative risk takers who relentlessly seek to improve and excel.

Family Centred: We honour and respect the unique needs and preferences of our clients, celebrate our diversity and ensure that clients, families and caregivers are at the centre of everything we do.

BCCFA CODE OF ETHICS

Introduction

The BC Centre for Ability (the Centre) has established this Code of Ethics to guide the actions of staff and Board members; the treatment of those receiving services; and our business, financial, marketing and human resource practices.

Service delivery at the Centre is based on our belief in and respect for human persons and the human spirit. We believe in the intrinsic dignity of all people. We respect each client/family's rights, responsibilities and freedoms and our mission, vision and values are informed by these beliefs.

Clinical Practice and Services to Clients

- Service delivery at the Centre is based on the philosophy of family-centred and person-centred practice of which the core values are: respect for clients/families and their individual members; respect for client/family autonomy and choice; and celebrating diversity.
- We acknowledge each client's/family's uniqueness and recognize their right to autonomy and the fulfillment of a person's or family's vision within life's possibilities and limitations.
- We acknowledge that parental competence and confidence in their nurturing and care-taking abilities facilitates good child development outcomes; clinicians provide interventions designed to increase parent competence and confidence in their ability to care for their child.
- We seek to expand client/family choices and opportunities, and to provide the information necessary for decision making. Failure to give information impairs the ability to make informed choices. In all that we do, we promote choice, decision making and agency.
- Clients/Families have a right to privacy and autonomy. We uphold these rights, in part, by ensuring confidentiality within the limits of the law. We disclose information only when required or allowed by law to do so, or when the client/family has consented to disclosure. Clients and/or families are provided with clear information about their right to privacy and confidentiality. The Centre provides staff education about clients' rights to privacy and confidentiality.
- Clients/Families have a right to timely information pertinent to facilitate informed decision making.
- We follow the legal, professional and ethical standards to ensure clients are free from financial or other exploitation, humiliation, retaliation, abuse and neglect.
- Notwithstanding our commitment to family autonomy, a child's safety and wellbeing are paramount. We follow the legal, professional and ethical standards to report abuse and neglect to the appropriate authorities to protect the client's well-being.
- Clinicians at the Centre adhere to the ethical tenets of their various professions over and above the ethical tenets of the Centre.

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- All staff keep their knowledge current in order to provide best practice interventions and to provide the most accurate information. The Centre supports them in this endeavour.
 - Clinicians confine their intervention to those aspects of care in which they have been educated and recognized by their profession to treat.

Personnel Behaviour and Human Resources

- Staff act in ways that ensures everyone's right to feel safe at work, to be respected and to be free from harassment.
- Staff act in ways that will earn the respect of clients, families and their colleagues. They establish and maintain ethical, safe and therapeutic relationships with persons served. Staff are provided with support when faced with difficult situations, and have the tools for resolving conflicts that can occur when working with others.
- Work is done collaboratively with clients and families and with community partners. When disagreements arise, they are addressed by a process that acknowledges the dignity of all parties.
- Staff act with due diligence to ensure BCCFA property is protected and looked after.
- All staff are aware of and adhere to the Centre's policies on Ethical Conduct, Conflict of Interest and Personal Financial Transactions.
- The BC Centre for Ability promotes equal opportunity for employees and persons served at all levels of the organization including, but not limited to: race, ethnicity, religion, disability, gender, sexual orientation, age, nation of origin.
- Staff make decisions and provide services based on clinical information, and are not influenced by political, financial and other environmental factors.
- Staff do not accept financial compensation from clients and families in the form of payment, gifts or gratuities except as specified in BCCFA Gifts Policy.
- Staff do not engage in activities that constitute healthcare waste, fraud, abuse or other legal wrongdoing.

General Business Practices

- All financial practices of the Centre are handled in accordance with the applicable federal, provincial and municipal laws.
- All financial practices are conducted within the standards of commonly accepted, sound financial management and stewardship practices.
- The Centre accepts responsibility for the business decisions it makes and for the consequences of its action or inaction.
- The Centre maintains an open and transparent accounting and bookkeeping system. The Finance Committee and Board review our finance statements on a monthly basis; we use independent auditors to assess and analyze our financial affairs on an annual basis, and we proactively plan for the future of the Centre.
- The personal privacy of persons served, employees and individuals with whom the Centre does business will be protected at all times.
- We support the human rights of the persons we serve, our employees and the communities in which we operate.
- We provide a safe and healthy workplace.
- We strive to ensure that the legitimate interests of persons served and of the community are protected.

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- A Board of Directors guides the Centre's vision, mission and values.
 - All services delivered under contract are guided by signed service agreements

Fundraising and Marketing Practices

- All fundraising and marketing campaigns are consistent with the Centre's mission, vision and values.
- Consent is obtained for use of photographs, quotes and videos.
- The message of all fundraising and marketing practices/materials focuses on strengths and abilities rather than on disabilities.
- All fundraising activities are based on truthful and accurate information, avoiding exaggerated claims and misleading descriptions.
- Fundraising solicitations on behalf of the Centre will respect the dignity and privacy of persons served and of persons benefiting from donations.
- Staff do not engage in personal fundraising activities while at work. This includes soliciting funds from other employees and/or persons served on behalf of a personal cause and/or other agency/association.
- Donations are considered confidential if the donor does not give permission for the gift to be acknowledged publicly.
- All donations are used to support our stated objectives. We will not accept donations for purposes that are inconsistent with the Centre's objectives and mission.
- All restricted or designated donations are used for the purposes for which they are given. If this becomes impossible due to program or organizational changes, the donor will be contacted and alternative uses discussed. If it is impossible to contact the donor, the donation is spent in a manner as consistent as possible with the donor's original intent.

Board of Directors

- Board members strive to ensure the Centre is operating in a manner that upholds its integrity, adheres to its bylaws and merits the trust and support of the membership, staff and public.
- Board members represent the interests of all people served by the Centre and do not favour special interests inside or outside the organization.
- Board members act as responsible stewards of the Centre's resources.
- Board members consider the public perception of their personal and professional actions, and the effect those actions could have, positively or negatively, on the Centre's reputation in the community.
- Board members strive for personal and professional growth to improve their effectiveness as a Centre Board member.
- Board members keep confidential information in confidence.
- The Board adheres to the policies and procedures as set out in the Board policy Manual.
- Board members do not use the Centre or his/her service on the Board for personal benefit or advantage or for the benefit or advantage of friends or supporters. Board members avoid even the appearance of a conflict of interest.

Allegations of Violations of Ethical Conduct

- The Executive Director and/or the Executive Committee of the Association Board will investigate all allegations of violations of the ethical conduct by employees and Board Members of the Centre, promptly and thoroughly.
- Allegations of violations of codes of conduct related to clinical practice will be investigated internally and reported as necessary to the appropriate licensing or registering professional body.
- Allegations determined to be true are dealt with promptly in accordance with the guidelines of the licensing or registering body, the laws of British Columbia and the Policies, practices and By-laws of the BC Centre for Ability.

BC Centre for Ability

Policy and Procedures Manual - Table of Contents

	Date
1. Human Resources	
1.1 Hiring Process	20-July-21
1.2 Checking Employment References	25-Sept-19
1.3 Verification of Credentials	28-July-23
1.4 Criminal Record Check.....	28-July-23
1.5 Health Requirements	18-June-24
1.6 Employee Benefits.....	27-Sept -19
1.7 Personnel Files	18-June-24
1.8 Excluded Compensation.....	28-July-23
1.9 Employee Leave	16-April-24
1.10 Time Card Management.....	17-Dec-19
1.11 Transportation and Mileage Claims	18-June-24
1.12 Coaching for Development and Performance.....	07-July-21
1.13 Discipline	22-July-21
1.14 Privacy Rights of Personnel.....	22-July-21
1.15 Providing Employment References	17-Dec-19
1.16 (Merged with Policy 1.14)	
1.17 Executive Director Succession Plan	18-June-24
1.18 Abuse of Power.....	26-Feb-20
2. Employee Conduct	
2.1 Signing In.....	22-July-21
2.2 Recording Daily Statistics	22-July-21
2.3 Work Flexibility.....	31-July-23
2.4 Ethical Conduct.....	21-July-21
2.5 Conflict of Interest.....	18-June-24
2.6 Personal Financial Transactions and Fundraising.....	31-July-23
2.7 Gifts	18-Aug-20
2.8 Substance Misuse	23-Oct-18
2.9 Traffic Violations, Vehicle Theft and Damage.....	26-Aug-15
2.10 Discrimination and Harassment.....	18-Aug-20
2.11 Complaint Resolution Process for Staff.....	18-Aug-20
2.12 Use of BCCFA Equipment	26-Jul-18
3. Employee Safety, Security and Health	
3.1 Infection Control.....	08-Aug-22
3.2 First Aid Assistance	31-Jul-23
3.3 Incident Reporting.....	18-June-24
3.4 Reporting Incidents and Injury to WorkSafeBC	27-Jul-21
3.5 Reporting Hazards.....	18-June-24
3.6 Working Alone or in Isolation	20-Jul-21
3.7 Distracted Driver	08-Aug-22
3.8 Respectful Workplace.....	8-Aug-24
3.9 Driving in Snow/Ice Conditions	18-Sept-20
3.10 Theft or Loss of Property	27-Jul-21
3.11 Safe Handling of Hypodermic Needles and Syringes.....	27-Jul-21
3.12 Use of CCTV Cameras	2-Oct-19
3.13 Hazardous Material	05-Aug-21
3.14 Active Rescue.....	30-Aug-21

	Date
4. Finance	
4.1 Purchasing and Expenditures	14-Nov-18
4.2 Receipting for Tuition Expenses	26-Sep-19
4.3 (Deleted).....	31-Aug-21
4.4 Designated Donations	30-Jan-12
4.5 Gifts-in-Kind	31-Aug-15
4.6 Official Donation Receipts	20-Jun-24
4.7 Taxable Benefits	14-Nov-18
4.8 Capital Asset Acquisitions and Management	31-Aug-15
4.9 Contract Negotiation and Proposal Submission	20-Jun-24
4.10 Diversification of Revenue	20-Jun-24
4.11 Unexpected Loss of Funding	01-Oct-20
4.12 Deficits	01-Oct-20
4.13 Allocation of Unrestricted and Discretionary Funds.....	20-Jun-24
4.14 Use of Contingency Funds	2-Oct-19
4.15 Financial Audit	2-Oct-19
4.16 Purchasing for Non-Clinical Services-Goods.....	3-Jun-21
4.17 Donation (Gifts) Acceptance.....	12-Sept-23
5. Information Technology	
5.1 Computer Usage.....	31-Aug-21
5.2 Network Security.....	31-Aug-21
5.3 Electronic Files	15-Jul-23
5.4 (Deleted – combined with other IT policies	31-Aug-21
5.5 (Deleted – combined with other IT policies	31-Aug-21
5.6 Use of Mobile Devices	31-Aug-21
5.7 Use of Cellular Phones	25-Sep-18
5.8 Equipment Disposal.....	25-Sep-18
5.9 Visitor Access to External Network.....	31-Aug-21
5.10 Virtual Health	18-Mar-20
5.11 Use of Intranet and Extranet.....	31-Aug-21
6. Students and Volunteers	
6.1 Student Fieldwork.....	8-Aug-22
6.2 Recruitment and Use of Volunteers.....	2-Oct-19
7. Client Records and Confidentiality	
7.1 Management of Client Files	31-Aug-21
7.2 Consent to Obtain and Release Information for Child Clients	31-Aug-21
7.3 Consent to Obtain and Release Information for Adult Clients	13-Aug-21
7.4 Confidentiality	13-Jul-21
7.5 Privacy Rights of Clients.....	03-Aug-21
7.6 Consent for Filming for Therapeutic Purposes	31-Aug-21
7.7 Release of Information for Investigations.....	1-Aug-23
7.8 Donor Confidentiality.....	1-Aug-23
8. Client Services	
8.1 Duty to Report Suspected Child Abuse Neglect.....	20-Jun-24
8.2 Transporting Clients.....	26-Aug-15
8.3 Client Participation in Fundraising and Public Relations Activities	3-Aug-21

	Date
8.4 Fundraising on Behalf of Individuals or Families	20-Aug-20
8.5 Medication Management	26-Aug-15
8.6 Advance Directives	26-Aug-15
8.7 Positive Interventions.....	2-Aug-21
8.8 Client Rights and Shared Responsibilities.....	6-Jul-21
9. Quality Assurance	
9.1 Compliments & Concerns	25-Aug-20
9.2 Complaint Resolution Process for Clients/Families	20-Jun-24
9.3 Research Guidelines	02-Sep-20
9.4 Chart Audit.....	02-Sep-20
10. Communications	
10.1 Release of Information to Lawyers and Law Enforcement Officers.....	25-Aug-20
10.2 Media Relations.....	1-Aug-23
10.3 Communication Protocols regarding Community Service Providers, Fundors and Government Agencies.....	25-Aug-20
10.4 Social Media.....	19-Aug-20

BC Centre for Ability

Policy #: **1.1**
Subject: **Hiring Process**

Replaces Policy # 3.27

Section: **Human Resources**

of Pages: 2

Signature:

Effective Date: 25-Aug-09
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 25-Sept-19
Revised Date: 20-July-21



Policy Statements

1. Vacancies will be filled based on funding availability and in compliance with collective agreements, where applicable, and in compliance with applicable statutory requirements, including the *BC Human Rights Code* and the *BC Employment Standards Act*
2. BCCFA will not discriminate based a candidate's race, ancestry, place of origin, political beliefs, religion, marital status, family status, disability, sexual orientation, gender identity or expression, age or criminal conviction unrelated to the intended employment, unless such factor is related to a bona fide occupational requirement of the position for which the candidate is being considered. (Section 13 of the Human Rights Code)
3. BCCFA will not employ spouses or family members for positions in which those spousal or familial connections will compromise the safe and efficient performance of required duties (e.g. where spouses or family members directly supervise one another or share exclusive signing authority for Centre funds).
4. BCCFA will not employ persons with interests that are in conflict with their required duty to the Centre.
5. BCCFA will conduct appropriate interviews and reference & credential checks in advance of issuing offers of employment.
6. BCCFA will issue written offers of employment and/or appointment letter to successful candidates.
7. BCCFA will save documentation pertaining to unsuccessful candidates who were interviewed for a minimum of six months.
8. BCCFA may make offers of employment subject to a pre-employment medical review of the candidate's fitness for work at the Centre and will consider the Centre's ability to accommodate any candidate's medical restrictions to the point of undue hardship in all of the circumstances.

BC Centre for Ability

Policy #: **1.1**
Subject: **Hiring Process**

Effective Date: 25-Aug-09
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 25-Sept-19
Revised Date: 20-July-21

Page(s): 2 of 2

Reason for Policy

When the Centre identifies a recruitment need, it must hire employees who are fit to perform the required duties in compliance with the Collective Agreement (where applicable) and statutory obligations.

References

Criminal Records Review Act
BC Human Rights Code, S. 13


BCCFA Policies

- 1.2 Checking Employment References
- 1.3 Verification of Credentials
- 1.4 Criminal Record Check
- 1.5 Health Requirement
- 1.8 Excluded Compensation
- 2.5 Conflict of Interest

Procedures

Speak with the Human Resources Professional.

BC Centre for Ability

	Policy #: 1.2 Subject: Checking Employment References
Replaces Policy # 3.25	Section: Human Resources
# of Pages: 2	Signature: 
Effective Date: 15-Jun-06 Revised Date: 01-May-09 Revised Date: 30-Jun-12 Revised Date: 29-Sep-14 Revised Date: 25-Sep-19	

Policy Statements

1. All employment references sought by the BC Centre for Ability (BCCFA) are completed by the BCCFA Program/Department Leader, Human Resource Professional or their designate prior to commencement of employment, using the BCCFA Reference Check Form.
2. References are only sought with the permission of the candidate in question.
3. For external candidates, BCCFA checks a minimum of two employment references, one of them the most recent immediate supervisor.
4. For internal candidates, the Program/Department Leader reviews the most recent CDP on file and consults with the candidate's current supervisor.

Reason for Policy

- To ensure that reference checks are conducted consistently and equitably.
- To ensure that the privacy rights of candidates for employment at BCCFA are upheld.

References

- Applicant Reference Check Form

Procedures

For External Candidates:

1. References will only be checked for those candidates who are being seriously considered for a position.
2. The BCCFA Program/Department Leader, Human Resource Professional or designate conducts the references check and completes the BCCFA Reference Check Forms.

BC Centre for Ability

Policy #: **1.2**
Subject: **Checking Employment
References**

Effective Date: 15-Jun-06
Revised Date: 01-May-09
Revised Date: 30-Jun-12
Revised Date: 29-Sep-14
Revised Date: 25-Sep-19

Page(s): 2 of 2

3. Once the position has been offered to a candidate, the completed BCCFA Reference Check forms are forwarded to HR for filing in the personnel record.
4. Completed reference checks for unsuccessful candidates will be retained for six months with HR department.

For Internal Candidates:

1. The Program/Department Leader reviews the candidate's most recent CDP on file and consults with their current supervisor.

BC Centre for Ability

Policy #: **1.3**
Subject: **Verification of Credentials**

Replaces Policy # 3.24

Section: **Human Resources**

of Pages: 2

Signature:

Effective Date: 15-Jun-06
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 25-Sept-19
Revised Date: 20-July-21
Revised Date: 28-July-23



Policy Statements

1. Program/Department Leaders must verify the credentials of all new staff prior to commencement of employment,
2. Program/Department Leaders must confirm that current staff continue to meet their licensing or professional qualifications.
3. Regulated employees whose professional registration is a condition of employment must maintain an active registration and be members in good standing of their professional colleges.

Reason for Policy

To ensure that all staff are qualified to provide services.

References

N/A

Procedures

1. The required credentials (e.g. official transcripts, degrees, diplomas, licenses) of all new staff will be verified by the Program/Department Leader prior to the date of hire and during the course of employment according to departmental and professional guidelines. A copy of the required credentials will be kept in the employee's personnel file.
2. Verifications can be in the form of current memberships or licenses from professional organizations that verify credentials directly with the degree or diploma granting institution as part of their licensing or certification process.

BC Centre for Ability

Policy #: **1.3**
Subject: **Verification of Credentials**

Effective Date: 15-Jun-06
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 25-Sept-19
Revised Date: 20-July-21
Revised Date: 28-July-23

Page(s): 2 of 2

3. In cases where the employee's professional or licensing organization does not verify credentials with the degree or diploma-granting institution, BCCFA will verify the credentials directly with the degree or diploma-granting institution in writing.
4. In exceptional circumstances where credentials cannot be verified in a timely manner, the written offer of employment and/or appointment letter must include a statement indicating that employment is offered on the basis of the formal verification of credentials within a specified period of time set by the employer.
5. If there is any reasonable doubt about the potential employee's credentials, hiring will not take place until the credentials have been formally verified.
6. If a staff member's professional registration status changes, the program or department leader, along with HR, will work with the staff and the regulatory body to understand the circumstances around the change.
7. If the registration change is a result of an investigation, pending investigation or decision from the regulatory body related to their code of ethics, standards of practice or criminal charge then the matter is referred to the Executive Director and Board.

BC Centre for Ability

Policy #: **1.4**

Subject: **Criminal Record Check**

Replaces Policy # 3.8

Section: **Human Resources**

of Pages: 4

Signature:

Effective Date: 24-Nov-99

Revised Date: 18-Oct-16

Revised Date: 26-Jul-18

Revised Date: 27-Sep-19

Revised Date: 20-July-21

Revised Date: 28-July-23



Policy Statements

1. All BC Centre for Ability (BCCFA) staff, employment candidates and Service Provider candidates are subject to a criminal record check (CRC) prior to commencing work with the Centre.
2. No employment or Service Provider candidate will commence work with the Centre prior to the BCCFA having received clearance of the criminal record check.
3. Staff whose professional colleges require up to date criminal record checks as a condition of licensure can submit proof of licensure in good standing to satisfy the criminal record check requirement.
4. Criminal Record Checks are resubmitted as per the Criminal Records Review Act and/or the contract agreement every 5 years.
5. Volunteers and students who have direct client contact are subject to a criminal record check. BCCFA must receive clearance of the criminal record check prior to volunteers and students having any client contact.
6. The Executive Director, in conjunction with the Program/Department Leader and Human Resource Professional review all CRC's that indicate there is a relevant offence. If a related record exists, procedures are followed as outlined in the Criminal Record Review Act (Section 10:1&2)
7. Applicants with criminal records that are directly relevant to the position applied for, and are of such a nature and extent to cause any concern, are disqualified from the competition. Unless a criminal or summary conviction charge is directly related to the employment or intended employment of an applicant, any refusal to hire on such a basis is in breach of the Human Rights Act
8. If an employee's criminal record status changes during the course of their employment, the matter is immediately referred to the Executive Director and Human Resources.

BC Centre for Ability

Policy #: **1.4**
Subject: **Criminal Record Check**

Effective Date: 24-Nov-99
Revised Date: 18-Oct-16
Revised Date: 26-Jul-18
Revised Date: 27-Sep-19
Revised Date: 20-July-21
Revised Date: 28-July-23

Page(s): 2 of 5

Reason for Policy

BCCFA has an obligation to its clients, family members, employees and other service providers to ensure that the provision of services are not compromised through previous criminal acts by its employees.

References

Criminal Records Review Act – Implementation Guide
B.C. Human Rights Act

BCCFA Policies

- 1.1 Hiring Process
- 6.1 Student Fieldwork
- 6.2 Recruitment and Use of Volunteers

Appendices

- Consent to a Criminal Records Check Form

Procedures

1. New Hires:

- a. At the interview, the interviewer advises all applicants that as a condition of employment, potential employees will be required to fill out and sign an Authorization Form for Criminal Record Check.
- b. If the employment reference checks come back as satisfactory, the interviewer contacts the applicants and informs them that the criminal record check will be submitted.
- c. Clinicians who have current registration with their licensing body are not required to complete the Centre's criminal record check process, as they complete the process with their licensing body (as per the Criminal Records Review Act).
- d. The Human Resource Professional initiates the criminal record check by electronically submitting the Authorization Form to the Criminal Records Review Program, Ministry of Attorney General.

BC Centre for Ability

Policy #: **1.4**
Subject: **Criminal Record Check**

Effective Date: 24-Nov-99
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Revised Date: 26-Jul-18
Revised Date: 27-Sep-19
Revised Date: 20-July-21
Revised Date: 28-July-23

Page(s): 3 of 5

- e. The Authorization Form is returned to BCCFA with documentation confirming the presence or absence of a relevant offense. If a relevant record exists, procedures are followed as outlined in the Criminal Record Review Act.
- f. The Human Resource Professional will inform the Program Leader of the results of their staff's criminal record check if there is an issue.
- g. Documentation and correspondence related to the criminal record check for the successful candidate is processed by the HR department and filed in the personnel file.
- h. Documentation and correspondence related to a criminal record check for an unsuccessful candidate is kept on file in the HR department for six months.
- i. The Executive Director and the Program/Department Leader and Human Resource Professional jointly review all CRC's that indicate there is a relevant offence. If a related record exists, procedures are followed as outlined in the Criminal Record Review Act regarding disqualifying applicants from the position.

2. Renewal of criminal record check every five years for staff

- a. Clinicians who have current registration with their licensing body are not required to complete the Centre's criminal record check process, as they complete the process with their licensing body (as per the Criminal Records Review Act).
- a. For staff who do not complete the CRC process through their licensing body, the HR Department tracks when staff have worked for five years from the date of their last criminal record check.
- b. HR Department forwards a criminal record check authorization form to staff who require a renewal.
- c. Staff return the authorization form to the HR Department for submission.
- d. The authorization form is returned to BCCFA with documentation confirming the presence or absence of a criminal record.
- e. The Executive Director and the Program/Department Leader and Human

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Revised Date: 26-Jul-18
Revised Date: 27-Sep-19
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Page(s): 4 of 5

Resource Professional jointly review all CRC's that indicate there is a relevant offence. If a related record exists, procedures are followed as outlined in the Criminal Record Review Act (Section 10:1&2) regarding ensuring that employee does not directly work with any children or vulnerable adults.

3. Criminal Record Check for contracted Service Providers

- a. Prior to commencement of contracted employment, the Designated Senior Secretary initiates the criminal record check by having the Service Provider complete an authorization form and electronically submits the Authorization Form to the Criminal Records Review Program, Ministry of Attorney General.
- b. The Authorization Form is electronically returned to the Centre with documentation confirming the presence or absence of a criminal record.
- c. The Executive Director, in conjunction with the Program/Department Leader and Human Resource Professional review all CRC's that indicate there is a relevant offence. If a related record exists, procedures are followed as outlined in the Criminal Record Review Act regarding ensuring that the Service Provider does not directly work with any children or vulnerable adults.
- d. Completed CRC's for contracted Service Providers are kept in program contract administrative files.
- e. Contracted Service Providers follow this process to renew the CRC every 5 years.

4. Criminal Record Check for Students

- a. The BCCFA has a written agreement with the schools of Physiotherapy, Occupational Therapy and Audiology and Speech Sciences outlining the procedure for accepting copies of CRC that are initiated through the Provincial Criminal Record Review Program.
- b. If there is a student placement from a school that does not initiate CRC through the provincial program, BCCFA must initiate a CRC and the student can not have contact with clients until we have received clearance of the CRC.

BC Centre for Ability

Policy #: **1.4**
Subject: **Criminal Record Check**

Effective Date: 24-Nov-99
Revised Date: 18-Oct-16
Revised Date: 26-Jul-18
Revised Date: 27-Sep-19
Revised Date: 20-July-21
Revised Date: 28-July-23

Page(s): 5 of 5

- c. The Human Resource Professional initiates the criminal record check by having the student complete an authorization form and electronically submits the Authorization Form to the Criminal Records Review Program, Ministry of Attorney General.
- d. The Authorization Form is returned to BCCFA with documentation confirming the presence or absence of a criminal record. If a related record exists, procedures are followed as outlined in the Criminal Record Review Act.
- e. CRC for students are kept in program administrative files administered by the clinical supervisor.

5. Criminal Record Check for Volunteers

- a. If volunteer is to have direct client contact, the Human Resource Professional initiates the criminal record check by having the Volunteer complete an authorization form and electronically submits the Authorization Form to the Criminal Records Review Program, Ministry of Attorney General.
- b. The Authorization Form is electronically returned to the Centre with documentation confirming the presence or absence of a criminal record. If a related record exists, procedures are followed as outlined in the Criminal Record Review Act.
- c. CRCs for volunteers are kept in program administrative files administered by the Program Manager.

BC Centre for Ability

Policy #: **1.5**
Subject: **Health Requirements**

Replaces Policy # 3.16

Section: **Human Resources**

of Pages: 3

Signature:

Effective Date: 20-Apr-00
Revised Date: 25-Aug-09
Revised Date: 30-Jun-12
Revised Date: 15-May-14
Revised Date: 29-Sep-14
Revised Date: 27-Sep-19
Revised Date: 28-Jul-23
Revised Date: 18-June-24



Policy Statements

1. BC Centre for Ability (BCCFA) requires that all employees be medically fit to perform their duties, including being free from communicable diseases that could threaten the health and/or the safety of Centre clients and staff.
2. Employees returning from a medical leave for illness or injury, that is in excess of 20 working days, are required to provide medical certification of their fitness to return to work, prior to recommencing their job duties.
3. Employees returning from medical leave for illness or injury of less than 20 days, may be required to provide medical certification of their fitness to return to work, based on the nature of the illness/injury and on the recommendation of the EDMP
4. BCCFA will accommodate employees' medical restrictions, if any, to the point of undue hardship, provided that employees and, where applicable, the Union representing those employees, cooperate as necessary in the accommodation process.
5. All new and existing staff must be up to date, as per the provincial medical health officer and all applicable public health orders, on all mandatory vaccinations including Covid 19.
6. This Policy does not deviate from the requirements of collective agreements applicable to unionized employees or applicable statutory requirements.

Reason for Policy

BCCFA is an inclusive employer who provides services to clients with varying degrees of medical fragility so must take steps to avoid the transmission of disease or infection to clients and ensure that workplace duties are performed efficiently by employees medically fit to perform those duties, while taking steps available to accommodate employees' medical restrictions.

BC Centre for Ability

Policy #: **1.5**
Subject: **Health Requirements**

Effective Date: 20-Apr-00
Revised Date: 25-Aug-09
Revised Date: 30-Jun-12
Revised Date: 15-May-14
Revised Date: 29-Sep-14
Revised Date: 27-Sep-19
Revised Date: 28-Jul-23
Revised Date: 18-June-24

Page(s): 2 of 3

References

BCCFA Policy

- 3.1 Infection Control

Procedures

1. BCCFA will make an offer of employment subject to a pre-employment medical review of the candidate's fitness for work at the Centre if there is reason to believe a person is medically unfit to do the job.
2. Employees must advise BCCFA if they suffer from any illness, injury or medical condition (a "Condition") that impacts their ability to safely and efficiently perform their job duties, including, in particular, any condition that may put the health or safety of clients or co-workers at risk.
3. Employees must provide medical documentation stating the implications on their ability to do the job. This information will be reviewed by EDMP (Employee Disability Management Program) to determine whether the employee may continue to work productively through accommodation despite the Condition.
4. Program/Department Managers, employees, Human Resource Professional, EDMP and the Unions, where applicable, will work together to accommodate the employee's continuation of duties, accommodation or timely return to work.

Return to Work following a Medical Leave:

1. BCCFA requires an employee to provide medical certification of the employee's fitness to return to work after a period of absence of more than 20 working days due to illness, injury or medical condition. For leaves that are less than 20 working days, EDMP will determine if medical certification is necessary, based on the nature of the condition.
2. Such certification will be based on a medical assessment of the employee's fitness to perform the job duties that they will be expected to perform when they return to work.

BC Centre for Ability

Policy #: **1.5**
Subject: **Health Requirements**

Effective Date: 20-Apr-00
Revised Date: 25-Aug-09
Revised Date: 30-Jun-12
Revised Date: 15-May-14
Revised Date: 29-Sep-14
Revised Date: 27-Sep-19
Revised Date: 28-Jul-23
Revised Date: 18-June-24

Page(s): 3 of 3

3. Employees submit medical certification to their Program/Department Manager and EDMP 5 business days prior to their scheduled return to work date in order to allow sufficient time to plan for a gradual return to work schedule and/or accommodations as required.
4. Program/Department Manager /EDMP and the Human Resource Professional review the medical certification to ensure it states that the employee can perform their job duties.
5. If a gradual return to work schedule or an accommodation is required, the Program/Department Manager, EDMP and the Human Resources Professional will work with the employee and, where applicable, their Union representative, to implement the accommodation to the point of undue hardship.

BC Centre for Ability

Policy #: **1.7**

Subject: **Personnel Files**


Replaces Policy # 3.15

Section: **Human Resources**

of Pages: 2

Signature:

Effective Date: 24-Nov-99
Revised Date: 30-Jun-12
Revised Date: 29-Sep-14
Revised Date: 27-Sep-19
Revised Date: 10-Aug-20
Revised Date: 20-July-21
Revised Date: 18-June-24



Policy Statements

1. The BC Centre for Ability maintains a personnel file for each employee.
2. Personnel files are kept in a secure area (on premise and digitally) and are not accessed by anyone other than the Human Resources Department, Relevant Department Leader, Executive Director, and designated office staff as required.
3. Discipline and performance management related documentation is maintained on personnel files in accordance with the Collective Agreements at the Centre.
4. BCCFA personnel have the right to access their personnel file.

Reason for Policy

The Centre is committed to recruiting, developing and retaining talented staff. Throughout the employee journey the Centre collects personal and confidential information, as appropriate, in order to fully support our staff's ability to perform their duties, grow and thrive. The Centre respects the confidential information contained in personnel files and restricts access to the files.

References

N/A

Procedures

1. If an employee wishes to access their personnel file, the employee submits a written request to the Human Resources Department via email, 'hr@bc-cfa.org'.

BC Centre for Ability

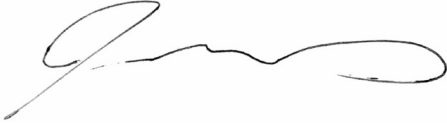
Policy #: **1.7**
Subject: **Personnel Files**

Effective Date: 24-Nov-99
Revised Date: 30-Jun-12
Revised date: 29-Sep-14
Revised Date: 27-Sep-19
Revised Date: 10-Aug-20
Revised Date: 20-July-21
Revised Date: 18-June-24

Page(s): 2 of 2

2. The personnel file is made available to the employee for their review within two business days of the request.
3. The file is reviewed with a Human Resource Professional present in the room.
4. Confidential information received by email through the HR email inbox is saved in employee's personnel files.

BC Centre for Ability

	Policy # 1.8 Subject: Excluded Compensation
Replaces Policy #	Section: Human Resources
# of Pages: 2	Signature: 
Effective Date: 20-Aug-23 Revised Date: 28-July-23	

Policy Statements

1. It is the responsibility of the BC Centre for Ability to ensure that it applied an equitable and measured approach to compensation and salary progression for all excluded (non-unionized) staff.
2. Salaries are set based on the classification level set by the Health Employers Association of BC (HEABC) and the associated range of that level.
3. Salary progression is based on performance and is reviewed annually during the Coaching and Professional Development (CPD) cycle.
4. Salary progression can range from 0-4% annually (unless otherwise directed by HEABC) until the employee reaches the end of their range.
5. An employee at the end of their range will be considered for salary progression when 1). the higher limits of the range increase as per HEABC 2). a position is reclassified by HEABC or 3) with the permission and within the parameters set by HEABC to address salary compression and inversion.
6. Salary progression, regardless of performance, may be impacted by external factors such as Government salary freezes and as an HEABC organization we must act accordingly.
7. Range progression is at the discretion of the Program/Department Leader.

Reason for Policy

1. This policy serves to apply a standard and equitable approach to compensation levels and salary progression for excluded (non-unionized) staff, in line with industry standards.

Procedures

1. Before posting a new or existing excluded position the hiring Leader, in partnership with HR, will submit the job description to HEABC Classification and Compensation Team for review and classification.
2. The hiring Leader, in partnership with HR, will review the classification range and choose a starting salary that is based on the credentials and experience of the incumbent and in line with internal equity.
3. Starting salary may be negotiated along the classification range and is done in consultation with HR.
4. Range progression for existing excluded staff is considered annually in line with the Coaching and Professional Development cycle and is based on the performance of the employee over the prior year.
5. Annual salary increases for excluded staff can range from 0% - 4% based on budget, compensation range limits and external factors (i.e. Government salary freeze).
6. In the event that a Program/Department Leader would like to increase a salary beyond 4% or outside of the limits of the compensation range defined by HEABC in that year they need to consult with HR and require approval from the Executive Director and Director of Finance.

References

Policy 1.12 Coaching and Professional Development
Coaching and Professional Development Plan (CPD Form)
LEADS Capabilities CCFA Policy and Procedures Manual

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Replaces Policy #

Section: **Human Resources**

of Pages: 7

Signature:

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
Revised Date: 13-Aug-18
Revised Date: 14-Oct-19
Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24



Policy Statements

1. Employee leaves of absence include all paid and unpaid leaves.
2. All employee leaves require approval prior to commencement of leave, except for unexpected sick or special leaves.
3. All paid leaves of absence are approved by the Program/Department Leader in accordance with union agreement or employment contract.
4. The Program/Department Leader reviews all paid leave requests to ensure operational requirements are met during regular working hours.
5. Any request for employee leaves that falls outside of the mandates of the collective agreements or employment contracts requires the approval of the Department Director.
6. All unpaid leaves require the approval of the Department Director prior to commencement of leave. This does not include documented medical leave.
7. All leaves (or combination) that are in excess of six (6) weeks require the approval of the Department Director. This does not include documented medical leave.

Reason for Policy

To ensure employees' requests for leave are coordinated and in accordance with union agreements or employment contracts.

To ensure that operational requirements are met.

References

HSA and BCGEU Collective Agreements
Enhanced Disability Management Program (EDMP)
BCCFA Policies, including 1.10 Time Card Management
Program Staff Handbooks

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
Revised Date: 13-Aug-18
Revised Date: 14-Oct-19
Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

Appendices

- Request for Leave of Absence Form
- Maternity/Parental/Adoption Leave Form

Definitions

An employee leave of absence includes:

- Vacation
- Sick time
- Flex time
- Maternity/Paternity/Parental leave/Adoption leave
- Special leave
- Education leave
- Leave of absence without pay
- Union leaves
- Jury duty leave
- Domestic & sexual violence leave

Procedures

Approval of Employee Leaves

- a. Employees complete Time Off Request for all leaves, and electronically submit to their Program/Department Leader for approval, prior to the commencement of the requested leave, except in the case of unexpected sick or special leave, which are submitted subsequent to the leave.
- b. Program/Department Leader approves the request electronically.
- c. Employees are notified electronically that their leave request has been approved.
- d. A Leave of Absence Request Form is completed and submitted for requests for earned leaves that are longer than 6 weeks in duration
- e. For leave requests that are longer than six (6) weeks in duration and for unpaid leaves in excess of 20 working days per one FTE, the employee ensures the

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
Revised Date: 13-Aug-18
Revised Date: 14-Oct-19
Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

reason for the leave is included in the notes section, and submitted to the Department Director for approval.

- f. Approved Leave of Absence Request forms are saved in SharePoint

1. Flex time

- a. Flex hours are voluntary hours worked beyond the employee's normal work schedule.
- b. The purpose of Flex Time is to allow the employee the option to voluntarily work additional time to meet the specific needs of individual clients/families.
- c. Employees record flex time (flex banked) on their time card (ADP) including an explanation of reason for working flex time
- d. This voluntary time can then be used, once approved by their supervisor/manager, to adjust their work schedule.
- e. Program/Department Leaders review flex time accrual based on program specific guidelines of their direct reports on a bi-weekly basis.

2. Vacation Time

Vacation leave is granted as per union agreements and/or employment contracts.

For **HSA** employees, Vacation time accumulated prior to July 1st in a given year must be taken by January 15th of the following year.

- a. There are two vacation approval cut off dates each year:
 - i. May 31st is the cutoff date to submit a request for your vacation days to be used during the summer (June 15th – September 15th) of that same year.
 - ii. September 30th is the cutoff date to submit the request for your remaining previous vacation days/hours to be used by January 15th of the following year.

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
Revised Date: 13-Aug-18
Revised Date: 14-Oct-19
Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

- b. If you leave the organization and have used more vacation than you have accrued up to and including your last day, you will owe the organization the remaining balance which will be deducted from your final pay and/or through alternate payment methods.
- c. The vacation requests are not permanent, and there will be flexibility offered to staff who are required to make minor changes to their vacation requests to accommodate for unforeseen changes. These vacation request changes will require approval from a leader or supervisor.
- d. Vacation requests of 3 weeks or longer are required to be submitted in writing to a leader or supervisor for approval prior to requesting this time in ADP. Approvals of vacation will be based on operational need. When there is a number of competing vacation requests that the organization determines
- e. poses an operational challenge, the organization will rely on the processes outlined in respective collective agreement(s) to approve vacation requests.

For **BCGEU** employees, the Vacation year is July 1st – June 30th. Only 5 days of vacation can be carried over each year to a maximum bank of 10 days.

- a. There are two vacation approval cut off dates each year:
 - i. May 31st is the cutoff date to submit a request for your vacation days to be used during the summer (June 15th – September 15th) of that same year.
 - ii. September 30th is the cutoff date to submit the request for your remaining previous vacation days/hours to be used by January 15th of the following year.
 - iii. The cutoff date to submit a request for vacation to be used by June 30th is March 31st. If your vacation is due to exceed the maximum of 5 days that can be carried, or 10 days bank, then your vacation will be chosen for you.
- b. If you leave the organization and have used more vacation than you have accrued up to and including your last day, you will owe the organization the

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
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Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

remaining balance which will be deducted from your final pay and/or through alternate payment methods.

- c. The vacation requests are not permanent, and there will be flexibility offered to staff who are required to make minor changes to their vacation requests to accommodate for unforeseen changes. These vacation request changes will require approval from a leader or supervisor.
- d. Vacation requests of 3 weeks or longer are required to be submitted in writing to a leader or supervisor for approval prior to requesting this time in ADP.
- e. Approvals of vacation will be based on operational need. When there is a number of competing vacation requests that the organization determines poses an operational challenge, the organization will rely on the processes outlined in respective collective agreement(s) to approve vacation requests.

3. Maternity/Parental Leave

- a. A request form for Maternity/Parental leave is submitted to the Program/Department Leader.
- b. Program/Department Leader approves the request and forwards the form to the HR department.
- c. Maternity/Parental leave is granted as per union agreements.
- d. Non-union employees receive maternity/parental leave benefits according to the collective agreement with superior benefits.
- e. HR Department forwards the completed Maternity/Parental leave form to staff confirming the details of the leave and their benefits while on leave, prior to leave commencing.

4. Sick Leave

- a. Sick leave is granted as per union agreements.

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
Revised Date: 13-Aug-18
Revised Date: 14-Oct-19
Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

- b. Non-union staff receive sick leave benefits according to the union contract with superior benefits.
- c. Employees taking five (5) consecutive sick days or more may be required to submit medical documentation to the Program/Department Leader. If medical documentation is requested the employer will reimburse the cost.
- d. Union staff with five missed, consecutive shifts due to illness or injury will be automatically referred to EDMP. EDMP is not applicable to non-union staff.
- e. It's the employer's duty of care to enquire about an employee's health and wellbeing if an employee is showing signs of consistent sick leave.

5. Special Leave

- a. Special Leave is granted as per union agreements.
- b. Bereavement leave is considered under special leave hours and granted as per union agreements.
- c. Non-union staff receive special leave benefits according to the union contract with superior benefits.

6. Required Education Leave

- a. This refers to educational leaves that are required for staff's employment.
- b. The Employer shall grant education leave with pay (at straight time rates) for each day or equal portion thereof that an individual employee gives of their own time. Education leave with pay is not to exceed 37.5 hours of Employer contribution per agreement year.
- c. The Employer shall grant one (1) day or equal portion thereof leave of absence at straight time rates when an employee attends an approved educational program on day(s) off. This leave of absence shall be included in the "37.5 hours of Employer contribution" of an agreement year.

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
Revised Date: 13-Aug-18
Revised Date: 14-Oct-19
Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

- d. Application for education leave shall be submitted to the Employer with as much lead time as practical. The employee shall be informed of the Employer's decision within a reasonable period of time from the date of submission.
- e. Program/Department Manager determines whether education is required for employment, or whether it is part of staff's professional development.
- f. If the education is required for employment, it will be recorded as a typical workday (i.e. education day will not be claimed on time card).
- g. If the required education is scheduled on a non-work day, then employees will record straight-time for all hours in attendance at the educational event.

7. Professional Development Leave

- a. Education leave requests are submitted and approved by Program/Department Leader, prior to the commencement of the event.
- b. Educational leave is granted according to Collective Agreements.
- c. Staff claim these days as 'Education Leave' on time cards
- d. Education that is less than 3.5 hours or less than half of a 1.0 FTE work day, can be recorded as 'regular hours' if pre-approved by Program/Department Leader.

8. Leave of Absence without Pay

- a. Leave of absence without pay is granted as per union agreements.
- b. Non-union staff are granted leave of absence without pay according to the union contract with superior benefits.

9. Jury Duty Leave

- a. Leave of Absence to fulfill jury duty is granted as per union contracts.
- b. Wages and benefits paid during this leave are paid according to union contracts.
- c. Non-union staff are granted leave for jury duty and wages and benefits paid during this leave are paid according to the union contract with superior benefits.

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
Revised Date: 13-Aug-18
Revised Date: 14-Oct-19
Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

- d. Employee is required to submit a copy of the Juror Summons to HR.

10. Union Leave

Union leave is granted as per union contracts.

11. Domestic & Sexual Violence Leave

- a. Domestic & Sexual Violence Leave is granted as per union agreements.
- b. In accordance with the Employment Standards Act.
- c. In the event that present or future legislation enacts provisions with a greater entitlement to maximum weeks of leave in relation to domestic or sexual violence, that legislation shall prevail.

BC Centre for Ability

Policy #: **1.10**
Subject: **Time Card Management**

Replaces Policy #

Section: **Human Resources**

of Pages: 2

Signature:

Effective Date: 30-Jun-12
Revised Date: 26-Aug-15
Revised Date: 26-Sep-18
Revised Date: 17-Dec-19



Policy Statements

1. BC Centre for Ability staff are on bi-weekly payroll.
2. Employee hours of work are recorded using an online database.
3. Employees are required to accurately complete timecards and submit them to their Program/Department Leader.
4. Program/Department Leaders review all timecards for accuracy and approve them prior to submitting to payroll for processing.
5. Deadlines to submit timecards to payroll are established by the Director of Finance.
6. For incorrect timecard submissions, adjustments will be made in subsequent pay periods.

Reason for Policy

To ensure staff are paid accurately and within Union and Labour standards.

References

HSA Agreement
BCGEU Agreement
BC Employment Standards Act

Appendices

- ADP WorkForce Employee Self Service_BCCFA Presentation
- ADP WorkForce Welcome Letter and Registration Instructions
- ADP WorkForce Time Off Requests for Employees – Job Aide

BC Centre for Ability

Policy #: **1.10**

Subject: **Timecard Management**

Effective Date: 30-Jun-12

Revised Date: 26-Aug-15

Revised Date: 26-Sep-18

Revised Date: 17-Dec-19


Page(s): 2 of 2

- ADP WorkForce Time Based Time Entry – Job Aide
- ADP WorkForce Time Off Requests for Supervisors – Job Aide
- ADP WorkForce Delegating Access

Procedures

1. During orientation, HR/Payroll staff review the following with new employees:
 - a. General time card management requirements.
 - b. Detailed instructions on how to enter time and navigate online payroll system.
2. New and returning staff will be provided with a USER ID and temporary password for access online payroll system.
3. Mandatory requirements to complete a timecard are daily hours, earnings codes, and reason for Flex hours worked.
4. Other requirements and timecard submission deadlines are program specific. The Program/Department Leader reviews these requirements with new employees during orientation.

BC Centre for Ability

	Policy #: 1.11 Subject: Transportation and Mileage Claims
Replaces Policy # 3.7	Section: Human Resources
# of Pages: 3	Signature: 
Effective Date: 20-Apr-00 Revised Date: 01-Feb-02 Revised Date: 01-Jan-09 Revised Date: 30-Jun-12 Revised Date: 29-Sep-14 Revised Date: 17-Dec-19 Revised Date: 18-June-24	

Policy Statements

1. BC Centre for Ability staff who are required to travel as a condition of employment, are entitled to claim transportation costs when driving to/from client appointments and other community locations when on Centre business.
2. Transportation costs are not reimbursed when employees attend a BCCFA event on a volunteer basis.
3. Parking tickets and all other traffic violation tickets are the responsibility of the employee.
4. Mileage is paid in accordance with the HSA and BCGEU agreements.
5. Employees required to have a vehicle as a condition of employment are entitled to claim the difference in cost between auto insurance premiums for to and from work and business use.
6. Transportation requests submitted more than 30 days after the fiscal year end will not be reimbursed.
7. Transportation costs that are incurred outside of employee's regular work schedule require pre-approval from their Program/Department Leader.
8. When staff are working from home, and to travel to appointments or events, they are required to subtract the total mileage they would have incurred travelling to and from the office that day from their mileage. Example: if a staff member lives 20km from their assigned office then they are responsible for 40km of travel each day. On days when they work from home and travel to appointments, they are still responsible for the 40km they would have used for a round trip to their office. Therefore, if a staff member who lives 20km from the office works from home and travels 55km that day to see clients, they are entitled to be reimbursed 15km (55km – 40km).

BC Centre for Ability

Policy #: **1.11**
Subject: **Transportation and Mileage Claims**

Effective Date: 20-Apr-00
Revised Date: 01-Feb-02
Revised Date: 01-Jan-09
Revised Date: 30-Jun-12
Revised Date: 29-Sep-14
Revised Date: 17-Dec-19
Revised Date: 18-June-24

Page(s): 3 of 3

Reason for Policy

To provide compensation to employees for use of their personal vehicles while on Centre business.

References

HSA Contract
BCGEU Contract
Employment Contract

Appendices

- Business Coverage Reimbursements
- Transportation and Travel Report - BCGEU
- Transportation and Travel Report - HSA

Procedures

1. Mileage Claims

- a. Staff claim for mileage beginning with the first appointment of the day away from the Centre and ending with the last appointment.
- b. Mileage is calculated from the Centre or an equidistant point between the staff member's home and the appointment.
- c. Claims are calculated per round trip
- d. Staff starting or ending their day from home claim mileage as follows:
 - i. Distance to the first appointment, minus distance from home to the office.
 - ii. Distance from the last appointment, minus distance from the office to home.
- e. Staff members are expected to drive to and from work once per day.
- f. If staff drive to an evening appointment from home, the staff member is entitled to claim mileage to and from that appointment, if the staff member has already driven to and from work on that day.

BC Centre for Ability

Policy #: **1.11**
Subject: **Transportation and Mileage Claims**

Effective Date: 20-Apr-00
Revised Date: 01-Feb-02
Revised Date: 01-Jan-09
Revised Date: 30-Jun-12
Revised Date: 29-Sep-14
Revised Date: 17-Dec-19
Revised Date: 18-June-24

Page(s): 3 of 3

- g. Mileage forms are completed on a monthly basis and submitted to the Program/Department Leader for authorization within 7 working days of end of the month or as per monthly accounting cut-off schedule (via email), whichever is the earlier. Mileage forms submitted after this date will be processed at the end of the following month.
- h. Mileage forms are processed by the finance department.

2. Auto Insurance Claims

- a. Staff complete a Business Coverage Reimbursement Form and have it signed by the insurance agent.
- b. The form is completed annually and submitted to the Program/Department Manager for authorization, and then to the Finance Department for processing. A copy of the ICBC insurance document needs to be attached to each Request for Insurance Rebate Form.

