



NNPCN POLICY AND PROCEDURE MANUAL

September 2017

MISSION

To enhance the comfort, dignity and quality of life of individuals with a terminal illness, and to offer bereavement support throughout the community.

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Standards: Governance	HPCO Standard: A1.1b	Policy: Governance – Strategic Management and Planning
Original Approval Date: January 27, 2003	Date Revised: November 08, 2016	Revision Approval Date:

GOVERNANCE

STRATEGIC MANAGEMENT AND PLANNING

POLICY STATEMENT:

Strategic Planning is an organizational management activity that is used to set priorities, focus energy and resources, strengthen operations, ensure that employees, volunteers, and other stakeholders are working toward common goals, establish agreement around intended outcomes/results, and assess and adjust the organization's direction in response to a changing environment. The NNPCN will continually work to improve the Strategic Plan. An annual Strategy meeting is the mechanism to continuously identify areas for improvement.

PROCEDURE:

1. Strategic Planning identifies the process through which NNPCN will implement its Mission Statement.
2. The Board of Directors will attend an annual Strategic Planning meeting to evaluate past goals and objectives and develop an action plan for the coming 1-5 years.
3. All Board members will review status of previous years plan in preparation for upcoming strategic planning meetings.
4. The Executive Director will solicit input/suggestions from staff and volunteers prior to the scheduled meetings.
5. All goals and objectives will include measurable outcomes.
6. Objectives will have specified beginning and completion dates.
7. Objectives will include an action plan indicating areas of responsibility.



8. Budget estimates will be included in all planning ventures.
Near North Palliative Care Network – Policy and Procedures Manual

Standard Governance	HPCO Standard: A1.1 m	Policy: Governance A1.1
Original Approval Date: July 31, 2017	Date Revised: August 2017	Revision Approval Date:

COMPLAINT PROCESS

POLICY STATEMENT:

NNPCN welcomes input. We believe complaints can be a valuable source of information and can improve policies and process. We document, evaluate, analyze and respond to all complaints.

Complaints are any expression of dissatisfaction about the NNPCN. The subject matter of complaints may be, but not limited to:

- The service or programs we provide;
- The way we operate our services and/or programs
- Our policies and procedures
- How we operate within the community: with our clients, volunteers, staff, donors and partners

NNPCN supports the right of clients, caregivers, partners and donors to access a fair and transparent appeal process to dispute decisions we make.

PURPOSE:

The objective of the internal complaint policy is to ensure that service recipients and all those we are involved with have a procedure to follow to ensure complaints are dealt with in a fair, equitable and timely manner, without fear of reprisal.

PROCEDURE:

Complaints can be made verbally or in writing. When a volunteer or staff member receives a complaint, they shall immediately report the complaint to the Executive Director(ED). All stakeholders, clients, staff, students and volunteers are encouraged to formalize the complaint in writing, using the complaint form. This will allow the ED to efficiently track and manage all complaints.

Any service recipient, family or community stakeholder is to notify the Executive Director of their complaint so the best course of action can be determined to resolve the complaint as quickly as possible.

The Executive Director will contact the complainant within 3 business days to review the complaint and obtain all pertinent information. All verbal complaints will be recorded on the Complaint form. The ED will make every effort to provide a resolution that is agreeable to both the NNPCN and the complainant.

All complaints will be brought to the attention of the Board of Directors at the next board meeting. Records will be maintained on the number of complaints, subject matter and outcomes of complaints and appeals.

Clients, families and all stakeholders have the right to take their complaint or appeals to the Board of Directors if they are not satisfied with the resolution determined by the ED. The complaint should be addressed in writing using the complaint form. The completed form should be sealed in an envelope and addressed to the Chair of the Board and addressed to the NNPCN office. The envelope should be marked as confidential. The Chair of the Board will contact the complainant within 7 business days of receipt of the complaint.

The Board is responsible to ensure that the policies are consistent with the NNPCN Mission, Vision and Values, and all services are delivered accordingly. The Board will use all complaints as a catalyst to review policies and procedure, where appropriate.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Aug 24, 2017	T. Price-Fry			



Standards: Governance	HPCO Standard: Governance A1.1k	Policy: Governance A1.1k
Original Approval Date: March 17, 2003	Date Revised: August 2017	Revision Approval Date:

CONFLICT OF INTEREST

POLICY STATEMENT:

All volunteers, staff and members of the Board of Directors must disclose any personal, business, commercial or financial interest where such interest may be construed as being in real, potential or apparent conflict with their regular duties with the NNPCN.

PROCEDURE:

1. Volunteers and staff must disclose in writing any real, potential or apparent conflict to the Executive Director before assuming their role.
2. Members of the Board of Directors must disclose any real, potential or apparent conflict of interest to the Chair of the Board.
3. The Executive Director or delegate:
 - Reviews the disclosure and determines if the volunteer/staff may continue in their role
 - Documents decision in volunteer/staff record or file
 - Reports the incident to the Executive Committee
4. The Chair of the Board:
 - Reviews the disclosure and determines if the Board Member will continue as a member of the board
 - Documents decision in member's record or file
 - Reports the incident to the Board of Directors

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 2016	T. Price-Fry			

Aug 2017	T. Price-Fry			
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Standards Governance	HPCO Standard: Governance A1.1e	Policy: Governance A1.1c
Original Approval Date: Aug 2017	Date Revised:	Revision Approval Date:

EMPLOYEE COMPENSATION AND EXPENSES

POLICY STATEMENT:

The NNPCN Board will review the employee total compensation on an annual basis and ensure that Employment Standards Legislation is adhered to for all employees.

PROCEDURE:

Compensation

1. The Board of Directors will review the total compensation for all employees annually.
2. Increases in pay will be based on employee performance and the ability to finance any increase within the annual budget as set out by the Finance Committee.
3. The Board of Directors will ensure minimum standards relating to employment terms and conditions are met.
4. Annual bonuses for senior staff, will be considered in December of each year, based on employee performance, and the ability to fund a bonus within the annual budget.
5. Criteria for annual bonuses will be set by the Board of Directors, which will include:
 - a. Overall Performance - Exceeds Expectations in many areas
 - b. Fundraising success
 - c. Volunteer recruitment and growth
 - d. Fiduciary sustainability and growth (Executive Director)
 - e. Meeting all reporting requirements and targets (Executive Director)
 - f. Board feedback

Overtime/Time off in Lieu

NNPCN will comply with the requirements of the Employment Standards Act. The Board does not anticipate situations where overtime will be warranted. However, if additional hours of work are warranted (Team meetings after normal business hours, board meetings and fundraising or awareness events after normal business hours) the employee is expected to take time off in lieu of payment. It is the employee's responsibility to record overtime and time taken in lieu, and advise the Chair of the Board on a monthly basis.

Time off must be taken within one month in which it was earned or will be forfeited. This time will be taken off as time in lieu, at a time that is mutually agreed upon by the employee and Board Chair. One hour of overtime worked will be equivalent to one hour off, unless the overtime fell on a Sunday or Holiday, then one hour of overtime worked will be equivalent to time and one half.

Vacation

Vacation is based on fiscal year running from April 1st to March 31st, as well as years of service with NNPCN.

New employees are entitled to take vacation after 3 months of service. Each employee is entitled to 0.83 days of paid vacation for every month they work in that fiscal year unless otherwise agreed to in their employment contract.

After one year of service, employees are entitled to 0.83 days of paid vacation per month (10 working days) in the fiscal year.

After five years of service, employees are entitled to 1.25 days of paid vacation per month (15 working days) in the fiscal year.

After twelve years of service, employees are entitled to 1.67 days of paid vacation per month (20 working days) in the fiscal year.

For the purpose of vacation time, one week = the hours per week that each employee is scheduled to work e.g. 30hrs/week = 30 hrs. vacation.

NOTE: Vacation may be altered from the above guidelines at the discretion of the Board.
E.g.: Individual employee contracts.

All entitlements noted above are based on completing the entire fiscal year. Employees who leave before the end of the year but have taken their vacation, will have a pro-rated adjustment made to their final pay cheque.

It is the practice of NNPCN that every employee will take his/her holidays every year. Carryovers of one-week vacation will be allowed, with the approval of the Chair of the Board, into the next fiscal year for holidays not taken. Vacation not used must be taken as time off. Employees will not be compensated in cash. It is the responsibility of each employee to work out coverage of office. Both employees will not be on vacation at the same time. If this cannot be worked out among employees, seniority will be the deciding factor.

All vacation days need to be reported the Board Chair at least 1 week prior to being taken.

Paid Sick Days

It is the practice of NNPCN that all fulltime employees get **(5) five paid sick days per year**. Sick time is not accumulative from one year to the next and it follows our fiscal year April 1st to March 31st.

Expenses

The NNPCN expects employees to act responsibly and professionally when incurring and submitting expenses. The organization will reimburse employees for reasonable expenses on pre-approved business. This includes, for example, travel fares, accommodations, meals, tips, telephone and fax charges, and purchases made on behalf of the organization.

The NNPCN does not pay for local travel to and from the office. If employees use their vehicles for business travel, mileage will be reimbursed as per the rate of \$0.42 per KM and for appropriate parking fees. **The NNPCN** will not be responsible for fuel, maintenance, traffic or parking violations.

General guidelines

- Original receipts are required for reimbursement of all expenses. These expenses include:
 - Original boarding passes for airplane / train travel
 - Credit card receipts
 - Detailed merchant receipts
- Receipts must be accompanied by a completed Expense Requisition
 - The nature of the expense
 - The name and titles of the individuals involved
 - The purpose for the expense

- All expenses and summaries must be submitted within 30 days to the Executive Direct for approval and for payment processing.
- Payment processing will be completed by the NNPCN accounting firm in the form of a cheque payable to the employee
- The Executive Directors expenses will be reviewed and approved by the Chair or the Board
- All employee expenses will be reviewed by the Board of Directors annually

Staff Payment:

The NNPCN recurring pay period is every two weeks and will pay all wages earned during each pay period, other than accruing vacation pay, no later than the pay day for that period.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy



Standards: Governance A1.1 i	HPCO Standards A1.1 i	Policy: Governance – Facebook Policy
Original Approval Date: February 17, 2003	Date Revised: November 9, 2016	Revision Approval Date:

FACEBOOK POLICY

POLICY STATEMENT:

NNPCN has a Facebook page and which is administered by the Executive Director. This site is not our official means of communication to our volunteers, staff or donors. For direct communication we have set up an email: office@nnpcn.com or for the Executive Director: ed@nnpcn.com

PROCEDURE:

The NNPCN offers Facebook for informational, educational, cultural, and recreational purposes. Comments and postings by participants other than NNPCN staff moderators do not necessarily reflect the views of the NNPCN.