3. Parking Claims

- a. Staff include parking expenses on transportation expense form.
- b. Receipts should be attached if possible.


4. Toll Claims

- a. Staff include bridge and highway tolls on transportation expense form.
- b. A receipt for the toll is required for reimbursement.

5. Other Transportation Claims

- a. Staff include other transportation expenses (ferry, taxi, plane etc) on transportation expense form.
- b. Receipts are required for reimbursement.

BC Centre for Ability

	Policy #: 1.12 Subject: Coaching and Professional Development
Replaces Policy # 3.4	Section: Human Resources
# of Pages: 2	Signature: 
Effective Date: 24-Nov-99 Revised Date: 30-Jan-17 Revised Date: 02-Oct-19 Revised Date: 20-Aug-20 Revised Date: 07-July-21	

Policy Statements

1. All staff have a performance review completed prior to the end of their probationary period.
2. Following the probationary period, a performance review will be conducted on an annual basis.

Reasons for Policy

To ensure that core and job specific competencies of all employees are reviewed.

To ensure all employees receive feedback on their performance at regular intervals and to give all employees an opportunity to discuss professional development plans.

To provide a mechanism for development and implementation of education and/or mentorship plans to address identified gaps in performance.

To help ensure that staff are provided with the guidance and support to reach professional and career goals, progression and to create a stronger process at the Centre for career advancement.

References

HSA and BCGEU Collective Agreements
Employment Agreements
Policy 1.8 Excluded Compensation

Appendices

- BCCFA CPD Form
- LEADS Capabilities
- CPD Prep Guide

BC Centre for Ability

Policy #: **1.12**
Subject: **Coaching and Professional Development**

Effective Date: 24-Nov-99
Revised Date: 30-Jan-17
Revised Date: 02-Oct-19
Revised Date: 20-Aug-20
Revised Date: 07-July-21

Page(s): 2 of 2

Procedures

See CPD Prep Guide here:

https://bccfa.sharepoint.com/:b:/g/EdndKYDNRU9XtdIH2ZCMqvAB9K_vzgRmf2_IgDmcACpQrg?e=wr4HVL

CPD Toolkit here:

<https://bccfa.sharepoint.com/:f:/g/EIGMw60sqn5Rh0IRflpiKPwBhmtrSDVGSovn5jO5nbfA?e=2Y9Xbp>

BC Centre for Ability

Policy #: **1.13**
Subject: **Discipline**

Replaces Policy # 3.10

Section: **Human Resources**

of Pages: 1

Signature:

Effective Date: 24-Nov-99
Revised Date: 01-Feb-02
Revised Date: 30-Jun-12
Revised Date: 29-Sep-14
Revised Date: 22-July-21



Policy Statements

1. BC Centre for Ability staff that breach a BCCFA policy, Code of Ethics and/or professional standards may be subject to discipline.
2. BCCFA ensures discipline of any employee is commensurate with the offense and is in accordance with the collective agreements and/or employment standards.
3. BCCFA is required to notify legal authorities when there is an allegation of a criminal offence.
4. BCCFA acknowledges the authority of legal, professional and/or regulatory bodies and complies with any restitution as imposed by those bodies.

Reason for Policy

BC Centre for Ability policies are developed to provide a positive and safe working environment for staff and clients. Discipline procedures are outlined to ensure fair and due process for any alleged violations of Centre policies and procedures.

References

HSA and BCGEU Collective Agreements
Employment Contracts

Procedures:

1. In situations where there is an allegation of violation of professional conduct, the Program/Department Leader consults with appropriate professional, legal and/or regulatory body.

BC Centre for Ability

Policy #: **1.14**
Subject: **Privacy Rights of Personnel**

Replaces Policy # 3.26 and was combined with policy # 1.16

Section: **Human Resources**

of Pages: 3

Signature:

Effective Date: 14-Jun-06
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 11-Aug-20
Revised Date: 22-July-21



Policy Statements

1. BCCFA does not collect personal information about employees without their consent and/or knowledge.
2. The BC Centre for Ability (BCCFA) collects personal information from employees in order to fulfill the requirements of the working relationship and, with consent, for the health and safety of the individual.
3. Personal information that is collected is only used for the purpose that it was collected.
4. BCCFA protects the privacy and security of personal information held about personnel. *(For the purposes of this policy, Personnel refers to paid employees, volunteers and individuals who have a contractual relationship with BCCFA.)*
5. BCCFA requires written consent from personnel prior to disclosing personal or medical information, except as required or permitted by the Personal Information Protection Act (PIPA) and the Freedom of Information and Protection of Privacy Act (FOIPPA).
6. BCCFA does not give, rent, or sell personal (e.g. mailing lists) or financial information.
7. The Centre has a designated Privacy Officer.

Reason for Policy

- To protect the privacy rights of personnel.
- To comply with provincial and federal privacy laws.

BC Centre for Ability

Policy #: **1.14**
Subject: **Privacy Rights of Personnel**

Effective Date: 14-Jun-06
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 11-Aug-20
Revised Date: 22-July-21

Page(s): 2 of 3

Definition

Personal Information refers to identifying information about an individual. It does not include aggregate information, which cannot be associated with a specific individual. It does not include employment contact information about an individual: name, title, business address, business email address, business telephone number.

References

Freedom of Information and Protection of Privacy Act (FIPPA) Personal Information Protection Act (PIPA)
Freedom of Information and Protection of Privacy Act (FOIPPA).

BCCFA Policies

- 1.7 Personnel Files
- 1.15 Providing Employment References

Procedures 1. Collection and Storage of Personal Information

- a. Personnel files are maintained for each employee and subcontractor and are stored in a locked filing cabinet and/or role-based access controlled electronic database. Files are not accessed by anyone other than the relevant member of the leadership team, Human Resources and designated staff.
- b. Individual employees or sub-contractors can access their own personnel files through the procedures described in Policy 1.7 Personnel Files.
- c. In order to assist in the event of an emergency, and with the consent of the individual, BCCFA collects and keeps emergency contact and medical information about personnel in a secure location that is accessible during emergency procedures.
- d. BCCFA uses security safeguards to protect personal information about personnel that are appropriate to the sensitivity of the information. We make all reasonable

BC Centre for Ability

Policy #: **1.14**
Subject: **Privacy Rights of Personnel**

Effective Date: 14-Jun-06
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 11-Aug-20
Revised Date: 22-July-21


Page(s): 3 of 3

efforts to protect personal information against loss or theft, as well as unauthorized access, disclosure, copying, use, or modification.

2. Third Party Disclosure

- a. BCCFA does not disclose personal information about personnel to any organization or individual without express written consent of the individual except in the following cases:
 - i. We provide personal information to officers of the law, other legal authorities, or government agencies that have the authority to demand information in order to comply with the laws of the province and/or country;
 - ii. We provide personal information in emergency situations in which the life, health, or safety of any person is in danger;
- b. BCCFA responds to requests for employment references about employees only with prior consent. Consent can be provided verbally or by email.
- c. If BCCFA receives a call requesting personal information regarding an employee and written authorization has not been received, the person receiving the request informs the caller that personal information is not released without prior written authorization from the staff member.
- d. Staff wanting BCCFA to release personal information to a third party, provide their Program/Department Manager or Human Resources with written authorization indicating what information is to be released and to whom we are to release it. Written consent can be provided by letter, email, or use of the BCCFA Reference Check Consent form.

BC Centre for Ability

	Policy #: 1.15 Subject: Providing Employment References
Replaces Policy # 3.23	Section: Human Resources
# of Pages: 2	Signature: 
Effective Date: 14-Jun-06 Revised Date: 30-Jun-12 Revised Date: 29-Sep-14 Revised Date: 26-Aug-15 Revised Date: 17-Dec-19	

Policy Statements

1. Detailed employment references can be provided with the written permission of the current or former employee or contractor in question. However, if there is no written permission BCCFA can provide a basic reference that includes the name, position and dates worked for an employee.

Reason for Policy

- To ensure that the privacy rights of all employees and contractors, and service providers are upheld;
- To help ensure that all references are as consistent, fair and objective as possible.

References

BCCFA Policies:

- 1.14 Privacy Rights of Personnel

Procedures

1. Providing a reference for BCCFA Employee or Contractor


- a. The contents of an employment reference must be an honest, objective reflection of the character, performance and suitability of the employee or contractor.
- b. References must be objective and may include the following information:
 - i. the length of time that the person was an employee or contractor with BCCFA;
 - ii. the job title of the last position they held and the length of time they held that position;
 - iii. the responsibilities of that position;

BC Centre for Ability

Policy #: 1.15 Subject: Providing Employment References
Effective Date: 14-Jun-06 Revised Date: 30-Jun-12 Revised Date: 29-Sep-14 Revised Date: 26-Aug-15 Revised Date: 17-Dec-19
Page(s): 2 of 2

- iv. how the individual attended to those responsibilities;
- v. where applicable, any special projects or initiatives with which the individual was involved.
- c. Where provision of an employment reference presents a potential for conflict (i.e. elements are less than satisfactory) the Program/Department Leader will consult with the Human Resource Professional regarding the appropriate response.
- d. All reference letters must have copies retained on the individual's personnel or contractor file.

BC Centre for Ability

	Policy # 1.17 Subject: Executive Director Succession Plan
Replaces Policy #	Section: Human Resources
# of Pages: 5	Signature: 
Effective Date: 02-Oct-12 Revised Date: 26-Aug-15 Revised Date: 02-Oct-19 Revised Date: 11-Aug-20 Revised Date: 18-June-24	

Policy Statements

1. The Board of Directors authorizes the Board Chair to implement the terms of this succession plan in the event of a planned or unplanned, short-term, mid-term, long-term or permanent absence of the Executive Director.
2. It is the responsibility of the Executive Director to notify the Board of Directors, through the Presidents of the Board, of any planned absence from the position and where possible, of any unplanned absence.
3. It is the responsibility of the Executive Assistant to the Executive Director/Board to notify the Board of Directors upon knowledge of any unplanned absence of more than 5 working days of the Executive Director from the position.
4. Within 72 hours following notification of any absence of the Executive Director, the Board Chair shall call a meeting of the HR and Governance Committee to implement the Board level Executive Director Succession Planning Policy.
5. The Interim Executive Director or appointed Operational Leadership Team (OLT) member(s) to be responsible for Executive Director functions, shall have the same level of authority as the Executive Director for the day-to-day decision making.
6. Decisions that are normally made by the Executive Director in consultation with the Board of Directors will continue to require Board of Director consultation.
7. OLT member(s) assigned to undertake key Executive Director functions shall be compensated for this additional undertaking, and this will be determined by the HR and Governance Committee.
8. Any Interim Executive Director hired from outside the agency shall negotiate their compensation directly with the HR and Governance Committee.
9. Any Interim Executive Director or appointed OLT staff member(s) responsible for key Executive Director functions shall report to the Board Chair.

BC Centre for Ability

Policy #: **1.17**
Subject: **Executive Director
Succession Plan**

Effective Date: 02-Oct-12
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 11-Aug-20
Revised Date: 18-June-24

Page(s): 2 of 5

10. The organization is committed to develop a training plan of all OLT members to be able to effectively deliver the key Executive Director's responsibilities in their temporary absence.

Reason for Policy

The Executive Director plays a central and key role in the Association. It is imperative that the Board of Directors, staff and volunteers of the Association are able to effectively manage the Association in the event the Executive Director is no longer able to fulfill their duties.

References

BC Centre for Ability Leadership Team Succession Plan October 2023
BC Centre for Ability Association – Board of Directors Executive Director
Succession Planning policy (2020)
BCCFA Risk Assessment and Audit, June 2011

Definitions

- A planned short-term absence is one that is known in advance, including a vacation, and would result in an absence of less than 2 weeks.
- A lengthy planned absence is one that is known in advance, including a vacation, and would result in an absence of more than two weeks but less than 90 days.
- A long-term unplanned absence is more than 90 days and the Executive Director is not expected to return to his/her duties.
- An unplanned absence is one that is unexpected and unanticipated.
- A permanent absence is one in which the Executive Director will not be returning to the position.

Procedures

BC Centre for Ability

Policy #: **1.17**
Subject: **Executive Director
Succession Plan**

Effective Date: 02-Oct-12
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 11-Aug-20
Revised Date: 18-June-24

Page(s): 3 of 5

1. For Planned Short-, Mid-, or Long-Term Absence of Executive Director

- a. In the event of a planned absence of the Executive Director, the Executive Director will notify both the Board Chair and make recommendations on selecting an Interim Executive Director.
- b. The Executive Director will draft out key responsibilities to be assumed by the Interim Executive Director during the planned absence.

2. For Unplanned Short- or Mid-Term Absence of Executive Director

- a. In the event of a short- or mid-term, unplanned absence of the Executive Director, it is within the purview of the Board Chair to select the most appropriate course of action from the following options:
 - i. The Board Chair assign OLT staff member(s) to assume temporary responsibility for key Executive Director functions as defined below for the entire absence; or
 - ii. The Board Chair assign OLT staff member(s) to assume temporary responsibilities for key Executive Director functions and immediately begins the process of temporarily filling the position with an Interim Executive Director, either internal or external. Upon hiring/appointment of the Interim Executive Director, OLT member(s) will no longer have responsibilities of key Executive Director functions; or
 - iii. Appoint an internal Interim Executive Director from amongst the members of the OLT team, as identified in the approved organizational chart.

Key Executive Director Functions	Temporary Staffing Strategy
Board Liaison & Leadership	<ul style="list-style-type: none">• Executive Assistant to Executive Director & Boards
Operational Planning & Management	<ul style="list-style-type: none">• Director of Business Intelligence
Program Planning & Management	<ul style="list-style-type: none">• Program Directors
Financial Planning, Fund Acquisition & Fiscal Management	<ul style="list-style-type: none">• Director of Finance & HR

BC Centre for Ability

Policy #: **1.17**
 Subject: **Executive Director
 Succession Plan**

Effective Date: 02-Oct-12 Revised Date: 26-Aug-15 Revised Date: 02-Oct-19 Revised Date: 11-Aug-20 Revised Date: 18-June-24	Page(s): 4 of 5
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Human Resources Planning & Management	<ul style="list-style-type: none"> • HR Leader/Advisor
Community Relations/Advocacy	<ul style="list-style-type: none"> • Director of Development & Communications
Risk Management	<ul style="list-style-type: none"> • OLT and Board Executive
Reporting Relationships	<ul style="list-style-type: none"> • Board Chair

3. For Unplanned Long-Term Absence of Executive Director

- a. For unplanned long-term absences of more than 90 days, the Board Chair will temporarily assign senior staff members to assume key Executive Director functions.

Key Executive Director Functions	Temporary Staffing Strategy
Board Liaison & Leadership	<ul style="list-style-type: none"> • Executive Assistant to Executive Director & Board
Operational Planning & Management	<ul style="list-style-type: none"> • Director of Business Intelligence
Program Planning & Management	<ul style="list-style-type: none"> • Program Directors
Financial Planning, Fund Acquisition & Fiscal Management	<ul style="list-style-type: none"> • Director of Finance & HR
Human Resources Planning & Management	<ul style="list-style-type: none"> • HR Leader/Advisor
Community Relations/Advocacy	<ul style="list-style-type: none"> • Director of Development & Communications
Risk Management	<ul style="list-style-type: none"> • OLT and Board Executive
Reporting Relationships	<ul style="list-style-type: none"> • Board Chair

- b. The Board Chair will immediately begin the process of temporarily filling the position with an Interim Executive Director.
- c. Upon hiring/appointment of the Interim Executive Director, OLT members will no longer have responsibilities of key Executive Director functions.

BC Centre for Ability

Policy #: **1.17**
Subject: **Executive Director
Succession Plan**

Effective Date: 02-Oct-12
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 11-Aug-20
Revised Date: 18-June-24

Page(s): 5 of 5

4. For permanent planned or unplanned absences

- a. The Boards of Directors will consider the immediate hiring of an Interim Executive Director from within the OLT team, or outside of the Association.
- b. Until such times as the Board appoint an Interim Executive Director and this person is in place, the Board may temporarily assign OLT members to be responsible for key Executive Director functions.
- c. The Interim Executive Director shall negotiate responsibilities, length of term, level of authority and scope of work directly with the HR and Governance Committee of the Board of Directors.
- d. The Interim Executive Director shall negotiate compensation directly with the HR and Governance Committee of the Board of Directors.
- e. The Interim Executive Director shall report to the Board Chair.
- f. Once the Interim Executive Director is in place, the Board of Directors begins recruitment of a new, permanent Executive Director which may be either an internal or external candidate.
- g. Upon completion of the Executive Director recruitment, the Interim Executive Director will no longer act in the capacity of Executive Director for the Association.


5. Communications Plan

1. For **planned absence**, the Executive Director & Director of Development & Communications will develop a communications plan to notify the Board, staff, and stakeholders as appropriate.

For **lengthy unplanned or permanent absence**, once the Interim Executive

Director/temporary staffing strategy is in place, the Board of Directors, Interim Executive Director (if applicable) and Director of Development & Communications will develop a communications plan to advise all key stakeholders of the temporary appointments.

BC Centre for Ability

	Policy # 1.18 Subject: Abuse of Power
Replaces Policy #	Section: Human Resources
# of Pages: 7	Signature: 
Effective Date: February 26 th , 2020	

Policy Statements

1. It is the responsibility of the BC Centre for Ability to do what it can to minimize the risk of abuse by persons in a position of trust who conduct activities with our staff, volunteers, and program participants.
2. It is the responsibility for the BC Centre for Ability to educate staff on what constitutes abuse, to inform staff on the reporting procedure and to prevent the abuse of clients.
3. The BC Centre for Ability (BCCFA) prohibits behaviour that constitutes discrimination or harassment contrary to the BC *Human Rights Code* in the workplace.
4. BCCFA expects staff to conduct themselves in compliance with this policy and will not tolerate abuse in any work environment. Violation of this policy may result in discipline up to and including discharge.
5. BCCFA responds to complaints concerning alleged discrimination/harassment quickly and effectively.
6. BCCFA must review abuse complaints annually to identify key systemic issues and barriers, if any.

Reason for Policy

1. While rules and policy will not prevent abuse, this policy aims to heighten the sensitivity and awareness of this issue. All staff members and volunteers who are serving with BC Centre for Ability, and especially those serving with children, youth, and/or vulnerable persons, are to read and abide by this policy and these procedures throughout the course of their service.
2. All BCCFA staff are responsible for the well-being of all clients. Abuse must be reported per policy 8.1.
3. To ensure that employees are protected around clients in the workplace, onsite, at a client site or in the community.

4. To ensure staff act with respect in a non-harassment manner with client.
5. To act as a responsible advocate for the prevention of abuse and neglect in our community.

Definitions

All abuse involves the misuse of power. Misuse of power takes place when people take advantage of the authority or power they have over vulnerable people. Abuse can be physical, neglect, emotional or sexual. Abuse is difficult to define but includes however is not limited to the following;

- Physical Abuse: any non-accidental human act that could result in or results in physical pain or injury to a person - whether or not it leaves a cut or wound, or a mark or a bruise.
- Emotional abuse: the deliberate, systematic or random, diminishment of another. It is a pattern of destructive behaviour and or verbal attacks which result in the reduction of a person's self-concept. Any type of action that is verbally provoking a client, or condoning and/or encouraging others to be abusive towards a client.
- Sexual abuse: the exploitation of a person regardless of age, gender or circumstances for sexual gratification, stimulation and/or for the expression of power over another.

Definition of a "person in a position of trust"

A "person in a position of trust" may be shortly defined as "any person carrying on a leadership function in the organization." For the purpose of abuse prevention this includes, but is not limited to, the staff, volunteers, & even program participants helping/leading activities involved with children, youth or other vulnerable adults.

Definition of a "vulnerable person"

A "vulnerable person" is anyone of any age who might easily be exploited by another. This would include children, youth and some adults. These people are at a disadvantage and are unable to fully protect themselves. This vulnerability may be caused by anything that limits mature judgment and free activity.

Vulnerable Persons may be of any age or gender. They may have personal handicaps and could be:

- Cognitively challenged
- Emotionally susceptible
- Physically challenged

Others may be socially isolated, and

- Desperately in need; socially or materially
- Lack the ability to communicate adequately because of speech or hearing difficulties/delays
- Inability to understand, speak and read that language of the area
- Struggling with addictions or substance misuse

Note: For the purposes of this policy and these procedures, vulnerable persons may also be referred to in one of three ways; as “children,” “youth,” or “vulnerable adults” for clarification and/or specific procedures. If/when a question arises pertaining to the implementation and/or interpretation of policy/procedure; please contact the Executive Director for advising.

Prevention

All staff have a role to play in the prevention of abuse towards a vulnerable client.

Only screened staff members and volunteers (“workers”) will be approved to serve as staff with children, youth, and/or vulnerable persons in our programs. Individuals who have been accused or convicted, or are under suspicion of crimes against children or youth, or who have been convicted of violent crimes or other relevant crimes will not have any involvement in programs where children/youth/vulnerable persons participate. Before becoming a staff or helper in any program involving children/youth/vulnerable persons, the applicant must complete the appropriate screening/selection process, which includes successful completion of:

1. Staff member or volunteer Application Form
2. (Face-to-face) Interview with hiring leaders
3. Minimum of two supporting references
4. Vulnerable Sector Criminal Record Check (completed before beginning service, and once every 5 years thereafter)
5. Code of Conduct - Ethical Conduct - Policy 2.4
6. Mandatory College/regulatory body membership for therapy staff

Once an individual has been hired there is the onboarding process and ongoing training that takes place, this includes but is not limited to:

1. A one on one orientation with HR who provides a policy overview and link to the policy booklet
2. OH&S orientation which covers respectful workplace, bullying and harassment and an incident reporting overview
3. Program orientation covers Duty to Report Suspected Child Abuse/Neglect policy
8.1. and this policy 1.18 – Abuse of Power
4. A sign off once the onboarding process has been completed including policies being read and understood
5. Annual reviews of this policy at a department level and our OH&S All Staff Training Day (OH&S Tea).

Some staff and/or family members may not be aware of what constitutes abuse or what could be perceived to be abusive. A conversation/education is often all that is needed for prevention.

Staff members of the BCCFA may momentarily become angry or frustrated when dealing with certain situations and should understand the importance of removing/excusing themselves from the situation. They should talk to their program manager and report the incident. Please refer to the reporting section of this policy.

If there is a concern by a staff / family member the situation should be reported to the program manager straight away in accordance with our procedures listed below. Please refer to the reporting section of this policy.

Physical Contact

It is essential to be careful regarding behavior, language and physical contact when working with children / youth / vulnerable adults:

- Do not show favoritism when dealing with children / youth / vulnerable adults. Show a similar level of affection and kindness to all.
- Do not engage in or allow the telling of sexual jokes or behave in a way that promotes the sexual exploitation of others.
- Provide clearly stated consequences for inappropriate behavior.
- Stop inappropriate behavior early.
- Be fair, consistent and reasonable, matching consequences to the age and ability to the child / youth.

Appropriate and inappropriate touching

A touch can convey a multitude of positive messages and communicate care, comfort and love; however, it is important to distinguish between appropriate and inappropriate touching. It is also important to be aware of, and sensitive to, differences in interpretation to touching based on sex, culture or personal experience.

Some examples of appropriate touch:

Care can usually be expressed in the following common-sense ways:

- Holding or rocking an infant who is crying
- Affirming a participant with a pat on the hand, shoulder, or back
- Bending down to the child's eye level and placing a hand gently on the child's hand or forearm
- Putting your arm around the shoulder of a person who needs comfort
- Taking a child's hand and leading him / her to an activity
- Holding hands for safety when changing locations
- Shaking a person's hand in greeting
- Holding a child gently by the hand or shoulder to keep his / her attention as you redirect behavior

Some examples of inappropriate touch:

- Kissing a child / youth / vulnerable adult or coaxing them into kissing you
- Extended cuddling
- Tickling
- Touching anyone in any area normally covered by a bathing suit (except changing an infant's diapers)
- Hand holding, except for the examples listed above
- Hugging, where an adult knows or ought to have known that hugging is inappropriate.

Reporting

When any staff member is involved in or witnesses an incident (i.e verbal abuse, threat or aggression, allegations of abuse or neglect), the appropriate action is taken to manage the incident and ensure safety of those involved.

All and any incident that could be considered abuse needs to be reported immediately to the program leader.

The involved staff reports details of the incident on the Incident and Accident Report Form located in the N: drive under N:\Public\Forms and Documentation\Forms\OHS and submits it to their Program/Department Leader before the end of the next business day, in this situation it is recommended that it is submitted as soon as possible. This process is in line with the Incident Reporting Policy 3.3

The Program/Department Leader, in consultation with the Executive Director, determines if the incident is critical. A critical incident can be defined as a workplace event involving staff, clients, students or volunteers - like a serious injury - that causes emotional or psychological trauma in people exposed directly or indirectly to the incident. It is a sudden, powerful event outside the range of normal experience - and outside the workers' control.

To report another person for what you may consider abuse or neglect is a difficult task but an important one. Once reported the incident is to be investigated by the Centre and outside parties as necessary (i.e. regulatory college).

A failure to report an incident or concern is considered neglect to both the individual concerned and the Centre. Staff who do not report a witnessed abuse may be considered a party to abuse and investigated accordingly.

The earlier an incident is reported the more accurate the investigation will be. This results in quicker action being taken to protect those that this policy is working to protect.

Consequences for Staff

Once an incident/s is reported and is investigated, it may show that the abuse of a client did not take place. Steps will be taken to educate and ensure that any misunderstanding is corrected and the staff members' name is cleared.

The regulatory college and/or management may be convinced that the staff member is guilty of abuse, and the action taken will depend on the nature and degree of abuse and if there are extenuating circumstances. Discipline action can result in dismissal and/ or potential criminal charges.

Discipline can be as follows;

- Suspension from duty without pay whilst an investigation is pending
- Discharge from duty altogether

In keeping with the philosophy that abuse of vulnerable clients is preventable, each investigation will include looking at factors which frustrate or negatively stress staff in the environment that they work in and the attempt made, if possible, to reduce the frustration and improve the work climate.

It must be reinforced throughout the Centre at all times and by all staff that the BCCFA takes this very seriously and will deal with such occurrences swiftly and professionally, with consequences as listed above for those staff that are found to have abused a client.

References

- BCCFA Policy 2.4 - Ethical Conduct
- BCCFA Policy 2.10 - Discrimination and Harassment
- BCCFA Policy 3.3 - Incident Reporting
- BCCFA Policy 3.8 - Respectful Workplace
- BCCFA Policy 8.1 - Duty to Report Suspected Child Abuse/Neglect
- B.C. Human Rights Code R.S.B.C. 1996, c. 210
- Worksafe BC - D3-115-2 - Employer Duties - Workplace Bullying and Harassment
- Worksafe BC - Preventing Violence in Healthcare -
<https://www.worksafebc.com/en/resources/health-safety/books-guides/preventing-violence-in-health-carefive-steps-to-an-effective-program?lang=en&origin=s&returnurl=https%3A%2F%2Fwww.worksafebc.com%2Fen%2Fsearch%23q%3Dclient%2520abuse%26sort%3Drelevancy%26f%3Alanguage-facet%3D%5BEnglish%5D>

BC Centre for Ability

Policy #: **1.1**
Subject: **Hiring Process**

Replaces Policy # 3.27

Section: **Human Resources**

of Pages: 2

Signature:

Effective Date: 25-Aug-09
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 25-Sept-19
Revised Date: 20-July-21



Policy Statements

1. Vacancies will be filled based on funding availability and in compliance with collective agreements, where applicable, and in compliance with applicable statutory requirements, including the *BC Human Rights Code* and the *BC Employment Standards Act*
2. BCCFA will not discriminate based a candidate's race, ancestry, place of origin, political beliefs, religion, marital status, family status, disability, sexual orientation, gender identity or expression, age or criminal conviction unrelated to the intended employment, unless such factor is related to a bona fide occupational requirement of the position for which the candidate is being considered. (Section 13 of the Human Rights Code)
3. BCCFA will not employ spouses or family members for positions in which those spousal or familial connections will compromise the safe and efficient performance of required duties (e.g. where spouses or family members directly supervise one another or share exclusive signing authority for Centre funds).
4. BCCFA will not employ persons with interests that are in conflict with their required duty to the Centre.
5. BCCFA will conduct appropriate interviews and reference & credential checks in advance of issuing offers of employment.
6. BCCFA will issue written offers of employment and/or appointment letter to successful candidates.
7. BCCFA will save documentation pertaining to unsuccessful candidates who were interviewed for a minimum of six months.
8. BCCFA may make offers of employment subject to a pre-employment medical review of the candidate's fitness for work at the Centre and will consider the Centre's ability to accommodate any candidate's medical restrictions to the point of undue hardship in all of the circumstances.

BC Centre for Ability

Policy #: **1.1**
Subject: **Hiring Process**

Effective Date: 25-Aug-09
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 25-Sept-19
Revised Date: 20-July-21

Page(s): 2 of 2

Reason for Policy

When the Centre identifies a recruitment need, it must hire employees who are fit to perform the required duties in compliance with the Collective Agreement (where applicable) and statutory obligations.

References

Criminal Records Review Act
BC Human Rights Code, S. 13


BCCFA Policies

- 1.2 Checking Employment References
- 1.3 Verification of Credentials
- 1.4 Criminal Record Check
- 1.5 Health Requirement
- 1.8 Excluded Compensation
- 2.5 Conflict of Interest

Procedures

Speak with the Human Resources Professional.

BC Centre for Ability

	Policy #: 1.2 Subject: Checking Employment References
Replaces Policy # 3.25	Section: Human Resources
# of Pages: 2	Signature: 
Effective Date: 15-Jun-06 Revised Date: 01-May-09 Revised Date: 30-Jun-12 Revised Date: 29-Sep-14 Revised Date: 25-Sep-19	

Policy Statements

1. All employment references sought by the BC Centre for Ability (BCCFA) are completed by the BCCFA Program/Department Leader, Human Resource Professional or their designate prior to commencement of employment, using the BCCFA Reference Check Form.
2. References are only sought with the permission of the candidate in question.
3. For external candidates, BCCFA checks a minimum of two employment references, one of them the most recent immediate supervisor.
4. For internal candidates, the Program/Department Leader reviews the most recent CDP on file and consults with the candidate's current supervisor.

Reason for Policy

- To ensure that reference checks are conducted consistently and equitably.
- To ensure that the privacy rights of candidates for employment at BCCFA are upheld.

References

- Applicant Reference Check Form

Procedures

For External Candidates:

1. References will only be checked for those candidates who are being seriously considered for a position.
2. The BCCFA Program/Department Leader, Human Resource Professional or designate conducts the references check and completes the BCCFA Reference Check Forms.

BC Centre for Ability

Policy #: **1.2**
Subject: **Checking Employment
References**

Effective Date: 15-Jun-06
Revised Date: 01-May-09
Revised Date: 30-Jun-12
Revised Date: 29-Sep-14
Revised Date: 25-Sep-19

Page(s): 2 of 2

3. Once the position has been offered to a candidate, the completed BCCFA Reference Check forms are forwarded to HR for filing in the personnel record.
4. Completed reference checks for unsuccessful candidates will be retained for six months with HR department.

For Internal Candidates:

1. The Program/Department Leader reviews the candidate's most recent CDP on file and consults with their current supervisor.

BC Centre for Ability

Policy #: **1.3**
Subject: **Verification of Credentials**

Replaces Policy # 3.24

Section: **Human Resources**

of Pages: 2

Signature:

Effective Date: 15-Jun-06
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 25-Sept-19
Revised Date: 20-July-21
Revised Date: 28-July-23



Policy Statements

1. Program/Department Leaders must verify the credentials of all new staff prior to commencement of employment,
2. Program/Department Leaders must confirm that current staff continue to meet their licensing or professional qualifications.
3. Regulated employees whose professional registration is a condition of employment must maintain an active registration and be members in good standing of their professional colleges.

Reason for Policy

To ensure that all staff are qualified to provide services.

References

N/A

Procedures

1. The required credentials (e.g. official transcripts, degrees, diplomas, licenses) of all new staff will be verified by the Program/Department Leader prior to the date of hire and during the course of employment according to departmental and professional guidelines. A copy of the required credentials will be kept in the employee's personnel file.
2. Verifications can be in the form of current memberships or licenses from professional organizations that verify credentials directly with the degree or diploma granting institution as part of their licensing or certification process.

BC Centre for Ability

Policy #: **1.3**
Subject: **Verification of Credentials**

Effective Date: 15-Jun-06
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Revised Date: 26-Jul-18
Revised Date: 25-Sept-19
Revised Date: 20-July-21
Revised Date: 28-July-23

Page(s): 2 of 2

3. In cases where the employee's professional or licensing organization does not verify credentials with the degree or diploma-granting institution, BCCFA will verify the credentials directly with the degree or diploma-granting institution in writing.
4. In exceptional circumstances where credentials cannot be verified in a timely manner, the written offer of employment and/or appointment letter must include a statement indicating that employment is offered on the basis of the formal verification of credentials within a specified period of time set by the employer.
5. If there is any reasonable doubt about the potential employee's credentials, hiring will not take place until the credentials have been formally verified.
6. If a staff member's professional registration status changes, the program or department leader, along with HR, will work with the staff and the regulatory body to understand the circumstances around the change.
7. If the registration change is a result of an investigation, pending investigation or decision from the regulatory body related to their code of ethics, standards of practice or criminal charge then the matter is referred to the Executive Director and Board.

BC Centre for Ability

Policy #: **1.4**

Subject: **Criminal Record Check**

Replaces Policy # 3.8

Section: **Human Resources**

of Pages: 4

Signature:

Effective Date: 24-Nov-99

Revised Date: 18-Oct-16

Revised Date: 26-Jul-18

Revised Date: 27-Sep-19

Revised Date: 20-July-21

Revised Date: 28-July-23



Policy Statements

1. All BC Centre for Ability (BCCFA) staff, employment candidates and Service Provider candidates are subject to a criminal record check (CRC) prior to commencing work with the Centre.
2. No employment or Service Provider candidate will commence work with the Centre prior to the BCCFA having received clearance of the criminal record check.
3. Staff whose professional colleges require up to date criminal record checks as a condition of licensure can submit proof of licensure in good standing to satisfy the criminal record check requirement.
4. Criminal Record Checks are resubmitted as per the Criminal Records Review Act and/or the contract agreement every 5 years.
5. Volunteers and students who have direct client contact are subject to a criminal record check. BCCFA must receive clearance of the criminal record check prior to volunteers and students having any client contact.
6. The Executive Director, in conjunction with the Program/Department Leader and Human Resource Professional review all CRC's that indicate there is a relevant offence. If a related record exists, procedures are followed as outlined in the Criminal Record Review Act (Section 10:1&2)
7. Applicants with criminal records that are directly relevant to the position applied for, and are of such a nature and extent to cause any concern, are disqualified from the competition. Unless a criminal or summary conviction charge is directly related to the employment or intended employment of an applicant, any refusal to hire on such a basis is in breach of the Human Rights Act
8. If an employee's criminal record status changes during the course of their employment, the matter is immediately referred to the Executive Director and Human Resources.

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Revised Date: 26-Jul-18
Revised Date: 27-Sep-19
Revised Date: 20-July-21
Revised Date: 28-July-23

Page(s): 2 of 5

Reason for Policy

BCCFA has an obligation to its clients, family members, employees and other service providers to ensure that the provision of services are not compromised through previous criminal acts by its employees.

References

Criminal Records Review Act – Implementation Guide
B.C. Human Rights Act

BCCFA Policies

- 1.1 Hiring Process
- 6.1 Student Fieldwork
- 6.2 Recruitment and Use of Volunteers

Appendices

- Consent to a Criminal Records Check Form

Procedures

1. New Hires:

- a. At the interview, the interviewer advises all applicants that as a condition of employment, potential employees will be required to fill out and sign an Authorization Form for Criminal Record Check.
- b. If the employment reference checks come back as satisfactory, the interviewer contacts the applicants and informs them that the criminal record check will be submitted.
- c. Clinicians who have current registration with their licensing body are not required to complete the Centre's criminal record check process, as they complete the process with their licensing body (as per the Criminal Records Review Act).
- d. The Human Resource Professional initiates the criminal record check by electronically submitting the Authorization Form to the Criminal Records Review Program, Ministry of Attorney General.

Effective Date: 24-Nov-99
Revised Date: 18-Oct-16
Revised Date: 26-Jul-18
Revised Date: 27-Sep-19
Revised Date: 20-July-21
Revised Date: 28-July-23

Page(s): 3 of 5

- e. The Authorization Form is returned to BCCFA with documentation confirming the presence or absence of a relevant offense. If a relevant record exists, procedures are followed as outlined in the Criminal Record Review Act.
- f. The Human Resource Professional will inform the Program Leader of the results of their staff's criminal record check if there is an issue.
- g. Documentation and correspondence related to the criminal record check for the successful candidate is processed by the HR department and filed in the personnel file.
- h. Documentation and correspondence related to a criminal record check for an unsuccessful candidate is kept on file in the HR department for six months.
- i. The Executive Director and the Program/Department Leader and Human Resource Professional jointly review all CRC's that indicate there is a relevant offence. If a related record exists, procedures are followed as outlined in the Criminal Record Review Act regarding disqualifying applicants from the position.

2. Renewal of criminal record check every five years for staff

- a. Clinicians who have current registration with their licensing body are not required to complete the Centre's criminal record check process, as they complete the process with their licensing body (as per the Criminal Records Review Act).
- a. For staff who do not complete the CRC process through their licensing body, the HR Department tracks when staff have worked for five years from the date of their last criminal record check.
- b. HR Department forwards a criminal record check authorization form to staff who require a renewal.
- c. Staff return the authorization form to the HR Department for submission.
- d. The authorization form is returned to BCCFA with documentation confirming the presence or absence of a criminal record.
- e. The Executive Director and the Program/Department Leader and Human

Effective Date: 24-Nov-99
Revised Date: 18-Oct-16
Revised Date: 26-Jul-18
Revised Date: 27-Sep-19
Revised Date: 20-July-21
Revised Date: 28-July-23

Page(s): 4 of 5

Resource Professional jointly review all CRC's that indicate there is a relevant offence. If a related record exists, procedures are followed as outlined in the Criminal Record Review Act (Section 10:1&2) regarding ensuring that employee does not directly work with any children or vulnerable adults.

3. Criminal Record Check for contracted Service Providers

- a. Prior to commencement of contracted employment, the Designated Senior Secretary initiates the criminal record check by having the Service Provider complete an authorization form and electronically submits the Authorization Form to the Criminal Records Review Program, Ministry of Attorney General.
- b. The Authorization Form is electronically returned to the Centre with documentation confirming the presence or absence of a criminal record.
- c. The Executive Director, in conjunction with the Program/Department Leader and Human Resource Professional review all CRC's that indicate there is a relevant offence. If a related record exists, procedures are followed as outlined in the Criminal Record Review Act regarding ensuring that the Service Provider does not directly work with any children or vulnerable adults.
- d. Completed CRC's for contracted Service Providers are kept in program contract administrative files.
- e. Contracted Service Providers follow this process to renew the CRC every 5 years.

4. Criminal Record Check for Students

- a. The BCCFA has a written agreement with the schools of Physiotherapy, Occupational Therapy and Audiology and Speech Sciences outlining the procedure for accepting copies of CRC that are initiated through the Provincial Criminal Record Review Program.
- b. If there is a student placement from a school that does not initiate CRC through the provincial program, BCCFA must initiate a CRC and the student can not have contact with clients until we have received clearance of the CRC.

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Revised Date: 18-Oct-16
Revised Date: 26-Jul-18
Revised Date: 27-Sep-19
Revised Date: 20-July-21
Revised Date: 28-July-23

Page(s): 5 of 5

- c. The Human Resource Professional initiates the criminal record check by having the student complete an authorization form and electronically submits the Authorization Form to the Criminal Records Review Program, Ministry of Attorney General.
- d. The Authorization Form is returned to BCCFA with documentation confirming the presence or absence of a criminal record. If a related record exists, procedures are followed as outlined in the Criminal Record Review Act.
- e. CRC for students are kept in program administrative files administered by the clinical supervisor.

5. Criminal Record Check for Volunteers

- a. If volunteer is to have direct client contact, the Human Resource Professional initiates the criminal record check by having the Volunteer complete an authorization form and electronically submits the Authorization Form to the Criminal Records Review Program, Ministry of Attorney General.
- b. The Authorization Form is electronically returned to the Centre with documentation confirming the presence or absence of a criminal record. If a related record exists, procedures are followed as outlined in the Criminal Record Review Act.
- c. CRCs for volunteers are kept in program administrative files administered by the Program Manager.

BC Centre for Ability

Policy #: **1.5**
Subject: **Health Requirements**

Replaces Policy # 3.16

Section: **Human Resources**

of Pages: 3

Signature:

Effective Date: 20-Apr-00
Revised Date: 25-Aug-09
Revised Date: 30-Jun-12
Revised Date: 15-May-14
Revised Date: 29-Sep-14
Revised Date: 27-Sep-19
Revised Date: 28-Jul-23
Revised Date: 18-June-24



Policy Statements

1. BC Centre for Ability (BCCFA) requires that all employees be medically fit to perform their duties, including being free from communicable diseases that could threaten the health and/or the safety of Centre clients and staff.
2. Employees returning from a medical leave for illness or injury, that is in excess of 20 working days, are required to provide medical certification of their fitness to return to work, prior to recommencing their job duties.
3. Employees returning from medical leave for illness or injury of less than 20 days, may be required to provide medical certification of their fitness to return to work, based on the nature of the illness/injury and on the recommendation of the EDMP
4. BCCFA will accommodate employees' medical restrictions, if any, to the point of undue hardship, provided that employees and, where applicable, the Union representing those employees, cooperate as necessary in the accommodation process.
5. All new and existing staff must be up to date, as per the provincial medical health officer and all applicable public health orders, on all mandatory vaccinations including Covid 19.
6. This Policy does not deviate from the requirements of collective agreements applicable to unionized employees or applicable statutory requirements.

Reason for Policy

BCCFA is an inclusive employer who provides services to clients with varying degrees of medical fragility so must take steps to avoid the transmission of disease or infection to clients and ensure that workplace duties are performed efficiently by employees medically fit to perform those duties, while taking steps available to accommodate employees' medical restrictions.

BC Centre for Ability

Policy #: **1.5**
Subject: **Health Requirements**

Effective Date: 20-Apr-00
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Revised Date: 30-Jun-12
Revised Date: 15-May-14
Revised Date: 29-Sep-14
Revised Date: 27-Sep-19
Revised Date: 28-Jul-23
Revised Date: 18-June-24

Page(s): 2 of 3

References

BCCFA Policy

- 3.1 Infection Control

Procedures

1. BCCFA will make an offer of employment subject to a pre-employment medical review of the candidate's fitness for work at the Centre if there is reason to believe a person is medically unfit to do the job.
2. Employees must advise BCCFA if they suffer from any illness, injury or medical condition (a "Condition") that impacts their ability to safely and efficiently perform their job duties, including, in particular, any condition that may put the health or safety of clients or co-workers at risk.
3. Employees must provide medical documentation stating the implications on their ability to do the job. This information will be reviewed by EDMP (Employee Disability Management Program) to determine whether the employee may continue to work productively through accommodation despite the Condition.
4. Program/Department Managers, employees, Human Resource Professional, EDMP and the Unions, where applicable, will work together to accommodate the employee's continuation of duties, accommodation or timely return to work.

Return to Work following a Medical Leave:

1. BCCFA requires an employee to provide medical certification of the employee's fitness to return to work after a period of absence of more than 20 working days due to illness, injury or medical condition. For leaves that are less than 20 working days, EDMP will determine if medical certification is necessary, based on the nature of the condition.
2. Such certification will be based on a medical assessment of the employee's fitness to perform the job duties that they will be expected to perform when they return to work.

BC Centre for Ability

Policy #: **1.5**
Subject: **Health Requirements**

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Revised Date: 29-Sep-14
Revised Date: 27-Sep-19
Revised Date: 28-Jul-23
Revised Date: 18-June-24

Page(s): 3 of 3

3. Employees submit medical certification to their Program/Department Manager and EDMP 5 business days prior to their scheduled return to work date in order to allow sufficient time to plan for a gradual return to work schedule and/or accommodations as required.
4. Program/Department Manager /EDMP and the Human Resource Professional review the medical certification to ensure it states that the employee can perform their job duties.
5. If a gradual return to work schedule or an accommodation is required, the Program/Department Manager, EDMP and the Human Resources Professional will work with the employee and, where applicable, their Union representative, to implement the accommodation to the point of undue hardship.

BC Centre for Ability

Policy #: **1.7**

Subject: **Personnel Files**


Replaces Policy # 3.15

Section: **Human Resources**

of Pages: 2

Signature:

Effective Date: 24-Nov-99
Revised Date: 30-Jun-12
Revised Date: 29-Sep-14
Revised Date: 27-Sep-19
Revised Date: 10-Aug-20
Revised Date: 20-July-21
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Policy Statements

1. The BC Centre for Ability maintains a personnel file for each employee.
2. Personnel files are kept in a secure area (on premise and digitally) and are not accessed by anyone other than the Human Resources Department, Relevant Department Leader, Executive Director, and designated office staff as required.
3. Discipline and performance management related documentation is maintained on personnel files in accordance with the Collective Agreements at the Centre.
4. BCCFA personnel have the right to access their personnel file.

Reason for Policy

The Centre is committed to recruiting, developing and retaining talented staff. Throughout the employee journey the Centre collects personal and confidential information, as appropriate, in order to fully support our staff's ability to perform their duties, grow and thrive. The Centre respects the confidential information contained in personnel files and restricts access to the files.

References

N/A

Procedures

1. If an employee wishes to access their personnel file, the employee submits a written request to the Human Resources Department via email, 'hr@bc-cfa.org'.

BC Centre for Ability

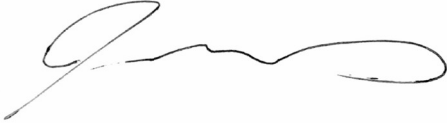
Policy #: **1.7**
Subject: **Personnel Files**

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Revised Date: 30-Jun-12
Revised date: 29-Sep-14
Revised Date: 27-Sep-19
Revised Date: 10-Aug-20
Revised Date: 20-July-21
Revised Date: 18-June-24

Page(s): 2 of 2

2. The personnel file is made available to the employee for their review within two business days of the request.
3. The file is reviewed with a Human Resource Professional present in the room.
4. Confidential information received by email through the HR email inbox is saved in employee's personnel files.

BC Centre for Ability

	Policy # 1.8 Subject: Excluded Compensation
Replaces Policy #	Section: Human Resources
# of Pages: 2	Signature: 
Effective Date: 20-Aug-23 Revised Date: 28-July-23	

Policy Statements

1. It is the responsibility of the BC Centre for Ability to ensure that it applied an equitable and measured approach to compensation and salary progression for all excluded (non-unionized) staff.
2. Salaries are set based on the classification level set by the Health Employers Association of BC (HEABC) and the associated range of that level.
3. Salary progression is based on performance and is reviewed annually during the Coaching and Professional Development (CPD) cycle.
4. Salary progression can range from 0-4% annually (unless otherwise directed by HEABC) until the employee reaches the end of their range.
5. An employee at the end of their range will be considered for salary progression when 1). the higher limits of the range increase as per HEABC 2). a position is reclassified by HEABC or 3) with the permission and within the parameters set by HEABC to address salary compression and inversion.
6. Salary progression, regardless of performance, may be impacted by external factors such as Government salary freezes and as an HEABC organization we must act accordingly.
7. Range progression is at the discretion of the Program/Department Leader.

Reason for Policy

1. This policy serves to apply a standard and equitable approach to compensation levels and salary progression for excluded (non-unionized) staff, in line with industry standards.

Procedures

1. Before posting a new or existing excluded position the hiring Leader, in partnership with HR, will submit the job description to HEABC Classification and Compensation Team for review and classification.
2. The hiring Leader, in partnership with HR, will review the classification range and choose a starting salary that is based on the credentials and experience of the incumbent and in line with internal equity.
3. Starting salary may be negotiated along the classification range and is done in consultation with HR.
4. Range progression for existing excluded staff is considered annually in line with the Coaching and Professional Development cycle and is based on the performance of the employee over the prior year.
5. Annual salary increases for excluded staff can range from 0% - 4% based on budget, compensation range limits and external factors (i.e. Government salary freeze).
6. In the event that a Program/Department Leader would like to increase a salary beyond 4% or outside of the limits of the compensation range defined by HEABC in that year they need to consult with HR and require approval from the Executive Director and Director of Finance.

References

Policy 1.12 Coaching and Professional Development
Coaching and Professional Development Plan (CPD Form)
LEADS Capabilities CCFA Policy and Procedures Manual

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Replaces Policy #

Section: **Human Resources**

of Pages: 7

Signature:

Effective Date: 20-Apr-00
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Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24



Policy Statements

1. Employee leaves of absence include all paid and unpaid leaves.
2. All employee leaves require approval prior to commencement of leave, except for unexpected sick or special leaves.
3. All paid leaves of absence are approved by the Program/Department Leader in accordance with union agreement or employment contract.
4. The Program/Department Leader reviews all paid leave requests to ensure operational requirements are met during regular working hours.
5. Any request for employee leaves that falls outside of the mandates of the collective agreements or employment contracts requires the approval of the Department Director.
6. All unpaid leaves require the approval of the Department Director prior to commencement of leave. This does not include documented medical leave.
7. All leaves (or combination) that are in excess of six (6) weeks require the approval of the Department Director. This does not include documented medical leave.

Reason for Policy

To ensure employees' requests for leave are coordinated and in accordance with union agreements or employment contracts.

To ensure that operational requirements are met.

References

HSA and BCGEU Collective Agreements
Enhanced Disability Management Program (EDMP)
BCCFA Policies, including 1.10 Time Card Management
Program Staff Handbooks

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

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Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

Appendices

- Request for Leave of Absence Form
- Maternity/Parental/Adoption Leave Form

Definitions

An employee leave of absence includes:

- Vacation
- Sick time
- Flex time
- Maternity/Paternity/Parental leave/Adoption leave
- Special leave
- Education leave
- Leave of absence without pay
- Union leaves
- Jury duty leave
- Domestic & sexual violence leave

Procedures

Approval of Employee Leaves

- a. Employees complete Time Off Request for all leaves, and electronically submit to their Program/Department Leader for approval, prior to the commencement of the requested leave, except in the case of unexpected sick or special leave, which are submitted subsequent to the leave.
- b. Program/Department Leader approves the request electronically.
- c. Employees are notified electronically that their leave request has been approved.
- d. A Leave of Absence Request Form is completed and submitted for requests for earned leaves that are longer than 6 weeks in duration
- e. For leave requests that are longer than six (6) weeks in duration and for unpaid leaves in excess of 20 working days per one FTE, the employee ensures the

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
Revised Date: 13-Aug-18
Revised Date: 14-Oct-19
Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

reason for the leave is included in the notes section, and submitted to the Department Director for approval.

- f. Approved Leave of Absence Request forms are saved in SharePoint

1. Flex time

- a. Flex hours are voluntary hours worked beyond the employee's normal work schedule.
- b. The purpose of Flex Time is to allow the employee the option to voluntarily work additional time to meet the specific needs of individual clients/families.
- c. Employees record flex time (flex banked) on their time card (ADP) including an explanation of reason for working flex time
- d. This voluntary time can then be used, once approved by their supervisor/manager, to adjust their work schedule.
- e. Program/Department Leaders review flex time accrual based on program specific guidelines of their direct reports on a bi-weekly basis.

2. Vacation Time

Vacation leave is granted as per union agreements and/or employment contracts.

For **HSA** employees, Vacation time accumulated prior to July 1st in a given year must be taken by January 15th of the following year.

- a. There are two vacation approval cut off dates each year:
 - i. May 31st is the cutoff date to submit a request for your vacation days to be used during the summer (June 15th – September 15th) of that same year.
 - ii. September 30th is the cutoff date to submit the request for your remaining previous vacation days/hours to be used by January 15th of the following year.

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
Revised Date: 13-Aug-18
Revised Date: 14-Oct-19
Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

- b. If you leave the organization and have used more vacation than you have accrued up to and including your last day, you will owe the organization the remaining balance which will be deducted from your final pay and/or through alternate payment methods.
- c. The vacation requests are not permanent, and there will be flexibility offered to staff who are required to make minor changes to their vacation requests to accommodate for unforeseen changes. These vacation request changes will require approval from a leader or supervisor.
- d. Vacation requests of 3 weeks or longer are required to be submitted in writing to a leader or supervisor for approval prior to requesting this time in ADP. Approvals of vacation will be based on operational need. When there is a number of competing vacation requests that the organization determines
- e. poses an operational challenge, the organization will rely on the processes outlined in respective collective agreement(s) to approve vacation requests.

For **BCGEU** employees, the Vacation year is July 1st – June 30th. Only 5 days of vacation can be carried over each year to a maximum bank of 10 days.

- a. There are two vacation approval cut off dates each year:
 - i. May 31st is the cutoff date to submit a request for your vacation days to be used during the summer (June 15th – September 15th) of that same year.
 - ii. September 30th is the cutoff date to submit the request for your remaining previous vacation days/hours to be used by January 15th of the following year.
 - iii. The cutoff date to submit a request for vacation to be used by June 30th is March 31st. If your vacation is due to exceed the maximum of 5 days that can be carried, or 10 days bank, then your vacation will be chosen for you.
- b. If you leave the organization and have used more vacation than you have accrued up to and including your last day, you will owe the organization the

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
Revised Date: 13-Aug-18
Revised Date: 14-Oct-19
Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

remaining balance which will be deducted from your final pay and/or through alternate payment methods.

- c. The vacation requests are not permanent, and there will be flexibility offered to staff who are required to make minor changes to their vacation requests to accommodate for unforeseen changes. These vacation request changes will require approval from a leader or supervisor.
- d. Vacation requests of 3 weeks or longer are required to be submitted in writing to a leader or supervisor for approval prior to requesting this time in ADP.
- e. Approvals of vacation will be based on operational need. When there is a number of competing vacation requests that the organization determines poses an operational challenge, the organization will rely on the processes outlined in respective collective agreement(s) to approve vacation requests.

3. Maternity/Parental Leave

- a. A request form for Maternity/Parental leave is submitted to the Program/Department Leader.
- b. Program/Department Leader approves the request and forwards the form to the HR department.
- c. Maternity/Parental leave is granted as per union agreements.
- d. Non-union employees receive maternity/parental leave benefits according to the collective agreement with superior benefits.
- e. HR Department forwards the completed Maternity/Parental leave form to staff confirming the details of the leave and their benefits while on leave, prior to leave commencing.

4. Sick Leave

- a. Sick leave is granted as per union agreements.

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
Revised Date: 13-Aug-18
Revised Date: 14-Oct-19
Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

- b. Non-union staff receive sick leave benefits according to the union contract with superior benefits.
- c. Employees taking five (5) consecutive sick days or more may be required to submit medical documentation to the Program/Department Leader. If medical documentation is requested the employer will reimburse the cost.
- d. Union staff with five missed, consecutive shifts due to illness or injury will be automatically referred to EDMP. EDMP is not applicable to non-union staff.
- e. It's the employer's duty of care to enquire about an employee's health and wellbeing if an employee is showing signs of consistent sick leave.

5. Special Leave

- a. Special Leave is granted as per union agreements.
- b. Bereavement leave is considered under special leave hours and granted as per union agreements.
- c. Non-union staff receive special leave benefits according to the union contract with superior benefits.

6. Required Education Leave

- a. This refers to educational leaves that are required for staff's employment.
- b. The Employer shall grant education leave with pay (at straight time rates) for each day or equal portion thereof that an individual employee gives of their own time. Education leave with pay is not to exceed 37.5 hours of Employer contribution per agreement year.
- c. The Employer shall grant one (1) day or equal portion thereof leave of absence at straight time rates when an employee attends an approved educational program on day(s) off. This leave of absence shall be included in the "37.5 hours of Employer contribution" of an agreement year.

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
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Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

- d. Application for education leave shall be submitted to the Employer with as much lead time as practical. The employee shall be informed of the Employer's decision within a reasonable period of time from the date of submission.
- e. Program/Department Manager determines whether education is required for employment, or whether it is part of staff's professional development.
- f. If the education is required for employment, it will be recorded as a typical workday (i.e. education day will not be claimed on time card).
- g. If the required education is scheduled on a non-work day, then employees will record straight-time for all hours in attendance at the educational event.

7. Professional Development Leave

- a. Education leave requests are submitted and approved by Program/Department Leader, prior to the commencement of the event.
- b. Educational leave is granted according to Collective Agreements.
- c. Staff claim these days as 'Education Leave' on time cards
- d. Education that is less than 3.5 hours or less than half of a 1.0 FTE work day, can be recorded as 'regular hours' if pre-approved by Program/Department Leader.

8. Leave of Absence without Pay

- a. Leave of absence without pay is granted as per union agreements.
- b. Non-union staff are granted leave of absence without pay according to the union contract with superior benefits.

9. Jury Duty Leave

- a. Leave of Absence to fulfill jury duty is granted as per union contracts.
- b. Wages and benefits paid during this leave are paid according to union contracts.
- c. Non-union staff are granted leave for jury duty and wages and benefits paid during this leave are paid according to the union contract with superior benefits.

BC Centre for Ability

Policy #: **1.9**
Subject: **Employee Leave**

Effective Date: 20-Apr-00
Revised Date: 03-Oct-17
Revised Date: 13-Aug-18
Revised Date: 14-Oct-19
Revised Date: 11-Aug-20
Revised Date: 20-July-21
Revised Date: 03-Feb-23
Revised Date: 07-Sept-23
Revised Date: 16-Apr-24

Page(s): 2 of 8

- d. Employee is required to submit a copy of the Juror Summons to HR.

10. Union Leave

Union leave is granted as per union contracts.

11. Domestic & Sexual Violence Leave

- a. Domestic & Sexual Violence Leave is granted as per union agreements.
- b. In accordance with the Employment Standards Act.
- c. In the event that present or future legislation enacts provisions with a greater entitlement to maximum weeks of leave in relation to domestic or sexual violence, that legislation shall prevail.

BC Centre for Ability

Policy #: **1.10**
Subject: **Time Card Management**

Replaces Policy #

Section: **Human Resources**

of Pages: 2

Signature:

Effective Date: 30-Jun-12
Revised Date: 26-Aug-15
Revised Date: 26-Sep-18
Revised Date: 17-Dec-19



Policy Statements

1. BC Centre for Ability staff are on bi-weekly payroll.
2. Employee hours of work are recorded using an online database.
3. Employees are required to accurately complete timecards and submit them to their Program/Department Leader.
4. Program/Department Leaders review all timecards for accuracy and approve them prior to submitting to payroll for processing.
5. Deadlines to submit timecards to payroll are established by the Director of Finance.
6. For incorrect timecard submissions, adjustments will be made in subsequent pay periods.

Reason for Policy

To ensure staff are paid accurately and within Union and Labour standards.

References

HSA Agreement
BCGEU Agreement
BC Employment Standards Act

Appendices

- ADP WorkForce Employee Self Service_BCCFA Presentation
- ADP WorkForce Welcome Letter and Registration Instructions
- ADP WorkForce Time Off Requests for Employees – Job Aide

BC Centre for Ability

Policy #: **1.10**

Subject: **Timecard Management**

Effective Date: 30-Jun-12

Revised Date: 26-Aug-15

Revised Date: 26-Sep-18

Revised Date: 17-Dec-19


Page(s): 2 of 2

- ADP WorkForce Time Based Time Entry – Job Aide
- ADP WorkForce Time Off Requests for Supervisors – Job Aide
- ADP WorkForce Delegating Access

Procedures

1. During orientation, HR/Payroll staff review the following with new employees:
 - a. General time card management requirements.
 - b. Detailed instructions on how to enter time and navigate online payroll system.
2. New and returning staff will be provided with a USER ID and temporary password for access online payroll system.
3. Mandatory requirements to complete a timecard are daily hours, earnings codes, and reason for Flex hours worked.
4. Other requirements and timecard submission deadlines are program specific. The Program/Department Leader reviews these requirements with new employees during orientation.

BC Centre for Ability

	Policy #: 1.11 Subject: Transportation and Mileage Claims
Replaces Policy # 3.7	Section: Human Resources
# of Pages: 3	Signature: 
Effective Date: 20-Apr-00 Revised Date: 01-Feb-02 Revised Date: 01-Jan-09 Revised Date: 30-Jun-12 Revised Date: 29-Sep-14 Revised Date: 17-Dec-19 Revised Date: 18-June-24	

Policy Statements

1. BC Centre for Ability staff who are required to travel as a condition of employment, are entitled to claim transportation costs when driving to/from client appointments and other community locations when on Centre business.
2. Transportation costs are not reimbursed when employees attend a BCCFA event on a volunteer basis.
3. Parking tickets and all other traffic violation tickets are the responsibility of the employee.
4. Mileage is paid in accordance with the HSA and BCGEU agreements.
5. Employees required to have a vehicle as a condition of employment are entitled to claim the difference in cost between auto insurance premiums for to and from work and business use.
6. Transportation requests submitted more than 30 days after the fiscal year end will not be reimbursed.
7. Transportation costs that are incurred outside of employee's regular work schedule require pre-approval from their Program/Department Leader.
8. When staff are working from home, and to travel to appointments or events, they are required to subtract the total mileage they would have incurred travelling to and from the office that day from their mileage. Example: if a staff member lives 20km from their assigned office then they are responsible for 40km of travel each day. On days when they work from home and travel to appointments, they are still responsible for the 40km they would have used for a round trip to their office. Therefore, if a staff member who lives 20km from the office works from home and travels 55km that day to see clients, they are entitled to be reimbursed 15km (55km – 40km).

BC Centre for Ability

Policy #: **1.11**
Subject: **Transportation and Mileage Claims**

Effective Date: 20-Apr-00
Revised Date: 01-Feb-02
Revised Date: 01-Jan-09
Revised Date: 30-Jun-12
Revised Date: 29-Sep-14
Revised Date: 17-Dec-19
Revised Date: 18-June-24

Page(s): 3 of 3

Reason for Policy

To provide compensation to employees for use of their personal vehicles while on Centre business.

References

HSA Contract
BCGEU Contract
Employment Contract

Appendices

- Business Coverage Reimbursements
- Transportation and Travel Report - BCGEU
- Transportation and Travel Report - HSA

Procedures

1. Mileage Claims

- a. Staff claim for mileage beginning with the first appointment of the day away from the Centre and ending with the last appointment.
- b. Mileage is calculated from the Centre or an equidistant point between the staff member's home and the appointment.
- c. Claims are calculated per round trip
- d. Staff starting or ending their day from home claim mileage as follows:
 - i. Distance to the first appointment, minus distance from home to the office.
 - ii. Distance from the last appointment, minus distance from the office to home.
- e. Staff members are expected to drive to and from work once per day.
- f. If staff drive to an evening appointment from home, the staff member is entitled to claim mileage to and from that appointment, if the staff member has already driven to and from work on that day.

BC Centre for Ability

Policy #: **1.11**
Subject: **Transportation and Mileage Claims**

Effective Date: 20-Apr-00
Revised Date: 01-Feb-02
Revised Date: 01-Jan-09
Revised Date: 30-Jun-12
Revised Date: 29-Sep-14
Revised Date: 17-Dec-19
Revised Date: 18-June-24

Page(s): 3 of 3

- g. Mileage forms are completed on a monthly basis and submitted to the Program/Department Leader for authorization within 7 working days of end of the month or as per monthly accounting cut-off schedule (via email), whichever is the earlier. Mileage forms submitted after this date will be processed at the end of the following month.
- h. Mileage forms are processed by the finance department.

2. Auto Insurance Claims

- a. Staff complete a Business Coverage Reimbursement Form and have it signed by the insurance agent.
- b. The form is completed annually and submitted to the Program/Department Manager for authorization, and then to the Finance Department for processing. A copy of the ICBC insurance document needs to be attached to each Request for Insurance Rebate Form.

3. Parking Claims

- a. Staff include parking expenses on transportation expense form.
- b. Receipts should be attached if possible.

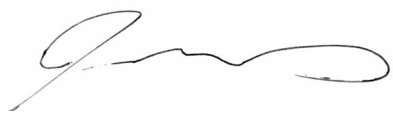
4. Toll Claims

- a. Staff include bridge and highway tolls on transportation expense form.
- b. A receipt for the toll is required for reimbursement.

5. Other Transportation Claims

- a. Staff include other transportation expenses (ferry, taxi, plane etc) on transportation expense form.
- b. Receipts are required for reimbursement.

BC Centre for Ability

	Policy #: 1.12 Subject: Coaching and Professional Development
Replaces Policy # 3.4	Section: Human Resources
# of Pages: 2	Signature: 
Effective Date: 24-Nov-99 Revised Date: 30-Jan-17 Revised Date: 02-Oct-19 Revised Date: 20-Aug-20 Revised Date: 07-July-21	

Policy Statements

1. All staff have a performance review completed prior to the end of their probationary period.
2. Following the probationary period, a performance review will be conducted on an annual basis.

Reasons for Policy

To ensure that core and job specific competencies of all employees are reviewed.

To ensure all employees receive feedback on their performance at regular intervals and to give all employees an opportunity to discuss professional development plans.

To provide a mechanism for development and implementation of education and/or mentorship plans to address identified gaps in performance.

To help ensure that staff are provided with the guidance and support to reach professional and career goals, progression and to create a stronger process at the Centre for career advancement.

References

HSA and BCGEU Collective Agreements
Employment Agreements
Policy 1.8 Excluded Compensation

Appendices

- BCCFA CPD Form
- LEADS Capabilities
- CPD Prep Guide

BC Centre for Ability

Policy #: **1.12**
Subject: **Coaching and Professional Development**

Effective Date: 24-Nov-99
Revised Date: 30-Jan-17
Revised Date: 02-Oct-19
Revised Date: 20-Aug-20
Revised Date: 07-July-21

Page(s): 2 of 2

Procedures

See CPD Prep Guide here:

https://bccfa.sharepoint.com/:b:/g/EdndKYDNRU9XtdIH2ZCMqvAB9K_vzgRmf2_IgDmcACpQrg?e=wr4HVL

CPD Toolkit here:

<https://bccfa.sharepoint.com/:f:/q/EIGMw60sqn5Rh0IRflpiKPwBhmtrSDVGSovn5jO5nbfA?e=2Y9Xbp>

BC Centre for Ability

Policy #: **1.13**
Subject: **Discipline**

Replaces Policy # 3.10

Section: **Human Resources**

of Pages: 1

Signature:

Effective Date: 24-Nov-99
Revised Date: 01-Feb-02
Revised Date: 30-Jun-12
Revised Date: 29-Sep-14
Revised Date: 22-July-21



Policy Statements

1. BC Centre for Ability staff that breach a BCCFA policy, Code of Ethics and/or professional standards may be subject to discipline.
2. BCCFA ensures discipline of any employee is commensurate with the offense and is in accordance with the collective agreements and/or employment standards.
3. BCCFA is required to notify legal authorities when there is an allegation of a criminal offence.
4. BCCFA acknowledges the authority of legal, professional and/or regulatory bodies and complies with any restitution as imposed by those bodies.

Reason for Policy

BC Centre for Ability policies are developed to provide a positive and safe working environment for staff and clients. Discipline procedures are outlined to ensure fair and due process for any alleged violations of Centre policies and procedures.

References

HSA and BCGEU Collective Agreements
Employment Contracts

Procedures:

1. In situations where there is an allegation of violation of professional conduct, the Program/Department Leader consults with appropriate professional, legal and/or regulatory body.

BC Centre for Ability

Policy #: **1.14**
Subject: **Privacy Rights of Personnel**

Replaces Policy # 3.26 and was combined with policy # 1.16

Section: **Human Resources**

of Pages: 3

Signature:

Effective Date: 14-Jun-06
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 11-Aug-20
Revised Date: 22-July-21



Policy Statements

1. BCCFA does not collect personal information about employees without their consent and/or knowledge.
2. The BC Centre for Ability (BCCFA) collects personal information from employees in order to fulfill the requirements of the working relationship and, with consent, for the health and safety of the individual.
3. Personal information that is collected is only used for the purpose that it was collected.
4. BCCFA protects the privacy and security of personal information held about personnel. *(For the purposes of this policy, Personnel refers to paid employees, volunteers and individuals who have a contractual relationship with BCCFA.)*
5. BCCFA requires written consent from personnel prior to disclosing personal or medical information, except as required or permitted by the Personal Information Protection Act (PIPA) and the Freedom of Information and Protection of Privacy Act (FOIPPA).
6. BCCFA does not give, rent, or sell personal (e.g. mailing lists) or financial information.
7. The Centre has a designated Privacy Officer.

Reason for Policy

- To protect the privacy rights of personnel.
- To comply with provincial and federal privacy laws.

BC Centre for Ability

Policy #: **1.14**
Subject: **Privacy Rights of Personnel**

Effective Date: 14-Jun-06
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 11-Aug-20
Revised Date: 22-July-21

Page(s): 2 of 3

Definition

Personal Information refers to identifying information about an individual. It does not include aggregate information, which cannot be associated with a specific individual. It does not include employment contact information about an individual: name, title, business address, business email address, business telephone number.

References

Freedom of Information and Protection of Privacy Act (FIPPA) Personal Information Protection Act (PIPA)
Freedom of Information and Protection of Privacy Act (FOIPPA).

BCCFA Policies

- 1.7 Personnel Files
- 1.15 Providing Employment References

Procedures 1. Collection and Storage of Personal Information

- a. Personnel files are maintained for each employee and subcontractor and are stored in a locked filing cabinet and/or role-based access controlled electronic database. Files are not accessed by anyone other than the relevant member of the leadership team, Human Resources and designated staff.
- b. Individual employees or sub-contractors can access their own personnel files through the procedures described in Policy 1.7 Personnel Files.
- c. In order to assist in the event of an emergency, and with the consent of the individual, BCCFA collects and keeps emergency contact and medical information about personnel in a secure location that is accessible during emergency procedures.
- d. BCCFA uses security safeguards to protect personal information about personnel that are appropriate to the sensitivity of the information. We make all reasonable

BC Centre for Ability

Policy #: **1.14**
Subject: **Privacy Rights of Personnel**

Effective Date: 14-Jun-06
Revised Date: 29-Sep-14
Revised Date: 26-Jul-18
Revised Date: 11-Aug-20
Revised Date: 22-July-21


Page(s): 3 of 3

efforts to protect personal information against loss or theft, as well as unauthorized access, disclosure, copying, use, or modification.

2. Third Party Disclosure

- a. BCCFA does not disclose personal information about personnel to any organization or individual without express written consent of the individual except in the following cases:
 - i. We provide personal information to officers of the law, other legal authorities, or government agencies that have the authority to demand information in order to comply with the laws of the province and/or country;
 - ii. We provide personal information in emergency situations in which the life, health, or safety of any person is in danger;
- b. BCCFA responds to requests for employment references about employees only with prior consent. Consent can be provided verbally or by email.
- c. If BCCFA receives a call requesting personal information regarding an employee and written authorization has not been received, the person receiving the request informs the caller that personal information is not released without prior written authorization from the staff member.
- d. Staff wanting BCCFA to release personal information to a third party, provide their Program/Department Manager or Human Resources with written authorization indicating what information is to be released and to whom we are to release it. Written consent can be provided by letter, email, or use of the BCCFA Reference Check Consent form.

BC Centre for Ability

	Policy #: 1.15 Subject: Providing Employment References
Replaces Policy # 3.23	Section: Human Resources
# of Pages: 2	Signature: 
Effective Date: 14-Jun-06 Revised Date: 30-Jun-12 Revised Date: 29-Sep-14 Revised Date: 26-Aug-15 Revised Date: 17-Dec-19	

Policy Statements

1. Detailed employment references can be provided with the written permission of the current or former employee or contractor in question. However, if there is no written permission BCCFA can provide a basic reference that includes the name, position and dates worked for an employee.

Reason for Policy

- To ensure that the privacy rights of all employees and contractors, and service providers are upheld;
- To help ensure that all references are as consistent, fair and objective as possible.

References

BCCFA Policies:

- 1.14 Privacy Rights of Personnel

Procedures

1. Providing a reference for BCCFA Employee or Contractor

- a. The contents of an employment reference must be an honest, objective reflection of the character, performance and suitability of the employee or contractor.
- b. References must be objective and may include the following information:
 - i. the length of time that the person was an employee or contractor with BCCFA;
 - ii. the job title of the last position they held and the length of time they held that position;
 - iii. the responsibilities of that position;

BC Centre for Ability


Policy #: **1.15**
Subject: **Providing Employment
References**

Effective Date: 14-Jun-06
Revised Date: 30-Jun-12
Revised Date: 29-Sep-14
Revised Date: 26-Aug-15
Revised Date: 17-Dec-19

Page(s): 2 of 2

- iv. how the individual attended to those responsibilities;
- v. where applicable, any special projects or initiatives with which the individual was involved.
- c. Where provision of an employment reference presents a potential for conflict (i.e. elements are less than satisfactory) the Program/Department Leader will consult with the Human Resource Professional regarding the appropriate response.
- d. All reference letters must have copies retained on the individual's personnel or contractor file.

BC Centre for Ability

	Policy # 1.17 Subject: Executive Director Succession Plan
Replaces Policy #	Section: Human Resources
# of Pages: 5	Signature: 
Effective Date: 02-Oct-12 Revised Date: 26-Aug-15 Revised Date: 02-Oct-19 Revised Date: 11-Aug-20 Revised Date: 18-June-24	

Policy Statements

1. The Board of Directors authorizes the Board Chair to implement the terms of this succession plan in the event of a planned or unplanned, short-term, mid-term, long-term or permanent absence of the Executive Director.
2. It is the responsibility of the Executive Director to notify the Board of Directors, through the Presidents of the Board, of any planned absence from the position and where possible, of any unplanned absence.
3. It is the responsibility of the Executive Assistant to the Executive Director/Board to notify the Board of Directors upon knowledge of any unplanned absence of more than 5 working days of the Executive Director from the position.
4. Within 72 hours following notification of any absence of the Executive Director, the Board Chair shall call a meeting of the HR and Governance Committee to implement the Board level Executive Director Succession Planning Policy.
5. The Interim Executive Director or appointed Operational Leadership Team (OLT) member(s) to be responsible for Executive Director functions, shall have the same level of authority as the Executive Director for the day-to-day decision making.
6. Decisions that are normally made by the Executive Director in consultation with the Board of Directors will continue to require Board of Director consultation.
7. OLT member(s) assigned to undertake key Executive Director functions shall be compensated for this additional undertaking, and this will be determined by the HR and Governance Committee.
8. Any Interim Executive Director hired from outside the agency shall negotiate their compensation directly with the HR and Governance Committee.
9. Any Interim Executive Director or appointed OLT staff member(s) responsible for key Executive Director functions shall report to the Board Chair.

BC Centre for Ability

Policy #: **1.17**
Subject: **Executive Director
Succession Plan**

Effective Date: 02-Oct-12
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 11-Aug-20
Revised Date: 18-June-24

Page(s): 2 of 5

10. The organization is committed to develop a training plan of all OLT members to be able to effectively deliver the key Executive Director's responsibilities in their temporary absence.

Reason for Policy

The Executive Director plays a central and key role in the Association. It is imperative that the Board of Directors, staff and volunteers of the Association are able to effectively manage the Association in the event the Executive Director is no longer able to fulfill their duties.

References

BC Centre for Ability Leadership Team Succession Plan October 2023
BC Centre for Ability Association – Board of Directors Executive Director
Succession Planning policy (2020)
BCCFA Risk Assessment and Audit, June 2011

Definitions

- A planned short-term absence is one that is known in advance, including a vacation, and would result in an absence of less than 2 weeks.
- A lengthy planned absence is one that is known in advance, including a vacation, and would result in an absence of more than two weeks but less than 90 days.
- A long-term unplanned absence is more than 90 days and the Executive Director is not expected to return to his/her duties.
- An unplanned absence is one that is unexpected and unanticipated.
- A permanent absence is one in which the Executive Director will not be returning to the position.

Procedures

BC Centre for Ability

Policy #: **1.17**
 Subject: **Executive Director
 Succession Plan**

Effective Date: 02-Oct-12 Revised Date: 26-Aug-15 Revised Date: 02-Oct-19 Revised Date: 11-Aug-20 Revised Date: 18-June-24	Page(s): 3 of 5
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1. For Planned Short-, Mid-, or Long-Term Absence of Executive Director

- a. In the event of a planned absence of the Executive Director, the Executive Director will notify both the Board Chair and make recommendations on selecting an Interim Executive Director.
- b. The Executive Director will draft out key responsibilities to be assumed by the Interim Executive Director during the planned absence.

2. For Unplanned Short- or Mid-Term Absence of Executive Director

- a. In the event of a short- or mid-term, unplanned absence of the Executive Director, it is within the purview of the Board Chair to select the most appropriate course of action from the following options:
 - i. The Board Chair assign OLT staff member(s) to assume temporary responsibility for key Executive Director functions as defined below for the entire absence; or
 - ii. The Board Chair assign OLT staff member(s) to assume temporary responsibilities for key Executive Director functions and immediately begins the process of temporarily filling the position with an Interim Executive Director, either internal or external. Upon hiring/appointment of the Interim Executive Director, OLT member(s) will no longer have responsibilities of key Executive Director functions; or
 - iii. Appoint an internal Interim Executive Director from amongst the members of the OLT team, as identified in the approved organizational chart.

Key Executive Director Functions	Temporary Staffing Strategy
Board Liaison & Leadership	<ul style="list-style-type: none"> • Executive Assistant to Executive Director & Boards
Operational Planning & Management	<ul style="list-style-type: none"> • Director of Business Intelligence
Program Planning & Management	<ul style="list-style-type: none"> • Program Directors
Financial Planning, Fund Acquisition & Fiscal Management	<ul style="list-style-type: none"> • Director of Finance & HR

BC Centre for Ability

Policy #: **1.17**
 Subject: **Executive Director
 Succession Plan**

Effective Date: 02-Oct-12 Revised Date: 26-Aug-15 Revised Date: 02-Oct-19 Revised Date: 11-Aug-20 Revised Date: 18-June-24	Page(s): 4 of 5
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Human Resources Planning & Management	<ul style="list-style-type: none"> • HR Leader/Advisor
Community Relations/Advocacy	<ul style="list-style-type: none"> • Director of Development & Communications
Risk Management	<ul style="list-style-type: none"> • OLT and Board Executive
Reporting Relationships	<ul style="list-style-type: none"> • Board Chair

3. For Unplanned Long-Term Absence of Executive Director

- a. For unplanned long-term absences of more than 90 days, the Board Chair will temporarily assign senior staff members to assume key Executive Director functions.

Key Executive Director Functions	Temporary Staffing Strategy
Board Liaison & Leadership	<ul style="list-style-type: none"> • Executive Assistant to Executive Director & Board
Operational Planning & Management	<ul style="list-style-type: none"> • Director of Business Intelligence
Program Planning & Management	<ul style="list-style-type: none"> • Program Directors
Financial Planning, Fund Acquisition & Fiscal Management	<ul style="list-style-type: none"> • Director of Finance & HR
Human Resources Planning & Management	<ul style="list-style-type: none"> • HR Leader/Advisor
Community Relations/Advocacy	<ul style="list-style-type: none"> • Director of Development & Communications
Risk Management	<ul style="list-style-type: none"> • OLT and Board Executive
Reporting Relationships	<ul style="list-style-type: none"> • Board Chair

- b. The Board Chair will immediately begin the process of temporarily filling the position with an Interim Executive Director.
- c. Upon hiring/appointment of the Interim Executive Director, OLT members will no longer have responsibilities of key Executive Director functions.

BC Centre for Ability

Policy #: **1.17**
Subject: **Executive Director
Succession Plan**

Effective Date: 02-Oct-12
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 11-Aug-20
Revised Date: 18-June-24

Page(s): 5 of 5

4. For permanent planned or unplanned absences


- a. The Boards of Directors will consider the immediate hiring of an Interim Executive Director from within the OLT team, or outside of the Association.
- b. Until such times as the Board appoint an Interim Executive Director and this person is in place, the Board may temporarily assign OLT members to be responsible for key Executive Director functions.
- c. The Interim Executive Director shall negotiate responsibilities, length of term, level of authority and scope of work directly with the HR and Governance Committee of the Board of Directors.
- d. The Interim Executive Director shall negotiate compensation directly with the HR and Governance Committee of the Board of Directors.
- e. The Interim Executive Director shall report to the Board Chair.
- f. Once the Interim Executive Director is in place, the Board of Directors begins recruitment of a new, permanent Executive Director which may be either an internal or external candidate.
- g. Upon completion of the Executive Director recruitment, the Interim Executive Director will no longer act in the capacity of Executive Director for the Association.

5. Communications Plan

1. For **planned absence**, the Executive Director & Director of Development & Communications will develop a communications plan to notify the Board, staff, and stakeholders as appropriate.

For **lengthy unplanned or permanent absence**, once the Interim Executive Director/temporary staffing strategy is in place, the Board of Directors, Interim Executive Director (if applicable) and Director of Development & Communications will develop a communications plan to advise all key stakeholders of the temporary appointments.

BC Centre for Ability

	Policy # 1.18 Subject: Abuse of Power
Replaces Policy #	Section: Human Resources
# of Pages: 7	Signature: 
Effective Date: February 26 th , 2020	

Policy Statements

1. It is the responsibility of the BC Centre for Ability to do what it can to minimize the risk of abuse by persons in a position of trust who conduct activities with our staff, volunteers, and program participants.
2. It is the responsibility for the BC Centre for Ability to educate staff on what constitutes abuse, to inform staff on the reporting procedure and to prevent the abuse of clients.
3. The BC Centre for Ability (BCCFA) prohibits behaviour that constitutes discrimination or harassment contrary to the BC *Human Rights Code* in the workplace.
4. BCCFA expects staff to conduct themselves in compliance with this policy and will not tolerate abuse in any work environment. Violation of this policy may result in discipline up to and including discharge.
5. BCCFA responds to complaints concerning alleged discrimination/harassment quickly and effectively.
6. BCCFA must review abuse complaints annually to identify key systemic issues and barriers, if any.

Reason for Policy

1. While rules and policy will not prevent abuse, this policy aims to heighten the sensitivity and awareness of this issue. All staff members and volunteers who are serving with BC Centre for Ability, and especially those serving with children, youth, and/or vulnerable persons, are to read and abide by this policy and these procedures throughout the course of their service.
2. All BCCFA staff are responsible for the well-being of all clients. Abuse must be reported per policy 8.1.
3. To ensure that employees are protected around clients in the workplace, onsite, at a client site or in the community.

4. To ensure staff act with respect in a non-harassment manner with client.
5. To act as a responsible advocate for the prevention of abuse and neglect in our community.

Definitions

All abuse involves the misuse of power. Misuse of power takes place when people take advantage of the authority or power they have over vulnerable people. Abuse can be physical, neglect, emotional or sexual. Abuse is difficult to define but includes however is not limited to the following;

- Physical Abuse: any non-accidental human act that could result in or results in physical pain or injury to a person - whether or not it leaves a cut or wound, or a mark or a bruise.
- Emotional abuse: the deliberate, systematic or random, diminishment of another. It is a pattern of destructive behaviour and or verbal attacks which result in the reduction of a person's self-concept. Any type of action that is verbally provoking a client, or condoning and/or encouraging others to be abusive towards a client.
- Sexual abuse: the exploitation of a person regardless of age, gender or circumstances for sexual gratification, stimulation and/or for the expression of power over another.

Definition of a "person in a position of trust"

A "person in a position of trust" may be shortly defined as "any person carrying on a leadership function in the organization." For the purpose of abuse prevention this includes, but is not limited to, the staff, volunteers, & even program participants helping/leading activities involved with children, youth or other vulnerable adults.

Definition of a "vulnerable person"

A "vulnerable person" is anyone of any age who might easily be exploited by another. This would include children, youth and some adults. These people are at a disadvantage and are unable to fully protect themselves. This vulnerability may be caused by anything that limits mature judgment and free activity.

Vulnerable Persons may be of any age or gender. They may have personal handicaps and could be:

- Cognitively challenged
- Emotionally susceptible
- Physically challenged

Others may be socially isolated, and

- Desperately in need; socially or materially
- Lack the ability to communicate adequately because of speech or hearing difficulties/delays
- Inability to understand, speak and read that language of the area
- Struggling with addictions or substance misuse

Note: For the purposes of this policy and these procedures, vulnerable persons may also be referred to in one of three ways; as “children,” “youth,” or “vulnerable adults” for clarification and/or specific procedures. If/when a question arises pertaining to the implementation and/or interpretation of policy/procedure; please contact the Executive Director for advising.

Prevention

All staff have a role to play in the prevention of abuse towards a vulnerable client.

Only screened staff members and volunteers (“workers”) will be approved to serve as staff with children, youth, and/or vulnerable persons in our programs. Individuals who have been accused or convicted, or are under suspicion of crimes against children or youth, or who have been convicted of violent crimes or other relevant crimes will not have any involvement in programs where children/youth/vulnerable persons participate. Before becoming a staff or helper in any program involving children/youth/vulnerable persons, the applicant must complete the appropriate screening/selection process, which includes successful completion of:

1. Staff member or volunteer Application Form
2. (Face-to-face) Interview with hiring leaders
3. Minimum of two supporting references
4. Vulnerable Sector Criminal Record Check (completed before beginning service, and once every 5 years thereafter)
5. Code of Conduct - Ethical Conduct - Policy 2.4
6. Mandatory College/regulatory body membership for therapy staff

Once an individual has been hired there is the onboarding process and ongoing training that takes place, this includes but is not limited to:

1. A one on one orientation with HR who provides a policy overview and link to the policy booklet
2. OH&S orientation which covers respectful workplace, bullying and harassment and an incident reporting overview
3. Program orientation covers Duty to Report Suspected Child Abuse/Neglect policy
8.1. and this policy 1.18 – Abuse of Power
4. A sign off once the onboarding process has been completed including policies being read and understood
5. Annual reviews of this policy at a department level and our OH&S All Staff Training Day (OH&S Tea).

Some staff and/or family members may not be aware of what constitutes abuse or what could be perceived to be abusive. A conversation/education is often all that is needed for prevention.

Staff members of the BCCFA may momentarily become angry or frustrated when dealing with certain situations and should understand the importance of removing/excusing themselves from the situation. They should talk to their program manager and report the incident. Please refer to the reporting section of this policy.

If there is a concern by a staff / family member the situation should be reported to the program manager straight away in accordance with our procedures listed below. Please refer to the reporting section of this policy.

Physical Contact

It is essential to be careful regarding behavior, language and physical contact when working with children / youth / vulnerable adults:

- Do not show favoritism when dealing with children / youth / vulnerable adults. Show a similar level of affection and kindness to all.
- Do not engage in or allow the telling of sexual jokes or behave in a way that promotes the sexual exploitation of others.
- Provide clearly stated consequences for inappropriate behavior.
- Stop inappropriate behavior early.
- Be fair, consistent and reasonable, matching consequences to the age and ability to the child / youth.

Appropriate and inappropriate touching

A touch can convey a multitude of positive messages and communicate care, comfort and love; however, it is important to distinguish between appropriate and inappropriate touching. It is also important to be aware of, and sensitive to, differences in interpretation to touching based on sex, culture or personal experience.

Some examples of appropriate touch:

Care can usually be expressed in the following common-sense ways:

- Holding or rocking an infant who is crying
- Affirming a participant with a pat on the hand, shoulder, or back
- Bending down to the child's eye level and placing a hand gently on the child's hand or forearm
- Putting your arm around the shoulder of a person who needs comfort
- Taking a child's hand and leading him / her to an activity
- Holding hands for safety when changing locations
- Shaking a person's hand in greeting
- Holding a child gently by the hand or shoulder to keep his / her attention as you redirect behavior

Some examples of inappropriate touch:

- Kissing a child / youth / vulnerable adult or coaxing them into kissing you
- Extended cuddling
- Tickling
- Touching anyone in any area normally covered by a bathing suit (except changing an infant's diapers)
- Hand holding, except for the examples listed above
- Hugging, where an adult knows or ought to have known that hugging is inappropriate.

Reporting

When any staff member is involved in or witnesses an incident (i.e verbal abuse, threat or aggression, allegations of abuse or neglect), the appropriate action is taken to manage the incident and ensure safety of those involved.

All and any incident that could be considered abuse needs to be reported immediately to the program leader.

The involved staff reports details of the incident on the Incident and Accident Report Form located in the N: drive under N:\Public\Forms and Documentation\Forms\OHS and submits it to their Program/Department Leader before the end of the next business day, in this situation it is recommended that it is submitted as soon as possible. This process is in line with the Incident Reporting Policy 3.3

The Program/Department Leader, in consultation with the Executive Director, determines if the incident is critical. A critical incident can be defined as a workplace event involving staff, clients, students or volunteers - like a serious injury - that causes emotional or psychological trauma in people exposed directly or indirectly to the incident. It is a sudden, powerful event outside the range of normal experience - and outside the workers' control.

To report another person for what you may consider abuse or neglect is a difficult task but an important one. Once reported the incident is to be investigated by the Centre and outside parties as necessary (i.e. regulatory college).

A failure to report an incident or concern is considered neglect to both the individual concerned and the Centre. Staff who do not report a witnessed abuse may be considered a party to abuse and investigated accordingly.

The earlier an incident is reported the more accurate the investigation will be. This results in quicker action being taken to protect those that this policy is working to protect.

Consequences for Staff

Once an incident/s is reported and is investigated, it may show that the abuse of a client did not take place. Steps will be taken to educate and ensure that any misunderstanding is corrected and the staff members' name is cleared.

The regulatory college and/or management may be convinced that the staff member is guilty of abuse, and the action taken will depend on the nature and degree of abuse and if there are extenuating circumstances. Discipline action can result in dismissal and/ or potential criminal charges.

Discipline can be as follows;

- Suspension from duty without pay whilst an investigation is pending
- Discharge from duty altogether

In keeping with the philosophy that abuse of vulnerable clients is preventable, each investigation will include looking at factors which frustrate or negatively stress staff in the environment that they work in and the attempt made, if possible, to reduce the frustration and improve the work climate.

It must be reinforced throughout the Centre at all times and by all staff that the BCCFA takes this very seriously and will deal with such occurrences swiftly and professionally, with consequences as listed above for those staff that are found to have abused a client.

References

- BCCFA Policy 2.4 - Ethical Conduct
- BCCFA Policy 2.10 - Discrimination and Harassment
- BCCFA Policy 3.3 - Incident Reporting
- BCCFA Policy 3.8 - Respectful Workplace
- BCCFA Policy 8.1 - Duty to Report Suspected Child Abuse/Neglect
- B.C. Human Rights Code R.S.B.C. 1996, c. 210
- Worksafe BC - D3-115-2 - Employer Duties - Workplace Bullying and Harassment
- Worksafe BC - Preventing Violence in Healthcare -
<https://www.worksafebc.com/en/resources/health-safety/books-guides/preventing-violence-in-health-carefive-steps-to-an-effective-program?lang=en&origin=s&returnurl=https%3A%2F%2Fwww.worksafebc.com%2Fen%2Fsearch%23q%3Dclient%2520abuse%26sort%3Drelevancy%26f%3Alanguage-facet%3D%5BEnglish%5D>

BC Centre for Ability

Policy #: **2.1**
Subject: **Signing In and Out**

Replaces Policy # 3.18

Section: **Employee Conduct**

of Pages: 1

Signature:

Effective Date: 24-Nov-99
Revised Date: 30-Jun-12
Revised Date: 02-Oct-19
Revised Date: 25-Sep-20
Revised Date: 22-July-21



Policy Statements

1. At the main office, employees sign in and out using the tablets at reception or on the sign-in app.
2. At satellite offices, employees sign in and out on the schedule board/sheet or with the sign in app.
3. Employees record their schedule of meetings and appointments in Outlook.

Reason for Policy

For evacuation procedures, a tablet at reception is used to account for all employees.

For the safety of employees when working in the community, it is important that the Centre know where employees are expected to be.

References

BCCFA Policy

- 3.6 Working Alone or in Isolation

Procedures

1. When employees arrive at their office, they report immediately to reception for sign in or sign in digitally using the sign-in app.
2. Before leaving the office, employees sign out using the tablet or sign-in app.
3. Employees record their schedule for meetings and appointments in Outlook.

BC Centre for Ability

Policy #: **2.2**
Subject: **Recording Daily Statistics**

Replaces Policy # 5.7

Section: **Employee Conduct**

of Pages: 1

Signature:

Effective Date: 07-Feb-01
Revised Date: 15-Dec-08
Revised Date: 30-Jun-12
Revised Date: 26-Aug-15
Revised Date: 22-July-21



Policy Statements

1. BC Centre for Ability clinical staff are required record Service Delivery Daily Statistics on a daily basis, recording the direct services provided to clients and the indirect Centre services.
2. Staff are required to record the total length of their working day.

Reason for Policy

To meet the needs of CRISP/SIRF reporting to MCFD.

To meet accreditation standards.

To provide statistical information and accountability.

References

N/A

Procedures

1. Staff enter statistics daily on the computer ensuring information is accurate.
2. Staff are encouraged to enter stats for each day on that day or shortly thereafter to ensure accuracy.

BC Centre for Ability

Policy #: **2.3**

Subject: **Work Flexibility**

Replaces Policy # 3.9

Section: **Employee Conduct**

of Pages: 1

Signature:

Effective Date: 29-Nov-99

Revised Date: 05-Dec-19

Revised Date: 22-July-21

Revised Date: 08-Aug-22

Revised Date: 31-Jul-23



Policy Statements

1. Employees are expected to perform their work duties at the Centre, satellite offices or remotely in the community.
2. Employees can work remotely when operationally appropriate, with prior approval from their Program/Department Leader.
3. All BCCFA staff are assigned to an office space as their primary place of work.
4. Staff who work primarily in the community are still required to have a regular presence in the office.

Reason for Policy

Staff are expected to be accessible for their clients, community service providers and their team members.

The Centre provides a variety of locations (i.e. satellite offices) to work in, and which are furnished with office equipment.

Clinical staff are required to be working in the community and should be equipped with the resources to email, meet and document while working remotely in order to maximize the use of their time and minimize the time and costs associated with travel.

References

BCCFA Policy

5.9 Driving in Snow/Icy Conditions

BC Centre for Ability

Policy #: **2.4**
Subject: **Ethical Conduct**

Replaces Policy # 6.2

Section: **Employee Conduct**

of Pages: 3

Signature:

Effective Date: 18-Dec-02
Revised Date: 26-Aug-15
Revised Date: 26-Jul-18
Revised Date: 25-Sep-20
Revised Date: 22-July-21
Revised Date: 18-June-24



Policy Statements

1. All BC Centre for Ability (BCCFA) staff must adhere to the Centre's Code of Ethics (the Code).
2. Regulated Clinicians at the BCCFA must also adhere to their Professional Codes of Ethics.
3. All employees must report violations or suspected violations of the Code.
4. No employee who, in good faith, reports a violation of the Code shall suffer retaliation or adverse employment consequences.
5. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.
6. Anyone filing a complaint concerning a violation or suspected violation of the Code must be acting in good faith and has reasonable grounds and evidence for believing the information disclosed indicates a violation of the Code.
7. Any allegations that prove to have been made maliciously or knowingly to be false, will be viewed as a serious disciplinary offence.
8. BCCFA keeps all violations or suspected violations of the Code confidential to the extent possible, consistent with the need to conduct an adequate investigation.
9. BCCFA staff who violate the Centre or Professional Code of Ethics are subject to discipline commensurate with the violation.

BC Centre for Ability

Policy #: **2.4**
Subject: **Ethical Conduct**

Effective Date: 18-Dec-02
Revised Date: 26-Aug-15
Revised Date: 25-Sept-20
Revised Date: 22-July-21
Revised Date: 18-June-24

Page(s): 2 of 3

Reason for Policy

Employees of the BCCFA must practice honesty and integrity in fulfilling employees' responsibilities and comply with all applicable laws and regulations, including professional association standards and accreditation standards.

This policy is intended to encourage and enable employees and others to raise serious concerns within BCCFA, rather than seeking resolution outside BCCFA or not at all, for fear of reprisal.

Procedure

Any employee wanting to file a complaint concerning a violation or suspected violation of the BCCFA Code of Ethics shall do so by contacting Human Resources.

If the complaint is regarding the Human Resources team, the complaint can be submitted directly to the Executive Director.

If the complaint is regarding the Executive Director, the complaint can be filed with the Human Resources Committee of the Board via the Association Board President.

References

BCCFA Client Handbooks
BCCFA Staff Handbooks

BCCFA Policies

- 1.13 Discipline
- 2.5 Conflict of Interest
- 2.10 Discrimination and Harassment
- 2.11 Complaint Resolution Process for Staff
- 7.4 Confidentiality

BC Centre for Ability

Policy #: **2.4**
Subject: **Ethical Conduct**

Effective Date: 18-Dec-02
Revised Date: 26-Aug-15
Revised Date: 25-Sept-20
Revised Date: 22-July-21
Revised Date: 18-June-24

Page(s): 3 of 3

Appendix

BCCFA Code of Ethics

Procedures

1. All staff receive information on BCCFA of Ethics at orientation and at other times throughout their employment. Clinical staff receive information from their licensing or registering body on their Professional Code of Ethics.
2. All clients receive information on our Code of Ethics, and their Rights and Responsibilities in their Consumer Handbook and they are posted on the client portal and website.
3. Staff report an allegation of violation of ethical conduct to their Program Leader. If they are uncomfortable reporting to their Program Leader, they can report the issue to the Executive Director.
4. If the situation involves the Executive Director, staff can report the issue to the Board's HR Committee Chair.
5. The person receiving the complaint informs the Executive Director and together they determine the appropriate channel(s) of investigation, including whether or not to contact licensing, professional or other authorities.
6. An investigation into the allegations is initiated within 5 business days.
7. The Executive Director and/or the Executive of the Board of Directors will document the investigation process and the outcome within two weeks of the initial report of the alleged violation.
8. Violations of codes of ethics related to clinical practice will be reported to the appropriate licensing or registering professional college or body and dealt with internally, as appropriate.

9. Allegations determined to be true will be dealt with promptly in accordance with the guidelines of the licensing or registering body, the laws of British Columbia and the policies and procedures of the BCCFA.

BC Centre for Ability

Policy #: **2.5**

Subject: **Conflict of Interest**

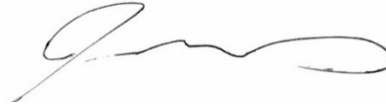
Replaces Policy # 3.3

Section: **Employee Conduct**

of Pages: 3

Signature:

Effective Date: 20-Apr-00
Revised Date: 26-Aug-15
Revised Date: 26-Jul-18
Revised Date: 18-Aug-20
Revised Date 08-Aug-22



Policy Statements

1. Staff members do not solicit BC Centre for Ability (BCCFA) clients or discharged clients for their private practices.
2. Staff members do not use information or contact lists obtained through employment at the BCCFA to benefit their private practice.
3. Staff members do not use the BCCFA property, resources, space or time for conducting private practice work. Phone calls relating to private practice clients are not made or taken during scheduled work hours at the Centre.
4. Staff members in private practice do not treat clients in their private practice who are eligible for same-discipline services from the BCCFA unless with written permission from the discipline leader. Staff members inform individuals/families of their eligibility to receive services at the BCCFA.
5. Staff members do not accept gifts, money, gratuities or other benefits that may be perceived to influence their role or relationship with a client.
6. Staff members do not participate in organizational decisions from which they could benefit personally.
7. Staff members regard benefits accruing to a spouse, relative, business partner or close friend as if they benefited them directly.
8. Staff members involved with Supported Child Development (SCD) Programs cannot own or operate a child care centre in regions where BCCFA provides SCD services.
9. The Executive Director has final authority to resolve the conflict of interest situation involving staff.