<https://www.facebook.com/NearNorthPalliativeCareNetwork/?fref=ts>

On the NNPCN's Facebook site is information, news stories, photos, and information pertaining to palliative care, bereavement, healthcare and wellness. The official source of information about the NNPCN is at our website at: www.nnpcn.com

While Facebook provides an open forum, it is also a platform that the NNPCN uses to promote our culture of inclusiveness, compassion, dignity and caring. It is our expectation that the comments made on our site will adhere to our values. The site is updated and monitored daily and the NNPCN will make every effort to answer or review posts as quickly as possible. . In addition to keeping our page palliative care relevant and family friendly, we have set out guidelines. If you do not comply, your message will be removed from public viewing:

* We do not allow obscene, explicit, threatening, racial comments or submissions, nor do we allow comments that are abusive, hateful, or intended to defame anyone or any organization.

* We do not allow solicitations or advertisements.

* We do not allow comments that suggest or encourage illegal activity.

* You participate at your own risk, taking personal responsibility for your comments, your username, and any information provided.

* Appearance of external links does not constitute official endorsement on behalf of NNPCN nor do they necessarily represent our views or values.

* NNPCN has sole authority to remove posts that are deemed inappropriate.

Suggestions for those posting are strongly encouraged to protect their privacy when commenting or posting on Facebook sites.

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Near North Palliative Care Network – Policy and Procedures Manual

Standards Governance	HPCO Standard: Governance A1.1f	Policy: Governance A1.1f
Original Approval Date: April 21, 2003	Date Revised: August 2017	Revision Approval Date:

RISK MANAGEMENT

POLICY STATEMENT:

NNPCN strives to prevent risk related to the volunteer hospice visiting service. The hospice has clear personnel policies and procedures for paid staff and volunteers that contribute to effective management of all hospice activities.

PROCEDURE:

1. The Executive Director(ED) will oversee and facilitate the hospice's operations. The Board entrusts the Executive Director to plan, develop, implement and evaluate the hospice's policies, services and operations.
2. The ED will ensure that all HR policies comply with the Occupational Health and Safety Act and Employment Standards Act. The Executive Director reports to the Board on these activities.
3. The by-laws describe the organizational structure of the hospice as a legal entity and stipulate the roles and responsibilities of the Board of Directors.
4. The Board of Directors will review the Policies and Procedures on a regular basis (a full review least every 2 years) to ensure they mitigate any risk to our volunteers, staff and donors.

5. The Board of Directors assumes ultimate responsibility and accountability to the community for effective and efficient management of the hospice and the delivery of services.
6. The Executive Director orients all new Board members regarding fiduciary responsibilities, statutes and laws governing the hospice, policies and procedures, by-laws and liability insurance coverage.
7. The hospice provides sound financial management of its resources through:
 - Board review of monthly Treasurer's reports
 - Finance/Executive Committee recommendations and report - ie: budget and insurance coverage
 - Appointing a licensed public accountant annually to produce an audited financial statement
6. The Executive Committee identifies and weighs potential risks and decides on further action. Meetings are held regularly at the call of the Chair.

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08-15- 2017	T. Price-Fry			



Standards: Governance	HPCO Standard: A1.1a - A1.1b	Policy: Governance A1.1a - A1.1b
Original Approval Date: January 27, 2003	Date Revised: Aug 2017	Revision Approval Date:

STRATEGIC MANAGEMENT AND PLANNING

POLICY STATEMENT:

Strategic Planning is an organizational management activity that is used to set priorities, focus energy and resources, strengthen operations, ensure that employees, volunteers, and other stakeholders are working toward common goals, establish agreement around intended outcomes/results, and assess and adjust the organization's direction in response to a changing environment. During the strategic planning the board will review the NNPCN's compliance with all governance documents, applicable laws and regulations. The NNPCN will continually work to improve the Strategic Plan. An annual Strategy meeting is the mechanism to continuously identify areas for improvement.

PROCEDURE:

9. Strategic Planning identifies the process through which NNPCN will implement its Mission Statement and ensures the culture of the NNPCN aligns with the mission, vision and values of the NNPCN.
10. The Board of Directors will attend an annual Strategic Planning meeting to evaluate the progress of the NNPCN in reference to the Plan and set goals and objectives and develop an action plan for the coming 1-5 years.
11. All Board members will review status of previous years plan in preparation for upcoming strategic planning meetings.
12. The Executive Director will solicit input/suggestions from staff and volunteers prior to the scheduled meetings.
13. All goals and objectives will include measurable outcomes.
14. Objectives will have specified beginning and completion dates.

15. Objectives will include an action plan indicating areas of responsibility.

16. Budget estimates will be included in all planning ventures.

REVISION HISTORY:

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Aug 2017	T. Price-Fry			



Standards: Governance	HPCO Standard: A1.1 I	Policy: Governance A1.1 I
Original Approval Date: July 31, 2017	Date Revised: August 2017	Revision Approval Date:

PRIVACY AND CONFIDENTIALITY POLICY

POLICY STATEMENT:

NNPCN acknowledges the requirement to comply with the terms and conditions of the Personal Health Information Protection Act (PHIPA) and the Personal Information Protection and Electronic Documents Act (PIPEDA).

NNPCN is committed to the principles set out in PHIPA and PIPEDA, which requires that Personal Health Information (PHI) and other personal information (ie: donor status) is protected.

Information will be collected, stored, used and shared responsibly and securely. We will only collect information that is necessary and sharing information will be the individuals responsible for providing care and other staff, students and volunteers, for the purposes directly related to their duties.

NNPCN collects, uses, shares and retains personal health information for the following purposes:

- To provide quality service
- To deliver safe and efficient client care
- To communicate with and make referrals to other care providers
- To comply with legal and regulatory requirements
- Research, teaching and statistics

PURPOSE:

To protect the privacy and right of confidentiality of all clients, families, caregivers, staff, volunteers, students, partners, and donors involved with services provided by the NNPCN.

PROCEDURE:

All staff, volunteers, students and board members shall keep confidential and private any and all information they acquire during the course of their tenure, and after leaving the NNPCN.

This includes, but not limited to:

- Personal information concerning clients and families
- Personal information concerning all members of the Board, volunteers and staff
- Confidential information obtained from third parties
- Confidential information concerning the business of operations of the NNPCN

Subject to legislation and regulations, any personal or confidential information shall be released only as require in the necessary course of employment or volunteerism and only by those persons authorized to release such information. Information covered by this policy shall include information that is written or unwritten or stored electronically.

All suspected breaches of confidentiality will be recorded as an incident, investigated by the Executive Director, and brought to the attention of the Board Chair. If proven legitimate, will lead to immediate disciplinary action or possible dismissal of staff or volunteer involved in the breach.

The following 10 privacy principles will be followed:

1. Accountability:

- NNPCN is responsible for keeping personal information, including personal health information secure, accurate, and up to date.
- The Executive Director is accountable for compliance with these principles
- Privacy complaints and inquiries can be made to NNPCN via 705-497-9239 or via email to ed@nnpcn.com
- All NNPCN team members receive privacy training during their orientations and privacy refresher sessions provided annually.

2. Identifying Purposes:

- NNPCN will identify the purposes for which information is collected at or before the time the information in collected.

- NNPCN will only collect information necessary for the provision of care, services and programs
- Persons collecting personal information must be able to explain to individuals the purpose for which the information is being collected

3. Consent to Collecting, Use and Disclosure of Personal Information:

- Knowledgeable consent of the individual is obtained for the collection, use of disclosure of personal information
- This principle requires “knowledge and consent”. NNPCN will make a reasonable effort to ensure that the individual (or Substitute Decision Maker- SMD) is advised of the purposes for which the information is to be used. To make the consent meaningful, the purposes must be stated in such a manner that the individual can reasonably understand how the information will be used or disclosed.
- Individuals can consent by:
 - Completing and signing a consent form
 - Consent may be given orally when information is collected over the telephone: or
 - Consent may be given at the time that individuals receive services.
- Consent may be withdrawn at any time by contacting the NNPCN

4. Limiting Collection:

- NNPCN will limit the collection of personal information to that which is necessary for the purposes identified. Information will be collected by fair and lawful means.

5. Limiting Use, Disclosure and Retention of Personal Information:

- Personal information is not to be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or SDM or as required by law. Personal information is retained only as long as necessary.

6. Accuracy:

- NNPCN keeps personal information as accurate, complete and up-to-date as is necessary for the purposes for which it is to be used.

7. Safeguards:

- Personal information is protected by security safeguards, which include electronic and physical, appropriate to the sensitivity of the information.
- The security safeguards protect personal information against loss of theft, as well as unauthorized access.
- Methods of protections include:
 - Physical measures- ie: locked filing cabinets and restricted access to offices;
 - Organizational measures – ie: confidentiality agreements and limiting access on a need-to-know basis; and
 - Technology measures – ie: use of passwords and access controls.
- NNPCN ensures all team members are aware of the importance of maintaining the confidentiality of personal information. All staff, students and volunteers have a signed confidentiality agreement and have received training on the policies and procedures to protect personal information.
- Care is used in the disposal or destruction of personal information, to prevent unauthorized parties from gaining access to the information.

8. Openness:

- NNPCN will make readily available to individual's specific information about its policies and practices relating to the management of personal information that support our commitment to privacy.
- Individuals are able to acquire information about policies and practices without unreasonable effort.

9. Individual Access:



- Upon request, an individual is informed of the existence, use and the disclosure of his or her personal information and is given access to that information.

10. Challenging Compliance:

- An individual is able to address a challenge concerning compliance with the above principles directly with the Executive Director by contacting the office at 705-497-9239 or by email to ed@nncpn.com.
- The NNPCN will respond to such enquiries in an accurate and timely manner.
- The NNPCN will investigate all complaints. If a complaint is found to be justified, NNPCN will take appropriate measures, including, if necessary, amending its policies and procedures.
- All staff, volunteers and students will follow the Privacy Policy and maintain confidentiality as related to PHIPA and PIPEDA. Violations of this policy may result in disciplinary action, up to and including termination.