BC Centre for Ability

Policy #: **2.5**
Subject: **Conflict of Interest**

Effective Date: 20-Apr-00
Revised Date: 26-Aug-15
Revised Date: 26-Jul-18
Revised Date: 18-Aug-20
Revised Date 08-Aug-22

Page(s): 2 of 3

10. The Chair of the Association Board of Directors, in consultation with the Board, has the final authority to resolve the conflict of interest situations involving the Executive Director.

Reason for Policy

To ensure BC Centre for Ability clients and employees are protected from conflict of interest situations and to maintain the working relationships between the BC Centre for Ability and community agencies.

References

BCCFA Policies

- 2.6 Personal Financial Transactions
- 2.7 Gifts

Definitions

A conflict of interest situation exists when a staff member's:

- Private affairs or financial interests are in conflict or are perceived to be in conflict with their work duties, responsibilities and obligations, or
- Actions could harm the integrity or reputation of the BC Centre for Ability or compromise or undermine the trust which the public places in the organization.

Procedures

1. Employee Responsibilities - General

- a. Staff members act in the best interest of the client and BCCFA at all times.
- b. Staff members declare all potential or actual conflict of interest situations to their program/department leader and the client and take all reasonable steps to resolve it.
- c. When the program/department leader and the staff member take a different position on the conflict of interest, the issue is forwarded to the Executive Director.
- d. The Executive Director investigates the perceived conflict of interest and makes a decision. The Executive Director has the discretion to take matters to the Board.

BC Centre for Ability

Policy #: **2.5**
Subject: **Conflict of Interest**

Effective Date: 20-Apr-00
Revised Date: 26-Aug-15
Revised Date: 26-Jul-18
Revised Date: 18-Aug-20
Revised Date 08-Aug-22

Page(s): 3 of 3

2. Employee Responsibilities - Private Practice Related

- a. Staff members do not use their position or information obtained through employment at the BC Centre for Ability to benefit their private practice.
- b. When staff members are providing clients/families with information on private practitioners, they outline all options available and provide three or more names of practitioners for the family to contact, however they should not recommend a preference.


3. Situations involving the Executive Director

- a. The Executive Director acts in the best interest of the clients and BCCFA at all times.
- b. The Executive Director declares all potential or actual conflict of interest situations to the Governance Committee of the Board and takes all reasonable steps to resolve it.

4. Documentation

- a. The program/department leader, Executive Director and/or Chair of the Governance Committee should ensure that all discussions, steps taken and decisions are documented.
- b. All documentation of conflict of interest situations will be kept in the Executive Director's office and/or secure drive unless the matter relates to the Executive Director.
- c. If the matter relates to the Executive Director, documentation will be kept in the Board of Director's portal with restricted access from the Executive Director.

BC Centre for Ability

	Policy #: 2.6 Subject: Personal Financial Transactions and Fundraising
Replaces Policy # 3.13	Section: Employee Conduct
# of Pages: 1	Signature:
Effective Date: 24-Nov-99 Revised Date: 20-Jul-16 Revised Date: 26-Jul-18 Revised Date: 25-Sep-20 Revised Date: 31-Jul-23	

Policy Statements

1. Staff do not solicit clients, their family members or their colleagues to buy or sell goods or services for personal gain.
2. Staff do not solicit clients, their family members or their colleagues to raise funds for a personal cause and/or another agency/association.
3. Staff do not solicit or accept money, gifts, gratuities or loans from clients or their family members.
4. Staff operating small businesses involving the selling of goods or services operate the businesses on their own time.
5. Staff wishing to purchase goods or services from other staff do so on their own time.
6. Employees do not use BCCFA email distribution lists to promote personal businesses and/or to solicit funds on behalf of a personal cause or another agency/association.

Reason for Policy

The BC Centre for Ability considers it inappropriate for staff to solicit or engage in any personal financial transactions with clients or their family members, as clients or family members may feel pressured to comply with the request.


References

BCCFA Policy
2.5 Conflict of Interest

Procedures

N/A

BC Centre for Ability

	Policy #: 2.7 Subject: Gifts
Replaces Policy # 3.12	Section: Employee Conduct
# of Pages: 1	Signature: 
Effective Date: 24-Nov-99 Revised Date: 15-May-05 Revised Date: 30-Jun-12 Revised Date: 18-Aug-20	

Policy Statements

1. BC Centre for Ability (BCCFA) staff do not receive extra financial compensation from clients, families or other agencies because of the position they occupy at the Centre.
2. Small gifts may be accepted in recognition of family gratitude, holidays, etc.
3. Honorariums paid to staff for services delivered during BCCFA time and on behalf of the BCCFA are returned to the Centre.

Reason for Policy

The purpose of this policy is to communicate to staff, families and clients that the giving or receiving of gifts is not an accepted practice by the Centre.

The Centre recognizes that friendships develop between staff, families and clients and that gifts offered and accepted in this context are outside of this policy.

References

BCCFA Policy

- 2.5 Conflict of Interest

Procedures

1. Gifts

- a. When offered a large gift or additional compensation from clients, family members or agencies, staff must respectfully refuse the gift/compensation, citing the Centre's policy on gifts.
- b. If the client or family member insists, staff are to consult with their Program Leader and Director of Development on the appropriateness of accepting the gift.

2. Honorariums

- a. Honorariums paid to staff for services delivered during BCCFA time are returned to the Centre.

BC Centre for Ability

Policy #: **2.8**
Subject: **Use of Impairing Substances**

Replaces Policy # 3.11

Section: **Employee Conduct**

of Pages: 2

Signature:

Effective Date: 24-Nov-99

Revised Date: 30-Jun-12

Revised Date: 23-Oct-18



Policy Statements

1. BC Centre for Ability (BCCFA) prohibits the possession, transportation, storage and/or consumption of impairing substances, including non-prescription drugs or alcohol, cannabis at or near any BCCFA office or community location while engaged in work related duties.
2. BCCFA prohibits impairment of any kind when employees are engaged in work related activities.
3. Employees are required to self-disclose the use of any prescribed impairing substances such as medical cannabis and prescription drugs.
4. The use of medical cannabis and prescription drugs during working hours are governed by a prescribing physician. Side effects cannot include impairment.
5. Employees found to be impaired by use of drugs or alcohol while engaged in work related activities will be sent home on sick leave for the remainder of their shift.
6. Employees are required to self-disclose any substance addiction.
7. BCCFA considers substance misuse and addiction to be a health issue requiring supportive treatment.
8. Employees with a substance addiction are expected to seek treatment immediately.
9. BCCFA does not tolerate sub-standard performance due to substance misuse or addiction and employees refusing to seek treatment will be subject to progressive discipline.

Reason for Policy

An employee reporting for duty under the influence of drugs or alcohol endangers their own health and safety, and the health and safety of clients, family members and other employees.

BC Centre for Ability

Policy #: **2.8**
Subject: **Use of Impairing Substances**

Effective Date: 24-Nov-99
Revised Date: 30-Jun-12
Revised Date: 23-Oct-18

Page(s): 2 of 2

Employees are required to self-disclose substance addictions in order to allow BCCFA to provide accommodation (such as providing leave to seek treatment) to stop potential hazards to self and others as a result of an untreated addiction.


References

HEABC General Information Update # 270 *Legalization of recreational Cannabis and Implications of the Cannabis Control and Licensing Act*

Procedures

1. An employee who is prescribed an impairing substance or has a substance addiction must self-disclose this information to their department/program leader and/or HR.
2. In the case of a prescribed substance, the employee self discloses via providing documentation issued by a qualified medical practitioner. This self-disclosure will include details such as the method of ingestion and any impairing side effects.
3. In the case of a disclosed addiction, HR, in conjunction with the program/department leader, encourages the employee to seek treatment immediately, and reviews the resources available through the Employee Assistance Program.
4. HR and the program/department leader works with the employee and the Enhanced Disability management Program (EDMP) to assess if any workplace accommodations are possible, that ensure the health and safety of the employee, their clients and other employees.
5. The Executive Director will remain informed of all accommodations.

BC Centre for Ability

	Policy #: 2.9 Subject: Traffic Violations and Vehicle Theft and Damage
Replaces Policy # 3.17	Section: Employee Conduct
# of Pages: 1	Signature: 
Effective Date: 20-Apr-00 Revised Date: 17-Nov-08 Revised Date: 30-Jun-12 Revised Date: 26-Aug-15	

Policy Statements

1. Any fines resulting from violations of the Motor Vehicle Act, city by-laws or any other legislation are the responsibility of the employee operating the vehicle.
2. BC Centre for Ability (BCCFA) is responsible for the replacement or repair costs related to BCCFA property when vehicle theft occurs.
3. Staff are responsible for all personal costs when vehicle theft or damage occurs.

Reason for Policy

All employees are expected to drive in a responsible, safe manner and comply with all applicable legislation while operating a vehicle in the course of their work.


References

N/A

Procedures

1. Staff notify their Program Leader as soon as possible on discovery of theft or damage of BCCFA property.
2. Employees wishing to dispute any traffic violation do so at their own expense and on their own time.

BC Centre for Ability

	Policy #: 2.11 Subject: Complaint Resolution Process for Staff
Replaces Policy # 6.9	Section: Employee Conduct
# of Pages: 3	Signature: 
Effective Date: 19-Aug-09 Revised Date: 30-Jun-12 Revised Date: 15-May-14 Revised Date: 26-Aug-15 Revised Date: 02-Oct-19 Revised Date: 18-Aug-20	

Policy Statements

1. The BC Centre for Ability (BCCFA) provides information about conflict resolution and the complaint resolution process during staff onboarding & orientation.
2. The BCCFA responds to all complaints raised by staff and makes every effort to resolve the problem expediently.
3. The BCCFA must review all documented staff complaints quarterly at the Risk Management Committee (RCM) to identify possible trends in human resource management
4. The Centre follows policy 2.4 Ethical Conduct if the complaint relates to a violation of the Centre's Code of Ethics.

Reason for Policy

To ensure effective human resource management and positive work environment for all staff

References

BCCFA Policies

- 2.4 Ethical Conduct
- 3.8 Respectful Workplace
-

Appendices

Employee Complaint Tracking Form

Procedures

BC Centre for Ability

Policy #: **2.11**
Subject: **Complaint Resolution
Process for Staff**

Effective Date: 19-Aug-09
Revised Date: 30-Jun-12
Revised Date: 15-May-14
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 18-Aug-20

Page(s): 2 of 3

Complaint Process

Stage 1 - Resolution between Persons Involved

- a. When any staff member is in conflict with another staff member, they are encouraged to discuss the issue with the involved staff directly if possible.
- b. Once a mutual solution is found, the staff member(s) implement the solution.
- c. If a mutually acceptable solution cannot be found within two weeks, all parties notify their program/department leader(s).

Stage 2 - Resolution at the Program/Department Leader Level

- a. Staff members are required to document and sign their complaint giving specific examples of their concerns and any action(s) taken to resolve the complaint.
- b. When Program/Department Leader(s) is notified in writing, they meet with all of the involved staff within one week to fully explore the issue(s) by:
 - i. Reviewing relevant information
 - ii. Discussing the issue(s) with the involved staff
 - iii. Discussing the need for union involvement.
 - iv. If necessary, asking for input from other involved parties.
- c. After fully exploring the issue the Program/Department Leader(s) may:
 - i. Identify and implement a solution that is agreeable to the involved staff
 - ii. Facilitate a problem-solving meeting with all the involved parties
 - iii. Consult with HR as necessary.
- d. Once a mutual solution is found, the Program/Department Leader documents the issues and the resolution process, gives a copy to involved staff and puts a copy on the staff's personnel file(s), completes the Employee Complaint Tracking Form.

BC Centre for Ability

Policy #: **2.11**
Subject: **Complaint Resolution
Process for Staff**

Effective Date: 19-Aug-09
Revised Date: 30-Jun-12
Revised Date: 15-May-14
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 18-Aug-20

Page(s): 3 of 3

- e. Once a mutual solution is found, the staff member(s) implement the solution.
- f. If the Program/Department Leader(s) cannot facilitate a resolution within two weeks, they refer the complaint to Human Resources with a written summary of the resolution process to date.
- g. If the issues remain unresolved the complaint is referred to the Executive Director with a written summary of the resolution process to date.

Stage 3 - Resolution at the Executive Director level

- a) The Program/Department Leader(s) refer the issue to the Executive Director when an acceptable solution cannot be found within two weeks.
- b) The Executive Director works directly with the involved staff, Program/Department Leaders(s), to review the issue(s) which have not been resolved.
- c) After fully exploring the issue the Executive Director may:
 - i. Identify and implement a solution that is agreeable to the involved staff
 - ii. Facilitate a problem-solving meeting with all the involved parties
 - iii. Recommend a solution that he/she determines to be fair.
- d) Once a mutual solution is found, the Executive Director documents the issues and the resolution process, gives a copy to involved staff, puts a copy on the staff's personnel file(s), completes the Complaint Tracking Form for Human Resources to review.

If the complaint is regarding the Executive Director the staff or Leader is encouraged to discuss the issue directly with the Executive Director. If the staff or Leader is not able to achieve a resolution, or is uncomfortable going directly to the Executive Director, they can file a complaint and address it to the Chair of the Board's Human Resource Committee and Board Chair.

BC Centre for Ability

Policy #: **2.12**
Subject: **Use of BCCFA Equipment**

Replaces Policy # 1.3

Section: **Employee Conduct**

of Pages: 1

Effective Date: 29-Nov-99
Revised Date: 01-Jan-09
Revised Date: 30-Jun-12
Revised Date: 26-Jul-18

Signature: 

Policy Statements

1. Property of the BC Centre for Ability is not for loan outside of official Centre business.

Reason for Policy

To ensure Centre property is available for staff and client use during working hours.

References

Definitions

Properties may include:

- AV equipment
- Electronic devices
- Furniture
- Tools

Procedures

N/A

BC Centre for Ability

Policy #: **3.1**
Subject: **Infection Control**


Replaces Policy #

Section: **Human Resources**

of Pages: 7

Signature:

Effective Date: 07-Feb-01
Revised Date: 14-May-14
Revised Date: 26-Jul-18
Revised Date: 02-Oct-19
Revised Date: 27-Jul-21
Revised Date: 08-Aug-22



Policy Statements

1. BC Centre for Ability (BCCFA) ensures employees have the required information and education on infection control and Routine Practices.
2. BCCFA employees are required to understand and practice Routine Practices at all times to prevent exposure to potential sources of pathogens to self and others.
3. Medical/Health alerts regarding a client's or household member's communicable or infectious disease are entered into the special precautions field in the agency Client Record Management (CRM) system and are viewable by all staff from all programs providing services to the client.
4. Clients are not excluded from receiving care from BCCFA staff because of colonization or infection with an antibiotic resistant organism (ARO).

Reason for Policy

To maintain the health and safety of staff and clients.

References

BCCFA Policies

- 3.3 Incident Reporting
- 3.4 Reporting Incidents and Injury to WorkSafeBC

BCCFA Emergency Management & Critical Incident Plan

Infection Control Plan

Appendix

Incident Report Form

Effective Date: 07-Feb-01
Revised Date: 14-May-14
Revised Date: 26-Jul-18
Revised Date: 02-Oct-19
Revised Date: 27-Jul-21
Revised Date: 08-Aug-22

Page(s): 2 of 7

Definition

Routine Practices: A set of infection control strategies and standards designed to protect workers from exposure to potential sources of infectious diseases. There are five major components to routine practices: risk assessment, hand hygiene, personal protective equipment, environmental controls and administrative controls.

Procedures

A. Clients known to be colonized or infected with an Antibiotic Resistant Organism (ARO) i.e., MRSA, VRE

1. If staff are notified that a client or household members is colonized or infected with an ARO, staff note this information in the CRM and notify their Program/Department Leader.
2. Information entered into the CRM must include the date of ARO diagnosis as well as the potential date of subsequent follow up screening.
3. This alert is immediately available to all program staff involved with the client in the CRM
4. The employee who enters the information into the CRM is responsible to notify other team members of the information via com box.
5. Program/Department Leader meets with all involved staff and/or communicates via email, to plan necessary infection control measures prior to staff having further direct contact with the client.
6. Toys and equipment that cannot be immersed in a cleaning solution are not brought to a client's home who has notified BCCFA that they are infected or colonized with an ARO.
7. When possible, employees schedule appointments with clients known to be infected or colonized with an ARO for the end of the day to minimize the risk of transferring the infection to another client.
8. Employees follow routine practices to avoid transmission of the organism to themselves and/or to other clients.

Effective Date: 07-Feb-01
Revised Date: 14-May-14
Revised Date: 26-Jul-18
Revised Date: 02-Oct-19
Revised Date: 27-Jul-21
Revised Date: 08-Aug-22

Page(s): 3 of 7

9. Toys and equipment that have been exposed to a client/family known to be infected or colonized with an ARO are bagged, sealed and labeled when being transported by car and when returning to the Centre for cleaning and disinfection.

B. Staff known to be colonized or infected with an Antibiotic Resistant Organism (ARO) i.e., MRSA, VRE

1. If an employee is diagnosed as being colonized or infected with an ARO, the employee practices routine practices to avoid transmission to clients and/or other employees.

C. Routine Practices (Five Components) 1. Risk Assessment

- a. Before any task is performed, staff assess if there is a chance that they will come into contact with blood, body fluids, feces, excretions, mucous membranes, and/or non-intact skin.
- b. If staff determine there is a risk of contact with blood, body fluids, feces, excretions, mucous membranes, and/or non-intact skin, staff use appropriate routine practices when delivering services.
- c. Staff visiting/meeting with clients in hospitals check in at the nursing station prior to entering a client's room to determine if there are any exposure/infection control procedures in effect.
- d. Staff do a health screening before their home visits to ensure that nobody in the home is sick, including with flu like symptoms or gastrointestinal illness.
- e. All clients and families receiving services at the BC Centre for Ability locations fill out a health screening questionnaire upon arrival.

2. Hand Hygiene

- a. BCCFA staff receive information on hand hygiene techniques at orientation and annually from OH&S committee members.
- b. Hand hygiene can be performed with an alcohol-based hand gel or with soap and water. Hand washing with soap and water must be performed when hands are visibly soiled.

Effective Date: 07-Feb-01
Revised Date: 14-May-14
Revised Date: 26-Jul-18
Revised Date: 02-Oct-19
Revised Date: 27-Jul-21
Revised Date: 08-Aug-22

Page(s): 4 of 7

- c. Alcohol based hand gel is available for clinical staff use. Gel is stored in bulk and in individual containers for staff use.
- d. BCCFA staff follow the current hand hygiene methods found at the BC Centre for Disease Control Website:
<http://www.bccdc.ca/healthinfo/prevention-public-health/hand-hygiene>

3. Personal Protective Equipment

- a. Gloves
 - i. Disposable gloves are available in the First Aid Room, Casting and Splinting Room, staffs' personal first aid kits and in some department cupboards
 - ii. Disposable gloves are worn when there is a risk of contact with blood, body fluids, feces, excretions, mucous membranes, and non-intact skin.
 - iii. Gloves are discarded after each use.
 - iv. Hand hygiene is performed before and after using gloves.
- b. Gowns
 - i. Gowns are available for staff use.
 - ii. The routine use of gowns for basic client care is not necessary. iii. When there is significant contamination of the environment, staff do not provide direct client care and reschedule their appointments to a later date to avoid risk of exposure to pathogens. Examples of significant contamination of the environment include client has uncontrolled diarrhea that cannot be contained with incontinence products; client has a draining, infected wound in which the dressing cannot contain the drainage; client has excessive skin desquamation (skin peeling)
- c. Masks

Disposable and cloth masks are available for staff use.
- d. Shields and goggles

Re-usable shields and goggles are available for staff use.

Effective Date: 07-Feb-01
Revised Date: 14-May-14
Revised Date: 26-Jul-18
Revised Date: 02-Oct-19
Revised Date: 27-Jul-21
Revised Date: 08-Aug-22

Page(s): 5 of 7

4. Environmental Controls

- a. When clients are ill
 - i. Parents of children served are advised to cancel appointments or participation in a group if their child is sick. ii. Adult clients are advised to cancel appointments or participation in a group if they are ill.
- b. Cuts and Wounds
 - i. Prior to providing direct client care, staff ensure all cuts/wounds that are draining (staff's and client's) are completely covered with clean, dry bandages.
 - ii. In the case of a bite (human or animal) where the skin was broken, staff follow procedures regarding first aid treatment and reporting the incident, and advise their physician of the bite. iii. In the case of a human bite, staff or Program/Department Leader notifies the parents/guardians of the client and advises them to notify their family physician of the client's potential exposure to the staff's blood because of the bite.
- c. Disinfection of Contaminated Objects and Surfaces
 - i. All contaminated items are immediately placed in a garbage bag, sealed and put in the designated bins for proper cleaning and disinfection prior to use with another client.
 - ii. Disposable gloves are worn when cleaning objects and surfaces contaminated with blood, feces or body fluids. iii. Disposable cloths are used to clean objects and surfaces contaminated with blood, feces or body fluids. iv. Soiled surfaces are cleaned and then disinfected with a solution of household bleach and water (1-part bleach to 9 parts water). This solution is kept in the cupboard above the kitchen sink and in the high cupboard in the casting and splinting room.
 - v. The disinfected object or surface is then wiped clean and the cloth is discarded
 - vi. Hands are washed following disinfection of contaminated objects and surfaces
- d. Toys and Equipment

Effective Date: 07-Feb-01
Revised Date: 14-May-14
Revised Date: 26-Jul-18
Revised Date: 02-Oct-19
Revised Date: 27-Jul-21
Revised Date: 08-Aug-22

Page(s): 6 of 7

- i. Staff discourage clients from mouthing objects that will be used by other clients
- ii. Toys and equipment that are used by any client of the Centre are disinfected before use by another client. iii. Toys and equipment used by a client known to be colonized or infected with an ARO are bagged and sealed for transport and returned to the designated bin at the Centre for proper cleaning and disinfection.
- iv. Toys and equipment that cannot be fully immersed in disinfection solution are not lent to a client known to be colonized or infected with an antibiotic resistant organism.
- e. Toilet Seats and Bath Seats (HELP Library)
 - i. HELP Library toilet seats and bath seats are not loaned for regular use. They are only trialed for fit and function with children who are fully dressed. ii. Therapists are responsible for bagging and sealing the equipment in a plastic bag before transporting back to the Centre. iii. Toilet seats and bath seats are disinfected by the Therapy Aide upon return (see 4a above).
- f. Dishes and Cutlery
 - i. All dishes and cutlery are washed in an automatic dishwasher or by hand with a three-step dishwashing technique: wash with soap and hot water, rinse and allow to air dry. ii. Employees wash their hands after loading soiled dishes into the dishwasher and before unloading clean dishes.
- g. Bathrooms
 - i. Bathrooms are cleaned nightly by the janitor and as needed by the maintenance worker.
 - ii. Surfaces soiled with blood, feces or body fluids are cleaned immediately and disinfected (see above #4a).

5. Administrative Controls

a. Education

- i. Staff receive training on Routine Practices from the OH&S Committee or Public Health Nurse upon hire and on an annual basis. ii. Staff receive

BC Centre for Ability

Policy #: **3.1**
Subject: **Infection Control**

Effective Date: 07-Feb-01
Revised Date: 14-May-14
Revised Date: 26-Jul-18
Revised Date: 02-Oct-19
Revised Date: 27-Jul-21
Revised Date: 08-Aug-22

Page(s): 7 of 7

information regarding flu vaccines on an annual basis. A free flu shot clinic is offered annually.

iii. Posters on cough etiquette and hand hygiene are posted throughout the Centre for staff, client and visitor reference.


b. Documentation

Staff document any known infection control issues in the CRM to alert other staff of potential risk.

c. Scheduling

Whenever possible, staff book appointments with clients known to be colonized or infected with an infectious disease at the end of the day.

BC Centre for Ability

		Policy #: 3.2 Subject: First Aid Assistance
Replaces Policy # 2.2		Section: Employee Safety, Security and Health
# of Pages: 3		Signature: 
Effective Date: 07-Feb-01 Revised Date: 01-Aug-12 Revised Date: 26-Aug-15 Revised Date: 02-Oct-19 Revised Date: 31-Jul-23		

Policy Statements

1. First Aid kits and guidelines are located at all BC Centre for Ability (BCCFA) office locations.
2. BCCFA staff have access to First Aid Guidelines in the staff handbook and are shown the location of the First Aid Room/Supplies at their office(s) during orientation.
3. The Occupational Health and Safety Committee ensures that the designated staff maintain current First Aid Certificates according to WorkSafeBC guidelines.
4. BCCFA ensures that all staff and visitors have access to First Aid Attendants.
5. Program/Department Leaders ensure that clinical staff are provided with a personal first aid kit to keep with them on community visits.
6. In all cases where an injured person is sent for further medical treatment, the Program/Department Leader will notify the injured person's emergency contact.

Reason for Policy

To ensure that all staff and visitors to the Centre have first aid assistance if required.

References

BCCFA Emergency Management and Critical Incident Plan

BCCFA Policies

- 3.3 Incident Reporting

BC Centre for Ability

Policy #: **3.2**
Subject: **First Aid Assistance**

Effective Date: 07-Feb-01
Revised Date: 01-Aug-12
Revised Date: 26-Aug-15
Revised Dated: 02-Oct-19
Revised Date: 31-Jul-23

Page(s): of 3

Definitions

- First Aid Attendant: A person trained in First Aid as per WorkSafeBC Occupational First Aid requirements.
- First Responder: The first person to arrive at, or witness, an accident or incident.

Procedures

1. First Aid Assistance

- a. When first aid assistance is required, First Responder either goes directly to a First Aid Attendant or asks the Receptionist to page a First Aid Attendant to their location.
- b. The First Responder will stay with the injured person until the First Aid Attendant arrives.
- c. When no First Aid Attendant is immediately available, the First Responder will provide first aid assistance to the best of their ability, seeking assistance from other staff as necessary.
- d. When First Aid Attendant arrives at the scene, they provide first aid assistance in accordance with their level of training.
- e. The First Aid Attendant or First Responder records the first aid supplies used on the form in the First Aid Room, and enters the incident in the Accident Log.
- f. Band-Aids are available at reception for general use and do not need to be recorded.

2. For More Serious Injuries

- a. The First Aid Attendant or the First Responder is in charge of all first aid treatment until the person requiring first aid is conveyed to an ambulance service or responsibility for treatment is accepted by a physician or an Attendant with a higher level of certification.
- b. After making an assessment appropriate to their level of training, the First Aid Attendant makes a recommendation as to the need for medical follow-up,
- c. For serious injuries, or if there is any question of the severity of the injured party's medical status, the First Aid Attendant or the First Responder must request another person to immediately call an ambulance (911).
- d. If non-emergency medical follow up is required, staff see their family physician following the injury.

BC Centre for Ability

Policy #: **3.2**
Subject: **First Aid Assistance**

Effective Date: 07-Feb-01
Revised Date: 01-Aug-12
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 31-Jul-23

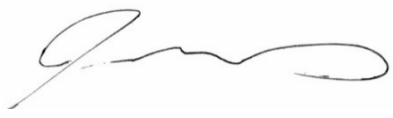
Page(s): 3 of 3

3. Maintenance of First Aid Supplies

- a. The Occupational Health and Safety Committee ensures that the First Aid Kits are fully stocked at all times.

- b. If staff use first aid supplies in their personal first aid kit, they bring in the kit to reception and swap it for a fully stocked one.

BC Centre for Ability

	Policy #: 3.3 Subject: Incident Reporting
Replaces Policy # 2.1	Section: Employee Safety, Security and Health
# of Pages: 5	Signature: 
Effective Date: 24-Nov-99 Revised Date: 26-Aug-15 Revised Date: 26-Jul-18 Revised Date: 18-Aug-20 Revised Date: 27-Jul-21 Revised Date: 18-June-24	

Policy Statements

1. The BC Centre for Ability follows WorkSafeBC definitions and guidelines on the reporting of accidents and incidents.
2. All staff are educated during orientation and on an annual basis with regard to their responsibilities in reporting accidents and incidents.
3. All incidents involving staff, clients and/or visitors are recorded on the Incident Report Form.
4. The Program/Department Leader follows up on all incident reports directly with all parties involved and with authorities if necessary.
5. All critical incidents are reported and investigated as per WorkSafeBC guidelines.
6. All staff directly or indirectly involved in a critical incident will be offered debriefing through the WorkSafeBC Critical Incident Response Program.
7. A Summary report of incidents is compiled quarterly and is reviewed by the Risk Management Committee (RMC) and the OH&S Committee to identify trends, training needs.
8. Staff training, safety protocol and regular reporting, reviewing incidents and remedial action are prioritized in order to prevent staff, client and visitor injuries and incidents.

Reason for Policy

This policy ensures documentation, follow up and review of all incidents.

References

WorkSafeBC Reporting Accidents and Incidents

BC Centre for Ability

Policy #: **3.3**
Subject: **Incident Reporting**

Effective Date: 24-Nov-99
Revised Date: 26-Aug-15
Revised Date: 26-Jul-18
Revised Date: 18-Aug-20
Revised Date: 27-Jul-21

Page(s): 2 of 5

<https://www.worksafebc.com/en/health-safety/create-manage/incidentinvestigations/reporting-incidents-worksafebc>

WorkSafeBC Critical Incident Response

<https://www.worksafebc.com/en/claims/report-workplace-injury-illness/criticalincident-response>

BCCFA Policies

- 3.2 First Aid Assistance
- 3.4 Reporting Incidents and Injury to WorkSafeBC

Appendix

Incident Report Form

Definitions

- Incident: A workplace event involving staff, clients, students or volunteers– an accident or other occurrence – which resulted in or had the potential for causing an injury, occupational disease or breach of privacy.
- Critical Incident: A workplace event involving staff, clients, students or volunteers – like a serious injury, fatality or robbery – that causes emotional or psychological trauma in people exposed directly or indirectly to the incident. It is a sudden, powerful event outside the range of normal experience – and outside the workers' control.

Procedures 1. Incident Involving Staff

- a. When any staff member is involved in an incident (i.e., accident or injury, verbal abuse, threat or aggression, theft, job-related grief and loss, allegations of abuse or neglect, vehicle accident), the appropriate action is taken to manage the incident and ensure safety of those involved.
- b. The involved staff reports details of the incident on the Incident Report Form and submits it to their Program/Department Leader before the end of the next business day.
- c. The Program/Department Leader, in consultation with the Executive Director, determines if the incident is critical (as defined by WorkSafeBC).

BC Centre for Ability

Policy #: **3.3**
Subject: **Incident Reporting**

Effective Date: 24-Nov-99
Revised Date: 26-Aug-15
Revised Date: 26-Jul-18
Revised Date: 18-Aug-20
Revised Date: 27-Jul-21

Page(s): 3 of 5

Non-Critical Incident

- a. If the incident is not critical, the Program/Department Leader follows up with affected staff and completes and documents any necessary follow up actions on the Incident and Accident Form.
- b. Program/Department Leader forwards the signed, completed Incident Report Form to the Executive Director. The Executive Director reviews and signs the report and forwards to the Administrative Personnel, who inputs the incident into the Incident/Accident tracking log.
- c. Original signed report form is forwarded to HR and filed in the employee's personnel file.
- d. The Executive Director notifies the Program/Department Leader to initiate an investigation as per WorkSafeBC guidelines.
- e. Investigation report is forwarded to the OH&S Committee for their review and input.

Critical Incident

- a. If the incident is critical, the Program/Department Leader in consultation with the Executive Director follows up with effected staff and completes and documents all necessary follow up actions on the Incident Report Form.
- b. The Leader reviews the incident and any follow up actions with the Executive Director. Executive Director signs the Incident Report Form.
- c. Administrative Personnel inputs the incident into the Incident tracking log.
- d. The Executive Director contacts WorkSafeBC to report the incident and to arrange for debriefing through the Critical Incident Response Program.
- e. The original, signed report is forwarded to HR and filed in the employee's personnel file.
- f. The Executive Director initiates an investigation of the incident.
- g. Investigation report is forwarded to the OH&S Committee for their review and input.
- h. Critical incident debriefing will be made available to any affected staff following the incident and staff are also encouraged to use supports available through the Employee Assistance Program and their extended health benefits.

2. Incident Involving Clients, Volunteers, Students and Visitors

- a. When an individual, not employed by BCCFA is involved in an incident (e.g. injury) that occurs at a BCCFA office and/or is a result of staffs' actions, the

BC Centre for Ability

Policy #: **3.3**
Subject: **Incident Reporting**

Effective Date: 24-Nov-99
Revised Date: 26-Aug-15
Revised Date: 26-Jul-18
Revised Date: 18-Aug-20
Revised Date: 27-Jul-21

Page(s): 4 of 5

appropriate action is taken to manage the incident and ensure safety of those involved.

- b. The witnessing/involved staff reports details of the incident on the Incident Report Form and submits it to their Program/Department Leader before the end of the next business day.
- c. The Program/Department Leader, in consultation with the Executive Director determines if the incident is critical (as defined by WorkSafeBC).

Non-Critical Incident

- a. The Program/Department Leader follows up with staff and others involved and completes and documents any necessary follow up actions on the Incident Report Form
- b. If the incident involves a child client whose family was not present at the time of the incident, Program/Department Leader or Staff contacts the parent/legal guardian to discuss the incident and any follow up actions.
- c. Program/Department Leader forwards the signed, completed Incident Report Form to the Executive Director.
- d. Executive Director reviews and signs the report and forwards it to the appropriate Administrative Personnel, who inputs the incident into the Incident tracking log.
- e. If the incident involves a client, the original signed report form is filed in the Client File.
- f. If the incident does not involve a client, the original signed report form is filed in the Administration File.

BC Centre for Ability

Policy #: **3.3**
Subject: **Incident Reporting**

Effective Date: 24-Nov-99
Revised Date: 26-Aug-15
Revised Date: 26-Jul-18
Revised Date: 18-Aug-20
Revised Date: 27-Jul-21

Page(s): 5 of 5


Critical Incident

- a. If the incident is critical, the Program/Department Leader in consultation with the Executive Director follows up with staff and others involved and completes and documents any necessary follow up actions on the Incident Form.
- b. The Program/Department Leader reviews the incident and any follow up actions with the Executive Director. Executive Director signs the Incident Report Form.
- c. Administrative Personnel inputs the incident into the incident log.
- d. If the incident involves a child client whose family was not present at the time of the incident, Program/Department Leader or Executive Director contacts the parent/legal guardian to discuss the incident and any follow up actions.
- e. If the incident involves an adult client, the Program/Department Leader or the Executive Director attempts to contact a family member to discuss the incident and any follow up actions.
- f. The Executive Director initiates an investigation of the incident.
- g. Investigation report is forwarded to the Operational Leadership Team on the Risk Management Committee for their review and input.
- h. If the incident involves a client, the original signed report form is filed in the Client File.
- i. If the incident does not involve a client, the original signed report form is filed in the Administration File.

3. Regular Summary Reports

- a. Administrative Personnel compiles annual reports of all incidents for review by the operational leadership team.
- b. Quarterly reporting of all incidents involving staff, clients and/or visitors to the Centre happens at the Risk Management Committee (RMC) meeting and they, along with OH&S Committee, identifies trends, training needs and prevention strategies.

BC Centre for Ability

	Policy #: 3.4 Subject: Reporting Incident/Injury to WorkSafeBC
Replaces Policy # 2.9	Section: Employee Safety, Security and Health
# of Pages: 4	Signature: 
Effective Date: 24-Nov-99 Revised Date: 26-Aug-15 Revised Date: 20-Jul-16 Revised Date: 27-Jul-21	

Policy Statement

1. BCCFA employees follow WorkSafeBC regulations regarding submitting Workers Report of Injury or Occupational Disease to Employer (Form 6).
http://www.worksafebc.com/claims/report_injury/worker_incident_injury_report/default.asp
2. BCCFA follows WorkSafeBC regulations regarding Employers Report of Injury or Occupational Disease (Form 7)
http://www.worksafebc.com/claims/report_injury/incident_and_injury_report/default.asp
3. BCCFA immediately notifies WorkSafeBC of and investigates all incidents that involve serious injury, fatality, major structural failure, and any “near-miss” involving potential for serious injury.
4. If an investigation is required, BCCFA completes a preliminary investigation within 48 hours of the incident, and implements any interim corrective action required to prevent a reoccurrence.
5. BCCFA subsequently conducts a full investigation and submits an investigation report to WorkSafeBC within 30 days of the incident.
6. BCCFA complies with any Worksafe led investigation as a result of a critical incident or perceived risk.

Reason for Policy

To ensure BCCFA is in compliance with WorkSafeBC regulations.

To ensure all accidents or injuries are documented and investigated appropriately to mitigate the risk of a similar occurrence happening.

BC Centre for Ability

Policy #: **3.4**
Subject: **Reporting Incident/Injury to WorkSafeBC**

Effective Date: 24-Nov-99
Revised Date: 26-Aug-15
Revised Date: 20-Jul-16
Revised Date: 27-Jul-21

Page(s): 2 of 4

References

WSBC Employer's Report of Injury
WSBC Worker's Report of Injury
WSBC Incident Investigation Report
HEABC Guide to WCB Claims Management (located in the Staff Library)

BCCFA Policies

- 3.1 Infection Control
- 3.2 First Aid Assistance
- 3.3 Incident Reporting

Appendix

Incident Report Form

Procedures

Reporting Injury to WorkSafe BC

1. If first aid is administered, the First Aid Attendant or the First Responder documents the first aid administered in the Accident Record Book.
2. The involved staff member completes the WorkSafeBC Worker's Report of Injury or Occupational Disease Form 6 (hard copy located in the First Aid Room or electronic version at https://bccfa.sharepoint.com/:b:/g/EcPefnllRfh9tw_u7hg9cBGuFITR9aThQ1HpiRb-wKJg?e=LmDflW and forwards it to their Program/Department Leader.
3. The Program/Department Leader initiates the WorkSafeBC Employer's Report of Injury or Occupational Disease Form 7 before the end of business day following the incident by completing all known information, including all information regarding the description of the injury, on the electronic version of the form https://bccfa.sharepoint.com/:b:/g/EYthwTqHlp9bj_TYwPPbE18B_Sp02QDJy6qAzzzimTo7eQ?e=UIVzkt
4. Program/Department Leader emails the electronic copy to HR Distribution list.
5. HR/Payroll complete HR/Payroll information and reviews form for completeness.
6. HR/Payroll forwards all forms to the Executive Director or designate for signature on behalf of the agency.

BC Centre for Ability

Policy #: **3.4**
Subject: **Reporting Incident/Injury to WorkSafeBC**

Effective Date: 24-Nov-99
Revised Date: 26-Aug-15
Revised Date: 20-Jul-16
Revised Date: 27-Jul-21

Page(s): 3 of 4

7. HR/Payroll prints the completed form 7 and submits the Employers Report to WorkSafeBC.
8. HR/Payroll prints a confirmation report of sent, attaches it to the printed copy of Form 7 and files both on the employee's personnel file.

Investigations

A. Preliminary Investigation

1. BCCFA conducts a preliminary investigation of all incidents that involve serious injury, fatality, major structural failure and any "near-miss" involving potential for serious injury.
2. A preliminary investigation is completed within 48 hours of the incident. The investigation is conducted by Employer and Employee Representatives who are knowledgeable about the type of work involved.
3. The preliminary investigation includes the following actions:
 - a. Interview and record contact information of all witnesses to the incident who are available;
 - b. Identify any unsafe conditions, acts or procedures that significantly contributed to the incident;
 - c. If any unsafe conditions, acts or procedures are identified, complete a corrective action plan that includes:
 - i. The unsafe condition, act or procedure;
 - ii. The interim corrective action taken to prevent the recurrence of similar incidents;
 - iii. The date the interim corrective action was implemented.
4. The completed preliminary investigation report is signed by the investigators and submitted for review and signature by the Executive Director or designate.
5. The signed preliminary report is shared with the OH&S Committee and Risk Management Committee (RMC).

BC Centre for Ability

Policy #: **3.4**
Subject: **Reporting Incident/Injury to WorkSafeBC**


Effective Date: 24-Nov-99
Revised Date: 26-Aug-15
Revised Date: 20-Jul-16
Revised Date: 27-Jul-21

Page(s): 4 of 4

B. Full Investigation

1. Immediately following the completion of the preliminary investigation, the Employer is required to complete a full investigation of the incident within 30 days of the incident. The investigation is completed by Employer and Employee Representatives who are knowledgeable of the type of work being done at the time of the incident.
2. The full investigation includes the following actions:
 - a. Interview and record contact information of any witnesses to the incident who were not available during the interim investigation (i.e. were in the hospital) and re-interview anyone with new information.
 - b. Identify any unsafe conditions, acts or procedures that significantly contributed to the incident;
 - c. Determine the cause or causes of the incident;
 - d. If any unsafe conditions, acts, or procedures are identified, complete a final corrective action report that includes:
 - i. The unsafe condition, act or procedure
 - ii. The corrective action taken to prevent the recurrence of similar incidents
 - iii. The names and job titles of the persons responsible for implementing the corrective action
 - iv. The date the final corrective action was implemented.
3. The completed Investigation Report is printed, signed by the investigators and submitted for review and signature by the Executive Director or designate.
4. HR/Payroll forwards the original to HR for filing on the personnel file of involved staff, forwards a copy to the OH&S Committee and sends a copy to WorkSafeBC.

BC Centre for Ability

	Policy #: 3.5 Subject: Reporting Hazards
Replaces Policy #	Section: Employee Safety, Security and Health
# of Pages: 2	Signature: 
Effective Date: 10-Nov-99 Revised Date: 12-Sep-12 Revised Date: 14-May-14 Revised Date: 26-Aug-15 Revised Date: 18-Aug-20 Revised Date: 08-Aug-22 Revised Date: 18-June-24	

Policy Statements

1. All staff receive training on their responsibility to report workplace hazards at orientation and on an annual basis.
2. All hazards are reported to “building” through a Support Ticket and reviewed at the monthly Occupational Health and Safety (OHS) meeting.
3. All hazard reports are reviewed quarterly by the Risk Management Committee (RMC)

Reason for Policy

This policy ensures documentation of all hazards within the BCCFA offices and helps ensure a safe and healthy workplace.

BC Centre For Ability

Policy #: **3.5**
Subject: **Reporting Hazards**

Effective Date: 0-Nov-99
Revised Date: 12-Sep-12
Revised Date: 14-May-14
Revised Date: 26-Aug-15
Revised Date: 18-Aug-20
Revised Date: 08-Aug-22
Revised Date: 118-June-24


Page(s): **2 of 2**

Procedures

1. Staff discovering a hazard first try to rectify the situation to prevent any injury to self or others.
2. If staff are not able to address the hazard, and there is an immediate danger to others, they place a barrier around/in front of the hazard or ask another staff person to remain in the area to divert any others from encountering the hazard, and notify Building department immediately.
3. Staff report hazard to “building” as an urgent Support Ticket. Staff are asked to describe the hazard in detail in the ticket.
4. Building Department addresses hazard or passes to relevant Program/Department Leader to address the hazard.
5. Building Department or Program/Department Leader follows-up until hazard is addressed, records actions taken on hazard log.
6. Occupational Health and Safety compiles reports to RMC which identifies causes and trends; recommendations for system improvements to reduce risk; necessary education and training of personnel; and prevention strategies.
7. The Operational Leadership Team and the OH&S Committee review and implementation of any necessary actions.

BC Centre for Ability

Policy #: **3.6**
Subject: **Working Alone or in Isolation**

Replaces Policy #	Section: Employee Safety, Security and Health
# of Pages: 4	Signature: 
Effective Date: 01-Sep-12	
Revised Date: 26-Jul-18	
Revised Date: 02-Oct-19	
Revised Date: 4-Aug-20	
Revised Date: 20-July-21	

Policy Statements

1. The BC Centre for Ability (BCCFA) provides community-based services, requiring employees to work in community settings, away from BCCFA offices.
2. The BCCFA adheres to WorkSafeBC regulations, to ensure procedures are in place for checking the well-being of employees who are required to work alone in the community.
3. Employees working alone in the community are provided with a personal first aid kit as per WorkSafeBC regulations.
4. Employee identify risk factors at community settings on an ongoing basis and following an incident/injury involving employee that occurs in a client's home.
5. If any risks are identified, risk control measures are put into place prior to employees commencing/resuming services.
6. Employees will not work alone in situations where a high level of risk is identified.
7. Employees record their community-based appointments as per program procedures.
8. Employees who end their shift working alone and away from a BCCFA office will check in at the end of their shift.
9. Employees who feel unsafe, at any time, will cease services and remove themselves from the environment and notify their program/department leader immediately.

Reason for Policy

To ensure employee safety

BC Centre for Ability

Policy #: **3.6**

Subject: **Working Alone or in Isolation**

Effective Date: 01-Sep-12

Revised Date: 26-Jul-18

Revised Date: 02-Oct-19

Revised Date: 4-Aug-20

Revised Date: 20-July-21

Page(s): 2 of 5

To comply with WorkSafe BC regulations

References

WorkSafe BC Regulations 4.20 - 4.23 Vancouver Coastal Health – Working Alone or in Isolation Policy

BCCFA Policy

2.1 Signing In

Effective Date: 01-Sep-12

Revised Date: 26-Jul-18

Revised Date: 02-Oct-19

Revised Date: 4-Aug-20

Revised Date: 20-July-21

Page(s): 3 of 5

Procedures for safety in client's home

1. When employees identify risk factors during the course of service or following an incident/injury involving employees that occurs at the client's home, they notify their Program/Department Leader.
2. The Program/Department Leader works with the employee to complete a risk control plan and reviews it with affected employee prior to commencing/resuming services.
3. Risk alerts are entered in the Client Record Management System (CRM).
4. If a high level of risk is identified, services are delivered in places/ways where employee do not work alone with the client/family.
5. Employees record their community appointments as per BCCFA procedures.
6. Employees who are finishing their day away from a BCCFA office establish a check in time with a colleague or supervisor, prior to leaving for fieldwork as per program procedures.

Emergency Procedures for Failure to Check In

1. As per program procedures, if the worker has not checked in 20 minutes after established check in time, the appointed employee will call the employee's cell phone if they have one.
2. If they do not answer, or do not have a cell phone, the appointed employee will call the employee's other emergency contact numbers and then the client/family's home where they were last scheduled to be and ask to speak to employee.
3. If the employee is not reached and does not check in within a further period of 30 minutes (total of 50 minutes past established check in time), the appointed employee will retry the employee's cell phone and any other emergency contact numbers.
4. If the employee is still unaccounted for 1 hour post scheduled check in time, the appointed employee will alert the Program/Department Leader immediately.

BC Centre for Ability

Policy #: **3.6**

Subject: **Working Alone or in Isolation**

Effective Date: 01-Sep-12

Revised Date: 26-Jul-18

Revised Date: 02-Oct-19

Revised Date: 4-Aug-20

Revised Date: 20-July-21

Page(s): 4 of 5

5. Program/Department Leader verifies process that has been followed to locate the employee and alerts the Executive Director or Designate by phone (leaves a message on their cellular phone if there is no answer) that the Police/RCMP are going to be notified.
6. Program/Department Leader notifies Police/RCMP department/detachment where the employee person was last known to be, immediately following notification to Executive Director.

Burnaby RCMP Detachment	604-646-9595
Richmond RCMP Detachment	604-278-1212
North Vancouver RCMP Detachment	604-985-1311
Vancouver Police Department	604-717-3321
West Vancouver Police Department	604-925-7300

7. Program/Department Leader will report the last known location of the employee to Police/RCMP and explain steps that were taken to locate the employee and record the name of the police/RCMP contact, request and record the police file number.
8. Program/Department Leaders follow up with all employees who mistakenly do not establish a check in time or fail to follow check in procedures at the completion of their shift and require the emergency procedures to be implemented. They are provided with a copy of this policy for their review and signature.

Procedures for safety in community settings

1. When employees identify risk factors during the course of service or following an incident/injury involving employee that occurs in the community, they notify their Program/Department Leader.
2. The Program/Department Leader works with the employee to complete a risk control plan and reviews it with affected employee prior to commencing/resuming services.
3. If the community setting where the risk is identified is a regular space where services are delivered (i.e. child care facility, school) then the employee and

BC Centre for Ability

Policy #: **3.6**

Subject: **Working Alone or in Isolation**

Effective Date: 01-Sep-12

Revised Date: 26-Jul-18

Revised Date: 02-Oct-19

Revised Date: 4-Aug-20


Revised Date: 20-July-21

Page(s): 5 of 5

program/department leader will notify the facility of the risk or safety event and ensure risk alerts are entered in the CRM.

4. If a high level of risk is identified, services are moved to a different location or discontinued until the safety issues have been addressed.
5. Employees working in other regulated facilities such as child care facilities and schools are to follow their emergency management protocol in the event of an emergency.

BC Centre for Ability

	Policy #: 3.7 Subject: Distracted Driver
Replaces Policy #	Section: Employee Safety, Security and Health
# of Pages: 2	Signature: 
Effective Date: 30-Nov-12 Revised Date: 26-Aug-15 Revised Date: 25-Sep-20 Revised Date 08-Aug-22	

Policy Statements

1. This policy applies to workers, contractors, consultants, students, temporary workers, and other workers of the BC Centre for Ability (BCCFA) (collectively referred to as “workers”).
2. This policy applies to all work-related activities, including but not limited to driving to and from community sites to conduct job-related activities, whether during regular business hours or after hours.
3. The BC Centre for Ability prohibits the use of hand-held devices including cell phones, tablets, and other wireless devices, whether owned by BCCFA or by the individual worker (collectively referred to as “communication devices”) while operating a vehicle for work related activities.
4. While operating a vehicle to perform work-related activities, workers may not hold, operate, communicate or watch the screen of a hand-held communication device.
5. While operating a vehicle to perform work-related activities, workers may not operate a hands-free communication device.

Hands free use of GPS units is permitted in accordance with the BC Motor Vehicle Act Part 3.1

https://www.bclaws.ca/civix/document/id/complete/statreg/26_58_07#:~:text=%2086%29%20If%20the%20use%20of%20a%20utility%20vehicle%2C,and%20conditions%20be%20added%20to%20the%20operation%20permit.

Reason for Policy

To ensure staff safety and the safety of others

To comply with the BC Motor Vehicle Act

BC Centre for Ability

Policy #: **3.7**
Subject: **Distracted Driver**

Effective Date: 30-Nov-12
Revised Date: 26-Aug-15
Revised Date: 25-Sep-20
Revised Date 08-Aug-22

Page(s): 2 of 2

References

BC Motor Vehicle Act, Part 3.1

Procedures

1. This policy is reviewed with all staff during orientation.
2. While operating a vehicle, staff may not answer a communication device unless and until they pull over to a safe place to park.
3. If the call is urgent, staff may accept or return the call, provided they remain parked off the roadway.
4. Staff do not resume driving until their conversation is over.
5. If staff do not know where an appointment is in the community, they must look up the desired location on a map and/or enter the desired location into a GPS device prior to leaving for their appointment or will pull over and park to enter location into GPS.

BC Centre for Ability

Policy #: **3.8**
Subject: **Respectful Workplace**

Replaces Policy # 3.8 Abuse or Harassment of Staff, and was combined with policy # 2.10 Discrimination and Harassment

Section: **Employee Safety, Security and Health**

of Pages: 8

Signature:

Effective Date: 01-Nov-13
Revision Date: 26-Aug-15
Revision Date: 20-Aug-18
Revised Date: 27-Jul-21
Revised Date: Aug-8-24



Policy Statements

1. BCCFA prohibits behaviour or actions that constitute discrimination or harassment against any person or group of persons because of the race, colour, ancestry, place of origin, religion, marital status, family status, physical or cognitive ability, sex, sexual orientation, gender identity or expression, or age of that person or that group of persons, as defined in the *BC Human Rights Code*.
 2. BCCFA employees are responsible for conducting themselves in a respectful and professional manner in the workplace.
 3. Bullying and harassment are not acceptable or tolerated at BCCFA.
 4. Employees who feel threatened or are concerned for their personal safety immediately withdraw from the situation and consult with their Program/Department Leader for direction. If working at reception push the panic button, maintain your safety in the reception space and wait for another employee to arrive.
 5. Employees receive training on safety procedures when greeting families and supporting staff at reception at orientation and on an annual basis.
 6. Employees report incidents of workplace discrimination, bullying or harassment that are experienced and/or witnessed.
 7. This policy applies to all interpersonal and written interactions, including electronic communication and use of social media.
 8. This policy applies to all locations where the business of BCCFA is conducted including but not limited to BCCFA offices, client homes and community locations and in all situations related to employment including but not limited to performance
-

BC Centre for Ability

Policy #: **3.8**
Subject: **Respectful Workplace**

Effective Date: 01-Nov-13
Revision Date: 26-Aug-15
Revision Date: 20-Aug-18
Revised Date: 27-Jul-21
Revised Date: 8- Aug-24

Page(s): 2 of 8

of regular job duties, work related travel, social functions, and educational opportunities.

9. No employee who, in good faith, reports discrimination, bullying or harassment shall suffer retaliation or adverse employment consequences.
10. BCCFA will review all reports of discrimination, bullying or harassment in the workplace and determine if an investigation is warranted.
11. Employees are expected to cooperate with investigators and provide any details of incidents they have experienced or witnessed.
12. Reviews and investigations will be undertaken promptly and diligently, providing both the complainant and the respondent equal treatment in evaluating the allegations.
13. If the alleged behaviour falls within the terms of discrimination under the *BC Human Rights Code*, the allegation will be reported the Human Rights Tribunal.
14. Summary reports of all investigations are reviewed annually to identify any trends in order to identify possible preventive measures.

Reason for Policy

BCCFA is committed to creating an inclusive and healthy workplace where employees are valued and treated with dignity and respect. It is intended that this policy will help prevent discrimination and harassment of any type and provides procedures on addressing workplace discrimination, harassment and/or bullying as quickly and efficiently as possible.

To comply with WorkSafeBC regulations and the BC Human Rights Code.

References

[WorkSafeBC OHS policy D3-115-2](#) Workplace Bullying and Harassment
[BC Human Rights Code](#)

BCCFA Policies

- 3.3 Incident Reporting
- 3.6 Working Alone or in Isolation
- 8.8 Rights and Shared Responsibilities

BC Centre for Ability

Policy #: **3.8**
Subject: **Respectful Workplace**

Effective Date: 01-Nov-13
Revision Date: 26-Aug-15
Revision Date: 20-Aug-18
Revised Date: 27-Jul-21
Revised Date: 8- Aug-24

Page(s): 3 of 8

Appendix:

Definition & Examples of Harassment
BCCFA Rights & Shared Responsibilities

Definitions

- **Workplace:** Includes all BCCFA offices and community locations where employees perform job related duties.
- **Bullying and Harassment:**
 - Includes any inappropriate conduct or comment by a **person*** towards an **employee**** that the person knew or reasonably ought to have known, would cause that individual to be humiliated or intimidated, BUT
 - Excludes any reasonable action taken by an employer or supervisor relating to the management and direction of employees or the place of employment. This includes discussions regarding performance appraisal, job expectations, assignment of duties, and disciplinary action.

***Person:** Includes BCCFA employees, employees of other organizations, students, volunteers, clients and their families.

****Employee:** Includes permanent, temporary, casual and contracted personnel.

See Worksafe BC's "How to Recognize Bullying and Harassment" tip sheet for more information on definitions and criteria for what's considered bullying and harassment.

Procedures

A. BCCFA Employee Experiences Bullying or Harassment from other BCCFA Employee(s):

Reporting

1. If reasonable and comfortable, tell the individual(s) concerned that the behaviour is unwelcome and request the behaviour to cease.
2. Document the incident and any steps taken to alleviate the problem.

Effective Date: 01-Nov-13
Revision Date: 26-Aug-15
Revision Date: 20-Aug-18
Revised Date: 27-Jul-21
Revised Date: 8- Aug-24

Page(s): 4 of 8

3. If the employee is not satisfied with the outcome of step 1, or if the behaviour persists, the employee reports the incident in writing to their immediate supervisor including the following information:
 - a. the names of the parties involved;
 - b. names of any witnesses;
 - c. the locations, date and time of the incident(s);
 - d. details about the incident (behaviour and/or words used);
 - e. any additional details that are pertinent;
 - f. any supporting written or electronic evidence such as emails, notes, voice mails, etc.
4. If the employee's immediate supervisor is the person engaging in bullying or harassment, the employee can report the incident to any member of the Operational Leadership Team (OLT).
5. If an individual is unsure of whether or not to report an incident, or if they want/need assistance completing a written report, they can ask their Program/Department Leader or a Union Steward (for Unionized employees only) for support.

Investigation

1. Most investigations will be conducted internally by the Executive Director or designate. The Executive Director may decide to hire an external investigator.
2. Executive Director or designate will contact the complainant within 3 working days to acknowledge receipt of the complaint and to notify them of the date of commencement of the review.
3. Reviews will:
 - a. Be undertaken within 10 business days, except in extenuating circumstances.
 - b. Be used to determine appropriate next steps (i.e. mediation, formal investigation).
4. Formal investigations will:
 - a. Begin within 5 working days of the completion of the review, except in extenuating circumstances (i.e. key witness is unavailable to be interviewed within timeframe).

BC Centre for Ability

Policy #: **3.8**
Subject: **Respectful Workplace**

Effective Date: 01-Nov-13
Revision Date: 26-Aug-15
Revision Date: 20-Aug-18
Revised Date: 27-Jul-21
Revised Date: 8- Aug-24

Page(s): 5 of 8

- b. be undertaken promptly and diligently;
 - c. be fair and impartial, providing both the complainant and the respondent equal treatment in evaluating the allegations;
 - d. be sensitive to the interests of all parties involved and maintain confidentiality;
 - e. be focused on finding facts and reviewing evidence;
 - f. incorporate any need or request from the complainant, respondent and any witnesses for assistance and support during the investigation process
5. Investigation will include:
 - a. Interviews with the complainant, the respondent and any witnesses;
 - b. Review of any supporting documentation or evidence;
 - c. A written report of the investigation with conclusions, including interview notes and evidence reviewed is provided to the Executive Director.
 6. If an external investigator is hired, they will conduct the investigation and provide a written report with conclusions to the Executive Director, including interview notes and any evidence reviewed.
 7. At the conclusion of the investigation, BCCFA will determine what corrective action, if any, is required. Corrective action could include education, revising workplace policy or procedures, and/or progressive discipline up to and including discharge.
 8. The parties to the complaint are notified in writing of the conclusion and outcome of the investigation.
 9. A summary of the investigation is filed on the personnel files of the complainant and the respondent.
 10. If the complainant or the respondent is dissatisfied with the outcome or the process of the investigation, he/she may appeal the decision in writing to the Executive Director within 30 days of receipt of the letter of the decision. The appeal will include reasons as to why the employee is not satisfied with the resolution of the complaint. Upon receipt of the appeal, the Executive Director will review it, and determine an appropriate course of action for the appeal.

BC Centre for Ability

Policy #: **3.8**
Subject: **Respectful Workplace**

Effective Date: 01-Nov-13
Revision Date: 26-Aug-15
Revision Date: 20-Aug-18
Revised Date: 27-Jul-21
Revised Date: 8- Aug-24

Page(s): 6 of 8

11. If BCCFA concludes that a complaint was made in bad faith, or was careless, frivolous, reckless, malicious or vexatious, the Centre may impose discipline on the complainant up to and including discharge.

B. Employee Experiences Bullying or Abusive Behaviour from Clients and/or their Families:

Reporting

1. If reasonable and comfortable, tell the individual(s) concerned that the behaviour is unwelcome and request the behaviour to cease.
2. If at reception you can push the panic button, another staff will come to support.
3. If at reception and this is experienced through the phone, you can put the Client or Family on hold and reach out to ED and/or OLT member to take the call.
4. Document the incident and any steps taken to alleviate the problem in the ECR/Client File, and bring it to the attention of your Program/Department Leader.
5. If employee is unsatisfied with the outcome of step 1, or if the behaviour persists, employee prepares a detailed written report of the incident(s) for the Program/Department Leader including the following information:
 - a. the name of the client;
 - b. the names of the parties involved;
 - c. names of any witnesses;
 - d. the locations, dates and times of the incident(s);
 - e. details about the incident (behaviour and/or words used);
 - f. any supporting written or electronic evidence such as emails, notes, voice mails, etc.
6. The Program/Department Leader reviews the complaint and the supporting documentation.
7. Program/Department Leader may contact the client/family to discuss the reported behaviour and to advise the client/family that bullying or harassment is not tolerated by BCCFA.
8. If the Program/Department Leader is not able to resolve the situation, they forward all documentation regarding the situation to the Executive Director.

Effective Date: 01-Nov-13
Revision Date: 26-Aug-15
Revision Date: 20-Aug-18
Revised Date: 27-Jul-21
Revised Date: 8- Aug-24

Page(s): 7 of 8

Investigation

1. Most investigations will be conducted internally by the Executive Director or designate.

1. Executive Director or designate will contact the complainant within 3 working days to acknowledge receipt of the complaint and to notify them of the date of commencement of the review.

2. Reviews will:
 - a. Be undertaken within 10 business days, except in extenuating circumstances.
 - b. Be used to determine appropriate next steps (i.e. mediation, formal investigation).

3. Formal investigations will:
 - a. Begin within 5 working days of the completion of the review, except in extenuating circumstances (i.e. key witness is unavailable to be interviewed within timeframe).
 - b. be undertaken promptly and diligently;
 - c. be fair and impartial, providing both the complainant and the respondent equal treatment in evaluating the allegations;
 - d. be sensitive to the interests of all parties involved and maintain confidentiality;
 - e. be focused on finding facts and reviewing evidence;
 - f. incorporate any need or request from the complainant, respondent and any witnesses for assistance and support during the investigation process

2. Investigation will include:
 - a. Interviews with the alleged target, the alleged bully and any witnesses;
 - b. Review of any supporting documentation or evidence;
 - c. A written report of the investigation with conclusions, including interview notes and evidence reviewed is provided to the Executive Director.

3. In cases of substantiated bullying or harassment, services may be altered or terminated and the client referred to another service provider. In instances when services are terminated, the program funder is advised.


Effective Date: 01-Nov-13
Revision Date: 26-Aug-15
Revision Date: 20-Aug-18
Revised Date: 27-Jul-21
Revised Date: 8- Aug-24

Page(s): 8 of 8

C. Employee Experiences Bullying or Abusive Behaviour from an Employee of Another Organization:

1. If reasonable and comfortable, tell the individual(s) concerned that the behaviour is unwelcome and request the behaviour to cease.
2. Document the incident and any steps taken to alleviate the problem.
3. If employee is unsatisfied with the outcome of step 1 or if the behaviour persists, report the incident as soon as possible in writing to your Program/Department Leader including the following information:
 - a. the names of the parties involved;
 - b. names of any witnesses;
 - c. the locations, date and time of the incident(s);
 - d. details about the incident (behaviour and/or words used);
 - e. any additional details that are pertinent;
 - f. any supporting written or electronic evidence such as emails, notes, voice mails, etc.
4. The Program/Department Leader forwards the report to the Executive Director.
5. BCCFA Executive Director will initiate contact with the Executive Director of the other organization to propose a process to address and resolve the concerns.

BC Centre for Ability

	Policy #: 3.9 Subject: Driving in Snowy or Icy Conditions
Replaces Policy # 2.10	Section: Safety, Security and Health
# of Pages: 1	Signature: 
Effective Date: 20-Apr-00 Revised Date: 26-Aug-15 Revised Date: 26-Jul-18 Revised Date: 02-Oct-19 Revised Date: 18-Sept-20	

Policy Statements

1. It is the responsibility of employees to understand the conditions of the roads they drive and to equip their vehicles for those conditions.
2. All staff are expected to report to work regardless of weather conditions, unless Translink has declared that all public transit will not operate and/or the Centre is declared “closed” by the Executive Director or their Designate.
3. Staff are able to use flex-time, vacation time or work remotely (with Department/Program Leadership approval) if they are not able to report to work.
4. Staff are not expected to drive to community-based appointments when they deem the road conditions to be unsafe for driving.
5. If staff cancel community appointments, they report to one of the BCCFA offices to complete other work.
6. If inclement weather develops over the day, staff can remain at the Centre at their discretion or work remotely with Program/Department Leadership approval.

Reason for Policy

To ensure the safety of all staff.

References

BCCFA Policy
2.3 Work Flexibility

BC Centre for Ability

Policy #: **3.10**

Subject: **Theft or Loss of Property**

Replaces Policy # 2.5

Section: **Safety, Security and Health**

of Pages: 3

Signature:

Effective Date: 29-Nov-99

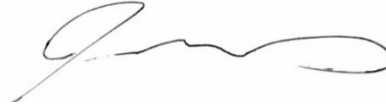
Revised Date: 01-Jun-05

Revised Date: 01-May-09

Revised Date: 01-Aug-12

Revised Date: 02-Oct-19

Revised Date: 27-Jul-21



Policy Statements

1. Staff are responsible to secure all personal property while on BC Centre for Ability (BCCFA) premises (all office locations).
2. Staff are required to complete an Incident Report form upon discovering:
 - Lost or stolen building keys, parkade card or security card
 - Lost or stolen BCCFA property
 - Personal property suspected to be stolen on BCCFA premises
3. BCCFA investigates all reported incidents of suspected theft.
4. Proof of theft or attempted theft by an employee is grounds for discipline up to and including dismissal.
5. All visitors to the Centre are required to check in at reception and get a visitor badge.

Reason for Policy

To maintain security of BC Centre for Ability property and the personal property of staff.

References

BCCFA Policies

- 3.3 Incident Reporting

Appendix

- Incident Report Form

BC Centre for Ability

Policy #: **3.10**
Subject: **Theft**

Effective Date: 29-Nov-99
Revised Date: 01-Jun-05
Revised Date: 01-May-09
Revised Date: 01-Aug-12
Revised Date: 02-Oct-19
Revised Date: 27-Jul-21

Page(s): 2 of 3

Procedures

1. Lost or Stolen building keys, parkade card and/or security card

- a. Staff report lost or stolen building keys, parkade card and/or security card to the Building Maintenance and immediately complete and forward an Incident Report to the Building Department.
- b. If a staff member is off premises when they discover lost or stolen building keys, parkade card and/or security card, the staff member phones the Building Department immediately and completes the Incident Report form upon return to the Centre.
- c. If the incident takes place outside regular business hours, staff should report the incident and complete the Incident Report Form at the beginning of the next business day.

2. Visitors to the Centre

- a. All visitors are required to check in at reception, sign in and get a visitors' badge.
- b. Staff must confirm their visitor or client by greeting them at reception or confirming by phone with reception.
- c. If staff notice an unidentified individual entering or wandering in the BC Centre for Ability, they ask them to identify themselves and ask who they are here to see.
- d. If staff feel threatened, or if visitor does not comply with the request call for help.

3. Loss of BCCFA Property

- a. When staff discover that BCCFA property has been stolen or is suspected of being stolen, they immediately report the incident to their Program/Department Leader, and complete an Incident Report Form.
- b. If the incident takes place outside regular business hours, staff should report the incident and complete the Incident/Accident Report Form at the beginning of the next business day.
- c. If a staff member is off premises when they discover lost or stolen property, the staff member phones their immediate supervisor to report and completes the Incident Report Form upon return to the Centre.

BC Centre for Ability

Policy #: **3.10**
Subject: **Theft**

Effective Date: 29-Nov-99
Revised Date: 01-Jun-05
Revised Date: 01-May-09
Revised Date: 01-Aug-12
Revised Date: 02-Oct-19
Revised Date: 27-Jul-21

Page(s): 3 of 3


4. Loss of Personal Property

- a. If staff suspect that their personal property is stolen while on site at one of the BCCFA's office locations, they notify their immediate supervisor.
- b. Staff complete an Incident Report Form.

5. Investigation

- a. All incidents of theft are investigated by a designated member of the Operational Leadership Team (OLT) in conjunction with the Executive Director.
- b. Police/RCMP may be involved and affected staff are encouraged to file a report with the Police/RCMP
- c. BCCFA staff and leadership cooperate with all Police/RCMP investigations including submitting evidence such as CCTV footage.

BC Centre for Ability

	Policy #: 3.11 Subject: Safe Handling of Hypodermic Needles and Syringes
Replaces Policy # 2.4	Section: Employee Safety, Security and Health
# of Pages: 2	Signature: 
Effective Date: 14-Jun-06 Revised Date: 01-Aug-12 Revised Date: 15-May-14 Revised Date: 26-Aug-15 Revised Date: 02-Oct-19 Revised Date: 27-Jul-21	

Policy Statements

1. BC Centre for Ability (BCCFA) staff do not handle hypodermic needles or syringes.
2. All syringes and needles are considered to be contaminated and a potential source of infection.
3. A needle stick injury is considered a critical incident that requires medical follow up and critical incident reporting.
4. BCCFA is responsible for arranging the disposal of hypodermic needles or syringes found within BCCFA property boundaries.

Reason for Policy

To prevent exposure to micro-organisms transmitted through bodily fluids and to minimize or reduce injury to staff, volunteers and clients.

References

BCCFA Policies

- 3.1 Infection Control
- 3.3 Incident Reporting
- 3.4 Reporting Incidents and Injury to WorkSafeBC

Appendices

- Incident Report Form
- WorkSafeBC Form 6
- WorkSafeBC Form 7

BC Centre for Ability

Policy #: **3.11**
Subject: **Safe Handling of Hypodermic Needles and Syringes**

Effective Date: 14-Jun-06
Revised Date: 01-Aug-12
Revised Date: 15-May-14
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 27-Jul-21

Page(s): 2 of 2

Procedures

1. A sharps container and tongs are located in the first aid room at BCCFA Head office.
2. A sharps container and tongs are kept in a secured location at BCCFA regional offices.
3. If a syringe or needle is found on BCCFA head office property, staff isolate the area and report the location to the Building Department.
4. Building Department contacts a biomedical waste removal company to remove the syringe or needle (VCH needle removal 604.657.6561 or email needlevan@phs.ca.)
5. Staff fill out and submit an Incident Form to their Program/Department Leader.
6. If syringe or needle is found on the property of a BCCFA regional office, staff notifies building management staff of the host agency. The host agency is responsible for removal of the syringe or needle.
7. The sharps container is used at BCCFA head office at the annual flu shot clinic. When the sharps container is $\frac{3}{4}$ full, Building Department contacts a biomedical waste removal company to remove and replace the container.
8. If a staff member or person served suffers a needle stick injury, a First Aid Attendant must wash the wound immediately with soap and warm water and the person must call 811 for further instruction.
9. In the case of the needle stick injury to a staff member, this must be reported to WorkSafeBC as a work-related injury.

BC Centre for Ability

Policy #: **3.12**

Subject: Use of CCTV Cameras

Replaces Policy #

Section: Employee Safety, Security and Health

of Pages: 2

Signature:

Effective Date: 16-Jul-18

Revised Date: 02-Oct-19



Policy Statements

1. There are 18 CCTV (closed circuit TV) cameras installed in public areas at the BCCFA main office that capture video 24 hours a day:
 - 8 cameras monitor the outside perimeter of the building
 - 2 cameras monitor the parkade gate
 - 1 camera monitors activity at the 1st floor elevator
 - 1 camera monitors activity at the 2nd floor elevator
 - 1 camera monitors activity at the 3rd floor elevator
 - 1 camera monitors activity at the front door
 - 1 camera monitors activity at the back doors
 - 1 camera monitors activity on the 2nd floor stairs
 - 1 camera monitors activity on the 3rd floor stairs
 - 1 camera monitors activity in the 2nd floor server room
2. CCTV cameras installed at BCCFA do not record audio feed.
3. CCTV cameras installed at BCCFA do not capture work stations, meeting rooms or offices in their field of view.
4. CCTV camera lenses are fixed and stationary.
5. Captured video is stored on the network for up to 30 days and then is automatically overwritten with new video.
6. Captured video will only be reviewed if there has been a security related incident or other illegal activity, with the exception of the parkade gate video.
7. Captured video from the parkade gate is reviewed if the gate has been damaged.
8. Captured video is reviewed by authorized personnel including the Executive Director and Director of IT/building staff. No other staff have access to view the captured video.

BC Centre for Ability

Policy #: 3.12
Subject: Use of CCTV Cameras

Effective Date: 16-Jul-18
Revised Date: 02-Oct-19

Page(s): 2 of 2

9. If there is a police investigation of an incident that occurs at BCCFA, captured video that is pertinent to the investigation will be released to police to assist in the investigation.

Reason for Policy

- To help ensure the safety of staff and visitors
- To deter vandalism, dumping of garbage and unlawful entry to the building
- To assist the investigation of security related incidents and other illegal activities
- To ensure employee privacy

References

- Office of the Privacy Commissioner of Canada – Guidelines for Overt Video Surveillance
- BC Civil Liberties Association – Privacy Handbook
<https://bccla.org/privacyhandbook/main-menu/privacy5contents/privacy5-12.html>

Procedures

Notification of the use of CCTV Cameras:

1. Employees were notified of the presence, location, and field of view of all CCTV cameras at the time of installation.
2. New employees are notified of the presence, location, and field of view of all CCTV cameras during orientation.
3. Signs are posted at entry points to the building and in the public areas being monitored to alert employees and visitors of the use of CCTV cameras.
4. If the location or field of view of any CCTV camera is changed, employees will be notified in advance of the change, and a new still image of the field of view will be saved on the network.
5. An employee who suspects that there is an intrusion of their privacy can make a request through the Executive Director to review the live feed of any CCTV camera.

BC Centre for Ability

Policy #: **3.13**


Subject: **Hazardous Material**

Section: **Safety, Security & Health**

of Pages: 4

Signature:

Effective Date: 05-Aug-21



Policy Statements

1. The BC Centre for Ability does not regularly require the use of chemical, biological or physical agents by staff.
2. The BC Centre for Ability does not regularly require the use of controlled products by staff.
3. External contractors may be required to be in the possession of, use and dispose of hazardous substances and controlled products on BC Centre for Ability property.
4. Only authorized staff and contractors with appropriate training, equipment and precautions are permitted to use hazardous substances and/or controlled products.
5. All hazardous material must be stored in appropriate cabinets, flammable material storage cabinets etc. until use and returned for safekeeping after use. Containers of hazardous materials should not be left out when not in use.
6. No hazardous material should be in the vicinity of any clinical space unless locked in a secure place.
7. All hazardous material waste must be dealt with as per manufacture's recommendations.

Reason for Policy

The BC Centre for Ability is committed to provide a safe environment for staff, students, volunteers, outside contractors, clients and visitors of the Centre. The management of hazardous materials through their acquisition, utilization, and storage stages is critical. This policy is written to provide the overall requirements for the management of hazardous materials in all work spaces and facilities of the BC Centre for Ability.

References

BCCFA Policies

- 3.1 Infection Control
- 3.2 First Aid Assistance
- 3.3 Incident Reporting
- 3.4 Reporting Incidents and Injury to WorkSafeBC
- 3.5 Reporting Hazards in the Office

Definition

Hazardous substances

According to subsection 122. (1) of Part II of the *Canada Labour Code*, "hazardous substance includes a controlled product and a chemical, biological or physical agent that, by reason of a property that the agent possesses, is hazardous to the safety or health of a person exposed to it".

Chemical, biological and physical agents

Industrial hygiene:

- a **chemical agent** is a mist, a vapour, a gas, fumes or dusts of a chemical compound or a mixture of chemical compounds that present a hazard to the health of any person exposed to it.
- a **biological agent** is an animal, an insect, a parasite or a micro-organism, such as moulds, fungi, viruses, rickettsiae or bacteria, that present a hazard to the health of any person who comes into contact with it.
- a **physical agent** is an ionizing or non-ionizing radiation, a vibration, a noise and an extreme temperature or pressure that presents a hazard to the health of any person exposed to it.

Controlled products

Section 2 of the [Hazardous Products Act](#) (HPA) defines a **controlled product** as any product, material or substance included in any of the classes listed in Schedule II of the [Controlled Products Regulations](#).

- A. Compressed gas
- B. Flammable and combustible material
 - a. Flammable gases
 - b. Flammable liquids
 - c. Combustible liquids
 - d. Flammable solids
 - e. Flammable aerosols
 - f. Reactive flammable materials

- C. Oxidizing material
- D. Poisonous and infectious material
 - a. Materials causing immediate and serious toxic effects
 - b. Materials causing other toxic effects
 - c. Biohazardous infectious materials
- E. Corrosive material
- F. Dangerously reactive material

Controlled products include a large number of chemical substances, mixtures and products used in the work place, as well as various infectious materials.

Procedures

1. Chemical Agent
 - a. Any chemical agent that may pose a risk to staff, visitors, clients or contractors within the Centre must be declared to the Leader of IT & Building Operations before in use.
 - b. A risk assessment must be conducted and presented to the Director of Building & IT before the work commences.
 - c. All staff and contractors doing work which may cause a risk of chemical agent exposure shall do this work outside of office hours (Monday – Friday 8am – 6pm).
 - d. When the work can't be done outside of office hours then arrangements will be made to ensure the safety of all staff, visitors, clients and contractors such as closing sections of the office, working from home, visit cancellations, appropriate ventilation, PPE.
2. Biological Agent
 - a. Staff always follow Policy 3.1 Infection Control with respect to exposure to common human biological agents.
 - b. If staff come into contact with a non-human biological agent (rats, mice, insects, mold) they are to submit and urgent ticket to building.
 - c. Do not touch or attempt to remove the non-biological agent.
 - d. If staff come into contact with a non-biological agent, follow appropriate infection control protocol.
 - e. Building staff will immediately reduce risk by covering the agent, cordoning off sections of the building or in extreme cases initiating the building evacuation plan.

3. Physical Agent

- a. Building/IT staff and contractors doing structural work at the Centre that may cause a physical disturbance prioritize this work outside of office hours (Monday – Friday 8am – 6pm).
- b. If work is required to be completed during work hours all reasonable precautions are taken to limit physical disturbances.
- c. Staff in impacted areas are notified within 48 hours of work beginning in order to determine alternative arrangements for work on those days and to re-schedule or move client appointments as necessary.
- d. Major structural work may require parts of the building, or the entire building, to be shut down.
- e. Work that will impact client services and staff working arrangement require approval from the Executive Director.

Controlled Products

1. Poisonous and flammable material at the Centre includes cleaning products, grease, lubricants, pest traps, propane.
2. All flammable and poisonous material is stored, used and discarded as per manufacturers recommendations.
3. All flammable and poisonous material is stored in a locked cabinet or room and away from all clinical areas.

Incident management and Reporting

1. Anyone who witnesses a hazard or potential hazard must follow Policy 3.5 Reporting a Hazard.
2. Anyone who sustains an injury while at work must follow Policy 3.2 First Aid as well as 3.3 and 3.4 Incident Reporting/Reporting to Worksafe.
3. The First Aid room is always stocked with supplies and contains an eye wash station should first aid be required.

BC Centre for Ability

Policy #: **3.14**
Subject: **Active Rescue**

Section: **Safety, Security & Health**

of Pages: 3

Signature:

Effective Date: 30-Aug-21



Purpose

In order to ensure safety for BCCFA client and families virtually through electronic media in the event that they express a desire to harm themselves and where other less intrusive interventions have not been successful or are not appropriate.

Policy Statement

BCCFA staff will initiate an “active rescue” in response to instances where individuals receiving services virtually through text, phone, video call, or other electronic media express a desire to harm themselves and where other less intrusive interventions have been unsuccessful or are deemed inappropriate to the situation based on the judgment of the staff person supporting the client.

Procedures

1. If a child, youth, or caregiver expresses (by text, phone, video call, or other electronic media) a desire to harm themselves and is unwilling to safety plan or is in need of more urgent response, the staff person will work with their supervisor or most appropriate/available clinical leader to initiate an ‘**Active Rescue**’. This is when emergency services are contacted in order to secure the safety of a child, youth, or caregiver.
2. Active Rescue is a last resort, the first priority is always to de-escalate the person and help them come up with a plan to stay safe.
3. If less intrusive de-escalation measures are not successful or deemed inappropriate, the BCCFA staff responsibility is to let emergency services know someone needs their help.
4. IF BCCFA staff determine that Active Rescue is necessary:
 - The BCCFA staff member direct messages their Leader or acting Leader and indicates the following – marking the message URGENT in MS Teams:

- Name of client and crisis response needed ○ Location/ community of client.
 - Means and plan
 - Potential hazards for emergency personnel (e.g., weapons, dogs, volatile roommate)
5. The Leader indicates this has been received, notifies and notifies the program assistant and reception that this process is occurring, in case there are other crises or support needed during this time (which would also be diverted to the supervisor).
6. The staff or leader calls 911 and follows protocols if there is an imminent threat to safety.
7. If possible the BCCFA staff member speaking with the client or family member should gather additional information to support active rescue: ○ Where are you? (names of specific location/park, bridge, street house #, etc)
- Date of birth
 - Who are you with?
 - Who and what is the name and contact/address for the most responsible adult/friend in your area?
 - Screen general safety: environment, people, other risk factors, any knives/drugs things that might be unsafe
 - What are you wearing, hair color, glasses, approximate height? ○ Any history of violence or self-injury? ○ Are you on any medications?
 - Any major physical condition we should be aware of
 - (diabetes, major allergies, symptoms of COVID-19)?
8. When calling 911:
- Remain calm
 - State this is a mental health crisis call
 - Ask for police and ambulance, or ambulance with police standby. Can ask to attend without sirens as may frighten the child, youth, or family.

BC Centre for Ability


Policy #: **3.14**
Subject: **Active Rescue**

Effective Date: 30-Aug-21

Page(s): 3 of 3

- Give your name, designation and phone number to the 911 operator and ask the officer to call you while enroute
 - Let them know the client/caregiver is still on the line with the BCCFA staff member
 - Police typically want to know: age and description, location, risk factors, if there are any weapons or hazards nearby.
9. If during a call, video meeting or while text messaging you have concerns about the immediate safety and well-being of the child, youth or caregiver and the call drops or they stop responding to texts:
- Immediately try to re-establish connection.
 - If you are unable to re-establish connection after 5 minutes call 911 and follow the active recovery reporting procedures above.

BC Centre for Ability

	Policy #: 4.1 Subject: Purchasing and Expenditures
Replaces Policy # 1.1	Section: Finance
# of Pages: 4	Signature: 
Effective Date: 20-Apr-00 Revised Date: 06-Oct-14 Revised Date: 14-Nov-18	

Policy Statements

1. Receipts are required for all purchases and expenditures.
2. The BC Centre for Ability (BCCFA) Visa cards are used for Centre business. No personal expenses are charged to this account.
3. Purchases of goods \$50 and under are approved by Program/Department Leaders and are reimbursed through petty cash.
4. Purchases of goods and program expenditures between \$50 and \$3,000 are approved by Program/Department Leaders.
5. Purchases of goods and program expenditures over \$3,000 require the approval of the Program/Department Leader and the Executive Director.
6. Payment of invoices will only be made in Canadian or US dollars.
7. BCCFA will not pay invoices or reimburse expenses submitted more than 90 days after the time the goods were received.
8. BCCFA will not pay invoices or reimburse expenses submitted after the fiscal year end cut-off date.
9. A pro forma invoice is not a formal invoice and cannot be used as a request for payment.

Reason for Policy

To ensure proper accounting measures are followed.

BC Centre for Ability

Policy #: **4.1**
Subject: **Purchase of Goods and Program Expenditures**

Effective Date: 20-Apr-00
Revised Date: 06-Oct-14
Revised Date: 14-Nov-18

Page(s): 3 of 4

To ensure all purchases and expenditures are for the operations of the Centre and all payments are for goods received.

References

Appendices

- Petty Cash Voucher Form
- Cheque Requisition PDF Fillable form
- Visa Card Payment Requisition

Procedures

1. Purchases Under \$50

- Reimbursement for purchases of \$50 and under requires a petty cash voucher to be completed and submitted to the Program/Department Leader for authorization.
- The authorized voucher is forwarded to the Finance Department, along with the receipt.
- The Finance Department reimburses the person who made the purchase in cash.

2. Purchases and Expenditures Between \$50 and \$3,000

- Purchases and expenditures between \$50 and \$3,000 require approval from the Program/Department Leader prior to purchasing the goods or authorizing the expenditure.
- Staff completes a Cheque Requisition Form and gets it authorized by the Program/Department Leader.
- The Program/Department Leader codes the purchase with the appropriate account number.
- The completed Cheque Requisition Form is forwarded to the Finance Department with the receipt or other third-party supporting documents (e.g., workshop registration).
- The Finance Department reimburses the person who made the purchase by cheque.

3. Purchases and Expenditures Over \$3,000

- Purchases and expenditures over \$3,000 require approval from the Executive Director prior to purchasing the goods or authorizing the expenditure.
- Program/Department Leader codes the purchase with the appropriate account number and submits it to the Executive Director for approval.

BC Centre for Ability

Policy #: **4.1**
Subject: **Purchase of Goods and Program Expenditures**

Effective Date: 20-Apr-00
Revised Date: 06-Oct-14
Revised Date: 14-Nov-18

Page(s): 3 of 4

- c. Executive Director signs and returns authorized form to Program/Department Leader
- d. Program/Department Leader makes the purchase and follows steps 2d and 2e above for payment or reimbursement.

4. Invoices and Proof of Receipts

- a. All documents, invoices, receipts and signed Cheque Requisition forms submitted to Finance Department for payment must be original. Where an invoice is handwritten or typewritten (as from an individual), online, faxed and/or emailed directly from a vendor, it must contain the statement 'invoice'.
- b. In the case that the original documents have been lost, a copy may be accepted. The Director of Finance must validate the invoice copy to be accepted.
- c. If an invoice is received beyond 90 days from the time goods were received, the Program/Department Leader needs to present the invoice to the Executive Director for explanation and approval, prior to proceeding with payment.
- d. The Department Director or Program/Department Leader completes a Cheque Requisition Form to request a deposit on a purchase prior to shipment with a proof of purchase order or quote. The deposit request should not exceed 50% of the purchase order or quote. The Department Director or Program/Department Leader must submit the final invoice to the Finance Department with the amount of the deposit paid.

5. Use of Centre Credit Card

- a. The Program/Department Leader uses the Centre credit card issued in their name for Centre business.
- b. Use of the Centre credit card follows the established credit limit of \$5,000.
- c. For purchases over \$3,000, the Program/Department Leader follows procedures 3a – d above.
- d. The Program/Department Leader complete a Visa Card Payment Requisition form for each purchase, and submit the forms (with supporting documentation such as invoices) to the Finance Department.
- e. Monthly statements are distributed to the respective cardholder for verification of outstanding items.
- f. When a staff cardholder submits their resignation to the BCCFA, the staff member stops using the Centre credit card and immediately returns it to the Finance Department for cancellation.

6. Reimbursement of Purchases Made in Foreign Currency

- a. When a staff member has made a purchase in foreign currency, the following options are available for reimbursement. The staff member can either:

BC Centre for Ability


Policy #: **4.1**
Subject: **Purchase of Goods and Program Expenditures**

Effective Date: 20-Apr-00
Revised Date: 06-Oct-14
Revised Date: 14-Nov-18

Page(s): 3 of 4

- i. submit the claim in foreign currency for reimbursement in Canadian funds calculated at the rate of exchange on the date the claim is processed, or
 - ii. submit the credit card statement in Canadian funds for reimbursement. In this case the exchange rate is the rate on the statement.
- b. Invoices are paid in Canadian or US funds. If an invoice is received in another currency, the Program/Department Leader follows up with the issuing company to request a new invoice in one of these currencies.

BC Centre for Ability

	Policy #: 4.2 Subject: Receipting for Tuition Expenses
Replaces Policy # 1.8	Section: Finance
# of Pages: 1	Signature: 
Effective Date: 20-Apr-00 Revised Date: 01-Feb-02 Revised Date: 01-July-09 Revised Date: 01-Jan-12 Revised Date: 26-Sep-19	

Policy Statements

1. BC Centre for Ability (BCCFA) only reimburses tuition expenses for work related professional development activities approved by Department/Program Leaders.
2. Where the BCCFA pays the full amount of the tuition, the BCCFA retains the official receipt. An employee is then not qualified to claim tuition fees on their income tax return.
3. Where an employee makes a personal contribution in part to tuition costs, the BCCFA retains the original receipt, issues a letter to Revenue Canada verifying the amount of tuition contributed by the employee which is given to the employee for income tax purposes.

Reason for Policy

To ensure that employee contributions to tuition costs are recognized and may be claimed as deductions by employees.

References

Appendix

- Confirmation of Tuition Fee Paid Form

Procedures

1) Employee contributes to Tuition Costs

- a. Letter to Revenue Canada
 - i. The employee completes the "Confirmation of Tuition Fee Paid" form, attaches original receipt and submits these to the Director of Finance.
 - ii. The staff member is issued a letter to Revenue Canada stating the amount of tuition paid by the employee, which is submitted to Revenue Canada at the time the employee prepares his or her tax return.

BC Centre for Ability

Policy #: **4.4**
Subject: **Designated Donations**

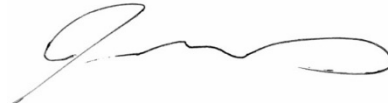
Replaces Policy # 1.13

Section: **Finance**

of Pages: 2

Signature:

Effective Date: 20-Apr-00
Revised Date: 01-Feb-02
Revised Date: 30-Jan-12



Policy Statements

1. BC Centre for Ability (BCCFA) accepts designated donations that are of benefit to the Centre and its clients.
2. All designated donations must be spent and accounted for within the guidelines and timeframes specified by the donors.

Reason for Policy

This policy outlines the procedures for tracking designated donations given to the Centre, and ensures all donors that we are being accountable for the funds that are donated to the Centre.

References

BCCFA Policies

- 4.5 Gifts-in-Kind

Appendix

- Gift in Kind Form

Procedures

1. The Director of Development & Communications receives a designated donation from the donor with terms and conditions for fund utilization.
2. The Director of Development & Communications copies all relevant documents and distributes to Executive Director, Director of Finance and any relevant Program Leaders.
3. The Finance Director works with the Executive Director and Program Leader(s) to set up account and reporting procedures for the funds.

BC Centre for Ability

Policy #: **4.4**

Subject: **Designated Donations**

Effective Date: 20-Apr-00

Revised Date: 01-Feb-02

Revised Date: 30-Jan-12

Page(s): 2 of 2

4. The Program Leader oversees the spending of the donation, ensuring accordance with the terms and conditions stated by the donor, and ensures all payments are supported by original documents
5. Staff and Program Leaders purchasing items, ensure that receipts only contain items for the designated donation.

BC Centre for Ability

Policy #: **4.5**
Subject: **Gifts-In-Kind**

Replaces Policy # 1.14

Section: **Finance**

of Pages: 3

Signature:

Effective Date: 20-Apr-00

Revised Date: 30-Jan-12

Revised Date: 06-Oct-14

Revised Date: 31-Aug-15



Policy Statements

1. BC Centre for Ability (BCCFA) issues receipts for gifts in kind based on Canada Revenue Agency (CRA) regulations and interpretations.
2. The Centre accepts gifts-in-kind that are of benefit to the Centre and its clients.
3. Official donation receipts will be issued for gifts-in-kind based on an assessed fair market value on the date of donation.
4. The Centre does not issue donation receipts for gifts-in-kind with a value less than \$100.
5. An item estimated to be worth more than \$500 must have an external appraisal to determine fair market value.
6. The beneficiary department/program will pay for the cost of the appraisal.
7. BCCFA does not issue official donation receipts for the value of services donated to the Centre.
8. BCCFA does not issue official donation receipts to a business that donates a gift certificate for auctions, raffles or other fundraising activities.
9. BCCFA does issue an official donation receipts to a business that donates a gift certificate directly to the Centre provided it is redeemed for property.
10. BCCFA does issue an official donation receipt to an individual who purchases a gift certificate from a business and donates it to BCCFA

Reason for Policy

This policy outlines the guidelines for issuing official donation receipts for gifts-in-kind, and ensures that the Centre is not at risk of losing its registered charity status.

BC Centre for Ability

Policy #: **4.5**
Subject: **Gifts-In-Kind**

Effective Date: 20-Apr-00
Revised Date: 30-Jan-12
Revised Date: 06-Oct-14
Revised Date: 31-Aug-15

Page(s): 2 of 3

References

CRA Regulations and Interpretations

Definitions

- Gifts-in-kind are donations of property other than cash that meet the following criteria:
 - There is a transfer of property to the Center
 - The property is given voluntarily
 - The donor receives no financial benefit in return
- Fair market value is the highest price which the donated property would bring in an open and unrestricted market between a willing buyer and a willing seller who are both knowledgeable and informed, and who are acting independently of each other.

BCCFA Policies

- 4.6 Official Donation Receipts

Appendices

- Gift-in-Kind Form

Procedures

Gifts-in-Kind valued between \$100 and \$500

- a. Program/Department Leader must determine the benefits of the gift(s) to the Centre.
- b. The Program/Department Leader with appropriate expertise will appraise the donated item and complete the Gift-in-Kind Form.
- c. The Gift-in-Kind Form is forwarded to the Development & Communications Department for donation receipt issuance.
- d. The receipt for Gift-in-kind under \$500 should include:
 - i. the date on which the gift is received
 - ii. a brief description of the item(s)
 - iii. the appraised value of the item(s)
 - iv. mode of fair market value establishment. Examples are internal appraisal, market research, eBay etc.

BC Centre for Ability

Policy #: **4.5**
Subject: **Gifts-In-Kind**

Effective Date: 20-Apr-00
Revised Date: 30-Jan-12
Revised Date: 06-Oct-14
Revised Date: 31-Aug-15

Page(s): 3 of 3

- e. The Development & Communications Department prepares a donation receipt that is signed by the Gift-in-kind donation receipts must be signed by the Director of Finance.

Gifts-in-Kind exceeding \$500 value

- a. The Executive Director, in consultation with Program/Department Leaders must determine the benefit of the gift(s) to the Centre.
- b. The Program/Department Leader arranges for an external appraisal of fair market value on the date it was received. The beneficiary department/program will pay for the appraisal.
- c. Once the external appraisal has been received, the Program/Department Leader completes the Gift-in-Kind Form and forward it to the Development & Communications Department including the following information:
 - i The date on which the gift is received
 - ii A brief description of the item(s)
 - iii The appraised value of the gift
 - iv The name and address of the appraiser
- d. The Development & Communications Department prepares a donation receipt that is signed by the Director of Finance.

Services donated (according to IT-110R3)

- a. Contributions of services cannot be acknowledged by issue of an official receipt. A gift must involve property. Contributions of services (that is, time, skills, effort) are not property and do not qualify for a tax receipt.
- b. The Centre must pay the Service Provider for all services rendered. If the service Providers voluntarily return all or a portion of the payment as a donation to the Centre, a tax receipt will be issued accordingly.

BC Centre for Ability

Policy #: **4.6**
Subject: **Official Donation Receipts**

Replaces Policy # 1.15

Section: **Finance**

of Pages: 2

Signature:

Effective Date: 07-Feb-02
Revised Date: 30-Jan-12
Revised Date: 06-Oct-14
Revised Date: 31-Aug-15
Revised Date: 30-Aug-21
Revised Date: 20-June-24



Policy Statements

1. All official donation receipts (ODR) are issued after cash is received or property transferred.
2. For all donations received from January to November, official donation receipts are issued within 30 days.
3. For all donations received in the month of December, official donation receipts are issued before January 31st of the following year.
4. All official donation receipts are signed by the Executive Director or the Director of Finance.
5. For online donations, official e-Tax receipts are issued automatically.

Reason for Policy

This policy outlines the guidelines for the control of custodian and issuance of official donation receipts to ensure that the Centre is not at risk of losing its registered charitable status for not handling the ODR with due care.

References

Canada Revenue Agency Regulations and Interpretations
Designated Donations

Appendices

- Gift in Kind Form

BC Centre for Ability

Policy #: **4.6**
Subject: **Official Donation Receipts**

Effective Date: 07-Feb-02
Revised Date: 30-Jan-12
Revised Date: 06-Oct-14
Revised Date: 31-Aug-15
Revised Date: 30-Aug-21
Revised Date: 20-June-24

Page(s): 2 of 2

Procedures

1. Official Donation Receipts (ODR)

- a. ODR Custody
 - i. The printing of ODR has to be properly authorized and controlled by the Fund Development Department.
 - ii. All ODR are printed with a pre-printed serial number.
 - iii. All unused ODR are kept in a locked cabinet in the Fund Development Department.
- b. ODR Issuance
 - i. ODR are only used to acknowledge donations already received.
 - ii. The date shown on the ODR has to be within the calendar year of when the donation was received.
 - iii. Original ODR are issued once only for every donation received.
 - iv. A duplicate ODR may be issued upon request.
- c. ODR Filing
 - i. Office copies of issued ODR are filed in the Fund Development Department in numerical sequence.
 - ii. All copies of spoiled ODR's must be retained and marked "cancelled".
 - iii. Missing numbers are traced, and a written report is made to the Finance Director.

2. e-Tax Receipts

- a. When an individual makes an online donation, the web platform will automatically issue them an e-Tax receipt.
- b. Finance Department saves each e-Tax receipt in the following network folder: n:/accounting/monthly financials/year/eTax receipts.
- c. The format of each file name must be: #Receipt number_First initial and full last name date of donation (MM DD YYYY). Example #1423_JCampbell_March 11 2024

BC Centre for Ability

Policy #: **4.7**
Subject: **Taxable Benefits**


Replaces Policy #

Section: **Finance**

of Pages: 2

Signature:

Effective Date: 31-Aug-12
Revised Date: 31-Aug-15
Revised Date: 14-Nov-18



Policy Statements

1. BC Centre for Ability (BCCFA) complies with Canada Revenue Agency (CRA) regulations on taxable benefits.
2. Director of Finance is responsible to ensure BCCFA is compliant with current CRA regulations.
3. BCCFA complies with the Income Tax Act's rules and regulations that require most taxable benefits to be included in net employment income.
4. All taxable benefits are subject to tax deductions and are required to be reported on T4s.
5. Program/Department Leaders who authorize funding for taxable benefits as defined by CRA (see definitions) must inform the finance department when submitting cheque requisitions.

Reason for Policy

To provide guidance for the consistent application of Canada Revenue Agency rules and regulations for taxable benefits and issuance of T4s or T4As.

References

Canada Revenue Agency
Employers' Guide Taxable Benefits and Allowances
Canada Income Tax Act
H.S.A. and BCGEU Collective Agreements

BCCFA Policy

4.2 Receipting for Tuition Expenses

BC Centre for Ability

Policy #: **4.7**
Subject: **Taxable Benefits**

Effective Date: 31-Aug-12
Revised Date: 31-Aug-15
Revised Date: 14-Nov-18

Page(s): 2 of 2

Definitions

- Taxable Medical Benefits
 - Group Life Insurance premiums
 - Medical Service Plan premiums

- Other Taxable Benefits
 - A benefit or allowance paid to the staff in cash, non-cash, or near-cash (i.e. gift card or gift certificate) is a taxable benefit. A list of possible taxable benefits is below. Please refer to “CRA” website under the taxable benefits and allowance for a complete list.
 - Gifts, awards and long-service awards
 - Personal-use of cellular phone service
 - Overtime meals
 - Designated parking fee (not meter parking)
 - Professional membership dues
 - Social Events
 - Event Tickets
 - Transportation to and from home
 - Uniforms and special clothing
 - Non-business-related expense reimbursement

Procedures


1. Taxable Medical Benefits

- a. The premiums paid by BC Centre for Ability on behalf of staff will be included in Employment Income of the taxation year when the premiums were paid.
- b. For staff who are on maternity leave and are eligible for taxable medical benefits, the premiums paid by BC Centre for Ability on behalf of the staff will be included in Employment Income of the taxation year when the premiums were paid.