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Near North Palliative Care Network – Policy and Procedures Manual

Standards: Governance	HPCO Standard: Governance A1.1 c	Policy: Governance A1.1 c
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Operations	Operations B1.1 a	Operations B1.1 a
Original Approval Date:	Date Revised: August 2017	Revision Approval Date: February 2, 2009

RECRUITMENT AND ORIENTATION OF STAFF

POLICY STATEMENT:

The NNPCN Board is accountable for the recruitment and orientation of all senior staff. The hiring process will be fair and transparent for all staff, and will focus on each candidate's ability to perform the essential job duties. The decision-making process will be uniform, consistent, transparent, fair, unbiased, comprehensive and objective.

The NNPCN Board of Directors will annually discuss succession planning to ensure the sustainability and future of the NNPCN.

The Executive Director is accountable for the recruitment and orientation of all other staff.

PROCEDURE:

1. The NNPCN adheres to the Employment Standards Act(ESA) and its regulations and the Ontario Human Rights Code.
2. The NNPCN recognizes the dignity and worth of every person and endeavors, at all times, to provide equal rights and opportunities without discrimination.
3. The NNPCN will actively seek out staff throughout the geographical regions it serves.
4. The NNPCN make every effort to accommodate student placements where possible.
5. The NNPCN will recruit staff from all available sources which will include but not limited to the general public, staff and volunteer referrals, educational institutes, and professional agencies.
6. The NNPCN promotes hiring free of discrimination and will offer accommodation when interviewing candidates. The NNPCN interview panels are un-biased and objective when scoring candidates' responses.
7. All steps will be documented and interview results recorded and placed in the candidates file. Once a candidate is selected and approved by the Board, the interview

comments will be filed in the staff personnel file along with other mandatory documentation.

RECRUITMENT:

- Advertising for the position, through local media and/or online resources and word of mouth

SCREENING:

Applicants will be informed of and must agree to the screening process, consisting of application review, interview(s), vulnerable sector check:

- Applicants must provide a resume outlining job experience and qualifications.
- A screening interview with eligible candidates who meet the job requirements, by the Chair of the Board, the Executive Director and at least one other member of NNPCN.
- Interview results will be tabulated and recorded
- Applicants will be required to submit three (non-relative) personal references
- Applicants may be refused positions as staff, at the discretion of the Board Chair / Executive Director.
- All unsuccessful candidates may request the reason(s) for the refusal.

SELECTION:

Selected staff will:

- Meet the specific requirements of the essential job duties.
- Successful candidate will provide a vulnerable sector check within 30 days of employment. Failure to do so will result in termination. *
- Demonstrate excellent soft skills, and job skills as specified in the job requirements.
- Demonstrate ability to be flexible, tolerant, compassionate and collaborative.

*Outstanding charges or convictions (federal or provincial) involving abuse, assault, theft, falsification of records or identification, or other illegal acts will disqualify the individual from serving as staff.

There will be a probationary period of 6 (six) months for staff.

Staff must advise their insurance agent if they use their vehicle in their role with NNPCN. Staff are responsible for providing their own transportation.

Orientation to NNPCN will be required – includes review of the NNPCN Policy and Procedures

This policy will be reviewed every two years.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
11/07/2016	T Price-Fry			
08/28/2017	T Price-Fry			



Standards: Governance A2.1	HPCO Standard: A2.1	Policy: Governance A2.1
Original Approval Date: Aug 1, 2017	Date Revised:	Revision Approval Date:

FINANCIAL MANAGEMENT/OVERSIGHT

POLICY STATEMENT:

Strong finance management/oversight will ensure effective and efficient use of resources within the NNPCN and minimize financial risks.

The Finance Committee prepares annual Budget to be presented and approved by the Board of Directors as well as quarterly financial reporting to the Board for review and approval.

The Executive Director is responsible for the daily management of the NNPCN finances under the direction of the Board of Directors.

PURPOSE:

Sound financial management will provide accountability, transparency and sustainability to the NNPCN. It will also ensure financial objectives are met and serve to gain respect and confidence of funding agencies, partners and donors. Good financial oversight will reduce financial risks.

PROCEDURE:

Budget:

The annual budget will be prepared by the Financial Committee under the guidance of the Treasurer, and presented to the Board for review and approval, annually.

The Treasurer will present quarterly budget updates to the Board for approval.

Income:

NE LHIN Multi-Sector Service Agreement

The majority of NNPCN funding comes from the NE LHIN. By signing the Multi-Sector Service Agreement, the NNPCN is consenting to the terms and conditions of the M-SSA. The M-SSA is signed by the Chair of the Board and Executive Director. Once signed the M-SAA will be available to all board members and staff. The funding provided by the NE LHIN will be used to deliver the NNPCN palliative and bereavement services. Updates on the status of services will be provided to the Board of Directors in the board meetings, by the Executive Director(ED). The Executive Director prepares a written ED Report and presents to the Board during Board meetings. The ED ensures that the funding is received and verifies income received through monthly bank reconciliation.

Where possible the NNPCN will pursue all other income opportunities in an effort to establish a range of funding sources for organizational sustainability and growth. All other income sources must align with the values of the NNPCN and be approved by the Board of Directors prior to being pursued.

Grants/Government Funding:

The NNPCN will pursue all available and relevant government and private grants/funding available with the approval of the Board of Directors. All funded projects will meet the mission, vision and values of the NNPCN. The ED or designate will be responsible for applying to, the execution, management, reporting and all follow-up requirements.

Fundraising

The NNPCN will embark on annual fundraising to raise funds to be used to sustain and grow both palliative and bereavement services. Current fundraising events include, but not limited to:

North Bay Live Butterfly Release

North Bay Music Night

Mattawa Music Night

West Nipissing Silent Auction

Funds raised by the satellite offices will be identified for the use of the satellite offices, in support of the services provided by these satellite offices.

All donations/funds received will be entered into Info Anywhere a tax receipt printed and sent to the donor. All cheques and cash received will be recorded on a Deposit slip and saved in OneDrive.

NNPCN participates in the Blue Sky Bingo fundraising on a bi-weekly basis. In order to participate a team of a minimum of 3 people must be trained and attend at the designated time. The NNPCN will cover mileage and provides a small incentive to volunteers who participate in this fundraiser.

Accounting (Accounts Payable/Receivable/Pay Roll/Taxes/Bank Reconciliation)

The NNPCN has hired a third party to manage the daily accounting needs of the NNPCN. The firm MRB Finance, owned by Mark Brown, using Simply Accounting, installed on a laptop stored at the NNPCN, attends the office every 2nd Tuesday of the month to process cheques. An Expense Requisition is completed (and saved in OneDrive), and original bill is attached, reviewed by the ED and submitted, for all outstanding accounts payables. There are separate Expense Requisitions used to designate whether the Bingo Account or General Account should be used for a specific expense. Travel Expense forms for staff and Board members are also completed and submitted for approval by the ED and provided to MRB for processing. Travel Expense mileage for volunteers is recorded in a spreadsheet and submitted to MRB on a quarterly basis (for high mileage, some exceptions will be made to the quarterly submission). The hardcopy bills/Expense Requisitions, Receivables/deposit slips, and Travel Expenses and Volunteer hours will be filed in the appropriate folder in the office. Monthly Bank reconciliation is prepared by MRB. All cheques issued must have two financial signatories.

Financial Statements

The Treasurer will submit monthly financial statements to the Board of Directors at the close of the previous month.

Banking

The Executive Director is responsible for the daily management of all monies received or disbursed by the NNPCN. Any anomalies must be reported to the Chair of the Board immediately.

The Executive Director, Chair of the Board, Treasurer, Development Director and Training Director are financial signatories/officers with the North Bay Caisse Populaire.. All cheques issued by the NNPC must be signed by two financial signatories.

The ED prepares all bank deposits and reviews bank statements and bank reconciliation on an ongoing basis.

Expenditures:

The Executive Director has authority to spend up to \$1000, as long as the expenditure is within the allocated budget. Any individual expenditures exceeding \$1000, must have the approval of the Chair of the Board. Any expenditures outside the approved budget must have Board of Director approval.

Credit Card:

The Executive Director has the use of a NNPCN credit card and is responsible for all expenditures and payments. Payments must be made on time and in full. All expenditures must be for the use by the NNPCN. No personal purchases are to be made using the NNPCN credit card. Payments are to be processed using the current Expense Requisition policies.

Lease

All agreements to lease must have the approval of the Board of Directors.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy



Standards Governance	HPCO Standard: Governance A3.1h	Policy: Governance A3.1h
Original Approval Date: Aug 1, 2017	Date Revised:	Revision Approval Date:

FUNDRAISING AND GIFT ACCEPTANCE POLICY

POLICY STATEMENT:

The NNPCN solicits and accepts contributions, gifts, gifts-in-kind, donations or grants that are consistent with our mission and values. Acceptance of such gifts is at the discretion of the NNPCN. The NNPCN respects all our supporters, sponsors and donors and will always treat them with fairness and integrity.

PROCEDURE:

1. The NNPCN solicits and accepts gifts that are consistent with our mission and values.
2. As a representative of the NNPCN, anyone seeking or receiving funds, on behalf of the NNPCN, will act with fairness, integrity and in accordance with the NNPCN values and in accordance with all applicable laws.
3. Proper identification as a representative of the NNPCN will be displayed/available to provide verification of the affiliation of the person representing the NNPCN.
4. The NNPCN urges all prospective donors to seek the assistance of personal legal and financial advisors in matters relating to their gifts, including the resulting tax and estate planning consequences.
5. Donations will generally be accepted from individuals, partnerships, corporations, foundations, government agencies, or other entities.
6. The NNPCN will seek the advice of legal counsel in matters relating to acceptance of gifts when appropriate.
7. In the course of its regular fundraising activities, The NNCPN will accept donations of money, real property, personal property, stock, and in-kind services.

8. Certain types of gifts must be reviewed prior to acceptance due to the special liabilities they may pose for The NNPCN. Examples of gifts which will be subject to review include gifts of real property, gifts of personal property, and gifts of securities.
9. Gifts-In-Kind will be receipted following the rules as laid out by the Government of Canada. See website:

<https://www.canada.ca/en/revenue-agency/services/charities-giving/charities/operating-a-registered-charity/receiving-gifts/what-a-gift.html>

10. Restrictions on Gifts - The NNPCN will not accept gifts that

- a) would result in The NNPCN violating its corporate charter,
- b) would result in The NNPCN losing its status as a not-for-profit organization,
- c) would significantly affect the donor's financial position,
- d) are too difficult or too expensive to administer in relation to their value,
- e) would result in any unacceptable consequences for The NNPCN, or
- f) are for purposes outside The NNPCN's mission.