2. Other Taxable Benefits (i.e. years of service cash award)

- a. Program/Department Leaders who approve the taxable benefits must state “taxable benefits” on the cheque requisition form and submit the form to Finance Department for payment processing.
- b. The Finance Department will pass on the copy of the cheque requisition to HR/Payroll.
- c. HR/Payroll will ensure all taxable benefits paid by BC Centre for Ability on behalf of the staff will be included in box 14 as Employment Income and in the “other information” area under code 40 in the staff’s T4 slip.

BC Centre for Ability

	Policy #: 4.8 Subject: Capital Assets Acquisition and Management
Replaces Policy #	Section: Finance
# of Pages: 2	Signature: 
Effective Date: 31-Aug-12 Revised Date: 06-Oct-14 Revised Date: 31-Aug-15	

Policy Statements

1. The Finance Committee defines the value amount deemed to be capital assets and reviews the value amount every two years.
2. All BC Centre for Ability (BCCFA) purchases and acquisitions over the dollar amount defined by the Finance Committee are considered capital assets.
3. Purchases of capital assets over \$3,000 require approval from Executive Director prior to the purchase(s).
4. Original receipts for the purchases must be submitted to Finance Department for payment processing and Capital Assets Management.
5. All capital assets must be recorded at cost, except donated assets that will be recorded at fair market value.
6. Finance Department calculates amortization annually over its estimated useful life on a straight-line basis.

Reason for Policy

To establish financial responsibilities and accounting procedures associated with the recognition of the assets over their expected useful lives.

References

Generally Accepted Accounting Principles ("GAAP")
Canadian Institute of Chartered Accountants (CICA) Handbook
Contract Agreement with external funding resource

BCCFA Policy

4.1 Purchasing and Expenditures

BC Centre for Ability

Policy #: **4.8**
Subject: **Capital Assets Acquisition
and Management**

Effective Date: 31-Aug-12
Revised Date: 06-Oct-14
Revised Date: 31-Aug-15

Page(s): 2 of 2


Definitions

Capital Assets include the purchase or acquisition of any asset or group of assets with the expected useful life of more than one year and may include Land/building, Equipment, Furniture, Leasehold Improvements, Computer

Procedures

1. BCCFA policy 4.1 is followed for authorization and reimbursement for the purchase of capital assets.
2. Capital assets amortization will be calculated on a monthly basis, using the whole month and not the exact purchase date, over the expected life, and the amortization cost will be presented in the financial statements of the requisitioning department. (i.e. Centre-wide computers are purchased by IT Department; the amortization cost will be presented in the financial statement of IT Department).
3. Capital Assets which are worn out or not meeting the requirements of a department before the end of its expected life may be transferred to another department. The value of transferring capital assets will be determined on the date of transfer based on the residual value.
4. The remaining balance of amortization cost for items beyond repair remain on the requisitioning department's financial statements until the end of the current fiscal year.
5. Capital Assets which are lost or stolen must be identified as disposed on the financial statement of the requisitioning department at the end of the current fiscal year.

BC Centre for Ability

	Policy #: 4.9 Subject: Contract Negotiation and Proposal Submission
Replaces Policy #	Section: Finance
# of Pages: 2	Signature: 
Effective Date: 30-Jan-12 Revised Date: 19-Nov-13 Revised Date: 06-Oct-14 Revised Date: 31-Aug-15 Revised Date: 02-Oct-19 Revised Date: 01-Oct-20 Revised Date: 20-June-24	

Policy Statements

1. BCCFA does not commence service delivery until a contract or subcontract to provide services is in place.
2. Program/Department Leaders notify the Executive Director prior to commencing any contract negotiations and discussions and inform the funder/potential funder that the terms and conditions and payment schedule have to be approved by the Executive Director.
3. The Director of Finance must approve the budget for all proposals and contracts, prior to submission to the Executive Director for approval.
4. Proposal submission for new or additional program funding must have authorization from the Executive Director, prior to submission.
5. The terms and conditions of all contracts must be approved by the Executive Director.
6. All contracts must be signed by the Executive Director and Director of Finance.
7. Contracts with non-Canadian service providers must be submitted to the Director of Finance to ensure tax implications are considered.

Reason for Policy

- To ensure the proposed initiative is in line with the Centre's vision, mission and strategic directions.
- To ensure the proposed initiative has all the necessary financial resources for operation and infrastructure support.

BC Centre for Ability

Policy #: **4.9**
Subject: **Contract Negotiation and Proposal Submission**

Effective Date: 30-Jan-12
Revised Date: 19-Nov-13
Revised Date: 06-Oct-14
Revised Date: 31-Aug-15
Revised Date: 02-Oct-19
Revised Date: 01-Oct-20
Revised Date: 20-June-24

Page(s): 2 of 2

- To ensure the proposed initiative meets all legal requirements and requirements of the Collective Agreements.

Procedures

1. Proposal submission

- a. Program/Department Leaders work with the Director of Finance for budget planning/review and completes the financial analysis form for the proposed initiative.
- b. Program/Department Leaders forward the completed draft proposal including the completed budget information to the Executive Director for review.
- c. Executive Director reviews the draft proposal for submission and will discuss with the Program/Department Leader if there are concerns.
- d. Executive Director forwards the draft proposal to the Finance Committee if there is a risk of inadequate funding for program operation.
- e. Financial Committee will make recommendations to the Board of Directors for approval or disapproval if ongoing discretionary fund is required for program operations.

2. Negotiation of new service agreement and renewal of service contracts

- a. Program/Department Leaders must inform funder/potential funder that terms and conditions and payment schedule have to be approved by the Executive Director.
- b. Program/Department Leaders review all the service deliverables to ensure the Program is able to meet all contractual obligations.
- c. Program/Department Leaders forward the service agreement/contract to the Executive Director and Director of Finance for final review, approval and signature.

BC Centre for Ability

Policy #: **4.10**
Subject: **Diversification of Revenue**

Replaces Policy #

Section: **Finance**

of Pages: 2

Signature:

Effective Date: 10-Jan-12
Revised Date: 02-Oct-19
Revised Date: 20-June-24



Policy Statements

1. The BC Centre for Ability (BCCFA) will have a diversification of revenue strategy in place, to be reviewed and revised annually.
2. The BCCFA will analyze the availability of all sources of funding, including the pros and cons and restrictions of each and will select revenue sources that are consistent to the mission, core values and strategic directions of the Centre.
3. The BCCFA will ensure the new revenue sources do not conflict with existing funding sources.
4. The BCCFA, while acknowledging the need to diversify its revenue base, will continue to pursue existing and potential government funding which supports continued services and program to clients.
5. The BCCFA will attempt as much as possible, to secure stable and consistent long-term funding with limited or no restrictions on use.

Reason for Policy

To lessen over-dependence on government funding.

Government funding comes with restrictions on the use of funding, which limits the independence of the Centre and its ability to pursue objectives and programs which do not meet the criteria of current funding programs.

References

- Diversification of Revenue Strategies: Evolving Resource Dependence in Non-Profit organizations, Karen A. Froelich
- 2020-2023 Strategic Priorities and Plan

Procedures

1. The Board of Directors will work with the Executive Director in including a revenue diversification strategy within the strategic plan, which may include the following:
 - a. Establish new partnerships in service delivery, research, and training.
 - b. Strengthen partnership to create new initiatives.
 - c. Build long-term philanthropic relationships that provide independence from traditional source.
 - d. Explore corporate support to make investments in programs/education materials and equipment.
 - e. Explore social enterprise potential including fee for services to address the unmet needs of clients across life span.
 - f. Explore options to optimize real estate holdings through sublease agreements and co-location

BC Centre for Ability

Policy #: **4.11**
Subject: **Unexpected Loss of Funding**

Replaces Policy #

Section: **Finance**

of Pages: 4

Signature:

Effective Date: 10-Jan-12
Revised Date: 31-Aug-15
Revised Date: 02-Oct-19
Revised Date: 01-Oct-20



Policy Statements

Short-Term Loss of Funding

1. Program/Department Leaders must immediately notify the Executive Director of any potential or known short-term loss of funding.
2. The Executive Director must immediately notify the Finance Committee and the Board of Directors.
3. The Board of Directors consults with the Executive Director and the Director of Finance the impact to clients and the Centre's financial resources before bringing it to a vote.
4. The Board of Directors determines whether or not to fund the loss through alternate sources of funding by way of a majority vote.
5. In situations when alternate funds are approved by the Board of Directors to cover short-term deficits, the Program Leader must develop an action plan with timeline to remediate the funding situations which may include replenishing the funds in consultation with the Executive Director and Director of Finance.
6. The Board is committed to minimizing the impact on clients as much as possible with available resources.

Long Term/Permanent Loss of Funding

1. Program Leaders must immediately notify the Executive Director of any potential or known long-term or permanent loss of funding.
2. The Executive Director must immediately notify the Finance Committee and the Board of Directors.

BC Centre for Ability

Policy #: **4.11**
Subject: **Unexpected Loss of Funding**

Effective Date: 10-Jan-12
Revised Date: 31-Aug-15
Revised Date: 02-Oct-19
Revised Date: 01-Oct-20

Page(s): 2 of 4

3. The Board of Directors reviews information and recommendations provided by the Finance Committee and determines funding support to cover funding loss by a majority vote.

Reason for Policy

The increasing unpredictability of government funding and funding priorities and uncertain nature of philanthropic funds require a proactive response to funding management.

A change or loss of funding may result in significant negative effects on the Association's ongoing financial viability and ability to continue the provision of existing services to clients.

To have clear, transparent and sound policy and strategies in place to follow should a change in funding formula occurs.

References

BCCFA Strategic Plan, 2020-23

Definition

- An unexpected loss of funding is one where a termination date of funding was not known at the onset of funding and the loss is unplanned and unanticipated.
- A short-term loss of funding is less than 90 days duration.
- A long-term loss of funding is 90 days or more duration.
- A permanent loss of funding is when funding is no longer available.

Procedures

Short-Term Funding Loss

1. Program/Department Leaders provide a detailed analysis of program cost, impacts to clients and rationale for Board support to cover funding loss.
2. The Finance Committee reviews information provided by Program/Department Leaders, Director of Finance and Executive Director and make recommendations to the Board of Directors for approval or disapproval for financial support.

If the Finance Committee approves financial support:

BC Centre for Ability

Policy #: **4.11**
Subject: **Unexpected Loss of Funding**

Effective Date: 10-Jan-12
Revised Date: 31-Aug-15
Revised Date: 02-Oct-19
Revised Date: 01-Oct-20

Page(s): 3 of 4

1. Finance Committee, in consultation with the Executive Director and Director of Finance; determine how the program funding loss will be covered by the Association.
2. The Chair of the Finance Committee and the Executive Director present the recommendations to the Board of Directors.
3. The Board of Directors, at the recommendation of the Finance Committee, may select the most appropriate source of funding options as follows:
 - a. Other program efficiencies
 - b. Association cumulated surplus if available
 - c. Association Contingency Fund
 - d. Association interests and investment income if available
 - e. Fundraising dollars
4. The Program/Department Leader works with the Executive Director to develop an action plan to remediate program funding issues.

If the Finance Committee disapproves financial support:

1. The Program/Department Leader, in consultation with Executive Director, must reduce expenses to the extent that the program will break even, with established timeframe and process, or to recommend to the Board of Directors to cease program operation with established timeline and process.
2. The Executive Director will bring recommendation to the Board of Directors to cease program operation.
3. The Executive Director and Director of Development & Communications will develop a communications plan to advise affected clients, staff, volunteers and other key stakeholders of the decision.

Long-Term/Permanent Funding Loss

1. Program/Department Leaders provide a detailed analysis of impacts to clients and explore costs of bridging funding with specific timeline for presentation to the Finance Committee for discussions and recommendations

BC Centre for Ability

Policy #: **4.11**
Subject: **Unexpected Loss of Funding**

Effective Date: 10-Jan-12
Revised Date: 31-Aug-15
Revised Date: 02-Oct-19
Revised Date: 01-Oct-20

Page(s): 4 of 4

2. The Finance Committee review information provided and make recommendations to the Boards of Directors for approval or disapproval for financial support.

If the Finance Committee approves financial support:

1. Finance Committee, in consultation with the Executive Director and Director of Finance, determine how the program funding loss will be covered.
2. The Chair of the Finance Committee and the Executive Director present the recommendations to the Board of Directors.
3. The Board of Directors, at the recommendation of the Finance Committee, may select the most appropriate source of funding options as follows:
 - a. Other program efficiencies
 - b. Association cumulated surplus if available
 - c. Association Contingency Fund
 - d. Association interest and investment income if available
 - e. Fundraising Dollars
4. The Program/Department Leader works with the Executive Director to develop an action plan to explore long-term funding options.
5. If long term funding cannot be secured, the Executive Director will bring recommendation to the Board of Directors to reduce service delivery or cease program operation. In addition, a communications plan will be developed to inform key stakeholders.

If the Finance Committee disapproves financial support:

1. The Executive Director will bring recommendation to the Board of Directors to reduce service delivery or cease program operation.
2. The Executive Director and Director of Development & Communications will develop a communications plan to advise affected clients, staff, volunteers and other key stakeholders of the decision.

BC Centre for Ability

Policy #: **4.12**
Subject: **Deficits**

Replaces Policy #

Section: **Finance**

of Pages: 4

Signature:

Effective Date: 10-Jan-12
Revised Date: 10-Oct-14
Revised Date: 31-Aug-15
Revised Date: 02-Oct-19
Revised Date: 01-Oct-20



Policy Statements

1. The BC Centre for Ability (BCCFA) is committed to establishing break-even budgets for all program operations.
2. Program/Department Leaders are responsible for the preparation of annual operating budgets for their respective programs/departments according to the timeline established by the Finance Committee and in consultation with the Director of Finance and Executive Director.
3. Program/Department Leaders must immediately notify the Executive Director and Director of Finance of any potential increase in expenses or decrease in revenue which will result in a program/department operating deficit.
4. The Executive Director must immediately advise the Finance Committee and the Board of Directors of potential program/department operating deficits.
5. The Board of Directors commits to covering justifiable program/department deficits to minimize impacts on clients within the Centre's financial abilities.
6. In situations when alternate funds are approved by the Board of Directors to cover approved program/department operating deficits, the Program/Department Leader must develop an action plan with timeline to remediate the funding issue.
7. The Centre is committed to replenishing any source of funding used to cover program losses within an established timeframe.
8. The Finance Committee will not approve funding consideration under the following circumstances:
 - Program deficit is not deemed justified by the Board of Directors
 - Program deficit be considered justified by the Board of Directors, but the Association does not hold sufficient funding/financing to sustain the deficit without negatively impacting the Association's ongoing financial viability.

BC Centre for Ability

Policy #: **4.12**
Subject: **Deficits**

Effective Date: 10-Jan-12
Revised Date: 10-Oct-14
Revised Date: 31-Aug-15
Revised Date: 02-Oct-19
Revised Date: 01-Oct-20

Page(s): 2 of 4

Reason for Policy

To establish formal procedures and strategies to address program/department deficits and the funding/finance of the same.

To ensure there are policies and procedures to address deficits not related to unexpected loss of funding.

Even though the Centre is committed to an annual break-even budget for each program area, extenuating circumstances may arise that result in annual operating deficits.

References

BCCFA Strategic Plan 2020-23

BCCFA Policies

4.9 Contract Negotiation and Proposal Submission

Definition

- A program deficit is a projected and anticipated annual operating shortfall of the Association key program areas. The deficits may or may not be known at the initial budget approval stage.
- Program/Department Leader is a member of the Operational Leadership Team.
- Board of Directors is accountable for oversight and governance of the BCCFA Operations as well as assets related to donations and some capital assets.

Procedures

Projected Budget Deficits at Start of Fiscal Year

1. Program/Department Leaders provide a detailed analysis of the program operation cost and rationale for Board support to cover the budget deficits.

BC Centre for Ability

Policy #: **4.12**
Subject: **Deficits**

Effective Date: 10-Jan-12
Revised Date: 10-Oct-14
Revised Date: 31-Aug-15
Revised Date: 02-Oct-19
Revised Date: 01-Oct-20

Page(s): 3 of 4

2. The Finance Committee review information provided by the Program and make recommendations to the Board of Directors for approval or disapproval of financial support.

Projected Budget Deficits Occurring During Fiscal Year

1. It is the responsibility of the applicable Program/Department Leader to immediately notify the Executive Director and the Director of Finance of the anticipated deficits including the circumstances involved.
2. Program/Department Leaders provide a detailed analysis of the program operation cost and rationale for Board support to cover the budget deficits.
3. The Finance Committee review information provided by the Program and make recommendations to the Boards of Directors for approval or disapproval of financial support.

If the Finance Committee approves financial support

1. The Finance Committee, in consultation with the Executive Director and Director of Finance, determine how the deficits will be covered.
2. The Boards of Directors, at the recommendation of the Finance Committee, may select the following most appropriate source of funding options:
 - a. Other program efficiencies
 - b. Association cumulated surplus if available
 - c. Association Contingency Fund
 - d. Association interest and investment income if available
 - e. Fundraising Dollars
3. The Program/Department Leader develops an action plan to remediate program/department funding issues.
4. The Program/Department Leader explores strategies to replenish the funds.

If the Finance Committee does not approve financial support

BC Centre for Ability

Policy #: **4.12**
Subject: **Deficits**


Effective Date: 10-Jan-12
Revised Date: 10-Oct-14
Revised Date: 31-Aug-15
Revised Date: 02-Oct-19
Revised Date: 01-Oct-20

Page(s): 4 of 4

1. The Program/Department Leader, in consultation with the Executive Director, must reduce expenses to the extent that the program/department will break even, within established timeframe and process, or to recommend to the Board of Directors to cease program/department operation within an established timeline and process.
2. The Executive Director will bring forth the recommendation to the Board of Directors regarding ceasing program/department operation.
3. The Executive Director and Director of Development & Communications will develop a communications plan to advise affected clients, staff, volunteers, and other key stakeholders of the decision.

BC Centre for Ability

Policy # **4.13**
Subject: **Allocation of Unrestricted Discretionary Funds**

Replaces Policy #	Section: Finance
# of Pages: 2	Signature: 
Effective Date: 02-Oct-12 Revised Date: 31-Aug-15 Revised Date: 02-Oct-19 Revised Date: 20-June-19	

Policy Statements

1. The Board of Directors of BC Centre for Ability, in consultation with the Executive Director, and the Director of Finance, will determine the amount of unrestricted/discretionary funding available to the Association in the current or upcoming fiscal year.
2. Following the determination of the amount of available unrestricted/discretionary funding available for allocation, the Boards of Directors will determine, in consultation with the Executive Director, and the Director of Finance, the allocation of the actual or anticipated revenues to the Association's current or future programs, initiatives and activities.
3. Ultimate authority for allocation of all unrestricted/discretionary revenue rests with the Board of Directors.
4. Any new or revised allocations that are required throughout the fiscal year will be determined by the Board of Directors, in consultation with the the Executive Director, and the Director of Finance.

Reason for Policy

The BCCFA receives the majority of its unrestricted/discretionary funding in the form of charitable donations, sponsorships, and other philanthropic and community support. These funds are used to strengthen the ability of the Association to meet its mission and strategic directions.

It is important the Association have a clear, transparent and sound policy and procedures in place that identify how unrestricted/discretionary funds are to be allocated to specific BCCFA initiatives or program areas.

BC Centre for Ability

Policy #: **4.13**
Subject: **Allocation of Unrestricted Discretionary Funds**

Effective Date: 02-Oct-12
Revised Date: 31-Aug-15
Revised Date: 02-Oct-19
Revised Date: 20-June-24

Page(s): 2 of 2

Definitions

Unrestricted/discretionary revenue refers to charitable donations, sponsorships, philanthropic support, and other financial support received by either the

Association that does not have restrictions on use at the time of transaction.

Procedures

1. Allocation of Unrestricted/Discretionary Funds

- a. The process for determining allocation of unrestricted/discretionary funds will include the following:
 - I. A review of the Association's annual program budgets and funding, including year-to-date actual financial positions and an assessment of any projected program deficits which may require supplemental funding;
 - II. A review of the current level of funding in the Association's Contingency Fund;
 - III. Any known or anticipated losses of revenues to the Association;
 - IV. A review of desired new initiatives that require funding; and
 - V. The philosophical direction and priorities the Board wishes to pursue for the current/upcoming fiscal year, and the criteria it wishes to apply in considering these decisions.
- b. In undertaking the above analysis, the Boards of Directors may determine that an internal 'request for proposals' for use of unrestricted/discretionary revenues should be issued.
- c. Internal program areas will be invited to submit a proposal for funding, which will be reviewed as part of Procedure 1 above.

2. Reporting and Monitoring

- a. The Executive Director and Director of Finance are responsible to ensure the unrestricted/discretionary funds are allocated appropriately, as per the annual decision of the Boards of Directors.
- b. Program/Department Leaders who received an allocation in the current fiscal year must monitor their respective program budgets and allocated revenue and advise the Director of Finance, and the Executive Director should any significant change in the program budget occur that impacts the allocation.
- c. The Executive Director will notify the Finance Committee and the Boards of Directors.

BC Centre for Ability

Policy # **4.14**
Subject: **Use of Contingency Funds**

Replaces Policy #

Section: **Finance**

of Pages: 4

Signature:

Effective Date: 02-Oct-12

Revised Date: 31-Aug-15

Revised Date: 02-Oct-19



Policy Statements

1. The Contingency Fund, established by the Board of Directors, exists to address short-term financial shortfalls in the Association's day-to-day operations or unexpected emergencies.
2. The Association's Contingency Fund shall at all times be liquid (cash or cash equivalents) and held in the BC Centre for Ability's (BCCFA) financial institution of choice, in a separate bank account from the BCCFA's operating and other accounts.
3. The Contingency Fund will be recorded on the BCCFA's audited financial statements and shown as a separate reserve account.
4. The Contingency Fund will be replenished on an annual basis, in an amount to be reviewed and determined by the Board of Directors, in consultation with the Executive Director and the Director of Finance.
5. The funding source for the Contingency Fund is the BCCFA's general operations account.
6. In years of an operating surplus, a percentage of any such annual surplus will be a supplementary allocation to the Fund, as per the decision of the Board of Directors, in consultation with the Executive Director and Director of Finance.
7. Grants or donations received that are designated for contingency reserves will be allocated entirely to the Contingency Fund upon receipt.
8. Annual required funding for the Contingency Fund will cease once the Fund has reached a balance sufficient to cover three months of standard and current BCCFA operations, based on the BCCFA's most recently audited financial statements.
9. Once the Fund is considered fully funded, annual allocations to the Fund (both standard and surplus) will no longer be required and may be discontinued at the discretion of the Association Board of Directors. Grants or donations received for this purpose will continue to be allocated to the Contingency Fund.

10. It is the purview of the Board of Directors to make investment decisions regarding the Contingency Fund as per the Centre's Investment Policy, keeping in mind that the Contingency Fund must remain in liquid form.
11. The Board of Directors establishes a short-fall amount annually that can be approved by the Finance Committee upon the recommendations of the Executive Director and the Director of Finance.
12. Whenever possible and as early as possible, the Contingency Fund will be replenished in the full principle amount taken from the Fund, by the program area utilizing the funds.

Reason for Policy

To plan for unforeseen and sudden changes in financial operations and to ensure the BCCFA has sufficient cash resources required, in the short-term, to sustain standard operations in the event of unexpected short-term shortfalls in revenue, excess/unexpected expenses, or uninsured losses.

To have clear, transparent and sound policy and procedures in place that governs the establishment, funding and use of the Contingency Fund.

Definitions

- The Contingency Fund is a cash reserve account held by the Association which is governed by this policy but is otherwise unrestricted.
- Short-term is less than 90 days duration.

Procedures

1. Shortfall Amounts Authorized by Finance Committee

- a. Program/Department Leaders identifies the need for contingency funds as the need arises and brings this need to the immediate attention of the Executive Director and the Director of Finance.
- b. Program/Department Leaders work in collaboration with the Director of Finance and Executive Director to conduct an analysis for use of the Fund. The analysis must be documented, including the following:
 - i. The cause of the financial shortfall, including program area;

- ii. The amount of the shortfall;
 - iii. The consequences of not funding the shortfall;
 - iv. Any alternate sources of funding for the shortfall;
 - v. The estimated duration of the shortfall;
 - vi. Confirmation of the applicability of the Contingency Fund;
 - vii. The funding required from the Contingency Fund;
 - viii. Whether the requested Contingency Fund allocation will be replenished, in whole or in part, and an estimated timeline for any such replenishment;
 - ix. Current Contingency Fund balance
- c. The Executive Director and the Director of Finance will bring the analysis to the Finance Committee for review and approval.
 - d. The Executive Director must inform the Board of Directors of the funding shortfall, Contingency Fund use, and the above analysis at the next regularly scheduled Board Meeting.
 - e. In situations where consensus cannot be reached at the Finance Committee, the Chair of the Finance Committee or the Executive Director could request to bring the discussion to the Board Meeting for further discussion and decision.
 - f. If approved, the Executive Director works with the Program/Department Leader to explore options and strategies to replenish the Fund in a timely manner.

2. Shortfall Amount Requiring Board Approval

- a. Program/Department Leaders identify the need for contingency funds as the need arises and brings this need to the immediate attention of the Executive Director and the Director of Finance.
- b. Program/ Department Leaders, Executive Director and Director of Finance will immediately prepare a briefing note for the Finance Committee for review and discussion, including the following:
 - i. The cause of the financial shortfall, including program area; 3
 - ii. The amount of the shortfall;
 - iii. The consequences of not funding the shortfall;
 - iv. Any alternate sources of funding for the shortfall;
 - v. The estimated duration of the shortfall;
 - vi. Confirmation of the applicability of the Contingency Fund;
 - vii. The funding required from the Contingency Fund;
 - viii. Whether the requested Contingency Fund allocation will be replenished, in whole or in part, and an estimated timeline for any such replenishment;
 - ix. Current Contingency Fund balance

BC Centre for Ability

Policy # **4.14**
Subject: **Use of Contingency Funds**

Effective Date: 02-Oct-12
Revised Date: 31-Aug-15
Revised Date: 02-Oct-19

Page(s): 4 of 4

- c. Chair of the Finance Committee and the Executive Director will present the briefing notes and summary of the Finance Committee discussion to the Board of Directors for a decision.
- d. If approved, The Executive Director works with Program/Department Leaders to explore options and strategies to replenish the Fund in a timely manner.

BC Centre for Ability

Policy #: **4.15**
Subject: **Financial Audit**

Replaces Policy #

Section: **Finance**

Pages: 1

Signature:

Effective Date: 30-Sep-12
Revised Date: 02-Oct-19



Policy Statements

1. The BC Centre for Ability (BCCFA) financial records are audited annually by independent Chartered Accountants authorized by the Finance Committee of the Board of Directors.
2. The Board of Directors require the Auditor to produce a management letter upon completion of the audit.
3. The audited financial records are approved by membership at the Annual General Meeting.

Reason for Policy

To demonstrate that the BCCFA's financial position is accurately represented in its financial statements and is implementing sound fiscal practices.


References

N/A

Procedures

1. Director of Finance initiates the annual financial audit with the Audit Firm approved by the Finance Committee.
2. Finance Department works with the Auditors to produce any documentation requested.
3. Upon receipt of the management letter, the Director of Finance completes a plan for any corrective actions necessary and reviews this information with the Board of Directors and the Leadership Team.

BC Centre for Ability

	Policy #: 4.16 Subject: Purchasing for Non-Clinical Services/Goods
Replaces Policy #	Section: Finance
# Pages: 2	Signature: 
Effective Date: 03-June-21	

Related Policies/References

BCCFA Purchasing Policy for Non-Clinical Services

Application

Purchases within the BC Centre for Ability Association

Purpose:

- The purpose of the Purchasing Policy is to provide guidance to all BC Centre for Ability employees with the respect to purchasing functions for non-clinical services.
- To ensure all purchasing policies are followed and expenses are recognized in financial statements in the correct period.

Procedures:

- **For purchases up to \$3,000 CAD** in value, inclusive of taxes, a Purchase Order is not required. Use of standard invoice procedure as per Finance Policy 4.1
- **For purchases above \$3,000 CAD**, the BCCFA will initiate a Purchase Order, following a comparison of 2 quotes from Suppliers or Contractors.
- **For purchases above \$50,000 CAD**, A Request for Proposal (RFP) will be initiated to ensure that the best overall value is obtained for BCCFA in compliance with not for profit sector procurement standards.

Purchase Orders – Standard Terms and Conditions

- Supplier's Purchase orders (PO) will be created by the Purchasing Department and original PO's are forwarded to Finance Department.
- Finance Department will update the Master Purchase Management document to ensure all purchase orders are accounted for.
- Packing slips will accompany all purchased goods, previously shipped or back ordered and will show the Purchase Order number. Goods will be deemed to be delivered only after the Packing Slip is signed by the Program/Department Leader.

- Signed packing slip will be forwarded to Finance to match with original invoice and original PO.
- Finance will update the Master Purchase Management document
- Finance will issue payment to Supplier as per Finance Policy 4.1

Request for Proposal

- A Request for Proposal (RFP) will be completed by the Program/Department Leader and signed by the Executive Director or authorized signatory of the BC Centre for Ability.
- Respondents of the RFP are required to sign the Terms and Conditions and return the proposal within the timelines set out in the RFP document.
- Vendor(s) are selected based on the criteria set out in the RFP and at the discretion of the Program/Department Leader and Executive Director/Signing Authority.

Definition:

- **Supplier** is an independent contractor at arm's length from BCCFA, and not in any other capacity or any relationship including agency, partnership or employee employer.
- **Contractor** means a person or a business that follows an independent trade, business, or profession in which they provide goods or services to the public.
- **Request for Proposal** is a process for prospective contractors to bid on a contract to deliver goods and services as per the terms set out by the BCCFA in the Request for Proposal.
- **Program/Department Leader** is a member of the Operational Leadership Team.
- **Purchasing Department** is the department initiating the purchase.

References:

- BCCFA Finance Policy 4.1
- Canadian Accounting Standards for not-for-profit organizations ("ASNPO")

Appendices:

- Purchase Order Template
- Master Purchase Management Document BC Centre for Ability RFP Template 2021

BC Centre for Ability

Policy #: **5.1**

Subject: **Computer Usage**

Replaces Policy # 4.11

Section: **Information Technology**

of Pages: 3

Signature:

Effective Date: 01-May-09

Revised Date: 30-Mar-12

Revised Date: 25-Sep-18

Revised Date: 31-Aug-21



Policy Statements

1. Staff members of the BC Centre for Ability (BCCFA) are provided Username and password to access network, cloud, database email and Internet services to carry out job functions. All users must follow corporate principles regarding resource usage and exercise good judgement in using these services. Question can be addressed to the IT Department computers and cloud services.
2. BCCFA files, database email, cloud and internet services cannot be accessed unless staff have logged into their BCCFA office.com account.
3. Program/Department Leaders(or designates) ensure that all staff who currently have access to the computers, databases, and cloud services are authorized to have access.
4. Username and password are not to be shared, shared external cloud accounts like zoom, simple survey, etc. are managed and distributed by program supervisors.
5. All BCCFA files and documents must be saved onto the intranet, databases or cloud services provided by the Centre.
6. Program/Department Leaders (or designates) ensure that staff user accounts in BCCFA's cloud services will be immediately discontinued upon termination of employment or leave of absence.
7. Users must log out of computer and cloud services at the end of the work day.
8. Only authorized software programs are to be installed on BCCFA computers, and installation must be performed by the IT department.
9. Use of personal software is prohibited.
10. BCCFA reserves the right to audit the contents of Centre computer, mobile devices, and cloud services resources without notice to staff.
11. Computer, mobile device, database, email, internet, and cloud services privileges are withdrawn without notice to the user if the user breaches the BCCFA Computer and Technology usage agreement.

BC Centre for Ability

Policy #: **5.1**
Subject: **Computer Usage**

Effective Date: 01-May-09
Revised Date: 30-Mar-12
Revised Date: 25-Sep-18
Revised Date: 31-Aug-21

Page(s): 2 of 3

12. Executable files or software from Internet sources are not to be downloaded without notifying the IT department.
13. Staff members do not access or download information from sites that are offensive or that do not meet acceptable community standards.
14. Information that is confidential or of a sensitive nature (particularly client information) is transmitted only through approved services
15. Access to the Internet for personal or non-work-related purposes is permitted provided:
 - access is outside of normal working hours (not on work time)
 - access does not incur additional resource or supply costs to the Centre such as: printing files using Centre printers and paper
use of Centre electronic storage media for personal files
 - personal postings to bulletin boards, newsgroups, etc., include a disclaimer to indicate the material is a personal view or view or position rather than a position or view of the BCCFA.
 - use of the Internet is not for personal financial gain.
 - use of the Internet is not for access to auction, and gambling sites such as eBay, poker.net etc.
16. Email is used with the understanding that accepted community standards for etiquette are observed. E-mail is not used for malicious, rude, obscene or harassing messages.
17. Emails sent and received from the BCCFA domains are property of BCCFA
18. Email is used with the understanding that accepted community standards for etiquette are observed. E-mail is not used for malicious, rude, obscene or harassing messages.
19. E-mail messages, deleted or current, are considered the same as any written notes, memoranda or letters. E-mail can be accessed under Freedom of Information requests.
20. Information that is confidential or of a sensitive nature (particularly client information) is not transmitted or exchanged via E-mail.

Reason for Policy

To provide guidance for digital security for BC Centre for Ability computers and cloud services in order to ensure the security of information on the computer and information the computer may have access to.

BC Centre for Ability

Policy #: **5.1**
Subject: **Computer Usage**

Effective Date: 01-May-09
Revised Date: 30-Mar-12
Revised Date: 25-Sep-18
Revised Date: 31-Aug-21

Page(s): 3 of 3

References

BCCFA Policies

- 5.3 Electronic Files

Appendix

Computer and Technology Resource Usage Agreement

Procedures

1. Program/Department Leaders submit required staffing information to HR and IT department, two weeks in advance of the first working day of new or returning staff.
2. Staff members sign the Computer and Technology Usage Agreement.
3. The IT Department will issue username and password to access Centre computers/workstations, database, and cloud services.
4. Staff members are not to share username and password with anyone for any reason.
5. The IT department will issue computer, mobile devices to staff for business use.

Communicating with Families via Email

1. When communicating through email, staff use only client initials, not their first and/or last names. All file sharing should be performed through the BCCFA approved secure cloud services such as Salesforce or SharePoint.
2. If staff receive an email containing confidential or identifying information, they remove this information when responding to the email, and explain to the sender that BCCFA policy prohibits the sending of confidential or identifying information.

BC Centre for Ability

Policy #: **5.2**
Subject: **Network Security**

Replaces Policy #

Section: **Information Technology**

of Pages: 3

Signature:

Effective Date: 30-Sep-12

Revised Date: 25-Sep-18

Revised Date: 31-Aug-21



Policy Statements

1. Staff are permitted to connect personal mobile devices (i.e. Laptops, Smartphones, tablets etc.) onto the BCCFA Staff WIFI.
2. Staff do not store BCCFA confidential data on mobile devices that are not issued by BCCFA (i.e. storing client files on personal USB key, or personal smartphone).
3. Confidential information on media devices (i.e. optical CD, DVD, Blu-ray, USB etc.) that needs to be sent outside of BCCFA must be encrypted with AES 256Bit or higher.
4. Staff must notify the IT department immediately of lost or stolen BCCFA owned devices.
5. Network activity and access is administered and monitored by IT Department.
6. Network access privileges can be withdrawn without notice if the user breaches the Network Security Policy, Internet Usage Policy or the Computer Usage Agreement.
7. The IT Department is responsible for initiating and implementing the following network security functions:
 - a. All user's passwords (i.e. email, smartphone, laptops, desktop computer, etc.) must be changed every 92 days;
 - b. All assigned laptops must use full disk encryption with AES 256Bit encryption or higher;
 - c. All other assigned mobile devices must have encryption enabled and the IT Department must include Mobile Device Management to remotely wipe device
 - d. Remote offices must connect back to the head office with use of VPN;
 - e. TrendMicro Apex One Antivirus Corporate software is mandatory for all BCCFA computers, laptops, and servers;
 - f. Antivirus software is installed on BCCFA smartphones, and tablets when possible.

BC Centre for Ability

Policy #: **5.2**
Subject: **Network Security**

Effective Date: 30-Sep-12
Revised Date: 25-Sep-18
Revised Date: 31-Aug-21

Page(s): 2 of 3

Reason for Policy

To preserve the integrity, availability, and confidentiality of BCCFA information systems

References

BCCFA Policies

- 5.1 Computer Usage
- 5.2 Network Security
- 7.4 Confidentiality

Appendix

Computer and Technology Resource Usage Agreement

Definition

Mobile Devices include laptops, tablets, cell phones, mobile phones, smart phones, iPhones, Blackberries, PDA's, text pagers, two-way radios and other wireless devices.

Procedures

Username

1. Program/Department Leaders submit a request to HR and IT two weeks in advance of the first working day of new or returning staff.
2. Program/Department Leaders submit a request to HR and IT requesting a username be suspended two weeks in advance of the last working day of staff who have resigned or are going on maternity or other extended leave.
3. HR department will update payroll system, IT Department completes the requested change to the username prior to first or last day of staff.

Lost or Stolen Technology Assets

1. If BCCFA owned computers or mobile devices are lost or stolen, staff immediately notify their Program/Department Leader and the IT Department.
2. IT Department will work in consultation with the Program/Department Leader to determine if the device needs to be remotely erased.
3. IT Department will cancel or put the mobile account on hold if necessary.


Encrypted Mobile Storage Device

1. If BCCFA is required to send confidential information on a mobile storage device i.e. encrypted USB key outside of the agency to a funder, OLT or SLT member sends a support ticket two weeks in advance of required date to request the file be saved onto an encrypted optical USB, CD or DVD.
2. IT Department saves the required information onto the encrypted USB keys, and forwards the password information to the requesting staff.
3. Requesting staff forwards the encrypted USB key to the requesting funding body.

IT Department Procedures

1. The IT department establishes a prompting schedule to ensure staff change their passwords every 92 days.
2. Prior to assigning a computer or a mobile device to staff, the IT Department ensures they meet the Network Security standards for encryption and antivirus software.
3. IT Department installs and maintains VPN technology at all remote offices for secure access to the BCCFA network.

BC Centre for Ability

	Policy #: 5.3 Subject: Electronic Files
Replaces Policy # 4.10	Section: Information Technology
# of Pages: 3	Signature: 
Effective Date: 01-Dec-02 Revised Date: 26-Aug-15 Revised Date: 25-Sep-18 Revised Date: 5-Oct-20 Revised Date: 31-Aug-21 Revised Date: 15-July-23	

Policy Statements

1. User names and passwords are required for access to the BC Centre for Ability's Computers, Networks and Databases, and cloud services.
2. User names and passwords for Salesforce, Office.com, Accpac, Raiser's Edge, and other cloud services are issued by the IT Department.
3. Program/Department Leaders (or designates) ensure that all staff that currently have access to database, cloud services, are authorized to have access, and have the appropriate level of access.
4. Backup of all files, office.com, database, and salesforce are performed on encrypted hard drives, and encrypted cloud services, daily, weekly, monthly, and annually.
5. Confidential information must be sent or shared by supported secure cloud services provided by BCCFA, or on encrypted USB keys.
6. Client information must not be stored on unencrypted media (USB, CD, DVD, Mobile devices).
7. Program/Department Leaders (or designates) ensure that staff Computers, Salesforce, Office.com, Accpac, Raiser Edge, and other cloud services accounts will be immediately discontinued upon termination of employment or leave of absence.
8. Employees must not share their password and user ID with other individual, or log another individual onto database, and cloud services (Salesforce, SharePoint, AccPac, Raisers Edge, using their user ID and password, even only to view data.
9. Third party cloud services like simple survey and Zoom may share user ID and password due to business requirements and is managed and provided by department supervisors.

BC Centre for Ability

Policy #: **5.3**
Subject: **Electronic Files**

Effective Date: 01-Dec-02
Revised Date: 26-Aug-15
Revised Date: 25-Sep-18
Revised Date: 05-Oct-20
Revised Date: 31-Aug-21
Revised Date: 15-July-23

Page(s): 2 of 3

Reason for Policy

To ensure network security of files and databases, as well as client confidentiality is maintained.

References

BCCFA Policies

- 5.1 Computer Usage
- 7.1 Management of Client Files
- 7.4 Confidentiality

Definition

Client Information includes all internal and external documentation and all digital files including photos, video and audio files.

Procedures

Cloud, Network, Database services

1. User name and password are assigned to staff by the IT department.
2. file restrictions on user accounts will be determined by Program/Department Leaders (or designate).
3. Role based access on user accounts and profiles will be determined by Program/Department Leaders and the IT department.
4. All Centre files must be saved onto database or cloud services provided by the Centre.
5. Access to VPN services is limited to only staff that requires it. This will be determined by Program/Department Leaders (or designate)

BC Centre for Ability

Policy #: **5.3**
Subject: **Electronic Files**

Effective Date: 01-Dec-02
Revised Date: 26-Aug-15
Revised Date: 25-Sep-18
Revised Date: 05-Oct-20
Revised Date: 31-Aug-21
Revised Date: 15-July-23

Page(s): 3 of 3

Retention and storage

1. Files are kept on database or cloud services provided by the Centre.
2. IT Department performs backup of databases, and cloud files on a daily, weekly, monthly, and annual basis.
3. Backup data is available for a minimum of five years.

BC Centre for Ability

Policy #: **5.6**

Subject: **Use of Mobile Devices**

Replaces Policy #

Section: **Information Technology**

of Pages: 3

Signature:

Effective Date: 30-Sep-12

Revised Date: 25-Sep-18

Revised Date: 05-Oct-20

Revised Date: 31-Aug-21



Policy Statements

1. Staff do not store confidential data on mobile devices that are not issued by BCCFA (i.e., storing client files on personal USB key, or personal smartphone).
2. Staff do not use BCCFA or personal mobile devices to input or access Salesforce, Office.com, or other cloud services on unsecure networks, such as publicly accessed computers or Wi-Fi networks.
3. Only device managed by IT will be allowed to connect directly to BCCFA databases, and cloud services
4. All BCCFA mobile devices must have approved virus and spyware detection/protection software installed.
5. BCCFA owned portable mobile devices must be physically secured when unattended.
6. BCCFA owned mobile devices must have the capability of being remotely wiped of all information by the IT Department.
7. Program/departments are responsible for managing mobile device distribution to staff and for monitoring staff usage of mobile devices.
 - a. Staff members that require a cell phone during site visits can sign out a spare phone from the program/department leaders (or designates).
 - b. Staff will pay for all personal phone calls made on company cell phones.
 - c. Staff who are given a BCCFA cellular phone for their exclusive use, sign an agreement.
 - d. Staff will reimburse BCCFA for lost or damaged cellular phones.
 - e. Smartphones with data plans will only be available for staff that need this service for business use.
8. Program/department leaders are responsible for managing app/software licensing for mobile devices.
9. Staff will reimburse their program/department if a mobile device is lost or damaged while in their care.

BC Centre for Ability

Policy #: **5.6**

Subject: **Use of Mobile Devices**

Effective Date: 30-Sep-12

Revised Date: 25-Sep-18

Revised Date: 05-Oct-20

Revised Date: 31-Aug-21

Page(s): 2 of 3

10. BCCFA IT Department will remotely wipe mobile devices without warning if there is evidence of risk to BCCFA network systems. (If a device is jailbroken, rooted, contains security vulnerability)

Reason for Policy

To preserve the integrity, availability, and confidentiality of BCCFA information.

References

BCCFA Policies

- 5.2 Network Security
- 5.6 Use of Cellular Phones
- 7.4 Confidentiality

Definition

Mobile Devices include laptops, tablets, cell phones, smart phones and other wireless devices.

Procedures

Lost or Stolen Mobile Devices

1. If BCCFA owned mobile devices are lost or stolen, staff immediately notify their Program/Department Leader and the IT Department.
2. IT Department will work in consultation with the Program/Department Leader to determine if the device needs to be remotely erased.
3. IT Department will cancel or put the mobile account on hold if necessary.

Program/Department Management of Mobile Devices

1. Program/Department Leaders identify mobile devices necessary for their department needs and forward the request to the IT Department.

BC Centre for Ability

Policy #: **5.6**

Subject: **Use of Mobile Devices**

Effective Date: 30-Sep-12

Revised Date: 25-Sep-18

Revised Date: 05-Oct-20

Revised Date: 31-Aug-21

Page(s): 3 of 3

2. IT Department determines if requested devices can meet the requirements for network security.
3. IT Department purchases all equipment, and charges it to program/department.
4. IT Department distributes devices to staff and Program/Department Leaders monitor staff usage.

Program/Department Leaders purchase apps and update software on an ongoing basis.

Program Cellular phones Sign In/Out of Cellular Phone

- a. Staff follow program/department procedures for signing in and out BCCFA cell phones.

Assigned BCCFA Cellular phones (timeline)

- a. Staff follow program/department procedures for signing in and out BCCFA cell phones.

BC Centre for Ability

Policy #: **5.8**
Subject: **Equipment Disposal**

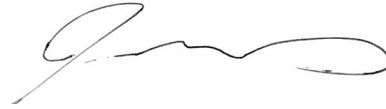
Replaces Policy #

Section: **Information Technology**

of Pages: 1

Signature:

Effective Date: 30-Jun-12
Revised Date: 25-Sep-18



Policy Statements

1. IT Department is responsible for proper disposal of BCCFA owned technology assets that have reached the end of their useful life.
2. IT Department securely erases all storage mediums in accordance with current industry best practices prior to disposal.
3. Equipment which is working, but has reached end of its useful life to BCCFA, is donated to the Electronic Recycling company (IE. era.ca, etc)


Reason for Policy

To ensure proper disposal of technology equipment, and avoid negative ramifications to BCCFA, including fines, negative public perception and cost to notify constituents of data loss or inadvertent disclosure.

Procedures

1. Program/Department Leaders forward all technology assets that have reached the end of their useful life to the IT Department.
2. IT Department securely erases all storage mediums and determines if the equipment is still in working order.
3. Working and non-working items are sent to electronic recycling organizations

BC Centre for Ability

	Policy #: 5.9 Subject: Staff and Visitor Access to Wireless Network
Replaces Policy #	Section: Information Technology
# of Pages: 1	Signature: 
Effective Date: 30-Sep-12 Revised Date: 26-Aug-15 Revised Date: 25-Sep-18 Revised Date: 31-Aug-21	

Policy Statements

1. Staff and visitor access to an external wireless network is made available to all BCCFA visitors on site at 2805 Kingsway office.
2. Visitor access is granted for three hours at a time.
3. Visitor must accept terms of use when prompted on the device browser in order to access internet.
4. Staff and visitor wireless access is only available during BCCFA business hours.
5. Network and internet activity and access are monitored by IT Department.
6. BCCFA is not responsible to safeguard the personal and business confidentiality of visitors when they use the external wireless network.
7. Wireless internet access privilege can be withdrawn without notice.

Reason for Policy

To preserve the availability of BCCFA public internet services for clients, staff, and partners while at 2805 Kingsway head office.

Procedures

1. Visitor wireless name (SSID) and password information is posted at reception where visitors check in. Staff wireless (SSID) and password is posted in ADP or can be obtained from the IT Department.
2. Visitor access is granted for a period of three hours, while staff wireless has no limit during business hours.
3. When visitor connect to WIFI device should open up local browser for terms of use, if not prompted open default browser to see terms of use.
4. If visitors require more than three hours of access, they can sign back into the wireless network, a prompt will show up through their browser,

BC Centre for Ability

Policy #: 5.10

Subject: **Virtual Health Policy**

Replaces Policy

Section: **Information Technology**

of Pages: 3

Signature:

Effective Date: 18-Mar-20



Policy Statements

1. To provide accessible care to families the BC Centre for Ability (BCCFA) allows the use of Virtual Health platforms that meet the Personal Information Privacy Act (PIPA) and the Freedom of Information and Protection of Privacy Act (FOIPPA).
2. Virtual Health platforms will be reviewed and inspected by the IT department prior to implementation. Staff are required to submit requests to the IT department prior to downloading or installing any applications to their BCCFA computers or mobile devices.
3. All staff must ensure that clients have been provided informed consent prior to the use of a Virtual Health platform and that the consent has been documented in the program client file on Salesforce.
4. Use of personal software or devices are prohibited, all Virtual Health visits must be performed using a BCCFA laptop, tablet, phone or iPad.
5. BCCFA reserves the right to audit the contents of the Virtual Health platform without notice to staff.
6. Computer access and Virtual Health privileges are withdrawn without notice to the user if the user breaches the BCCFA Computer and Technology usage agreement.
7. Clients have the right to request information or lodge complaints related to their Virtual Health visits. If a complaint arises, staff are advised to provide the client with the information for the BCCFA Privacy Officer which can be found in the Staff Handbook.

Reason for Policy

To provide guidance for staff while using Virtual Health platforms with BCCFA clients and to ensure client privacy and confidentiality during Virtual Health visits.

References

BCCFA Policies

- 5.1 Computer Usage
- 5.3 Electronic Files

Appendix

Computer and Technology Resource Usage Agreement Staff
Confidentiality Agreement
Service Provider Confidentiality Agreement

Procedures

1. Prior to installing Virtual Health platforms, the BCCFA staff and service providers will be required to review the virtual Health policy and sign the staff and service provider confidentiality agreement.
2. Clients will be required to sign a consent statement prior to commencing a Virtual Health visit. This consent statement will be provided directly through the Virtual Health platform and a record of consent will be kept on the client file in the BCCFA client record management system.
3. To ensure clients understand how the Virtual Health platform will be used, staff will also provide a consent statement to clients via email, prior to enrolling in Virtual Health visits and ensure they have full understanding of the platform.
4. The consent statement will include the following language:
 - A Virtual Health visit will include a discussion about details of your or your child's medical history, examinations, therapy treatment with medical professionals through an online, secure videoconference.
 - All video and audio recordings will be managed according to Provincial and Federal privacy laws.
 - Reasonable and appropriate measures have been taken to ensure client privacy and confidentiality. Please refer to the BCCFA privacy policy for additional information.
 - Virtual care has some inherent privacy and security risks that your health information may be intercepted or unintentionally disclosed. We want to make sure you understand this before we proceed. In order to

improve privacy and confidentiality, we recommend you take steps to participate in this virtual visit in a private setting and should not use an employer's or someone else's computer/device as they may be able to access your information.

- We will collect some personal information to confirm your identity and enable you to access Virtual Health visits. We will only send your personal information to the personal webmail address which you have provided to us. All of the information which you provide to us, including information about the care you receive, will be kept completely confidential.
 - If you choose not to consent, you will not be able to access Virtual Health visits.
5. During the Virtual Health visit staff will be supported by the IT department should there be any IT challenges due to network limitations. Staff will be required to test the platform prior to all client calls.
 6. Client documentation will continue to follow Policy 7.1 Management of Client Files and the Virtual Health visit will be recorded in the client notes in the program client file on Salesforce.

BC Centre for Ability

Policy #: **5.11**
Subject: Use of Intranet and Extranet

Replaces Policy #

Section: **Information Technology**

of Pages: 2

Signature:

Effective Date: 31-Aug-21



Policy Statements

Extranet services

1. All Intranet and Extranet connectivity will go through a security review with the IT department. The reviews are to ensure that all access matches the business requirements in the best possible way, and that the principle of least access is followed.
2. All new connections requests between third parties and BCCFA required that the third party and BCCFA representatives agree to the Third-Party Agreement, which will be displayed when third party's login to use services.
3. The sponsoring organization must designate a person to be the Point of Contact (POC) for the extranet connection. The POC acts on behalf of the Sponsoring Organization and is responsible for those portions of the policy and the Third-Party Agreement that pertains to it. In the event that the point of contract changes, the relevant Organization must designate a new POC.

Intranet services

1. Files within the intranet are not to be shared to third parties for any reasons.
2. Files requiring third party access are to be copied to external sharing site.
3. All files must be saved into intranet or cloud services provided by BCCFA.

Reason for Policy

To provide file storage for BCCFA, and enable third party organizations the ability to connect to BCCFA files for the purpose of transaction business related to BCCFA.

Procedures

Extranet access

1. Files intended for sharing must be copied from the Intranet and saved into the extranet site.
2. Staff need to verify email address from third party over the phone or email.

BC Centre for Ability

Policy #: 5.11
Subject: Use of Intranet and Extranet

Effective Date: 31-Aug-21

Page(s): 2 of 2

3. Staff will need to enter email address of third party and provide sharing access levels.
4. Third party will be emailed access link and asked to agree to agreement prior to accessing files.

Intranet access

1. Login to laptop with username and password, access intranet to locate files.
2. Work within the intranet for internal files, and copy files over to extranet if you need to share with third parties.
3. When sharing files with external parties is complete copy files from extranet and replace internal file.
4. Close external sharing with third parties.

BC Centre for Ability

Policy #: **6.1**
Subject: **Student Fieldwork**

Replaces Policy # 3.21

Section: **Students and Volunteers**

of Pages: 3

Signature:

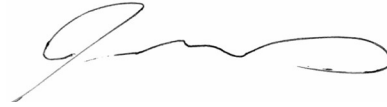
Effective Date: 14-Dec-04

Revised Date: 30-Jan-12

Revised Date: 26-Aug-15

Revised Date: 02-Oct-19

Revised Date: 08-Aug-22



Policy Statements

1. BC Centre for Ability (BCCFA) provides student placements in areas relating to our scopes of practice.
2. BC Centre for Ability staff will provide supervision of students doing their clinical and fieldwork experiences.
3. A signed agreement must be in place with the university/college involved prior to the commencement of the placement
4. Departments providing student placement must ensure that client and staff support services are not compromised.
5. The student must comply with the Centre's mission, ethical guidelines, and policies and procedures.
6. The student placement will be terminated if there is a proven violation of the criminal code and/or ethical guidelines.
7. Students are never alone with a client in the community and are always accompanied by a BCCFA staff.
8. At any BCCFA site, students can be alone with a client and guardian with access to immediate supervision from BCCFA staff.

Reason for Policy

To ensure students have appropriate support and supervision to facilitate their learning and to ensure there is no disruption of quality service to clients and families.

BC Centre for Ability

Policy #: **6.1**
Subject: **Student Fieldwork**

Effective Date: 14-Dec-04
Revised Date: 30-Jan-12
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 08-Aug-22

Page(s): 2 of 3

References

Agreements with UBC School of PT, OT, SW and SLP

BCCFA Policies

- 1.4 Criminal Record Check
- 7.4 Confidentiality

Appendices

Student Confidentiality Agreement

Procedures

1. Therapy Programs

- a. Universities requesting that students participate in a clinical fieldwork experience at BCCFA must have a signed agreement between the University and BCCFA that stipulates that the University obtains a criminal record check through the Provincial Criminal Record Review program, prior to a student placement occurring.
- b. Students will be required to sign a confidentiality form at BCCFA on or before the first day of their placement.
- c. Students will be encouraged to provide the BCCFA staff members who are acting as their supervisors with written feedback on their experience at BCCFA.
- d. BCCFA staff who are clinical educators will be responsible for providing students with a supportive learning environment, an appropriate level of supervision, and opportunities to implement assessment and treatment with clients and their families.
- e. Program Leaders and clinical educators will be required to orient the students to the Centre and follow the week by week guidelines or job functions established by the University for the practical experience.
- f. Clinical educators will be required to evaluate the students as outlined in the agreement with the University.

BC Centre for Ability

Policy #: **6.1**
Subject: **Student Fieldwork**

Effective Date: 14-Dec-04
Revised Date: 30-Jan-12
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 08-Aug-22

Page(s): 3 of 3

If expectations of the student and/or BCCFA are not being met, the student's clinical educator will work with the student to find an acceptable solution. If this process is unsuccessful, the BCCFA clinical educator will contact the clinical coordinator at the affiliated University in order to determine an appropriate plan of action for resolving the issue.


- g. Clinical educators and program leaders are required to complete all documentation described in the agreement with the University at the completion of the placement.

2. Other Programs

If other programs accept student placements, program leaders will follow the above policies and procedures, ensuring that:

- a. There is a signed contract in place with the educational institution;
- b. Guidelines for identification of duties, responsibilities and supervision and assessment of student placement are developed prior to commencement of placement;
- c. Orientation and training documents are developed prior to commencement of placement.

BC Centre for Ability

	Policy #: 6.2 Subject: Recruitment and Use of Volunteers
Replaces Policy # 3.20	Section: Students and Volunteers
# of Pages: 4	Signature: 
Effective Date: 20-Apr-00 Revised Date: 30-Jan-12 Revised Date: 13-Feb-14 Revised Date: 06-Aug-15 Revised Date: 02-Oct-19	

Policy Statements

1. Volunteers are used for activities that are outside of bargaining unit work.
2. There are two categories of volunteers:
 - one-time or casual positions (for specific events or one-time jobs)
 - ongoing positions
3. All volunteers must complete the BC Centre for Ability (BCCFA) volunteer registration form.
4. All volunteers must sign a BCCFA confidentiality agreement.
5. All ongoing volunteers must have a criminal record check prior to beginning their volunteer assignment
6. All one-time/casual volunteers who have access to financial information and/or the donor database, must have a criminal record check.
7. All ongoing volunteers must sign an agreement that includes:
 - Mutually agreed upon time commitment
 - A description of the scope of their duties and responsibilities
 - Mutually agreed upon expectations and accountability
 - Name of supervisor and mutually agreed upon expectations for support and supervision
 - The dismissal and resignation procedures for volunteers
8. No BCCFA volunteers will be left alone with persons served.
9. Volunteers will not have access to medical records of clients.
10. Ongoing volunteers will receive an annual performance assessment appropriate to the scope of their duties.

BC Centre for Ability

Policy #: **6.2**
Subject: **Recruitment and Use of Volunteers**

Effective Date: 20-Apr-00
Revised Date: 20-Aug-09
Revised Date: 13-Feb-14
Revised Date: 06-Aug-15
Revised Date: 02-Oct-19

Page(s): Page 2 of 4

11. Volunteers must comply with the Centre's mission, ethical guidelines, and policies and procedures.
12. The volunteer placement will be terminated if there is a proven violation of the criminal code or ethical guidelines.

Reason for Policy

To ensure there is a clear understanding between volunteers and Centre staff regarding the scope of responsibilities, expectations and support and supervision requirements for the volunteer placement.

To ensure volunteers have a positive placement that advances their personal and professional growth, and that meets the needs of the BCCFA.

To ensure:

- Risk Management for BCCFA
- Protection of confidential information
- Volunteers are aware of and in compliance with the Policies and Procedures of the BCCFA.

References

BCCFA Policies

- 1.4 Criminal Record Search
- 7.4 Confidentiality

Appendices

- Volunteer Confidentiality Agreement
- Volunteer Application Form
- Computer and Technology Resource Usage Agreement

Procedures

A. One-time and Casual Volunteers (involved in specific -short term events/activities)

1. BCCFA Program Leader in charge of the event will:

- a. Identify the need for volunteer position(s)
- b. Interview and identify a suitable candidate

Effective Date: 20-Apr-00
Revised Date: 20-Aug-09
Revised Date: 13-Feb-14
Revised Date: 06-Aug-15
Revised Date: 02-Oct-19

Page(s): Page 3 of 4

- c. Explain the expectations and role of the Volunteer position
- d. Ensure that the BCCFA volunteer registration form is completed
- e. Ensure that the BCCFA Volunteer Confidentiality Agreement is signed and kept on file
- f. Determine orientation requirements, and ensure relevant orientation is completed
- g. Pre-approve any allowable expenses included in the volunteering duties, and notify Volunteer of allowable expenses
- h. Assign an employee to supervise the volunteer for the duration of the event they are assisting with.

B. Ongoing Volunteers

1. BCCFA Program Leader will:
 - a. Identify the need for a volunteer position based on operational needs.
 - b. Discuss the position with HR to ensure Volunteers will be used for activities that are outside of bargaining unit work.
 - c. Develop a job description and volunteer agreement that includes the scope of duties and responsibilities, desired time commitment, required skills, expectations and accountability and level of supervision and support required.
 - d. Based on the job description, develop and post a volunteer posting
 - e. Review resumes and interview prospective volunteers
 - f. If a suitable volunteer is identified, discuss and agree upon the required time commitment, scope of responsibilities, expectations and level of supervision and support.
 - g. Complete reference checks on prospective volunteers who are determined to be suitable for the position
 - h. Submit an IT/building request a minimum of two weeks prior to start date if volunteer will require network access, email or phone (Volunteers cannot have access to medical records of clients).

BC Centre for Ability

Policy #: **6.2**
Subject: **Recruitment and Use of
Volunteers**

Effective Date: 20-Apr-00
Revised Date: 20-Aug-09
Revised Date: 13-Feb-14
Revised Date: 06-Aug-15
Revised Date: 02-Oct-19

Page(s): Page 4 of 4

- i. If volunteer will have access to the network, ensure the volunteer signs a BCCFA Computer Usage Agreement.
 - j. Ensure that the BCCFA volunteer registration form, and volunteer agreements (with mutually agreed upon time commitment, scope of responsibilities, expectations and levels of supervision and support) are completed and signed
 - k. Ensure a criminal record check is completed through the provincial Criminal Record Review Program prior to commencement of volunteer position
 - l. Ensure a Volunteer Confidentiality Agreement is signed and kept on file
 - m. Notify reception of start date and schedule.
 - n. Provide orientation necessary for the scope of responsibility of the volunteer position, including building and OH&S orientation.
 - o. Ensure the volunteer is supervised by qualified staff
 - p. Pre-approve any allowable expenses included in the volunteering duties, and notify Volunteer of allowable expenses
2. The Program Leader will meet with each Volunteer on an ongoing basis to ensure volunteer placement is mutually beneficial and to discuss quality of work, expectations, supervision and support requirements and to provide regular feedback.
 3. If the expectations of the volunteer and/or BCCFA are not being met, the Program Leader will work with the volunteer to find an acceptable solution. If this process is unsuccessful, the Program Leader will reassign the volunteer to a more suitable role, or will terminate the volunteer agreement.

BC Centre for Ability

Policy #: 7.1
Subject: **Management of Client Files**

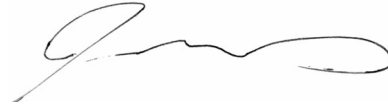
Replaces Policy # 1.2

Section: **Client Records and Confidentiality**

of Pages: 3

Signature:

Effective Date: 29-Nov-99
Revised Date: 26-Aug-15
Revised Date: 26-Jul-18
Revised Date: 31-Aug-21



Policy Statements

Main Client Files

1. Files are maintained for all clients and each client will have on source of truth for their active client record on the BCCFA Salesforce CRM platform.
2. Paper-based documents, such as a referral form, are to be scanned and uploaded to the main client file on Salesforce. There will be no paper-based client file stored at the BCCFA site.
3. All client files for children are archived for seven (7) years past the age of majority and for adults, for seven (7) years after discharge.
4. All main client files are kept in BCCFA's cloud services or a designated safe and secure storage area (archived paper files only).
5. Main client files are not to be removed from BC Centre for Ability (BCCFA)'s cloud services storage.
6. Videotapes, electronic database client information and program/department files are part of the main client file.
7. Visit notes are entered into the main client file before the end of the employee's next working day following the appointment date. Clinical staff adhere to their professional standards if those standards are more stringent than this policy.
8. Copies of third-party reports/assessments are not to be removed or shared with anyone other than BCCFA staff who have access to the client files.
9. Clients have the right to view their client file and must follow the procedures as outlined in Policy 7.5.

BC Centre for Ability

Policy #: **7.1**
Subject: **Management of Client Files**

Effective Date: 29-Nov-99
Revised Date: 26-Aug-15
Revised Date: 26-Jul-18
Revised Date: 31-Aug-21

Page(s): 2 of 3

Storage and Handling of Client Files

1. Staff must take every precaution to ensure safe handling and keeping of confidential client records in Centre offices and in the community.
2. Client-specific documentation on computers should be stored in appropriate cloud services (i.e. not on computer desktop or personal laptops).
3. Only one client file should exist for active clients and once a client is no longer active the client file will be saved in the BCCFA archived files on the BCCFA cloud storage service.

Reason for Policy

To provide client confidentiality and security of client information and appropriate documentation of client, BCCFA and community interactions.

For most of its programs, BCCFA adheres to the Personal Information Protection Act (PIPA) but it also can fall under the Freedom of Information and Protection of Privacy Act for parts of the client files that are under MCFD jurisdiction.

“Section 30 of the Freedom of Information and Protection of Privacy Act requires government agencies and other public bodies to take reasonable security measures to – among other things – guard against unauthorized access, disclosure or disposal of personal information. Personal information is defined as “recorded information about an identifiable individual” and includes, therefore, everything from an individual’s name and address to more sensitive information like an individual’s medical or financial information.”

References

Personal Information Protection Act (PIPA)
Freedom of Information and Protection of Privacy Act (FOIPPA) Professional Practice Documentation Standards

BCCFA Policies

7.4 Confidentiality
7.5 Privacy Rights of Clients

Effective Date: 29-Nov-99
Revised Date: 26-Aug-15
Revised Date: 26-Jul-18
Revised Date: 31-Aug-21

Page(s): 3 of 3

Procedures


1. Management of Client Files

- a. Each Program Leadership team determines the content criteria for documentation in Salesforce and SharePoint. Please refer to program manuals for specific client record management requirements for your program or discipline.
- b. Client and/or family e-mails relevant to the client's treatment are kept in the program client file.
- c. Audiovisual recordings of the client for assessment, intervention and home program purposes are noted on the client's file (along with the location of the recording).
- d. All programs will follow the same archiving process which will require active client files to remain on Salesforce. Once a client is no longer active the client file will be archived in the BCCFA cloud storage and kept for the appropriate time as per program requirements and/or professional standards whichever is longer.
- e. Any designated area for paper file storage of hard-copy information is locked after hours.
- f. All cloud-based storage solutions follow a role-based access security model as per the security matrix created by the building and IT department.
- g. If client information is ever lost or stolen, staff will notify Program/Department Leaders immediately and follow the agency's procedures for reporting a breach of privacy.

2. Chart Entries

- a. Staff are required to complete their written documentation for each client contact before the end of their next working day.
- b. Clinical staff follow their professional standards regarding chart entries if they are more stringent than (a) above.
- c. Chart entries entered after the end of the next working day must be documented as a "Late Entry".

BC Centre for Ability

	Policy #: 7.2 Subject: Consent to Obtain and Release Information for Child Clients
Replaces Policy #	Section: Client Records and Confidentiality
# of Pages: 4	Signature: 
Effective Date: 20-Apr-00 Revised Date: 31-Aug-12 Revised Date: 26-Aug-15 Revised Date: 02-Oct-19 Revised Date: 13-Aug-21	

Policy Statements

1. Obtaining and releasing of information regarding a child client must comply with the Freedom of Information and Protection of Privacy Act of BC (FOIPPA) and the Personal Information Protection Act of BC (PIPA).
2. No information on a child client can be shared or obtained, verbally or in written form, without the parent/legal guardian's consent.
3. Staff must establish on intake who the legal guardian(s) are of the child and whether there are any court orders that are in force that deal with guardianship, protection, parental responsibilities, parenting time and/or contact. See appendices for information related to the various orders.
4. Prior to the delivery of services, a parent/legal guardian must sign the Consent to Obtain and Release Information (CORI) form, giving permission to obtain and release information to and from designated individuals and/or agencies.
5. Where a child client is in the care and/or custody of the Director of Child Welfare with the Ministry of Children and Family Development (MCFD) or Delegated Aboriginal Agency (DAA), consent to obtain and release information must be obtained from the Director or the child's legal guardian.
6. Every CORI form must be signed by parents/legal guardians, dated, and maintained in the child/youth's main file. Electronic signatures are accepted.
7. All revisions to the CORI form must be signed by parents/legal guardians, dated and maintained in the child/youth's main file.

BC Centre for Ability

Policy #: **7.2**
Subject: Consent to Obtain and Release Information for Child Clients

Effective Date: 20-Apr-00
Revised Date: 31-Aug-12
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 13-Aug-21

Page(s): 2 of 4

8. Any change to a child's custody or guardianship must be documented in Salesforce and new consent forms must be complete using the community portal or a physical consent form
9. Written consent to obtain and release information is valid for a maximum of one year from the signed date on the CORI form.
10. Where a child client is in the care and/or custody of the Director of Child Welfare with MCFD or DAA, consent is valid for the duration of the Care Agreement or Order, to a maximum of one year.
11. Parents/legal guardians have the right to withdraw consent to obtain and/or release their own or their child/youth's personal and medical information at any time. BC Centre for Ability (BCCFA) has the responsibility to explain any consequences of withdrawal of consent to the person making the request.
12. The Personal Information Protection Act (PIPA) allows BCCFA staff to disclose personal information without consent in the following circumstances:
 - The disclosure is clearly in the interests of the individual and consent cannot be obtained in a timely way
 - The disclosure is necessary for the medical treatment of the individual and the individual does not have the legal capacity to give consent.

Reason for Policy

To comply with FOIPPA and PIPA

To protect confidentiality of client information

References

- Personal Information Protection Act (PIPA)
- Freedom of Information and Protection of Privacy Act (FOIPPA)

BCCFA Policies

- 7.1 Management of Client Files

BC Centre for Ability

Policy #: 7.2 Subject: Consent to Obtain and Release Information for Child Clients
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Effective Date: 20-Apr-00 Revised Date: 31-Aug-12 Revised Date: 26-Aug-15 Revised Date: 02-Oct-19 Revised Date: 13-Aug-21

Page(s): 2 of 4

- 7.4 Confidentiality
- 10.1 Release of Information to Lawyers and Law Enforcement Officers

Appendices

Consent to Obtain and Release Information form

BC Centre for Ability

Policy #: **7.2**
Subject: Consent to Obtain and Release Information for Child Clients

Effective Date: 20-Apr-00
Revised Date: 31-Aug-12
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 13-Aug-21

Page(s): 3 of 4

Procedures

1. Consent to Obtain and Release Information Forms

- a. Prior to the delivery of services, through each program's intake process, electronic CORI forms are sent/brought to the parents/legal guardians of the child/youth. Completed forms are returned to BCCFA and saved to the program client file
- b. BCCFA staff ensure new information is entered into Salesforce and new consent forms are obtained when they are notified that the decision-making authority for a child has changed.
- c. In the event that BCCFA is notified that a child is the subject of an adoption plan or a completed adoption plan, a note is entered in Salesforce and contact information is updated as necessary. Written information released regarding a child who is the subject of a completed adoption is edited to reflect new contact information prior to release.

2. When Receiving a Request for Release of Information

- a. BCCFA staff check the client file for current written consent to ensure that the person/agency requesting information is listed on the CORI form for release of information.
- b. If consent is on file, staff release the information requested.
- c. If no consent is on file, the staff will advise the individual requesting information that he/she must obtain written consent from the parents/legal guardians prior to releasing any information.
- d. If the requesting individual/agency has written consent for obtaining information from BCCFA, staff ask requesting individual to submit a copy of the signed and witnessed consent form to BCCFA prior to releasing the information. The provided copy is placed on the child/youth's main file.

Effective Date: 20-Apr-00 Revised Date: 31-Aug-12 Revised Date: 26-Aug-15 Revised Date: 02-Oct-19 Revised Date: 13-Aug-21

Page(s): 4 of 4

Releasing Information to Parents who are Separated/Divorced


- e. A staff member explains the policies of confidentiality and releasing information to both parents.
- f. Client reports will be made available to parent(s) based on the legal arrangement of custody and guardianship.
- g. The staff member asks the custodial parent to give the Centre a copy of the legal document on custody and guardianship in order to assist staff to correctly release information on the child.

3. Modifications to the Consent to Obtain and Release Information Form during the Term of Validity

Any changes to the CORI form made during the term of validity must be made in one of the following ways:

- a. Parents/legal guardians add or delete name(s) from the original consent form. Parents/legal guardians must both initial beside the changes.
- b. By completing a new CORI form via the community portal or on a physical form that is then provided to the program staff to update in Salesforce.

BC Centre for Ability

	Policy #: 7.3 Subject: Consent to Obtain and Release Information for Adult Clients
Replaces Policy #	Section: Client Records and Confidentiality
# of Pages: 3	Signature: 
Effective Date: 20-Apr-00	
Revised Date: 31-Aug-12	
Revised Date: 26-Aug-15 Revised Date: 13-Aug-21	

Policy Statements

1. Obtaining and releasing of information regarding an adult client must comply with the Freedom of Information and Protection of Privacy Act of BC (FOIPPA) and the Personal Information Protection Act (PIPA)
2. No information on an adult client can be shared or obtained, verbally or in written form, without the client's written consent.
3. Prior to the delivery of services, a client must sign the Consent to Obtain and Release Information (CORI) form, giving permission to obtain and release information to and from designated individuals and/or agencies.
4. Every CORI form must be signed by the client, and dated and maintained in the program client file. Electronic and wet signatures are accepted.
5. All revisions to the CORI form must be signed by the client, and dated and maintained in the program client file.
6. Adult clients have the right to withdraw consent to obtain and/or release their own personal and medical information at any time. BC Centre for Ability (BCCFA) has the responsibility to explain any consequences of withdrawal of consent to the person making the request.
7. The Personal Information Protection Act (PIPA) allows BCCFA staff to disclose personal information without consent in the following circumstances:
 - The disclosure is clearly in the interests of the individual and consent cannot be obtained in a timely way
 - The disclosure is necessary for the medical treatment of the individual and the individual does not have the legal capacity to give consent

BC Centre for Ability

Policy #: **7.3**
Subject: **Consent to Obtain and Release Information for Adult Clients**

Effective Date: 20-Apr-00
Revised Date: 31-Aug-12
Revised Date: 26-Aug-15
Revised Date: 13-Aug-21

Page(s): 3 of 3

Reason for Policy

To comply with FOIPPA and PIPA
To protect confidentiality of client information
To maintain current consents of file

References

Personal Information Protection Act (PIPA)
Freedom of Information and Protection of Privacy Act (FOIPPA)

BCCFA Policies

- 7.1 Management of Client Files
- 7.4 Confidentiality
- 10.1 Release of Information to Lawyers and Law Enforcement Officers

Appendices

Consent to Obtain and Release Information form

Procedures

1. Consent to Obtain and Release Information Forms

- a. Prior to the delivery of services, through each program's intake process, CORI forms are sent/brought to the client. Completed forms are returned to BCCFA and saved on the Program Client file in Salesforce
- b. Once signed, and dated CORI forms are received at BCCFA, the details of designated individuals/agencies we have consent to obtain and release information from/to is recorded in Salesforce

2. When receiving a Request for Release of Information:

- a. BCCFA staff check the client file for current written consent to ensure that the person/agency requesting information is listed on the CORI form for release of information.
- b. If consent is given, staff release the information requested.

BC Centre for Ability

Policy #: **7.3**
Subject: **Consent to Obtain and Release Information for Adult Clients**

Effective Date: 20-Apr-00
Revised Date: 31-Aug-12
Revised Date: 26-Aug-15
Revised Date: 13-Aug-21

Page(s): 3 of 3


- c. If no consent is given, the staff will advise the individual requesting information that they must obtain written consent from the client prior to releasing any information.
- d. If the requesting individual/agency has written consent for obtaining information from BCCFA, staff ask requesting individual to submit a copy of the signed consent form to BCCFA prior to releasing the information. The provided copy is placed on the program client file.

3. Modifications to the Consent to Obtain and Release Information Form during the Term of Validity

Any changes to the CORI form made during the term of validity must be made in one of the following ways:

- a. Client adds or deletes name(s) from the original consent form. Clients must initial beside the changes.
- b. By completing a new CORI form.

BC Centre for Ability

	Policy #: 7.4 Subject: Staff & Client Confidentiality
Replaces Policy # 4.9	Section: Client Records and Confidentiality
# of Pages: 5	Signature: 
Effective Date: 20-Apr-00 Revised Date: 26-Jul-18 Revised Date: 20-Aug-19 Revised Date 13-Jul-21	

Policy Statements

1. All staff, service providers, students and volunteers sign a confidentiality agreement when entering service at the Centre, prior to commencement of duties.
2. Any information about clients and families is confidential, including the fact that the client is being seen at the Centre
3. All BC Centre for Ability (BCCFA) staff keep confidential all information related to:
 - Clients and family members
 - Centre personnel and volunteers
 - Financial status of the Centre
 - Any legal proceedings in which the Centre is involved, or
 - Any other matter that is designated confidential by the Centre.
4. Staff refrain from discussing specific client information in public settings including the lunch room or in hallways.
5. Client records are only accessed by staff who are directly or indirectly involved with the client.
6. Release of client information is governed by the “Personal Information Privacy Act (PIPA)”. Client information is only released to persons on the client’s consent to obtain/release information form.
7. All employees refer requests for confidential information to their Program/Department Leader for anything that’s not specifically identified on the consent to obtain and release information form.
8. The BCCFA will only collect and/or release information that is relevant to the care and services being provided to the client and family by the BCCFA.
9. Clients have the right to withdraw consent to collect and/or release their own or their child’s personal and medical information at any time. BCCFA has the responsibility

BC Centre for Ability

Policy #: **7.4**
Subject: **Staff & Client Confidentiality**

Effective Date: 20-Apr-00
Revised Date: 26-Jul-18
Revised Date: 20-Aug-19
Revised Date: 13-Jul-21

Page(s): 2 of 5

to explain any consequences of withdrawal of consent to the client making the request.

10. Clients or legal guardians can view the client records in the presence of the Program/Department Leader or their delegate.
11. Incidents involving private and/or confidential information that is inappropriately released, destroyed or lost are recorded on the Privacy Breach Form and for programs funded by the Ministry of Children and Family Development, are reported to the Office of the Chief Information Officer.
12. Client names and contact information are not released to the fundraising department without consent from the client or parent/guardian.
13. Staff do not release any information to the media. All requests for information from the media are referred to the Executive Director.
14. Staff can release confidential information to appropriate authorities such as emergency health care providers when the client is in imminent health and/or safety risk and no one is able to provide relevant information in a timely manner to address the health and/or safety crisis (this is in compliance with the Personal Information Protection Act (PIPA))

Reason for Policy

The BC Centre for Ability respects clients and families right to privacy and releases information consistent with the Personal Information Protection Act (PIPA). To ensure the client or legal guardian has access to the medical records.

References

Personal Information Protection Act (PIPA) Adult
Guardianship Act
Child, Family and Community Services Act

BCCFA Policies

- 6.1 Student Fieldwork
- 6.2 Recruitment and Use of Volunteers
- 7.2 Consent to Obtain and Release Information for Child Clients
- 7.3 Consent to Obtain and Release Information for Adult Clients

Effective Date: 20-Apr-00
Revised Date: 26-Jul-18
Revised Date: 20-Aug-19
Revised Date: 13-Jul-21

Page(s): 3 of 5

- 8.1 Duty to Report Suspected Child Abuse/Neglect
- 10.1 Release of Information to Lawyers and Law Enforcement Officers
- 10.2 Media Relations

Appendices

- Staff Confidentiality Agreement
- Student Confidentiality Agreement
- Volunteer Confidentiality Agreement
- Service Providers Confidentiality Agreement
- Request for Access to View BCCFA Client File form
- Record/Privacy Breach Report

Procedures

Storage of Signed Confidentiality Agreements

1. Employee's signed confidentiality forms are filed in their personnel file.
2. Student's and volunteer's forms signed confidentiality forms are filed in their Program/Department Manager's office.
3. Board member's signed confidentiality forms are filed in the Executive Assistant filing cabinet or electronically on Sharepoint.

Access to Client Files

1. When a request to view a file is received, staff determine whether the individual has the right to view the file and, if in question, staff contact the client or legal guardian.
2. Client or legal guardian fills in a Request to View File form.
3. BCCFA staff accommodate the request in a timely manner, after confirming the individual's identification with a photo ID.
4. The file is viewed in the presence of the Program/Department Leader or their delegate.

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Revised Date: 26-Jul-18
Revised Date: 20-Aug-19
Revised Date: 13-Jul-21

Page(s): 4 of 5

Release of Confidential Information in an Emergency Situation

1. If a health and/or safety crisis situation occurs involving a client when the parent/guardian is not present, staff will contact the parent/guardian in addition to contacting emergency personnel. Staff shall also notify their Program Leader.
2. If the effort to contact parent/guardian fails, staff will release the required information in a timely manner.
3. Staff will continue to make every effort to contact a parent/guardian to inform them of the incident.
4. Staff release only the specific information asked for by emergency personnel, required to address the health and/or safety crisis situation.

Reporting Child Protection Concerns

1. It is the professional duty of all staff to report a suspected child protection concern.
2. Policy 7.5 "We provide personal information in emergency situations in which the life, health, or safety of any person is in danger."
3. Staff review the limits to confidentiality with clients/families/guardians while reviewing the consent form(s).
4. When at all possible, families/guardians are notified of the child protection concern at the time of the event and staff offer to make the call together with families/guardians.
5. If the family/guardian refuses to make the call with staff, the staff member reports the protection concern independently.
6. Follow procedures in Policy 8.1 Duty to Report Suspected Child Abuse/Neglect.

Reporting Adult Protection Concern

1. If a staff member is concerned about a possible adult protection issue, they will notify their Program/Department Leader immediately and contact of the provincial designated agencies under the Adult Guardianship Act (AGA) which include all 5 health authorities and CLBC.
2. Staff will provide the delegated agency with an overview of their concerns and gather feedback on next steps.

BC Centre for Ability

Policy #: **7.4**
Subject: **Staff & Client Confidentiality**


Effective Date: 20-Apr-00
Revised Date: 26-Jul-18
Revised Date: 20-Aug-19
Revised Date: 13-Jul-21

Page(s): 5 of 5

3. Staff will not disclose confidential information during the consultation call without client's authorization.
4. If based on the information provided, the delegated agency believes there is a valid and imminent adult protection issue, staff will follow the procedures outlined in the AGA and as guided by the delegated agency in terms of reporting and disclosing confidential information.

Record/Privacy Breach Incidents

1. Staff discovering the record/privacy breach immediately inform their Program Leader, and complete the Record/Privacy Breach Form. Staff must include the type of information that was released ie. names, addresses, diagnosis, medical history.
2. Within 24 hours, the Program Leader will contact the Office of the Chief Information Officer (OCIO), Shared Services Desk to report the incident.
3. If the incident involves private/confidential information that was released, staff and Program Leader take steps to contain the information. These might include:
 - a. If information was released by email, contact the person who mistakenly received the information via email and ask them to delete the email and all attachments, and then delete from the delete folder (double delete). Ask the person to send you an email confirming that they have double deleted the information.
 - b. If the information was released in hard copy to the wrong person, contact all recipients of the information, and make arrangements to retrieve the information.
 - c. If the information was released to the correct person, but had information included that should not have been, ask for the document back, destroy it, and replace it with a corrected version of the document.
 - d. If the incident involves information that was lost, review history of use to the file to try to locate it.
4. Program Leader follows the direction of the OCIO on required further actions and notification of involved parties.
5. The completed report form is filed on the client's main client file.

BC Centre for Ability	Policy #: 7.5 Subject: Privacy Rights of Clients
Replaces Policy #	Section: Client Records and Confidentiality
# of Pages: 5	Signature: 
Effective Date: 28-Feb-13	
Revised Date: 26-Aug-15	
Revised Date: 18-Sept-19	
Revised Date: 03-Aug-21	
Revised Date: 02-May-24	

Policy Statements

1. The BC Centre for Ability (BCCFA) protects the privacy and security of personal information held about its clients.
2. BCCFA requires the written consent of a client or their appointed designate to disclose personal information, including medical information, except as required or permitted by the Personal Information Protection Act (PIPA).
3. BCCFA collects and uses personal and medical information from clients only for the purpose specified: to provide agreed-upon professional services.
4. Clients have the right to withdraw consent to collect and/or release their own or their child's personal and medical information at any time. BCCFA has the responsibility to explain any consequences of withdrawal of consent to the client making the request.
5. The Centre has a designated Privacy Officer who staff and families can contact for questions, concerns and feedback anytime.
6. The Personal Information Protection Act (PIPA) allows BCCFA staff to disclose personal information without consent in the following circumstances:
 - The disclosure is clearly in the interests of the individual and consent cannot be obtained in a timely way
 - The disclosure is necessary for the medical treatment of the individual and the individual does not have the legal capacity to give consent.
7. All incidents involving private and/or confidential information that is inappropriately released, destroyed or lost are recorded on the Incident Reporting Form and reviewed at BCCFA's internal Risk Management Committee every two months to monitor themes and ensure the right mitigation strategies are in place.

Reason for Policy

To protect the privacy rights of clients

Effective Date: 14-Jun-06
Revised Date: 26-Jul-18
Revised Date: 20-Aug-19
Revised Date: 30-Aug-21
Revised Date: 02-May-24

Page(s): 2 of 5

To comply with provincial and federal privacy law
To improve internal practices and data stewardship

References

Personal Information Protection Act (PIPA)

BCCFA Policies

- 7.1 Management of Client Files
- 7.2 Consent to Obtain and Release Information for Child Clients
- 7.3 Consent to Obtain and Release Information for Adult Clients
- 7.4 Confidentiality
- 10.1 Release of Information to Lawyers and Law Enforcement Officers

Definitions

For the purposes of this policy, “personal information” refers to identifying information about an individual. It does not include aggregate information which cannot be associated with a specific individual. It does not include the following information about an individual: client’s first name, and client’s initials.

Appendices

- Consent to Obtain and Release Information forms
- Request for Access to BCCFA Client File
- Incident Reporting Form

Procedures

1. Collection of Personal Information

- a. BCCFA does not collect personal information about clients without their consent and/or knowledge.
- b. BCCFA collects limited personal and medical information relevant to the service being provided from the referring person or agency. This information may include:
 - i. name
 - ii. address

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Revised Date: 26-Jul-18
Revised Date: 20-Aug-19
Revised Date: 30-Aug-21
Revised Date: 02-May-24

Page(s): 3 of 5

- iii. phone and fax numbers
- iv. email address
- v. other contact information of adults and of parents or guardians of children receiving services through BCCFA
- vi. family information including names and relationships
- vii. emergency contact information
- viii. medical information
- ix. personal information given by clients in order to help us understand their needs, concerns, preferences, priorities, and goals
- c. BCCFA collects personal and medical information from internal and external sources. This is done only after the client or his/her designate has provided signed consent for us to obtain from and/or release written and verbal information to these specific parties.
- d. BCCFA uses security safeguards to protect personal information of clients. The safeguards used are appropriate to the sensitivity of the information. We make all reasonable efforts to protect personal information against loss or theft, as well as unauthorized access, disclosure, copying, use, or modification.

2. Storage of Personal and Medical Information

BCCFA securely stores pertinent medical and personal information for a minimum of:

- a. 7 years after the age of majority (19) for children's records (0-18 inclusive);
- b. 7 years after discharge for adults (19 and over).

3. Third Party Disclosure

- a. BCCFA does not give, rent, or sell personal information (e.g. mailing lists) to anyone.
- b. BCCFA does not disclose personal information to any other organization(s) or individual(s) without expressed written consent of the client except in the following cases:

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Revised Date: 26-Jul-18
Revised Date: 20-Aug-19
Revised Date: 30-Aug-21
Revised Date: 02-May-24

Page(s): 4 of 5

- i. We provide personal information to officers of the law, other legal authorities, or government agencies that have the authority to demand information, in order to comply with the laws of the province and/or country;
- ii. We provide personal information in emergency situations in which the life, health, or safety of any person is in danger.

4. Client Access to their Personal Information

- a. Clients may request access to their personal and medical information on file at BCCFA by contacting the Program Leader, and completing the Request for Access to BCCFA Client File form.
- b. Reference to third party information will be removed or redacted before access is permitted.
- c. There is no charge to access personal information.
- d. Clients and/or legal guardians are able to review the chart in person while in the presence of staff or a Leader; or can request copies of the chart to be mailed to them directly.
- e. Clients and/or legal guardians are able to take notes while they review the file in person and/or can copy or request that the Centre provide a copy of the information in the chart for them to take home.
- f. BCCFA will correct any information that is inaccurate or incomplete in a timely manner following a request to do so by the client.

5. Release of Confidential Information in an Emergency Situation

- a. If a health and/or safety crisis situation occurs involving a client when the parent/guardian is not present, staff will contact the parent/guardian in addition to contacting emergency personnel. Staff shall also notify their Program Director.
- b. If the effort to contact parent/guardian fails, staff will release the required information in a timely manner.
- c. Staff will continue to make every effort to contact a parent/guardian to inform them of the incident.
- d. Staff release only the specific information asked for by emergency personnel, required to address the health and/or safety crisis situation.

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Revised Date: 20-Aug-19
Revised Date: 30-Aug-21
Revised Date: 02-May-24

Page(s): 5 of 5


6. Privacy Breach Incidents

- a. Staff discovering the record/privacy breach immediately inform their Program Director, and complete the Incident Reporting Form. Staff must include the type of information that was released ie. names, addresses, diagnosis, medical history.
- b. Within 24 hours, the Program Director will notify the Executive Director of the incident, the impact, the communication plan to those impacted and the events that led to the breach.
- c. If the breach is significant (i.e. number of people impacted, sensitivity of the information), or the degree of impact is not obvious, the Executive Director may notify the Office of the Chief

Information Officer (OCIO), Shared Services Desk to report the incident or receive guidance about reporting and mitigation.

- d. If the incident involves private/confidential information that was released, staff and Program Director take steps to contain the information. These might include:
 - If information was released by email, contact the person who mistakenly received the information via email and ask them to delete the email and all attachments, and then delete from the delete folder (double delete). Ask the person to send you an email confirming that they have double deleted the information.
 - If the information was released in hard copy to the wrong person, contact all recipients of the information, and make arrangements to retrieve the information.
 - If the information was released to the correct person, but had information included that should not have been, ask for the document back, destroy it, and send out a corrected version of the document.
 - If the incident involves information that was lost, review the history of the use of that information try to locate it.
- e. Program Leader, in consultation with the Executive Director, determine the best communication plan for those impacted by the breach.
- f. If the OCIO is involved, the Program Directors follow the direction of the OCIO on required further actions and notification of involved parties.
- g. The completed Incident Reporting Form is filed in the client file.

BC Centre for Ability

	Policy #: 7.6 Subject: Consent for Filming for Therapeutic Purposes
Replaces Policy # 5.2	Section: Client Records and Confidentiality
# of Pages: 2	Signature: 
Effective Date: 20-Apr-00 Revised Date: 01-May-09 Revised Date: 01-May-12 Revised Date: 26-Aug-15 Revised Date: 02-Oct-19 Revised Date: 31-Aug-21	

Policy Statements

1. Adult Clients of the BC Centre for Ability (BCCFA) may be filmed, recorded or photographed for therapeutic reasons with their written consent.
2. Child Clients of the BC Centre for Ability may be filmed, videotaped, recorded or photographed with written consent of the parent/guardian if the client is a minor.
3. Films, videotapes, recordings or photographs of clients form part of the client's permanent record.

Reason for Policy

The BC Centre for Ability respects clients and family's right to privacy and follows the guidelines set out by the Personal Information and Privacy Act.

References

Personal Information Protection Act (PIPA)

BCCFA Policies

- 7.1 Management of Client Files
- 10.2 Media Relations

Appendices

Consent for Filming/Photography for Therapeutic Purposes Media Consent Form

BC Centre for Ability

Policy #: **7.6**
Subject: **Consent for Filming for
Therapeutic Purposes**


Effective Date: 20-Apr-00
Revised Date: 01-May-09
Revised Date: 01-May-12
Revised Date: 26-Aug-15
Revised Date: 02-Oct-19
Revised Date: 31-Aug-21

Page(s): 2 of 2

Procedures

1. When a client of the BC Centre for Ability is going to be filmed, videotaped, recorded or photographed as part of their therapy, staff must check the main client file to ensure written consent is obtained from the client or parent on the Consent for Filming/Photography for Therapeutic Purposes form. If written consent is not on the main client file, staff must obtain this prior to the client being filmed, videotaped, recorded or photographed.
2. The signed Consent Filming/Photography for Therapeutic Purposes form is kept on the client's record.
3. The Media Consent Form must be used for any audiovisual release for public relations and fundraising.

BC Centre for Ability

	Policy #: 7.7 Subject: Release of Information for Investigations
Replaces Policy # 10.1	Section: Communications
# of Pages: 10	Signature: 
Effective Date: 24-Nov-99 Revised Date: 01-May-09 Revised Date: 01-May-12 Revised Date: 02-Oct-19 Revised Date: 25-Aug-20 Revised Date: 13-Jul-21 Revised Date: 1-Aug-23	

Policy Statements

1. Staff advise their Program/Department Leader of any pending or possible legal, criminal and/or child protection action involving clients where the agency is potentially involved.
2. Staff advise their Program/Department Leader and prior to releasing written information or discussing client cases with authorities.
3. Written authorization from the legal guardian, or the client if they are of age, is required before releasing information concerning a child to any authority without an order.
4. Written authorization from an adult or the adult's legal committee is required before releasing information concerning an adult client to any authority without an order.
5. BC Centre for Ability (BCCFA) staff have a professional responsibility to ensure that there is up-to-date information on the main client file and program/department file.
6. The Executive Director and Privacy Officer will provide direction in responding to subpoenas, search warrants and other legal and criminal investigations.
7. Program leaders will provide direction in reporting and/or responding to child protection investigations.

Reason for Policy

This policy guides staff in their interactions with legal authorities and ensures the appropriate release of information.

References

See glossary for definition of legal terms
Freedom of Information and Protection of Privacy Act

BC Centre for Ability

Policy #: 7.7
Subject: **Release of Information for Investigations**

Effective Date: 24-Nov-99
Revised Date: 01-May-09
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Revised Date: 25-Aug-20
Revised Date: 13-Jul-21
Revised Date: 1-Aug-23

Page(s): 2 of 10

Personal Information Protection Act Patients
Property Act S.15
Policy 7.5 Privacy Rights of Clients

Powers of Committeeship

(1) Subject to section 16

- (a) the committee of a patient as defined by paragraph (a) of the definition of patient in section 1 has all the rights, privileges and powers with regard to the estate of the patient as the patient would have if of full age and of sound and disposing mind;
- (b) the committee of a patient;
 - (i) declared to be incapable of managing their affairs has all the rights, privileges and powers with regard to the estate of the patient as the patient would have if of full age and of sound and disposing mind,
 - (ii) declared to be incapable of managing themselves has the custody of the person of the patient, and
 - (iii) declared to be incapable of managing themselves or their affairs has all the rights, privileges and powers with regard to the estate of the patient as the patient would have if of full age and of sound and disposing mind, and as well the custody of the person of the patient.

(2) For investing money, a committee is a trustee within the meaning of the *Trustee Act*.

Children's Services Procedures

1. Initial contact by a lawyer

- a. When first approached by a lawyer for information, staff ask the following questions:
 - i. who is the lawyer representing?
 - ii. what is the name of the law firm?

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Revised Date: 02-Oct-19
Revised Date: 25-Aug-20
Revised Date: 13-Jul-21
Revised Date: 1-Aug-23

Page(s): 3 of 10

- iii. what is the lawyer's phone number?
- b. Staff do not respond to any questions when first contacted by a lawyer and offer to return the lawyer's call at a mutually convenient time.
- c. Staff notify the Program/Department Leader and that they have been contacted by a lawyer requesting information about a client.

2. Request for information from lawyers representing the legal guardian or the child

- a. Staff refer all correspondence and telephone calls regarding legal issues involving children to the Program/Department Leader.
- b. Staff verify who has legal guardianship of the child (e.g., parents, relative, Ministry of Children and Family Development).
- c. Staff do not release information until they have verified that the legal guardians have given **written** authorization to release information to a **named** lawyer.
- d. Program/Department Leader reviews the written authorization to determine what information can be released and how the information can be released (i.e. written, verbal).
- e. Once the Program/Department Leader has confirmed that written authorization is on the BCCFA file, staff:
 - i. request that the lawyer fax or mail the questions to be answered
 - ii. inform the legal guardians that their lawyer has contacted the BC Centre for Ability for information.
- f. If no written authorization is on the BC Centre for Ability file, Program/Department Leader informs the lawyer that they are unable to release any information.
- g. Prior to talking with the child or legal guardian's lawyer, staff may consult with the BC Centre for Ability lawyer for clarification of procedure and information on staff rights with regard to the specific situation.
- h. Staff discuss their planned verbal or written responses with their Program/Department Leader prior to responding to the lawyer's request.

BC Centre for Ability

Policy #: **7.7**
Subject: **Release of Information for Investigations**

Effective Date: 24-Nov-99
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Revised Date: 02-Oct-19
Revised Date: 25-Aug-20
Revised Date: 13-Jul-21
Revised Date: 1-Aug-23

Page(s): 4 of 10

- i. Staff review all written responses with the Program/Department Leader prior to sending them to the lawyer representing the legal guardian or child.
- j. Staff may choose to respond to the lawyer by phone, or in writing, by fax or letter.

3. Request for information from an independent therapist (third party)

- a. When staff are contacted by an independent therapist hired by either the plaintiff's lawyer or opposing lawyer and asked for verbal or written information about a child, staff follow the same procedure outlined in Sections 2 and 4.

4. Request for information from lawyers representing the other party

- a. When contacted by a lawyer representing the other party, staff inform the lawyer that they are unable to release any information, unless the lawyer has written authorization from the legal guardian.
- b. Staff request that the lawyer fax the written authorization and the questions the lawyer would like answered.
- c. Upon receipt of the written authorization, the Program/Department Leader reviews the written authorization to determine what information can be released and how the information can be released (i.e. written, verbal).
- d. Prior to talking with the other party's lawyer, staff may consult with the BCCFA lawyer for clarification of procedure and information on staff rights with regard to the specific situation.
- e. Staff discuss their planned verbal or written responses with their Program/Department Leader prior to responding to the lawyer's request.
- f. Staff review all written responses with the Program/Department Manager prior to sending them to the other party's lawyer.
- g. Staff may choose to respond to the lawyer by phone, or in writing, by fax or letter.

BC Centre for Ability

Policy #: 7.7
Subject: **Release of Information for Investigations**

Effective Date: 24-Nov-99
Revised Date: 01-May-09
Revised Date: 01-May-12
Revised Date: 02-Oct-19
Revised Date: 25-Aug-20
Revised Date: 13-Jul-21
Revised Date: 1-Aug-23

Page(s): 5 of 10

5. Request for information under a subpoena or court order

- a. Upon receipt of a subpoena to appear in Court, staff review the subpoena with the Program/Department Leader.
- b. The Program/Department Leader clarifies any questions regarding the subpoena with the BC Centre for Ability lawyer.
- c. If upon receiving a subpoena to appear in Court staff are contacted by the other party's lawyer and asked to answer questions over the phone, staff inform the lawyer that they are unable to release any information, unless they have written authorization from the legal guardian.
- d. When subpoenaed to appear in Court by either the lawyer representing the child, the legal guardian or the other party, staff answer all questions according to their professional judgment. Where staff feel they are unable to answer a question, it is appropriate to say that you do not have an answer.

6. Documentation placed on a client's file

- a. Staff maintain up-to-date on-going documentation for all clients on the client's file.
- b. All documentation placed on a client's file and all working notes can be subpoenaed. Staff document their professional assessments and observations rather than stating impressions or opinions stated by other people. Staff who are regulated by a professional body must adhere to the documentation standards as outlined by their professional colleges.