Decisions on the restrictive nature of a gift, and its acceptance or refusal, shall be made by the Board Chair, in consultation with the Executive Director.

11. Donors who wish to be acknowledged will be formally recognized, when appropriate, at the fundraising event. They will also be recognized on the NNPCN website.
12. All donors have the right to request any and all gifts as anonymous if they so choose. (See Privacy Policy).
13. The NNPCN respects donors and will limit the frequency of donation requests. All past or potential donors have the right to request 'no further contact'. A list will be maintained by the NNPCN to ensure the donors request of no further contact is respected.
14. The NNPCN will not, directly or indirectly, pay finder's fees, commissions or percentage compensation based on contributions.
15. The NNPCN donors and supporter's lists will not be made available for sale or released or otherwise shared, for any other purpose.
16. The NNPCN will secure and safeguard any confidential information, including credit card information, provided by the donor.
17. All fundraising activities will be approved by the Board of Directors. All expenses and revenues as a result of each fundraising event will be presented to the Board for their review. All costs associated with fundraising activities will be accurately disclosed.

18. The NNPCN will prepare tax receipts for all gifts with a value greater than \$20.00.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
08.17	Tamela Price-Fry	V		09.11.17



Standards: Administrative Operations	HPCO Standard: B1.2 o	Policy: Administrative Operations – Volunteer Recognition and Awards
Original Approval Date: August 20, 2007	Date Revised: August 31, 2017	Revision Approval Date:

ADMINISTRATIVE OPERATIONS

VOLUNTEER RECOGNITION AND AWARDS

POLICY STATEMENT:

NNPCN recognizes the value of its employees and volunteers. Awards, gifts and attendance at seminars/conferences will be distributed/authorized according to the following guidelines/criteria.

PROCEDURE:

1. Specific awards will each have their own procedural details.
2. Some of the gifts may be obtained/donated from other sources.

LIL BARTON MEMORIAL AWARD PLAQUE

PROCEDURE:

1. His/her peers along with the staff will recommend volunteer to the Board of Directors.
2. Volunteer must be approved by the Board.
3. Volunteer will receive recognition and an individual plaque at the Annual General Meeting.
4. Volunteer's nameplate will be added to the Award plaque in the NNPCN office.

CRITERIA:

1. Volunteer must be in good standing with NNPCN.
2. Volunteer must have three (3) years and or 100 hours of active service to the organization.

3. Volunteer must not have received the award in any previous year.

JUNE CALLWOOD CIRCLE OF OUTSTANDING VOLUNTEERS AWARD

PURPOSE:

HPCO annual award to honor Hospice volunteers for their outstanding contributions to their organization.

CRITERIA:

1. Volunteer must be in good standing with NNPCN.
2. Volunteer must not be a previous recipient of the award.
3. Volunteer must be nominated by their organization.
4. Volunteer must understand the spirit of volunteerism, by giving of their time, skills, resources and themselves, beyond the usual requirements of his/her role.

PROCESS:

1. Potential candidate names will be presented to the Chair/Delegate, for review by the Board.
2. The Board will select the recipient.
3. The volunteer will be notified by the Chair/Delegate.
4. The volunteer may or may not attend the special Award ceremony. If not, the award will be presented at the Annual General Meeting.
5. Necessary forms will be forwarded on a yearly basis by HAO and are to be completed by the Chair/Delegate and submitted, as directed, by requested date.
(Usually around the end of spring – early summer.)
6. Endorsement of the nomination will be signed by two (2) active Board members.
7. Cost for the day of the conference the award is to be presented will be covered by NNPCN.

THE JUNE CALLWOOD OUTSTANDING ACHIEVEMENT AWARDS FOR VOLUNTARISM IN ONTARIO

PURPOSE:

To recognize extraordinary leadership, innovation and creativity of a volunteer/group of individuals, organizations and business that has made superlative contributions to their communities and the province, through voluntary action.

CRITERIA:

1. Individual, group or business that has made a lasting and meaningful contribution, or provided significant support to the volunteer activities of community and not-for-profit organizations or associations; co-operating boards; commissions; businesses; government ministries that directly recruit volunteers, etc.

PROCESS:

1. The Nomination Form and a detailed description of the achievements of the nominee(s) is completed and submitted, as per instructions, by the nominator. (This form will be sent by the Ministry of Citizenship and culture on a yearly basis.)
2. The completed, signed, original forms must be received by the Ontario Honours and Awards Secretariat by January 15.
3. An independent selection committee of 5-7 individuals, from across Ontario and represent a variety of disciplines, review the nominations and select up to 20 recipients that contribute and inspire others by the positive examples they provide.
4. Invitations will be extended to each recipient and their nominator. Each recipient may be accompanied by a select number of guests.
5. The award will be presented together with the Ontario Volunteer Services Awards, at ceremonies held across the province in the spring.

ONTARIO VOLUNTEER SERVICE AWARDS:

PURPOSE:

The Government of Ontario recognizes volunteers for their years of continuous commitment and dedicated service to a group.

Adults are recognized for 5, 10, 15, 20, 25, 30+, 40+, 50+ and 60+ years of continuous service.

Youth volunteers (under the age of 24) are recognized for two or more years of continuous service.

CRITERIA:

Volunteer who contributes consecutive years of service to a single group within Ontario, and whose work is characterized by:

1. Time given on an ongoing and active basis for which no payment has been received.
2. Membership alone is not a qualification for recognition.
3. Services performed during the normal course of professional or business duties are not eligible for recognition.

PROCESS:

1. NNPCN may complete a nomination form (NB: organization must have been in existence for a minimum of 5 years)
2. NNPCN may nominate up to 6 volunteers (adults) or up to 7 volunteers if at least one of the nominees is a youth
3. A local contact, which will be invited to the recognition ceremony for the nominated volunteer (s), will be named by the Board.
4. Nomination forms will be completed and verified according to received guidelines.
5. The Ontario Ministry of Citizenship and Immigration Nominating group head will review the nomination (s) and ensure all information is accurate and that the nominee (s) are deserving of recognition in keeping with the requirements of the award.
6. Nominations are reviewed and acknowledged by letter.
7. Volunteer, with one guest, will be invited to a special ceremony to receive the award.
8. NNPCN may also have two representatives attend the ceremony.
9. Completed nomination forms must be submitted by January 25th unless otherwise indicated.

HOURS OF SERVICE AND PIN PRESENTATIONS:

HOURS OF SERVICE IN FISCAL YEAR – CERTIFICATES:

- Over 100 hours - Gift Value - \$25.00
- Over 200/300 hours- Gift Value - \$40.00

YEARS OF SERVICE – PINS/GIFTS:

- Five (5) years – Active Volunteer – Silver Pin
- Ten (10) Years – Active Volunteer – Gold Pin
- Fifteen (15) Years – Active Volunteer - \$30 gift
- Twenty (20) Years – Active Volunteer - \$35 gift
- Twenty-Five (25) Years – Active Volunteer - \$50 gift

Note: Volunteer must have documented volunteer hours in each of the years of service.

RETIRING VOLUNTEERS:

- Up to two (2) years of service – Card
- Two (2) to Three (3) years of service – minimum of 100 hours of total service – Gift (\$25.00 value)
- Three (3) years or more of service with minimum of 150 hours of total service – Plaque.



OTHER OCCASIONS:

Annual Volunteer Retreat/Event:

- NNPCN will contribute \$200.00 annually towards this event

AGM/Appreciation Dinner:

- Up to \$5.00 gift for each attendee

Christmas Pot Luck:

- Small token to each volunteer in attendance - \$2.00

Illness/Injury

- Card & Flowers/Plant at discretion of office

Hospital Stay:

- **Volunteer**
 - Card & Flowers (\$35.00 plus taxes and delivery) with 3 years' continuous service
- **Staff/Team Leaders**
 - Card & Flowers (\$35.00 plus taxes and delivery)

Weddings:

- Card

Birth/Adoption:

- Card

Death of Immediate Family:

- Card and Plant (\$40.00 plus taxes and delivery)

Speakers:

- In-Service Training Sessions (token of appreciation at discretion of the office)

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
08/11/08	B. Charron			
Nov 8, 2016	T. Price-Fry			

Near North Palliative Care Network – Policy and Procedures Manual

Standards: Administrative Operations	HPCO Standard Operations B1.1a	Policy: Operations B1.1a
Original Approval Date: February 17, 2003	Date Revised: Aug 16, 2017	Revision Approval Date:

ADMINISTRATIVE AND OPERATIONS MANAGEMENT

POLICY STATEMENT:

NNPCN is committed to providing coverage within the agency during hours of operation, while ensuring staff have a vacation. This policy applies to all staff.

Attendance:

Employees are expected to provide coverage during normal working hours except when unavailable for illness, arranged holidays or other reasons approved in advance by the Chair or Board. Working offsite is acceptable as long as the employee is accessible via phone or email. When an employee is expected in the office and has an occasion where he/she is going to be late or absent, the office needs to be notified. If no one available for coverage, in absenteeism, employees are to inform the Chair or designate. All absenteeism needs to be reported to the Board Chair as it occurs.

A medical certificate may be requested if the employee is absent for more than three consecutive business days or if absenteeism becomes excessive. A copy of the note is to be forwarded to the Board Chair and the original is to be placed in the staff employee file.

It is the practice of NNPCN that fulltime employees get **(5) five paid sick days per year**. Sick time is not accumulative from one year to the next and it follows our fiscal year April 1st to March 31st.

Hours of Work

Executive Director

NNPCN standard hours of work for the Executive Director is 35 hrs. per week. This work can be conducted offsite as long as this does not negatively affect the needs of our clients and volunteers and that there is reasonable access to the ED via email and or telephone.

The expectation of the Board is that attendance is mandatory, either in person or by other means, at the following: Executive Committee meetings, Strategic Planning, Annual General meetings and other meetings as deemed necessary by the Board. Attendance at Team Meetings, - North Bay, Mattawa, West Nipissing and Almaguin. (West Nipissing, Almaguin and Mattawa attendance is at least once a year or as requested by Team Leads).

Development Director

Hours of work for the Development Director is 28 hrs. per week.

The expectation of the board is that attendance is mandatory at the following: Annual General Meetings, and other meetings as deemed necessary by the Executive Director.