7. In the event of a search warrant

- a. Upon receipt of a search warrant and the supporting affidavit, contact the Executive Director or their designate immediately.
- b. The Executive Director or their designate should contact the BCCFA lawyer by telephone immediately.
- c. No one should interfere with the execution of the search warrant.

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Revised Date: 1-Aug-23

Page(s): 6 of 10

- d. Staff who work in the area affected by the search should be relocated to other work space during the search.
- e. The Executive Director or their designate should maintain a record of what is seized or taken.
- f. All documents including photographs, audiotapes, and videotapes or computer records that are privileged should be identified as such to the law enforcement officers when seized. If possible, such material should be placed in a box or envelope and labelled in large letters as "Privileged Medical Information".
- g. Peer review documents should always be labelled as such and marked "Privileged."

8. In the event of a child protection investigation

- a. When staff receive a request for information related to a child protection investigation, staff notify their Program Leader and Social Work Clinical Leader immediately.
- b. If the child protection investigation is not a result of a concern reported by a BCCFA staff member directly, they must request written consent to release information by the family/guardian, or legal documentation authorizing the release of information.
- c. If the child protection investigation is not a result of a concern reported by a BCCFA staff member directly, and the Social Worker is not able to produce consent or authorization of release, then staff do not release information until written consent or authorization is obtained.

Adult Services Procedures

1. Initial contact by a lawyer

- a) When first approached by a lawyer for information, staff ask the following questions:
 - i. who is the lawyer representing?
 - ii. what is the name of the law firm?

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Page(s): 7 of 10

- iii. what is the lawyer's phone number?
- b) Staff do not respond to any questions when first contacted by a lawyer and offer to return the lawyer's call at a mutually convenient time.
 - i. Staff notify the Program/Department Leader and that they have been contacted by a lawyer requesting information about a client.

Request for information from lawyers representing the adult or the adult's committee

- a. Secretarial staff refer all correspondence and telephone calls regarding legal issues involving adults to the Program/Department Leader.
- b. Staff verify if the adult has a legal committee.
- c. Staff do not release information until they have verified that the adult or the adult's committee have given **written** authorization to release information to a **named** lawyer.
- d. Program/Department Leader reviews the written authorization to determine what information can be released and how the information can be released (i.e. written, verbal).
- e. Once the Program/Department Leader has confirmed that written authorization is on the BCCFA file, staff:
 - i. request that the lawyer fax or mail the questions to be answered
 - ii. inform the adult or the adult's committee that their lawyer has contacted the BCCFA for information.
- f. If no written authorization is on the BCCFA file, staff inform the lawyer that they are unable to release any information.
- g. Prior to talking with the adult's or committee's lawyer, staff may consult with the BCCFA lawyer for clarification of procedure and information on staff rights in regards to the specific situation.
- h. Staff discuss their planned verbal or written responses with their Program/Department Leader prior to responding to the lawyer's request.
- i. Staff review all written responses with the Program/Department Leader prior to sending them to the lawyer representing the adult or the adult's committee.

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Revised Date: 1-Aug-23

Page(s): 8 of 10

- j. Staff may choose to respond to the lawyer by phone, or in writing, by fax or letter.

2. Request for information from an independent therapist (third party)

- a. When staff are contacted by an independent therapist hired by either the plaintiff's lawyer or the opposition lawyer and asked for verbal or written information about a client, staff follow same procedure outlined in Sections 2 and 4.

3. Request for information from lawyers representing the other party

- a. When contacted by a lawyer representing the other party, staff inform the lawyer that they are unable to release any information, unless the lawyer has written authorization from the legal committee.
- b. Staff request that the lawyer fax the written authorization and the questions the lawyer would like answered.
- c. Upon receipt of the written authorization, the Program/Department Leader reviews the written authorization to determine what information can be released and how the information can be released (i.e. written, verbal).
- d. Prior to talking with the other party's lawyer, staff may consult with the BCCFA lawyer for clarification of procedure and information on staff rights in regards to the specific situation.
- e. Staff discuss their planned verbal or written responses with their Program/Department Leader prior to responding to the lawyer's request.
- f. Staff review all written responses with the Program/Department Leader prior to sending them to the other party's lawyer.
- g. Staff may choose to respond to the lawyer by phone, or in writing, by fax or letter.

4. Request for information under a subpoena

- a. Upon receipt of a subpoena to appear in Court, staff review the subpoena with the Program/Department Leader.

BC Centre for Ability

Policy #: **7.7**
Subject: **Release of Information for Investigations**

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Page(s): 9 of 10

- b. The Program/Department Leader clarifies any questions regarding the subpoena with the BC Centre for Ability lawyer.
- c. If upon receiving a subpoena to appear in Court staff are contacted by the other party's lawyer and asked to answer questions over the phone, staff inform the lawyer that they are unable to release any information, unless they have written authorization from the adult or the adult's committee.
- d. When subpoenaed to appear in Court by either the lawyer representing the adult, the adult's committee or the other party, staff answer all questions according to their professional judgment. Where staff feel they are unable to answer a question, it is appropriate to say that you do not have an answer.

5. Documentation placed on a client's file

- a. Staff maintain up-to-date on-going documentation for all clients on the client's file.
- b. All documentation placed on a client's file and all working notes can be subpoenaed. Staff document their professional assessments and observations rather than stating impressions or opinions stated by other people.

6. In the event of a search warrant or court order

- a. Upon receipt of a search warrant and the supporting affidavit, contact the Executive Director or their designate immediately.
- b. The Executive Director or their designate should contact the BCCFA lawyer by telephone immediately.
- c. No one should interfere with the execution of the search warrant.
- d. Staff who work in the area affected by the search should be relocated to other work space during the search.
- e. The Executive Director or their designate should maintain a record of what is seized or taken.

BC Centre for Ability

Policy #: **7.7**
Subject: **Release of Information for Investigations**

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Page(s): 10 of 10

- f. All documents including photographs, audiotapes, and videotapes or computer records that are privileged should be identified as such to the law enforcement officers when seized. If possible, such material should be placed in a box or envelope and labelled in large letters as “Privileged Medical Information”.
- g. Peer review documents should always be labelled as such and marked “Privileged.”

7. In the event of an adult protection investigation

- a. When staff receive a request for information related to an adult protection investigation, staff notify their Program Leader and Social Work Clinical Leader immediately.
- c) If the adult protection investigation is not a result of a concern reported by a BCCFA staff member directly, they must request written consent to release information by the client/Power of Committee, or legal documentation authorizing the release of information.
- d) If the adult protection investigation is not a result of a concern reported by a BCCFA staff member directly, and the Social Worker is not able to produce consent or authorization of release, then staff do not release information until written consent or authorization is obtained.

BC Centre for Ability

	Policy #: 7.8 Subject: Donor Confidentiality
Replaces Policy #	Section: Client Records and Confidentiality
# of Pages: 2	Signature: 
Effective Date: 4-Aug-21 Revised Date: 1-Aug-23	

Privacy Commitment

BC Centre for Ability (BCCFA) upholds the highest standards of professionalism, and takes the matter of confidentiality and privacy very seriously. We recognize that information is precious, and that our donors trust us to treat that information appropriately; we are committed to protecting the confidentiality of this data.

Furthermore, BCCFA recognizes that donors' choices about how much information about their donation is made public and the ways in which the organization communicates with them are matters of personal choice. BCCFA therefore will make every reasonable effort to ensure that these personal preferences are met.

BCCFA is committed to protecting the privacy of the personal information of its donors.

BCCFA values the trust of those it deals with, and of the public, and recognizes that maintaining this trust requires transparency and accountability in the organization's treatment of personal information that it receives.

BCCFA commits to respecting a donor's right to anonymity, subject to the following necessary limitations:

- Records, as required by Revenue Canada for charitable receipting purposes, are maintained by BCCFA. Access to these records is restricted to the Accounting/Finance and Development offices.
- BCCFA will comply with any legal obligation to disclose the names of donors and the nature and value of their gifts. (For example, obligations that may arise under the Income Tax Act, the Freedom of Information and Protection of Privacy Act or other relevant statutes.)
- The identity of a donor requesting anonymity may be provided to the Board of Directors on an oral basis if the Board so requests. Such information is privileged and neither appears in the minutes of the meeting nor may be used by Board members outside the meeting of the Board of Directors.

BCCFA advises prospective donors their names, and the nature and amounts of their gifts, will be disclosed according to the above-noted guidelines, unless the donor and BCCFA agrees otherwise (for example, for recognition purposes).

Scope

This policy applies to all personal information collected from donors.

Privacy Principles

1. We are accountable for personal donor information

We are responsible for all personal donor information in our possession and we keep this information in strict confidence.

Information relating to donors and the business of BCCFA will be held in confidence at all times and will not to be shared by any employee with any third party individual or organization, without the explicit consent of the donor, whether verbal or written, other than to those persons who are authorized to receive such information. Further, employees will not share such information within the organization, except on a need-to-know basis.

When in doubt as to the confidentiality of certain information, no disclosure should occur without first establishing that such disclosure has been authorized by an appropriate senior staff member.

2. We collect, use and disclose personal information only for certain purposes that we identify to donors

BCCFA collects, uses and discloses personal information from our donors to identify and help them meet their philanthropic needs, process their donations, provide tax receipts, direct their gifts in the manner in which they choose, keep them informed about gift giving opportunities and BCCFA activities, recognize their philanthropic activities in the community, and comply with federal and provincial legal and regulatory guidelines and reporting requirements.

3. We will obtain donor consent

We collect, use or disclose personal donor information with permission. Permission may be expressed orally, in writing or may be implied, and may be given orally, electronically or in writing.

Donors may withdraw permission to collect, use and disclose their personal information at any time, subject to legal and contractual restrictions and reasonable notice.

4. We keep personal donor information accurate and up to date

We maintain appropriate procedures to ensure that personal donor information in our possession is accurate and up to date. Donors are entitled to seek a correction of their personal information if they believe that the information in our possession is not correct.

5. We do not sell personal donor information

6. We will limit how long we keep information

We will keep personal donor information only as long as it is necessary to satisfy the purposes for which it was obtained, or as required by law.

When we destroy personal donor information, we will use safeguards to prevent unauthorized parties from gaining access to that information during the process.

7. We safeguard personal donor information

We protect information from unauthorized access or use through physical and electronic security safeguards and limit access to only authorized persons and only when necessary.

All of our board members and staff sign confidentiality agreements that require the safeguarding and proper use of personal donor information.


8. We will be open about our privacy practices

BCCFA will make readily available specific information about our policies and practices relating to the management of personal donor information.

9. We allow donors access to their personal information

Donors may ask whether we hold any personal information about themselves and, upon written request and with reasonable notice, they may access their own personal information, challenge its completeness and accuracy and seek to have it amended.

BC Centre for Ability

	Policy #: 8.1 Subject: Duty to Report Suspected Child Abuse/Neglect
Replaces Policy # 5.8	Section: Client Services
# of Pages: 4	Signature: 
Effective Date: 19-Jul-2006 Revised Date: 30-Jun-12 Revised Date: 26-Aug-15 Revised Date: 03-Oct-17 Revised Date: 02-Oct-19 Revised Date: 18-Sep-20	

Policy Statements

1. BC Centre for Ability (BCCFA) Staff must report witnessed or suspected child abuse and neglect in accordance with the Child, Family and Community Service Act (CFCS Act).
2. The duty to report witnessed or suspected child abuse or neglect overrides our commitment to confidentiality without qualification.
3. If it is perceived that a child, self or any other person(s) present is in immediate danger, staff immediately call 911 and contact the Ministry of Children and Family Development (MCFD) or the Delegated Aboriginal Agency (DAA) to make a report.
4. If staff are unsure if they should make a report, they must immediately consult with their Program Leader to determine if a report is necessary.
5. BCCFA will provide relevant education and training regarding child abuse/neglect and the duty to report to all staff through orientation of new staff/volunteers, written materials, and in-services, as appropriate.
6. The Child, Family and Community Services Act protects the identity of any person reporting suspected child abuse and neglect.
7. The Child, Family and Community Services Act does not require that the person reporting be able to prove that abuse/neglect occurred.

Reason for Policy

To protect the safety and well-being of children, and to provide guidelines and support to staff regarding the process of reporting suspected child abuse.

To comply with the Child, Family and Community Services Act.

BC Centre for Ability

Policy #: **8.1**
Subject: **Duty to Report Suspected Child Abuse/Neglect**

Effective Date: 19-Jul-06
Revised Date: 30-Jun-12
Revised Date: 26-Aug-15
Revised Date: 03-Oct-17
Revised Date: 02-Oct-19
Revised Date: 18-Sep-20

Page(s): 2 of 4

References

Child, Family, and Community Service Act
Personal Information Protection Act (PIPA)
Freedom of Information and Protection of Privacy Act (FOIPPA)
Staff Handbook – Reporting Abuse and Neglect
BC Handbook for Taking Action on Child Abuse and Neglect
Policy 7.4 Confidentiality

Procedures

1. Concerns in the Home

- a. If it is perceived that a child, or any other person(s) present is in immediate danger, staff immediately call 911.
- b. Any staff member who is unsure of whether or not to make a report must immediately consult with their Program Leader or the Executive Director. If it is determined that a report is necessary, staff follow procedures c.-g. below.
- c. When staff have witnessed or suspect child abuse or neglect, they must contact the Ministry of Children and Family Development (MCFD) or the Delegated Aboriginal Agency (DAA) and make a full report.
 - i. Phone 310-1234 (no area code necessary)
 - ii. After Hours call 604-660-8180
- d. When making the call, ask for the intake Social Worker.
 - i. It is preferable to discuss this with the parents/guardians prior to making the call, and have them make the call with you.
 - ii. It is up to MCFD or DAA to decide how to proceed.
- e. Before or immediately following contact with MCFD or DAA, the staff member must advise their Program Leader by phone or by voice mail to inform them of their actions and next steps.
- f. The staff must immediately record the details of the child's disclosure or information which has been seen or heard and document clearly and specifically in the Client Record Management System (CRM) their reasons for believing a child needs protection. Record factual, objective accounts of what you have seen or heard with dates, times, locations, and full names of persons involved.

For example:

BC Centre for Ability

Policy #: **8.1**
Subject: **Duty to Report Suspected Child Abuse/Neglect**

Effective Date: 19-Jul-06
Revised Date: 30-Jun-12
Revised Date: 26-Aug-15
Revised Date: 03-Oct-17
Revised Date: 02-Oct-19
Revised Date: 18-Sep-20

Page(s): 3 of 4

“While providing physiotherapy to Johnny Smith at his home on (date and time), I observed a bruise on Johnny Smith’s right arm. The bruise was approximately 3 inches by 3 inches and had one long thin bruise line radiating from the center. Johnny Smith stated that his mother, Louise Smith, had hit his right arm with a hairbrush yesterday afternoon, (date and time) after he refused to get dressed at her request. A report was made to (name of the intake social worker) at the Ministry of Children and Family Development on (date and time).” Signature of staff

- g. The staff must also document in the CRM, their call to MCFD or DAA including the name of the Social Worker they spoke with and the time and date of the report.
- h. The Program Leader(s) will be available to the staff person for purposes of consultation and support throughout the process.
- i. Documentation will be kept in the electronic client record. Disclosure of this information will be in accordance with the Personal Information and Privacy Act and the Freedom of Information and Protection of Privacy Act.

2. Concerns in a Childcare Centre

- a. If it perceived that a child, self or any other person(s) present is in immediate danger, staff immediately call 911.
- b. When staff has witnessed or suspects child abuse and neglect occurring in a childcare centre, they must contact Community Care Licensing Branch and make a full report, as well as make a report to the family/guardian. For up to date contact information for the nearest Community Care Licensing Branch, please visit website: <http://www.vch.ca/public-health/licensing/child-care>
- c. Before or following contact with Licensing, the staff member must advise the Executive Director in person, by phone or by voice mail to inform her of their actions.
- d. Any staff member who is unsure of whether or not to make a report must immediately consult with one of the following: their Program Leader, Leader of Social Work or the Executive Director. If it is determined that a report is necessary, staff follow procedures 1c.-g. from *1. Concerns in the Home* above.

BC Centre for Ability

Policy #: **8.1**
Subject: **Duty to Report Suspected Child Abuse/Neglect**

Effective Date: 19-Jul-06
Revised Date: 30-Jun-12
Revised Date: 26-Aug-15
Revised Date: 03-Oct-17
Revised Date: 02-Oct-19
Revised Date: 18-Sep-20

Page(s): 4 of 4

- e. The staff must immediately record the details of the child's disclosure or information which has been seen or heard and document clearly and specifically in the CRM their reasons for believing a child needs protection. Record factual, objective accounts of what you have seen or heard with dates, times, locations, and full names of persons involved.

3. Third Party Reports

If a community partner has witnessed or suspect a child is being abused or neglected, and they talk about it to BCCFA staff:

- a. BCCFA staff directs the other person to make a report to MCFD or DAA.
 - i. Advise the other person that it is preferable, whenever possible and safe, to discuss their concerns with the parents/guardians prior to making the call, and to have the parents/guardians make the call with them.
- b. BCCFA staff ask the other person to email a confirmation that a report has been made including the date of the call and the name of the intake Social Worker.
- c. If community partner does not call MCFD or DAA to make a report, BCCFA staff will consult with their Program Leader or Executive Director about next steps, which may include a third party report to MCFD.
- d. If appropriate, the Program Leader contacts the Leadership of the community partner agency to advise of third-party report made.

BC Centre for Ability

Policy #: **8.2**
Subject: **Transporting Clients**

Replaces Policy #:

Section: **Client Services**

of Pages: 1

Signature:

Effective Date: 24-Nov-99
Revised Date: 15-Dec-08
Revised Date: 01-May-09
Revised Date: 26-Aug-15



Policy Statements


1. BC Centre for Ability (BCCFA) staff persons do not transport clients or their family members in their personal vehicles.
2. BCCFA does not own or operate any company vehicles.

Reason for Policy

Client safety

Reduction of risk of liability for the BCCFA

BC Centre for Ability

	Policy #: 8.4 Subject: Fundraising on Behalf of Individuals or Families
Replaces Policy # 1.4	Section: Client Services
# of Pages: 2	Signature: 
Effective Date: 20-Apr-00 Revised Date: 26-Aug-15 Revised Date: 10-Sep-18 Revised Date: 02-Oct-19 Revised Date: 20-Aug-20	

Policy Statements

1. BC Centre for Ability does not raise funds on behalf of specific individuals or families.
2. When an individual or family makes a request for supplementary equipment or services, Centre staff provides information on the funding sources available.
3. Centre staff request that individuals/families initiate the request for supplementary funding for equipment or service themselves.
4. Where Centre staff is involved in facilitating a request, staff clarify to the funder that the donation is to the family and not to BC Centre for Ability.
5. Upon request, the Centre may provide funders with a letter of support for the supplementary equipment or service.
6. Where a funder wishes to provide supplementary equipment to BC Centre for Ability and not to the family, the Centre takes the equipment into their inventory and is fully responsible for the maintenance and use of the equipment. In these cases, the Centre may provide tax receipts upon request, with proof of purchase or independent appraisal provided.

Reason for Policy

To clarify the role of BC Centre for Ability, staff is to provide support to the family making the request if support is requested. When a family approaches an independent funder for supplementary equipment or service, the relationship is between the funder and the family.

BC Centre for Ability

Policy #: **8.4**
Subject: **Fundraising on Behalf of
Individuals or Families**

Effective Date: 20-Apr-00
Revised Date: 26-Aug-15
Revised Date: 10-Sep-18
Revised Date: 02-Oct-19
Revised Date: 20-Aug-20

Page(s): 2 of 2

References

BCCFA Policy

4.6 Official Donation Receipts

Appendix

Gift in kind form

Procedures

1. When staff receives a request by an individual or family for funding for supplementary equipment or services, staff clarify the request with the individual/family making the request.
2. The staff member reviews the funding sources available and suggests the appropriate funding sources to approach.
3. Centre staff support requests on behalf of individuals/families when requested by:
 - a. writing letters of support on behalf of the family
 - b. translating funding source information
 - c. making follow-up phone calls
 - d. writing letters of support
4. When preparing letters of support, staff describe how the equipment will meet the client's needs.
5. When unable to write a letter of support, staff explain the rationale to the individual/family. Staff will document their rationale to the family and in the Client Record Management System (CRM).
6. Where therapeutic equipment needs to be ordered, staff determine the equipment adaptations required and obtain a quote from the company including the cost of the equipment and adaptations.
7. Staff order therapeutic equipment using standard BC Centre for Ability procedures.

BC Centre for Ability

Policy #: **8.5**
Subject: **Medication Management**

Replaces Policy #

Section: **Client Services**

of Pages: 1

Signature:

Effective Date: 31-Mar-13
Revised Date: 26-Aug-15



Policy Statements

1. No program offered at the BC Centre for Ability has any role in medication monitoring or management for persons served including the following:

- Prescribing
- Purchasing
- Storing
- Dispensing
- Administering
- Physical control
- Disposal

Reason for Policy

To clarify the role of the BC Centre for Ability staff in medication monitoring and management

BC Centre for Ability

Policy #: **8.6**
Subject: **Advance Directives**

Replaces Policy # 7.21EIT

Section: **Client Services**

of Pages: 1

Signature:

Effective Date: 31-Mar-13

Revised Date: 20-May-14

Revised Date: 26-Aug-15



Policy Statements:

1. BCCFA staff are not involved in advising clients and/or their parents/guardians regarding advance directives.
2. If a medical emergency occurs at a BCCFA worksite, staff or first aid attendant calls 911.
3. A parent or legal guardian of a client who is a minor child provides direction to emergency and hospital personnel.
4. An adult client provides direction to emergency and hospital personnel.

Reason for Policy:

To clarify the role of BCCFA staff regarding advance directives and resuscitation.


Definitions

An Advance Directive is a legal written document made by a capable adult/ legal guardian of an underage child, which includes general and/or specific instructions or directions about preferences for health care or treatment and is given in advance of an event when such care or treatment is required.

In BC, advance directives include Do Not Resuscitate orders (DNR's), living wills, pre-signed levels of intervention, instructions in a health care representation agreement, and notes in a doctor's files.

BC Centre for Ability

Policy #: **8.7**
Subject: **Positive Interventions**

Replaces Policy #	Section: Client Services
# of Pages: 1	Signature: 
Effective Date: 28-Feb-13	
Revised Date: 26-Aug-15	
Revised Date: 18-Sept-19	
Revised Date: 3-Aug-21	

Policy Statements

1. BCCFA employees use evidence informed approaches with clients and families that are respectful, responsive to individuals' needs and strengths and are based on the principles of person and family centred care.
2. All BCCFA employees receive program specific training related to positive approaches and practices to facilitate positive behaviour and enhancing social emotional competencies and mental wellness of children and youth with special needs.
3. All BCCFA employees receive ongoing training and development in cultural safety and trauma informed practice.
4. BCCFA services are offered in structured and safe environments that are responsive to the clients' unique needs and circumstances and facilitate the development of social emotional competencies, positive relationships, and foster overall growth and development
5. BCCFA employees do not use seclusion or restraint techniques as a response to behaviours.
6. All BCCFA employees receive annual training on the prevention of workplace violence.

Reason for Policy

Promoting social emotional competencies, mental wellness, and facilitating positive relationships for persons with disabilities are one of the identified intervention priorities for all services offered at BCCFA. This approach is in line with evidence-based practice.

Effective Date: 28-Feb-13
Revised Date: 26-Aug-15
Revised Date: 18-Sep-19
Revised Date: 3-Aug-21

Page(s): 2 of 2

References


BCCFA Policies

- 3.6 Working Alone or in Isolation
- 3.8 Respectful Workplace
-

Procedures

1. In planning individual and group interventions, staff make every effort to have an in-depth assessment of the social emotional profile of the child, ensuring the intervention and environment are tailored to facilitate social emotional learning and positive experience of each participant
2. If Children and youth require extra support to participate successfully in group, the group leader will ensure sufficient staffing is in place and the environment is structured appropriately to facilitate positive learning and group experience
3. Staff can seek support from team members or other program staff with expertise in promoting positive social emotional development when planning groups and interventions

BC Centre for Ability

	Policy #: 8.8 Subject: Client Rights and Shared Responsibilities
Replaces Policy #	Section: Client Services
# of Pages: 1	Signature: 
Effective Date: 6-July-21	

Policy Statements

Clients/families/caregivers have the right to:

- Be treated with compassion, dignity and respect, without discrimination of any kind
- Services from qualified staff that are based in best practice and current evidence
- Make decisions about themselves/their children - Refuse any treatment(s) or service(s)
- Access their/their child's BC Centre for Ability (BCCFA) documentation
- Withhold or grant access to BCCFA to gather and/or communicate relevant information to/from other sources (i.e. hospital, school, community programs)
- Confidentiality and privacy
- Report any concerns they have about treatment and services at the BCCFA

As partners in care, clients/families/caregivers and BCCFA staff have a shared responsibility to:

- Treat each other with compassion, dignity, respect and without discrimination of any kind
- Keep each other safe
- Provide correct and complete information about anything that could affect care or service goals
- Cancel and reschedule appointments as soon as possible
- Communicate openly and respectfully

Reason for Policy

Two of our core values are Kindness and Family Centred, and along with our Code of Ethics, these values and expectations shape every interaction with clients/families and caregivers. We recognize the importance of a healthy, respectful and safe relationship between BCCFA staff and our clients/families/caregivers and we recognize the importance of having a set of shared responsibilities to help guide our interactions.

References

BCCFA Policies

- 1.18 Abuse of Power
- 2.4 Ethical Conduct
- 3.8 Respectful Workplace
- Section 7 Client Records and Confidentiality
- 8.1 Duty to Report Suspected Child Abuse and Neglect
- 8.7 Positive Interventions
- 9.2 Complaint Resolution Process for Clients and Families

Procedures

1. Client Rights and Shared Responsibilities are part of the Code of Ethics and embedded in all client handbooks and communicated to families during their program orientation.
2. Client Rights and Shared Responsibilities are embedded in new employee orientation.
3. Client Rights and Shared Responsibilities are posted in waiting rooms and therapy rooms at the Centre and our satellite offices as well as on the website.
4. If a client/family/caregiver feels as though their rights have been infringed upon or that the BCCFA are not living up to our shared responsibilities they are encouraged to provide feedback as per policy 9.2.
5. If staff feel as though the family is not living up to our shared responsibilities, they are encouraged to communicate their concerns to the family directly. If the issue doesn't resolve, or if they are feeling unsafe, they should notify their Leader/Supervisor and initiate an incident report as per Policy 3.3

BC Centre for Ability

Policy #: **9.1**
Subject: **Compliments & Concerns**

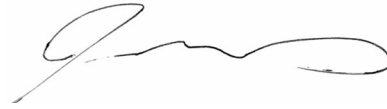
Replaces Policy # 6.4

Section: **Quality Assurance**

of Pages: 2

Signature:

Effective Date: 14-Jun-06
Revised Date: 26-Aug-15
Revised Date: 10-Sep-18
Revised Date: 25-Aug-20
Revised Date: 3-Aug-21



Policy Statements

1. The BC Centre for Ability (BCCFA) uses informal and formal client feedback to monitor the quality of our service delivery.
2. Dissatisfied clients who do not wish to make a formal complaint are encouraged to share their concerns informally with a staff member or through the Centre client feedback survey.
3. Clients who are pleased with our services are invited to share their compliments with a staff member or through the Centre client feedback survey.
4. Clients have the right to share their compliments or concerns anonymously.
5. Information released by the Centre regarding Compliments and Concerns is consistent with the Personal Information Protection Act (PIPA).

Reason for Policy

BCCFA needs client and family feedback to maintain or improve the quality of its services, and believes that some potentially unsatisfied clients may not use the formal Complaint Resolution Process. We anticipate that a less formal, less time-consuming, and potentially anonymous procedure will increase the amount of client feedback we receive.

References

Personal Information Protection Act (PIPA)

BCCFA Policy

8.8 Client Rights & Shared Responsibilities

9.2 Complaint Resolution Process for Clients/Families

BCCFA Code of Ethics

BC Centre for Ability

Policy #: **9.1**

Subject: **Compliments & Concerns**

Effective Date: 14-Jun-06

Revised Date: 26-Aug-15

Revised Date: 10-Sep-18

Revised Date: 25-Aug-20

Revised Date: 3-Aug-21

Page(s): 2 of 2

Procedures

1. The procedure for sharing compliments and concerns is included in all Client Handbooks, the website and is described verbally to clients during orientation and annually when reviewing rights.
2. Clients and community partners can share their compliments and concerns verbally with any staff member.
3. Compliments and concerns will be documented on the client record in Salesforce.
4. If a client wishes to log a formal complaint, staff and leaders will use the Employee Complaint Tracking Form to keep track of the complaint resolution process and refer to Policy 9.2 Complaint Resolution Process for Clients and Families.
5. The Risk Management Committee (RMC) reviews all compliments and concerns quarterly in order to identify trends and make any necessary recommendations for improvement.

BC Centre for Ability

Policy #: **9.3**

Subject: **Research Guidelines**

Replaces Policy # 6.8

Section: **Quality Assurance**

of Pages: 1

Signature:

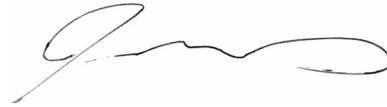
Effective Date: 14-Jun-06

Revised Date: 14-Aug-09

Revised Date: 15-Aug-12

Revised Date: 26-Aug-15

Revised Date: 02-Sept-20



Policy Statements

1. The BCCFA Research & Innovation Committee reviews applications for research to be conducted by BCCFA staff; using BCCFA resources; or involving BCCFA clients, staff, or students, or data derived from any of the people associated with the BCCFA.
2. An application approval is required prior to initiating research.

Reason for Policy

To ensure that ethical and other obligations of competent research are met. In doing so, the BCCFA protects clients, staff, research participants, the researchers and the organization.

Procedures

1. Research applications submitted to the Research Committee will include an indication of support from the appropriate Program Leader.
2. The Research Committee will be provided with a proposal and a certificate of ethics approval prior to their review
3. The Research Committee will seek clarification and further information as required.
4. The Research Committee will notify the Program Leader of their decision.

BC Centre for Ability

Policy #: **9.4**
Subject: **Chart Audits**

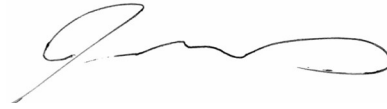
Replaces Policy # 6.1

Section: **Quality Assurance**

of Pages: 1

Signature:

Effective Date: 20-Apr-00
Revised Date: 16-Jan-03
Revised Date: 15-Dec-08
Revised Date: 01-May-09
Revised Date: 02-Sept -20



Policy Statements

Chart audits are the responsibility of each BCCFA program.

1. Each program will audit a representative sample of client and department/program files once per year
2. Chart audit reports will be written by each program following their chart audit.

Reason for Policy

Files are audited to ensure that the BCCFA maintains accurate, timely, and appropriate documentation of client, staff and community interactions that meets our:

- Legal obligations to clients
- Legal protection of staff
- Professional standards
- Accreditation standards

References


BCCFA Policies

- 7.1 Management of Client Files
- 7.4 Confidentiality

Procedures

1. Program Leaders are responsible for developing procedures, timelines, reports and follow-up actions for annual chart audits.

BC Centre for Ability

	Policy #: 10.1 Subject: Release of Information to Lawyers & Law Enforcement Officers
Replaces Policy # 4.3	Section: Communications
# of Pages: 8	Signature: 
Effective Date: 24-Nov-99 Revised Date: 14-Jun-06 Revised Date: 01-May-09 Revised Date: 01-May-12 Revised Date: 02-Oct-19 Revised Date: 25-Aug-20	

Policy Statements

1. Staff advise their Program/Department Leader of any pending or possible legal action involving clients where the agency is potentially involved.
2. Staff advise their Program/Department Leader and prior to releasing written information or discussing client cases with lawyers.
3. Written authorization from the legal guardian, or the client if they are of age, is required before releasing information concerning a child to any lawyer.
4. Written authorization from an adult or the adult's legal committee is required before releasing information to any lawyer.
5. BC Centre for Ability (BCCFA) staff have a professional responsibility to ensure that there is up-to-date information on the main client file and program/department file.
6. The Executive Director and Privacy Officer will provide direction in responding to subpoenas, search warrants and other legal investigations.

Reason for Policy

This policy guides staff in their interactions with lawyers and ensures the appropriate release of information.

References

See glossary for definition of legal terms
Freedom of Information and Protection of Privacy Act
Personal Information Protection Act
Patients Property Act S.15

BC Centre for Ability

Policy #: **10.1**
Subject: **Release of Information to
Lawyers & Law Enforcement
Officers**

Effective Date: 24-Nov-99
Revised Date: 14-Jun-06
Revised Date: 01-May-09
Revised Date: 01-May-12
Revised Date: 02-Oct-19
Revised Date: 25-Aug-20

Page(s): 2 of 8

Powers of Committee

(1) Subject to section 16

- (a) the committee of a patient as defined by paragraph (a) of the definition of patient in section 1 has all the rights, privileges and powers with regard to the estate of the patient as the patient would have if of full age and of sound and disposing mind;
- (b) the committee of a patient;
 - (i) declared to be incapable of managing his or her affairs has all the rights, privileges and powers with regard to the estate of the patient as the patient would have if of full age and of sound and disposing mind,
 - (ii) declared to be incapable of managing himself or herself has the custody of the person of the patient, and
 - (iii) declared to be incapable of managing himself or herself or his or her affairs has all the rights, privileges and powers with regard to the estate of the patient as the patient would have if of full age and of sound and disposing mind, and as well the custody of the person of the patient.

(2) For investing money, a committee is a trustee within the meaning of the *Trustee Act*.

Children's Services Procedures

1. Initial contact by a lawyer

- a. When first approached by a lawyer for information, staff ask the following questions:
 - i. who is the lawyer representing?
 - ii. what is the name of the law firm?
 - iii. what is the lawyer's phone number?
- b. Staff do not respond to any questions when first contacted by a lawyer and offer to return the lawyer's call at a mutually convenient time.
- c. Staff notify the Program/Department Leader and that they have been contacted by a lawyer requesting information about a client.

BC Centre for Ability

Policy #: **10.1**
Subject: **Release of Information to
Lawyers & Law Enforcement
Officers**

Effective Date: 24-Nov-99
Revised Date: 14-Jun-06
Revised Date: 01-May-09
Revised Date: 01-May-12
Revised Date: 02-Oct-19
Revised Date: 25-Aug-20

Page(s): 3 of 8

2. Request for information from lawyers representing the legal guardian or the child

- a. Secretarial staff refer all correspondence and telephone calls regarding legal issues involving children to the Program/Department Leader.
- b. Staff verify who has legal guardianship of the child (e.g., parents, relative, Ministry of Children and Family Development).
- c. Staff do not release information until they have verified that the legal guardians have given **written** authorization to release information to a **named** lawyer.
- d. Program/Department Leader reviews the written authorization to determine what information can be released and how the information can be released (i.e. written, verbal).
- e. Once the Program/Department Leader has confirmed that written authorization is on the BCCFA file, staff:
 - i. request that the lawyer fax or mail the questions to be answered
 - ii. inform the legal guardians that their lawyer has contacted the BC Centre for Ability for information.
- f. If no written authorization is on the BC Centre for Ability file, Program/Department Leader informs the lawyer that they are unable to release any information.
- g. Prior to talking with the child or legal guardian's lawyer, staff may consult with the BC Centre for Ability lawyer for clarification of procedure and information on staff rights with regard to the specific situation.
- h. Staff discuss their planned verbal or written responses with their Program/Department Leader prior to responding to the lawyer's request.
- i. Staff review all written responses with the Program/Department Leader prior to sending them to the lawyer representing the legal guardian or child.
- j. Staff may choose to respond to the lawyer by phone, or in writing, by fax or letter.

3. Request for information from an independent therapist (third party)

BC Centre for Ability

Policy #: **10.1**
Subject: **Release of Information to
Lawyers & Law Enforcement
Officers**

Effective Date: 24-Nov-99
Revised Date: 14-Jun-06
Revised Date: 01-May-09
Revised Date: 01-May-12
Revised Date: 02-Oct-19
Revised Date: 25-Aug-20

Page(s): 4 of 8

- a. When staff are contacted by an independent therapist hired by either the plaintiff's lawyer or the defence and asked for verbal or written information about a child, staff follow the same procedure outlined in Sections 2 and 4.

4. Request for information from lawyers representing the other party

- a. When contacted by a lawyer representing the other party, staff inform the lawyer that they are unable to release any information, unless the lawyer has written authorization from the legal guardian.
- b. Staff request that the lawyer fax the written authorization and the questions the lawyer would like answered.
- c. Upon receipt of the written authorization, the Program/Department Leader reviews the written authorization to determine what information can be released and how the information can be released (i.e. written, verbal).
- d. Prior to talking with the other party's lawyer, staff may consult with the BCCFA lawyer for clarification of procedure and information on staff rights with regard to the specific situation.
- e. Staff discuss their planned verbal or written responses with their Program/Department Leader prior to responding to the lawyer's request.
- f. Staff review all written responses with the Program/Department Manger prior to sending them to the other party's lawyer.
- g. Staff may choose to respond to the lawyer by phone, or in writing, by fax or letter.

5. Request for information under a subpoena

- a. Upon receipt of a subpoena to appear in Court, staff review the subpoena with the Program/Department Leader.
- b. The Program/Department Leader clarifies any questions regarding the subpoena with the BC Centre for Ability lawyer.
- c. If upon receiving a subpoena to appear in Court staff are contacted by the other party's lawyer and asked to answer questions over the phone, staff inform the lawyer that they are unable to release any information, unless they have written authorization from the legal guardian.
- d. When subpoenaed to appear in Court by either the lawyer representing the child, the legal guardian or the other party, staff answer all questions

BC Centre for Ability

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Lawyers & Law Enforcement
Officers**

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Revised Date: 01-May-12
Revised Date: 02-Oct-19
Revised Date: 25-Aug-20

Page(s): 5 of 8

according to their professional judgment. Where staff feel they are unable to answer a question, it is appropriate to say that you do not have an answer.

6. Documentation placed on a client's file

- a. Staff maintain up-to-date on-going documentation for all clients on the client's file.
- b. All documentation placed on a client's file and all working notes can be subpoenaed. Staff document their professional assessments and observations rather than stating impressions or opinions stated by other people. Staff who are regulated by a professional body must adhere to the documentation standards as outlined by their professional colleges.

7. In the event of a search warrant

- a. Upon receipt of a search warrant and the supporting affidavit, contact the Executive Director or her designate immediately.
- b. The Executive Director or their designate should contact the BCCFA lawyer by telephone immediately.
- c. No one should interfere with the execution of the search warrant.
- d. Staff who work in the area affected by the search should be relocated to other work space during the search.
- e. The Executive Director or their designate should maintain a record of what is seized or taken.
- f. All documents including photographs, audiotapes, and videotapes or computer records that are privileged should be identified as such to the law enforcement officers when seized. If possible, such material should be placed in a box or envelope and labelled in large letters as "Privileged Medical Information".
- g. Peer review documents should always be labelled as such and marked "Privileged."

Adult Services Procedures

BC Centre for Ability

Policy #: **10.1**
Subject: **Release of Information to
Lawyers & Law Enforcement
Officers**

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Revised Date: 02-Oct-19
Revised Date: 25-Aug-20

Page(s): 6 of 8

1. Initial contact by a lawyer

- a. When first approached by a lawyer for information, staff ask the following questions:
 - i. who is the lawyer representing?
 - ii. what is the name of the law firm?
 - iii. what is the lawyer's phone number?
- b. Staff do not respond to any questions when first contacted by a lawyer and offer to return the lawyer's call at a mutually convenient time.
 - i. Staff notify the Program/Department Leader and that they have been contacted by a lawyer requesting information about a client.

Request for information from lawyers representing the adult or the adult's committee

- a. Secretarial staff refer all correspondence and telephone calls regarding legal issues involving adults to the Program/Department Leader.
- b. Staff verify if the adult has a legal committee.
- c. Staff do not release information until they have verified that the adult or the adult's committee have given **written** authorization to release information to a **named** lawyer.
- d. Program/Department Leader reviews the written authorization to determine what information can be released and how the information can be released (i.e. written, verbal).
- e. Once the Program/Department Leader has confirmed that written authorization is on the BCCFA file, staff:
 - i. request that the lawyer fax or mail the questions to be answered
 - ii. inform the adult or the adult's committee that their lawyer has contacted the BCCFA for information.
- f. If no written authorization is on the BCCFA file, staff inform the lawyer that they are unable to release any information.
- g. Prior to talking with the adult's or committee's lawyer, staff may consult with the BCCFA lawyer for clarification of procedure and information on staff rights in regards to the specific situation.
- h. Staff discuss their planned verbal or written responses with their Program/Department Leader prior to responding to the lawyer's request.

BC Centre for Ability

Policy #: **10.1**
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Revised Date: 02-Oct-19
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Page(s): 7 of 8

- i. Staff review all written responses with the Program/Department Leader prior to sending them to the lawyer representing the adult or the adult's committee.
- j. Staff may choose to respond to the lawyer by phone, or in writing, by fax or letter.

2. Request for information from an independent therapist (third party)

- a. When staff are contacted by an independent therapist hired by either the plaintiff's lawyer or the defence and asked for verbal or written information about a client, staff follow same procedure outlined in Sections 2 and 4.

3. Request for information from lawyers representing the other party

- a. When contacted by a lawyer representing the other party, staff inform the lawyer that they are unable to release any information, unless the lawyer has written authorization from the legal committee.
- b. Staff request that the lawyer fax the written authorization and the questions the lawyer would like answered.
- c. Upon receipt of the written authorization, the Program/Department Leader reviews the written authorization to determine what information can be released and how the information can be released (i.e. written, verbal).
- d. Prior to talking with the other party's lawyer, staff may consult with the BCCFA lawyer for clarification of procedure and information on staff rights in regards to the specific situation.
- e. Staff discuss their planned verbal or written responses with their Program/Department Leader prior to responding to the lawyer's request.
- f. Staff review all written responses with the Program/Department Leader prior to sending them to the other party's lawyer.
- g. Staff may choose to respond to the lawyer by phone, or in writing, by fax or letter.

4. Request for information under a subpoena

- a. Upon receipt of a subpoena to appear in Court, staff review the subpoena with the Program/Department Leader.
- b. The Program/Department Leader clarifies any questions regarding the subpoena with the BC Centre for Ability lawyer.

BC Centre for Ability

Policy #: **10.1**
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Page(s): 8 of 8

- c. If upon receiving a subpoena to appear in Court staff are contacted by the other party's lawyer and asked to answer questions over the phone, staff inform the lawyer that they are unable to release any information, unless they have written authorization from the adult or the adult's committee.
- d. When subpoenaed to appear in Court by either the lawyer representing the adult, the adult's committee or the other party, staff answer all questions according to their professional judgment. Where staff feel they are unable to answer a question, it is appropriate to say that you do not have an answer.

5. Documentation placed on a client's file

- a. Staff maintain up-to-date on-going documentation for all clients on the client's file.
- b. All documentation placed on a client's file and all working notes can be subpoenaed. Staff document their professional assessments and observations rather than stating impressions or opinions stated by other people.

In the event of a search warrant

- a. Upon receipt of a search warrant and the supporting affidavit, contact the Executive Director or their designate immediately.
- b. The Executive Director or their designate should contact the BCCFA lawyer by telephone immediately.
- c. No one should interfere with the execution of the search warrant.
- d. Staff who work in the area affected by the search should be relocated to other work space during the search.
- e. The Executive Director or their designate should maintain a record of what is seized or taken.
- f. All documents including photographs, audiotapes, and videotapes or computer records that are privileged should be identified as such to the law enforcement officers when seized. If possible, such material should be placed in a box or envelope and labelled in large letters as "Privileged Medical Information".
- g. Peer review documents should always be labelled as such and marked "Privileged."

BC Centre for Ability

Policy #: **10.2**

Subject: **Media Relations**

Replaces Policy 4.1

Section: **Communications**

of Pages: 3

Signature:

Effective Date: 24-Nov-99
Revised Date: 10-Sep-18
Revised Date: 02-Oct-19
Revised Date: 18-Aug-20
Revised Date: 01-Aug-23



Policy Statement

1. The Executive Director or designate (Director of Development and Communications) receives all media requests.
2. The Executive Director or designate (Director of Development and Communications) responds to all media requests concerning the BC Centre for Ability such as funding concerns, clinical practice, programs and services and fundraising.
3. Staff members do not speak to the media without permission and direction from the Executive Director or designate (Director of Development and Communications).

Reason for Policy

Risk Management

To protect the BC Centre for Ability from inaccurate and/or damaging media coverage.

To ensure personal privacy and client confidentiality.

References

Appendices Media Contact Form

Procedures

1. Non-Time Sensitive Media Requests

- a. When a staff member receives a request for information from the media, the staff member takes down the person's name, contact information and the information requested.
- b. Staff forwards the request to the Executive Director in a timely matter. If the request concerns BC Centre for Ability matters, the Executive Director responds to the media request or will assign a staff member to respond.

Effective Date: 24-Nov-99
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Revised Date: 02-Oct-19
Revised Date: 08-Aug-20
Revised Date: 01-Aug-23

Page(s): 2 of 3

- c. If the request concerns fundraising activities, the Executive Director responds to the request.
- d. The person talking to the media immediately forwards the request to the Development & Communications Department.

2. Time Sensitive Media Requests

- a. When a staff member receives a time-sensitive request for information from the media, the staff member takes down the person's name, contact information and the information requested.
- b. Staff immediately notifies the Executive Director. If the request concerns BC Centre for Ability Association matters, the Executive Director responds to the media request or will assign a staff member to respond.
- c. If the Executive Director is away from the building, contact the Executive Director by cell phone for direction.
- d. If the request concerns promotions and/or fundraising activities, the Executive Director will respond to the request,

3. Proactive Media Contacts related to Funding, Clinical Practice, Programs and Services

- a. When significant issues arise in the Centre that have the potential for media involvement the involved staff member immediately notifies the Executive Director.
- b. The Executive Director names a contact person, determines the organization's position on the issue, decides the information to be released and sets up any protocols necessary to ensure that the designated contact person is reached.

If staff identify a positive news story, with the consent of the client, the Executive Director will contact various media outlets including but not limited to TV, radio, print and web, for the purpose of generating funds and awareness.

5. Unannounced Visits by the Media

- a. In the event of unannounced visits by the media, the staff member greeting the media directs the media people to an interview room with the door closed to preserve the confidentiality of and clients present at the Centre and immediately notifies the Executive Director.

BC Centre for Ability

Policy #: **10.2**
Subject: **Media Relations**

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Revised Date: 02-Oct-19
Revised Date: 08-Aug-20
Revised Date: 01-Aug-23

Page(s): 2 of 3

- b. Executive Director determines the nature of the request.
- c. If the Executive Director is away from the building, contact the Executive Director by cell phone for direction.

BC Centre for Ability

Policy #: **10.4**
Subject: **Social Media**

Replaces Policy #

Section: **Communications**

of Pages: 2

Signature:

Effective Date: 30-Sept-12
Revised Date: 05-Jun-17
Revised Date: 20-Aug-19
Revised Date: 19-Aug-20
Revised Date: 06-Aug-24



Policy Statements

1. BCCFA encourages the sharing and reposting of online information that is relevant, appropriate to its aims, and of interest to its community.

Posting information on Centre wide BCCFA Social Media accounts is the responsibility of the BCCFA Development & Communications Department.

2. BCCFA Social Media accounts comply with the following requirements:
 - a. Not used to post material that infringes on rights of any third party, including intellectual property, privacy, or publicity rights;
 - b. Not used to post material that is unlawful, obscene, defamatory, threatening, harassing, abusive, slanderous, hateful, or embarrassing to any other person or entity;
 - c. Not used to post advertisements or solicitations of business;
 - d. Not used to post chain letters or pyramid schemes;
 - e. Does not breach BCCFA confidentiality policies;
 - f. Does not breach data protection or privacy laws;
 - g. Does not allow any other person or entity to use your identification for posting or viewing comments;
 - h. Does not post the same note more than once or use "spam".
3. BCCFA reserves the right to:
 - a. Remove communications that are abusive, illegal or disruptive, or that otherwise breach the Social Media Policies and Procedures;
 - b. Edit or delete any communication posted on the Social Media accounts, regardless of whether such communication violates the Social Media Policies and Procedures;
 - c. Terminate a user's access to post information on BCCFA social media accounts.

BC Centre for Ability

Policy #: **10.4**
Subject: **Social Media**

Effective Date: 30-Sept-12
Revised Date: 05-Jun-17
Revised Date: 10-Sep-18
Revised Date: 19-Aug-20
Revised Date: 06-Aug-24

Page(s): 2 of 2

4. BCCFA is not responsible for any damages, losses, liabilities, judgments, cost or expenses arising out of a claim by third party relating to any material they have posted.
5. BCCFA reserves the right to reproduce, distribute, publish, display, edit, modify any comments, posts, blogged, or other materials posted on BCCFA Social Media accounts.
6. If BCCFA employees use their personal social media accounts to engage in any social media activities with current BCCFA clients or their families, or in the public domain they will adhere to the Social Media Policy. A "Use of Social Media FAQs" document is provided for any clarification on this Policy. If any further questions arise, BCCFA employees can discuss this with Leaders and/or the Development & Communications Department.

Reason for Policy

BCCFA seeks to encourage information and link sharing amongst its staff, volunteers, community members, and seeks to utilize the expertise of its employees and volunteers in generating appropriate social media content. At the same time, social media posts should be keeping with the image that BCCFA wishes to present to the public, and posts made through its social media channels should not damage the organization's reputation in any way.

References

BCCFA staff Handbook: Q&A on Use of Social Media
BCCFA Code of Ethics

BCCFA Policies

- 5.1 Computer Usage
- 5.2 Network Security
- 5.4 Internet Usage
- 7.4 Confidentiality

Definition Mobile Devices include laptops, tablets, cell phones, smart phones, iPhones, and other wireless devices.