Time attending meetings etc., that are outside the regular working hours and that are a mandatory request of the Board, e.g. evening team meetings, is expected to be taken by employee within four weeks of having been accumulated. If evening team meeting is of 3-hr. duration, 3 hrs. to be taken during regular business hours by employee. (See Employee Compensation and Expense Policy)

Volunteer Coordinator

Hours of work for the Volunteer Coordinator is 14 hrs. per week.

The expectation of the board is that attendance is mandatory at the following: Annual General Meetings, attendance at Team Meetings, - North Bay, Mattawa, West Nipissing and Almaguin. (West Nipissing, Almaguin and Mattawa attendance is at least once a year or as requested by Team Leads) and other meetings as deemed necessary by the Executive Director.

Time attending meetings etc., that are outside the regular working hours and that are a mandatory request of the Board, e.g. evening team meetings, is expected to be taken by employee within four weeks of having been accumulated. If evening team meeting is of 3-hr. duration, 3 hrs. to be taken during regular business hours by employee.

Hours of Operation:

The staff of the NNPCN will provide access by phone, in person or other modalities to the public for regular business hours of operation, which are: **Monday-Friday 08:30 to 16:30 hours**. All staff are entitled to one hour for lunch, which will normally be from 12pm to 1:00pm. The office will close Christmas Eve Day and New Year's Eve Day at 12:00 noon and for the following holidays.

Public Holidays include:

New Year's Day
Family Day
Good Friday
Victoria Day
Canada Day
Labour Day
Thanksgiving Day
Remembrance Day
Christmas Day
Boxing Day
New Year's Day
One (Civic Holiday)

If an employee is scheduled to work on the Public Holiday, they must take the time off on the workday immediately preceding or immediately following the Public Holiday as mutually agreed upon.

Overtime/ Time Off in Lieu

See Employee Compensations and Expenses Policy

Vacation

See Employee Compensations and Expenses Policy

Recording of Staff Activities:

Employee Vacation, Sick Leave and Lieu Time Reporting Form (Form 120) will be completed after each occurrence of an event – Vacation, Sick Days, and Lieu Time. The hours will be documented on the Excel spreadsheet.

Occupational Health and Safety:

The NNPCN ensures the workplace is a safe and healthy work environment in accordance with Ontario's Occupational Health and Safety Act.

Staff Payment:

The NNPCN recurring pay period is every two weeks and will pay all wages earned during each pay period, other than accruing vacation pay, no later than the pay day for that period.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
11/07/2016	T Price-Fry			
21/08/2017	T Price-Fry			



Standards: Administrative Operations	HPCO Standard: B1.1 j	Policy: Operations B1.1 j
Original Approval Date: April 21, 2003	Date Revised: November 09, 2016	Revision Approval Date:

DISCIPLINE AND DISMISSAL – VOLUNTEER/STAFF

POLICY STATEMENT:

Volunteers or staff who do not adhere to the Policies and Procedures of the NNPCN or who fail to satisfactorily perform their duties are subject to discipline or dismissal.

PROCEDURE:

- Dismissal of volunteers or staff will follow a progressive discipline process and is based on established Job Descriptions and the results of Performance Appraisals.
- Progressive discipline will be documented by the Executive Director or delegate in the volunteer or staff records as follows:
 - Verbal warning-date and details of incident
 - Written warning-date and details of incident
 - Disciplinary suspension—at the discretion of the Board. Volunteer or staff is advised by registered mail.
 - Dismissal-at the discretion of the Board. Volunteer or staff is advised by registered mail.
- Volunteers or staff may be dismissed or suspended without warning, for just cause, at the discretion of the Board. The Board has the right to request a volunteer or staff to leave immediately.
- Grounds for immediate suspension or dismissal may include, but are not limited to:
 - Gross misconduct or insubordination
 - Being under the influence of alcohol or drugs while performing duties.
 - Theft of property or misuse of organization funds, equipment or materials
 - Lies or falsification of records
 - Illegal, violent or unsafe acts
 - Abuse or mistreatment of clients or co-workers

- Failure to abide by organization policy or procedure
 - Soliciting or accepting monetary gifts from families or clients
 - Breach of confidentiality
 - Neglect of duty
 - Three (3) incidents of failure to keep scheduled appointments with clients, without prior notice.
5. The volunteer/staff has the right to a fair and open hearing by a committee of the Board. The Board will remain the final arbiter. The volunteer/staff may choose to bring an advocate to the hearing.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Aug 2017	T. Price-Fry			



Standards Administrative Operations	HPCO Standard: B1.1h, i, n	Policy: Operations B1.1 h, i, n
Original Approval Date: Aug 2017	Date Revised:	Revision Approval Date:

EMPLOYEE PERFORMANCE AND MANAGEMENT

POLICY STATEMENT:

The NNPCN will utilize performance appraisal program to maximize employee's overall job performance and professional development. All employees need to clearly understand their role and how their job activities and the level of their performance directly contribute to the success of the organization.

Performance appraisals provides both, supervisors and employees, the opportunity to discuss job tasks, identify developmental needs, encourage and recognize strengths, discuss positive and purposeful approaches to meeting goals. In summary, the objective of the performance appraisal is to:

- Determine if training is needed
- Identify areas where improvement may be needed
- Revise or update individual goals
- Evaluate job performance in terms of meeting goals and job responsibilities
- Performance evaluations should NOT be a surprise to the employee

The Employee Performance and Management Policy will be review at least every two years

PROCEDURE:

Performance Evaluation

5. All full and part time employees will be provided with a written job description.
6. All full and part time employees will have performance objectives in line with the NNPCN's overall mission and objectives.
7. Employee performance review should be an ongoing process, leading to the formal performance evaluation scheduled annually; based on their performance objectives.
8. All new full and part time employees will receive and interim performance review after 90 days of employment.



9. All employee will be given sufficient notice, a minimum of 5 working days, prior to the scheduled evaluation.
10. It will be the responsibility of the supervisor (Executive Director for employees and Board Chair or ED) to ensure there is a current job description and performance objectives for each employee and each employee meets for a performance evaluation, and the results of the evaluations are signed by both employee and supervisor and filed in the employee personnel file. The employee may request a copy of the completed evaluation.
11. All full and part time employees will be rated on the following scale:
 - a) Significantly Exceeds
 - b) Exceeds
 - c) Successfully Meets
 - d) Needs Development
 - e) Does Not Meet

Performance Improvement Plan (PIP)

A performance improvement plan is set in place to provide an employee with the opportunity for improvement in areas where improvement is required. The PIP will outline specific steps, as agreed to by the employee and supervisor, the employee must take to improve those areas that require improvement.

1. The PIP will outline areas of concern, improvement goals, and resources
2. See PIP form for Timeline for Improvement, Consequences & Expectations

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy

Near North Palliative Care Network – Policy and Procedures Manual

Standards: Administrative Operations	HPCO Standard: B1.1 I	Policy: Administrative Operations B1.1 I
Original Approval Date: March 17, 2003	Date Revised: August 28, 2017	Revision Approval Date:

HARASSMENT / ABUSE POLICY

POLICY STATEMENT:

NNPCN will not tolerate harassment or abuse by or to any client, caregiver, staff member or volunteer in any form or degree.

NNPCN has a process for clients, family caregivers, staff members or volunteers to initiate complaints about suspected harassment or abuse and for further follow-up. All complaints will be addressed within 48 hours. **(See page 3-5 for Definitions.)**

Every effort will be made to ensure that:

- All complaints are treated seriously with sensitivity and appropriate confidentiality
- Every attempt is made to preserve the dignity and self-respect of all persons involved
- Complaints are resolved in an expeditious and appropriate manner.

PROCEDURE:

Any client, caregiver, staff member, or volunteer who feels he/she is the subject of harassment or abuse within the NNPCN should take any or all of the following actions:

1. Complainant will inform the offender, immediately and clearly, that the incident, remark or behaviour is unacceptable and unwelcome and leave the abusing/harassing situation if possible. Complainant must be specific about the exact behaviour to be stopped. This must be done so that the offender "knows" what conduct is unacceptable.
2. Incident Report Form will be completed and delivered to the Executive Director immediately or on the next business day. An employee or volunteer in a supervisory rank has the option of presenting his/her complaint to the Executive Committee and in their absence, the Chairperson of the Board. Incidents involving the Executive Director will be completed and delivered to the Chair of the Board.

3. Executive Director (Chair of the Board for ED incidents) or delegate will:

- Review and discuss the complaint or concern
- Interview any and all witnesses involved
- Document all information obtained from the investigation of the incident
- Provide information about policies and procedures and any legal recourse as required
- Report to the Case Manager (if NE LHIN involved) by telephone, followed by a written Report
If the incident was at a partners' location, the management will be notified immediately
- Record any resolution reached or inform the complainant of their right to the next step, if the situation is unresolved
- Report the complaint to the Executive Committee both verbally and in writing

4. The Chair of the Board will:

- Review the complaint/concern and document the resolution or non-resolution
- Inform the complainant of their right to the next step
- Consult with the Board of Directors if the situation is unresolved

5. If the situation remains unresolved, the Board of Directors will then review the complaint/concern and document any resolution or non-resolution.

6. The Chairperson of the Board of Directors will send a written letter to the complainant with the Board decision.

N.B. Anyone who has been harassed or abused and wishes to have a charge brought against another must notify the police immediately.

Anyone who harasses, abuses, steals or damages another's property, is liable to be charged by the victim under the CRIMINAL CODE.

DEFINITIONS:

ABUSE:

Mistreatment or injury or threat to mistreat or injure one individual or party by another individual or party.

While commonly used to describe situations which involve aggressive or harassing behaviour, “abuse” is a broad concept which is difficult to apply to certain situations. Therefore, it is useful to further define “abuse” with respect to the injury experienced by a victim.

TYPES OF ABUSE:

1. Child Abuse:

Any non-accidental injury or harm to a child (person under 16 years of age as per Part III of the Child & Family Services Act) by a person having charge of that child, or caused by the person’s failure to care or provide for or supervise or protect the child adequately.

2. Elder Abuse:

Any act or behaviour by a person in a position of trust (friend, family, neighbour, caregiver) which results in physical or psychological harm, financial abuse or neglect of an elderly person.

3. Physical Abuse:

Any unnecessary action that results in bodily harm, discomfort or injury caused by another person. It may be a single incident or a series/pattern of incidents.

- **Assault:** The *Criminal Code of Canada* states that the use of force, or the threatened use of force, in circumstances where the victim reasonably believes the individual could carry out the threats, constitutes assault and is a criminal offense.

4. Psychological Abuse:

Any act which provokes fear or diminishes the individual’s dignity or self-worth; intentionally inflicting psychological trauma on another person.

5. Sexual Abuse:

Any unwelcome sexual activity between two or more individuals, including sexual touching, intercourse or exploitation.

6. Verbal Abuse:

The use of vexatious comments known, or that ought to be known, to be unwelcome, embarrassing, offensive, threatening or degrading to another person.

HARASSMENT:

Offensive or unacceptable comments, conduct or gestures on the part of one individual or group towards another individual or group that are abusive, intimidating or threatening and can be related to any of the prohibited grounds of discrimination defined by the *Ontario Human Rights Code*. Actions are considered harassment if the offender knows or reasonably ought to know that such behaviour is unwelcome.

TYPES OF HARASSMENT

1. Disability Harassment:

Harassment on the basis of disability.

e. g.

- Refusing to converse or work with an employee/volunteer because of disability
- Refusal of a job position to a person because of a disability when that person is capable of fulfilling the requirements of the position.

2. Gender / Sexual Orientation Harassment:

Harassment on the basis of gender and/or sexual orientation. This form of harassment need not be sexually motivated.

e. g.

- Unwelcome remarks or jokes about gender or sexual orientation.
- Inappropriate comment(s) made to a person because of gender.
- Refusal of a job position to a person because of gender or sexual orientation.

3. Racial or Ethnic Harassment:

Harassment on the basis of race, creed, colour, place of origin, citizenship and/or ancestry.

e. g.

- Displaying racist, derogatory, or offensive pictures or material.
- Insulting gestures or practical jokes based on racial or ethnic grounds which cause embarrassment/awkwardness.
- Refusal of a job position because of race or ethnic background.
- Unwelcome remarks, jokes, innuendoes or taunting about a person's racial or ethnic background, colour, place of birth, citizenship or ancestry.

4. Sexual Harassment:

Unwelcome sexual advances, request for sexual favours or other verbal or physical conduct of a sexual nature expressed or implied to a member of the same or opposite sex when:

- Conformity to such conduct is made, either implicitly or explicitly, a condition of employment.
- Conformity to, or rejection of, such conduct is used as a basis for any employment decisions or re-appointment.
- Such conduct has the purpose, or the effect of unreasonably interfering with the individual's work performance or creating an intimidating, hostile or offensive work environment.
- Such conduct interferes with the person's right to freedom from harassment in the workplace.
- Unwelcome remarks, jokes, innuendoes, taunting about a person's body, attire or sex.
- Display of pornographic or other offensive material.
- Leering or other gestures.
- Unwelcome physical contact.
- Unwelcome invitations or requests of a sexual nature.
- Unwelcome sexual solicitations or advances made by a person in a position of authority or a reprisal or threat of reprisal because a sexual advance has been refused.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 14, 2017	T. Price-Fry			



Standards: Administrative Operations B1.2 c, d and e	HPCO Standard: B1.2 c, d and e	Policy: Administrative Operations – Records Management
Original Approval Date: April 21, 2003	Date Revised: August 30, 2017	Revision Approval Date:

RECORDS MANAGEMENT AND CONFIDENTIALITY

POLICY STATEMENT:

NNPCN maintains a secure storage system for confidentiality of records relating to the visiting volunteer hospice service. Consistent, accurate and comprehensive records will be kept on the following aspects of the hospice: client care, bereavement support, volunteers, paid staff, finance, fundraising and minutes of all meetings.

PROCEDURE:

1. All client, staff, and volunteer records are maintained in locked filing cabinets with authorization to access granted by the Executive Director or delegate.
2. A record is maintained on each Palliative client which includes:
 - Palliative Care Referral
 - Assessment – Palliative Care Client
 - Assessment Checklist – Palliative Care Client
 - Client Consent to Obtain and Release Information
 - Client Case Notes
 - Care Plan Palliative Client
 - Death Notice Incident Form (if applicable)
3. A record is maintained on each Bereavement client which includes:
 - Bereavement Client Intake
 - Bereavement Client Referral
 - Bereavement Client Assessment
 - Confidentiality Agreement and Consent to Disclose Personal Health Information
 - Clients Workbook Policy
 - Client Case Notes
 - Individual Session Report

- Individual and Group Session Report
 - Group Session Report
 - 13-Month Support Program Report
 - Client Evaluation of Services
 - Client Re-contact Letter (if applicable)
 - Client Discharge Letter (if applicable)
4. A record is maintained on each volunteer which includes:
- Application Form and Resume
 - Signed Confidentiality Form
 - Signed Code of Ethics Form
 - Volunteer File Insert
 - Volunteer Screening Questionnaire
 - Interpersonal Reactivity Index
 - Pre Interview and Post Interview
 - Volunteer Telephone Reference Checks
 - Insurance Notification
 - Criminal Reference Check for Vulnerable Sector
 - Training Certificates
 - Awards
 - Correspondence
 - Presentations & Projects
 - Exit Interview
 - New Client Volunteer Evaluation
 - New Client Self Evaluation
 - Volunteer Program Evaluation
5. Potential volunteers are interviewed by two of the following Chair of the Board/Delegate, Executive Director, and/or Team Leader. During the interview, volunteers are educated on the need for confidentiality and a signed Confidentiality Form is obtained. (see Privacy and Confidentiality Policy)
6. Paid staff are interviewed by the Executive Committee and are educated on the need for confidentiality and privacy, and sign a Confidentiality Form. (see Privacy and Confidentiality Policy)
7. Volunteers, paid staff and clients may review their records at any time by arranging an appointment with the Executive Director to review the file together.
8. Personal records are only disclosed as required by a summons, order, direction, notice or similar requirement in connection with a matter that is before the Courts.



9. In the case of computer files, back-ups are done on a regular basis and stored off site separately from the main files.
10. In accordance with employment standards legislation, all employee records will be kept for 7 years after termination of employment. Physical files older than two years are stored electronically using JukeDocs. The hardcopy files are shredded.
11. All client files will be kept for 7 years. Physical files older than two years are stored electronically using JukeDocs. The hardcopy files are shredded.
12. Client information can be shared with other healthcare providers/professionals, only if necessary, provided there is a signed CLIENT CONSENT TO OBTAIN AND RELEASE INFORMATION form signed by the client or Substitute Decision Maker.
13. In the event of the closure of the hospice, records will be shredded under the supervision of the Executive Committee.
14. Any **breach of confidentiality** will be dealt with through the discipline and dismissal process- Policy: Safety # 16.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 9, 2016	T. Price-Fry			

Near North Palliative Care Network – Policy and Procedures Manual

Standards: Administrative	HPCO Standard:	Policy:
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Operations	Operations B1.2 a	Operations B1.2 a
Original Approval Date:	Date Revised: August 2017	Revision Approval Date: February 2, 2009

RECRUITMENT, SCREENING, SELECTION AND SUPPORT OF VOLUNTEERS

POLICY STATEMENT:

In accordance with Ministry of Health (MOH/LTC) memorandum Jan 20/04, the NNPCN will recruit and screen volunteers on an on-going basis. Volunteers are essential to the success and sustainability of the NNPCN. The NNPCN enjoys the very highest reputation for integrity, compassion and the faithful discharge of our clients and their families trust and confidence. The NNPCN volunteers (including The Board of Directors) are expected to conduct themselves and the work they perform on behalf of the NNPCN in a manner that honours that reputation and does not detract from the public's trust and confidence.

PROCEDURE:

8. The NNPCN recognizes the dignity and worth of every person and endeavors, at all times, to provide equal rights and opportunities without discrimination.
9. NNPCN will actively seek out volunteers throughout the geographical regions it serves.
10. The NNPCN promotes volunteer recruitment that is free of discrimination and will offer accommodation when interviewing candidates.
11. Interviews will be conducted by the Executive Director or delegate.
12. Screening for both palliative and bereavement volunteers is ongoing and includes regular monitoring, supervision/support and evaluation.
13. All steps are documented on the volunteer's record (Recruitment and Screening Check List) and staff file.
14. The Executive Director or delegate will notify the Board of any rejected volunteer applications and provide relevant details.

RECRUITMENT:

Volunteers will be recruited as follows:

- referrals from current volunteers
- public presentations to service clubs and health care providers
- advertising through local media and social media, including the NNPCN website
- inquiries from the general public

SCREENING:

Volunteers will be informed of and must agree to the screening process, consisting of application, interview, vulnerable sector check:

- Palliative volunteers must successful complete the “HPCO Volunteer Training Program”, or proof of equivalent training, with clinical component.
- Bereavement volunteers must successful complete the NNPCN Bereavement Training course.
- Applicants for volunteer positions will be required to submit three (non-relative) personal references.
- Volunteers, depending upon the results of screening procedures, may be refused by the Executive Director.
- Volunteers for clerical, office, fund raising or other non-client volunteers will follow the screening process, but may not require the Palliative and/or Bereavement training. These volunteers are strongly encouraged to take the HPCO Volunteer Training.
- Orientation to NNPCN will be required – includes review of the NNPCN Policy and Procedures
- All unsuccessful candidates may request the reason(s) for the refusal.

SELECTION:

Selected volunteers will:

- Meet the specific requirements of the volunteer position.
- Successful candidate will provide a vulnerable sector check* prior to client interaction or within 30 days of acceptance as a volunteer. Failure to do so will result in termination.
- Demonstrate good communication skills, be positive, energetic and passionate
- Demonstrate ability to be flexible, tolerant, compassionate and collaborative.

*Outstanding charges or convictions (federal or provincial) involving abuse, assault, theft, falsification of records or identification, or other illegal acts will disqualify the individual from serving as volunteers.

No one who is deemed, by the interview panel, to be in the process of grieving will be permitted to volunteer for client care duties, but may be assigned other duties within the NNPCN.

There will be a probationary period of 15 (fifteen) hours of client visiting for client volunteers. Periods may be extended at the discretion of the Executive Director and Board Chair(s)

Volunteers must advise their insurance agent if they use their vehicle in their role with NNPCN.

All volunteers, including Board members are required to sign and comply with the Code of Conduct.

Volunteers are responsible for providing their own transportation.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
11/072016	T Price-Fry			
08/16/2017	T Price-Fry			



Standards: Administrative Operations	HPCO Standard: B1.1a	Policy: Administrative Operations B1.1a
Original Approval Date: April 21, 2003	Date Revised: August 8, 2017	Revision Approval Date:

LEAVE OF ABSENCE VOLUNTEERS/STAFF

POLICY STATEMENT:

Volunteers and Staff may request a Leave of Absence. It is the expectation of NNPCN that competency be maintained following any leave of absence.

PROCEDURE:

It is recommended that volunteers take a leave of absence following the death of an immediate family member, a long term client and/or a series of losses.

The Team Leader may request that a volunteer take a Leave of Absence.

1. The volunteer may request a LOA by contacting the Executive Director who completes and obtains a signature from the volunteer.
2. A client volunteer may resume active duty, after an interview with the Executive Director to assess specific re-training requirements.
3. After a 12-month or longer LOA and before being assigned to a client/caregiver, volunteers are required to:
 - Repeat relevant portions of the volunteer training (as determined by the ED)
 - Review NNPCN mission statement, policies & procedures, and volunteer roles & responsibilities
 - Review and sign the Volunteer Confidentiality Form, Code of Conduct and Vulnerable Sector Forms

PROCEDURE FOR STAFF:

1. NNPCN provides up to five (5) working days off as paid leave following the death of an immediate family member and one to two days for extended family.
 - Immediate family: spouse/partner, parents, grand-parents, child, siblings, grandchildren, father and mother-in-law, sister and brother-in-law
 - Extended family: aunts, uncles, nieces, nephews, cousins, authorized others
2. Staff may request an unpaid LOA, for personal reasons, for a maximum of 12 consecutive months by:
 - Contacting the Program Administrator/delegate
 - Signing Leave of Absence Request
 - Giving as much advance notice as possible
3. The Executive Director or delegate:
 - Completes Leave of Absence Request
 - Obtains a signature from the staff member
 - Informs the Board Chair/delegate of the request.
4. The Executive Committee must approve all paid or unpaid staff LOA requests. For any requests extending beyond two weeks, the Executive will consider a temporary paid replacement.
5. Extended paid or unpaid leave may be considered dependent upon individual circumstances and Board approval. A request to extend or reduce the original approved paid or unpaid LOA must be made at least two weeks prior to the expected date of return. Written notification of return to work must be received two weeks prior to return date.
6. An employee must promptly notify NNPCN if unable to return to work following an approved LOA. Failure to notify shall result in automatic termination of employment, unless the employee is able to provide a reason satisfactory to the employer for failure to do so.
7. Upon return to work, the staff must review the Policy & Procedure manual.
8. The Program Administrator/delegate will provide an updated orientation of office procedures to the returning staff member.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
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Nov 8, 2016	T. Price-Fry			



Standards: Administrative Operations	HPCO Standard B2.1 b	Policy: Administrative Operations – Community Awareness
Original Approval Date: January 27, 2003	Date Revised: August 31, 2017	Revision Approval Date:

COMMUNITY AWARENESS

POLICY STATEMENT:

NNPCN has produced, and will continue to produce, written information in pamphlets advertising the services provided in the community. Our Website at *nnpn.com* will be maintained on an ongoing basis as well as our Facebook page. The sites should be kept up-to-date and need to be as current as possible. All written pamphlets/brochures will include the website and Facebook information.

A Committee of the Board addresses community awareness issues.

PROCEDURE:

1. The information on our website will include:
 - Mission Statement
 - Vision and Values
 - Types of supports/services provided
 - Availability of the service
 - Volunteer Resources
 - Alliances
 - Donor access
 - Sponsors
 - Clients corner
 - Photos and other information
 - Calendar of Events
 - Any specialty services
2. The individual rights of persons receiving community services are fully respected.

3. Information pamphlets, in French and English, are available to the public through doctors' offices, hospitals, long-term care facilities and other community agencies.
4. NNPCN actively pursues opportunities to develop partnerships, consultations and programs with providers of palliative care and bereavement support.
5. NNPCN provides education and awareness training to clients, families and a wide range of community caregivers. The material and programs are sensitive to the needs of various ethno-cultural and special needs groups in the community.

The target groups include:

- Individual clients requesting palliative care and their bereaved family/caregivers
 - Individuals discharged from hospital and referred for end-of-life care
 - Caregivers requesting respite support
 - Individual clients requesting bereavement support
 - Community agencies, hospitals, long term care facilities and retirement residences referring clients/families for palliative care/support
 - School boards requesting grief/bereavement seminars/workshops for crisis management teams
 - Community agencies requesting information seminars/workshops
 - Hospitals, retirement facilities, long term care facilities requesting in-service training
 - General Public and service organizations wishing to understand our services
 - NE LHIN's, municipal, provincial and federal elected representatives
6. While English is the operating language of this agency, French-speaking clients will be accommodated wherever possible in their first language. To this end, NNPCN will attempt to recruit French-speaking volunteers for every Volunteer Training Program. Every effort will be made to provide volunteer support in the first language of the client and family.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 8, 2016	T. Price-Fry			



Standards: Administrative Operations	HPCO Standard: B2.1 b	Policy: Administrative Operations – Public Relations
Original Approval Date: January 27, 2003	Date Revised: August 31, 2017	Revision Approval Date:

PUBLIC RELATIONS/MEDIA – WHO SPEAKS FOR NNPCN

POLICY STATEMENT:

All staff and volunteers of the NNPCN will be familiar with the NNPCN philosophy, organization, culture and activities and should know the NNPCN Mission:

To enhance the comfort, dignity and quality of life of individuals with a terminal illness, and to offer bereavement support throughout the community.

Staff and volunteers may be asked by the Chair of the Board or Executive Director or Delegate to present the mission, vision, values or specific programs of the NNPCN to the public or various organizations. While representing the NNPC it is expected that all volunteers and staff must act in a professional and appropriate manner.

PROCEDURE:

6. Only the Board Chair in collaboration with the Executive Director or someone specifically selected and assigned by them may speak on behalf of the NNPCN to news media or at public meetings.
7. Volunteers must direct all media requests to the Executive Director or report any request to represent the NNPCN to the Executive Director or delegate.
8. Members of NNPCN staff and volunteers are not permitted to state their affiliation in connection with public statements of opinion, as in letters to newspapers and such. They may make opinions known as private citizens.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 8, 2016	T. Price-Fry			



Standards: Quality Assurance	HPCO Standard: C1.1 a and C1.1 b	Policy: Quality Management C1.1 a and C1.1 b
Original Approval Date: Aug 2017	Date Revised:	Revision Approval Date:

QUALITY ASSURANCE

QUALITY MANAGEMENT POLICY

POLICY STATEMENT:

Ongoing evaluation improves the quality of the NNPCN's activities. The Board of Directors will use the quality management process to regularly review all aspects of the NNPCN's activities, resources and functions and to improve the quality of services to meet or exceed best practice guidelines.

Compliance with all legislation, regulations and policies governing hospice palliative care is essential.

PURPOSE:

The objective of the Quality Assurance policy is to regularly review, evaluate and monitor all aspects of the NNPCN's activities, resources and functions to assess their effectiveness and revise as necessary.

PROCEDURE:

17. The NNPCN Board of Directors will regularly review the outcome and resource utilization data for its clients, its volunteers, the organization, and the population it serves. This will be achieved through monthly reporting to the Board of Directors by the Executive Director and by regular review of the reporting as prepared for the NE LHIN. Monthly reporting will include statistics on clients served, volunteer utilization and waitlist management. (See Quality Assurance Plan)
18. The NNPCN will regularly review, evaluate and make improvements to volunteer and employee satisfaction with their work at the NNPCN through the use of an annual

satisfaction survey and through informal feedback at team meetings. The NNPCN strives to maintain an open door policy where employees and volunteers are encouraged to provide honest and valuable feedback. (See Internal Satisfaction Survey)

19. The NNPCN regularly assesses its clients and community to understand if their expectations and needs for hospice palliative care are being met, and whether they are satisfied. This will be done by inviting and encouraging clients and community to provide comments and suggestions to the NNPCN. The Board of Directors will be advised of all complaints. (See Complaints Policy)

20. The NNPCN will regularly review and update its policies and procedures and data collection/documentation guidelines. This will be accomplished through the Strategic Planning process and by a bi-annual review of all policies and procedures. (See Quality Assurance Plan)

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Aug 2017	T. Price-Fry			



Dimensions: Quality Assurance	HPCO Standard: Quality Assurance C3.1	Policy: Quality Assurance - Continuing Education for Volunteers/Staff C3.1
Original Approval Date: February 17, 2003	Date Revised: November 14, 2016	Revision Approval Date:

CONTINUING EDUCATION FOR VOLUNTEERS/STAFF

POLICY STATEMENT:

- Education of NNPCN staff and volunteers and sharing of information is vital to the success of the organization
- NNPCN promotes and provides to its volunteer/staff continuous educational opportunities in order to maintain and enhance their knowledge and skills

PROCEDURE:

1. Volunteers/staff will be notified of educational opportunities by the NNPCN office or by the NNPCN website.
2. Volunteers are to submit their requests to attend to the office.
3. Volunteers may be financially supported in whole or in part for registration at, workshops, conferences, seminars or courses (related to Palliative Care and Bereavement) dependent upon availability of funding. Volunteers may be expected to share the training and experiences received with other volunteers, including Board members. Requests in excess of \$250.00 are to be approved by Board.
4. In order to insure fairness, the following criteria may be taken into consideration:
 - length of service
 - hours of service within the past year
 - education components previously attended
 - previous financial assistance provided

5. In cases where there are limited seats available, the following selection process will be used.

One-Day Seminars – In-Town – (NNPCN sponsored)

1. Call the office to book a seat
2. Waiting list will be available for those who wish to be contacted last minute, should a seat open up. This will be done through the NNPCN office, unless otherwise directed.

Out Of Town – Day Trip Only – (NNPCN sponsored)

Same process as In-Town.

Conferences/Seminars – 2 Or More Days – In Town (NNPCN Sponsored)

1. Call the office to book a seat – seats limited for some presentations
2. Waiting list will be available for those who wish to be contacted last minute, should a seat open up. This will be done through the NNPCN office, unless otherwise directed.

OUT OF TOWN:

CRITERIA:

1. Current, active volunteer with the organization
2. Minimum one (1) year service
3. Relates to their palliative or bereavement volunteer training and interest
4. Willing to report back to the Board and at their respective team meetings.
6. Proof of attendance at funded, or partially funded courses, conferences, seminars or workshops must be presented for documentation in NNPCN volunteer files within 30 days. (exceptions to be approved by Executive Director)
7. NNPCN will liaise with other community agencies to provide joint education days.
8. NNPCN volunteers have access to up-to-date resources, as they become available, within NNPCN.

9. Education/training sessions are evaluated and the results are used to plan future sessions.

10. Interviews and evaluation are used to identify on-going training needs.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy



Standards: Services – Access	HPCO Standard: D2.1 a	Policy: Services-Access D2.1 a
Original Approval Date: January 27, 2003	Date Revised: August 30, 2017	Revision Approval Date:

VISITING HOSPICE SERVICES

ELIGIBILITY FOR SERVICE

POLICY STATEMENT:

Admission to the NNPCN program will depend upon an assessment to determine needs and eligibility of all clients. The NNPCN program has established the following eligibility criteria:

Palliative Support:

- Clients residing within the geographic boundaries of NNPCN which includes *as far east as Deux-Rivières, west to Warrant (now Markstay-Warrant), North to the boundaries of Temagami, and South to Powassan. Almaguin, which includes - South to Novar; East to Sand Lake; North to South River; West to Ahmic Harbour. It includes 16 towns and villages in the townships of Perry, Kearny, McMurrich, Ryerson, Armour, Strong Magnetawan and Machar.*
- Written consent obtained prior to initiating service (signed Care Plan – by client or Substitute Decision Maker-SDM)

Palliative clients must be living with end stage life threatening or terminal illness. According to our current agreement with the NE LHIN – Multi-Sector Service Agreement: **Service is provided free to all terminally ill, with a life expectancy of 6 months or less...**

- The necessary paperwork must be completed prior to service:
 - Palliative Care Referral form
 - Assessment- Palliative Care Client form completed by staff/volunteer
 - Client Consent form – signed by client or SDM
 - Care Plan –signed by client or SDM

Services will depend upon available resources. Waiting lists may occur. (see Waitlist Policy)

Bereavement Support:

- Clients residing within the geographic boundaries of NNPCN which includes *as far east as Deux-Rivières, west to Warrant (now Markstay-Warrant), North to the boundaries of Temagami, and South to Powassan. Almagui, which includes - South to Novar; East to Sand Lake; North to South River; West to Ahmic Harbour. It includes 16 towns and villages in the townships of Perry, Kearny, McMurrich, Ryerson, Armour, Strong Magnetawan and Machar.*
- Written consent obtained prior to initiating service
- According to our current agreement with the NE LHIN – Multi-Sector Service Agreement: **Bereavement support services provided to those who are 18 years or older in a variety of settings**
- 13 month Bereavement Support is routinely provided to families of deceased NNPCN clients
- All bereavement clients will be assessed by qualified bereavement facilitator, using the Bereavement Assessment form to determine their eligibility to the individual or group sessions.
- Clients who do not meet the eligibility requirements will be referred to other outside agencies or resources
- Support Groups are available to bereaved community members
 - three months' time lapse must have occurred since the death
 - Potential clients can be referred by their family doctor, CCAC or other healthcare providers or self-referred
 - Each client must have a Bereavement Client Assessment to determine eligibility
 - clients being counseled professionally, must wait until therapy is completed
- One-on-one or individual support is also available, based on available resources and the results of the Bereavement Client Assessment
- Services are provided based on available resources.
- Waitlist may occur

Volunteers **DO NOT PROVIDE** professional counseling or grief therapy.

PROCEDURE:

Palliative Clients:

1. Upon receipt of the referral or with a self-referral, a Palliative Care Referral form is completed by NNPCN staff or volunteer.
2. An assessment appointment is arranged as soon as possible. Assessments are normally done over the telephone with the client or Substitute Decision Maker and NNPCN.
3. The data is entered into Info Anywhere. A Client number is assigned and a client file is created.



4. Referral sources can include self-referral, family or caregiver, NE LHIN, physician, professional healthcare worker, Long term Care Facility, Retirement Residence, Hospital
5. An assessment is completed by a qualified staff or volunteer using the Assessment-Palliative Care Client form
6. Eligibility is determined during the assessment
7. Priority for service is based on individual and caregiver needs and may be decided in collaboration with other agencies
8. Availability of suitable resources determines possible placement on a wait list
9. Ineligible clients are referred to the appropriate services

Bereavement Support:

1. A client intake form is completed by NNPCN staff or volunteer, or a client intake referral is received by the NNPCN. The data is entered into Info Anywhere. Client number is assigned and a client file is created.
2. All clients are contacted by a qualified bereavement facilitator and a Bereavement Client Assessment is complete and the type of service is recommended to the client: Group or Individual session
3. Referral sources can include self-referral, family or caregiver, NE LHIN, physician, professional healthcare worker, Long term Care Facility, Retirement Residence, Hospital
4. Referrals for Group Bereavement Support Program are placed on a waiting list and the client is advised.
5. Waiting list clients are contacted prior to the start of each Group session, by the facilitators.
6. Individual Bereavement support is provided for complicated bereavement clients
7. Referrals for one-on-one support are assessed and assigned to a qualified volunteer as soon as possible
8. Ineligible clients are referred to appropriate services

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 14, 2017	T. Price-Fry			

Near North Palliative Care Network – Policy and Procedures Manual

Standards Services – Care Delivery	HPCO Standard: D6.3	Policy: Services – Care Delivery D6.3
Original Approval Date: February 17, 2003	Date Revised: August 29, 2017	Revision Approval Date:

MATCHES BETWEEN CLIENT AND VOLUNTEERS RIGHTS OF CLIENTS AND VOLUNTEERS

POLICY STATEMENT:

NNPCN strives to achieve the best client/volunteer match by considering individual needs. Our goal is to maintain volunteer continuity in the home, (hospital or LTC Facility) and to respect the rights of both the client/caregiver and the volunteer.

Long Term Care Act, 1994, S. O. 1994, Chapter 26

PROCEDURE:

1. The Executive Director or designate (Volunteer Coordinator/Team Leader) completes Client/Volunteer matches following the initial assessment.
2. Consideration is given to:
 - Language
 - Cultural background
 - Specific needs of the client
 - Preferences of the client and volunteer
 - Skills, abilities and experience of the volunteer
 - Specific interests of the volunteer and client
 - Volunteer's personal bereavement experience
3. The following volunteer rights are considered.
The right to:
 - be given meaningful assignments
 - refuse assignments
 - be treated as equal co-workers
 - have effective supervision
 - receive ongoing education and training
 - full involvement and participation
 - receive and give feedback
 - receive recognition for work done

4. The Team Leader, Volunteer Coordinator, Executive Director or designate monitors each client match. Changes are made if requested by the client/caregiver or volunteer or when deemed necessary.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 14, 2017	T. Price-Fry			



Standards: Service Delivery D1.1 and Care Delivery D6.1	HPCO Standard: D1.1 a and D6.1 b and c	Policy: Service Delivery D1.1 and Care Delivery D6.1
Original Approval Date: January 27, 2003	Date Revised: August 29, 2017	Revision Approval Date:

SERVICES PROVIDED

POLICY STATEMENT:

NNPCN is committed to providing both palliative and bereavement services to eligible clients, based on need and availability of resources. Whenever possible, palliative services are available 7 days a week, 24 hours a day, providing volunteers are available for coverage. Coverage will be negotiated with the client/Substitute Decision Maker and the Executive Director (Volunteer Coordinator, Team Leader or designate) and volunteer. Service delivery will be dependent on availability of volunteers and needs of the client.

SERVICES PROVIDED

- Physical(mobility), Psychological, Emotional, Social, and spiritual support, comfort measures, respite and Therapeutic Touch to palliative clients
- Bereavement and anticipatory grief support – group and individual sessions
- Lending library

Services provided to the NNPCN community and volunteers for Palliative and Bereavement:

- Collaboration with existing community services (End of Life Committees etc)
- Community education and training
- Advance Care Planning, Advance Directives – information only
- On-going support, education and training of volunteers

All services provided by NNPCN are funded by the NE LHIN and through ongoing fund raising.

NNPCN mandate is to accept and respond to all requests for service within 48 hours and to complete the initial assessment within 10 days of the referral. The NNPCN will advise the service recipient of any waiting list for service requests.



SETTINGS:

Services are provided in a variety of settings, - eg: the client's home, hospital, long-term care facility, retirement residence, the NNPCN office or other approved location.

PROCEDURE:

- Referrals are responded to in a timely manner by staff or a designated volunteer
- Our normal hours of operation in North Bay are 8:30 am to 4:30 pm
- Referrals for bereavement or palliative can be received via email, fax, phone or via website
- Referrals can be received through family, physician, healthcare professional, NE LHIN, hospital, LTC Facilities or through self-referral
- Referrals from outside sources are usually received via Palliative Referral form or Bereavement Referral form
- For both palliative and bereavement clients, once it is determined they meet the criteria as clients, the initial information is recorded on the either the Bereavement Client Intake form or Assessment-Palliative Care Client form
- All clients are entered into Info Anywhere and a client number is assigned
- Once a file has been created in Info Anywhere with a client number a paper file is created for the client and filed in the appropriate cabinet in the NNPCN office – clients for Mattawa, Almaguin or Sturgeon Falls are scanned and forwarded via secure email to the appropriate office
- For more detailed internal processing information see manual for Bereavement Clients or Palliative Clients

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 9, 2017	T. Price-Fry			

Near North Palliative Care Network – Policy and Procedures Manual

Standards: Care Delivery D6.4	HPCO Standard: D6.4 a	Policy: Care Delivery D6.4 a
Original Approval Date: Aug 1, 2017	Date Revised:	Revision Approval Date:

WAITLIST CRITERIA

POLICY STATEMENT:

NNPCN strives to serve everyone living in the areas covering Nipissing/Parry Sound and Almaquin Districts. This includes **North Bay**, west to **Markstay-Warrant**, south to **Novar**, east to **Deux-Rivières**, north **to the boundaries of Temagami** and in the south west the Almaquin District. **(South to Novar; East to Sand Lake; North to South River; West to Ahmic Harbour. It includes 16 towns and villages in the townships of Perry, Kearny, McMurrich, Ryerson, Armour, Strong Magnetawan and Machar).**

Visiting Hospice services are provided free to all terminally ill, with a life expectancy of 6 months or less, and caregiver/bereaved clients, in a variety of settings. Bereavement support services are provided to those who are 18 years or older.

NNPCN is an "identified FLS agency". Service in French is provided dependent on the availability of volunteers. Provision in other languages is dependent on the availability of appropriate volunteers.

PURPOSE:

To provide timely access to palliative and bereavement services and programs to all who are eligible. Palliative services are provided regardless of age, gender, sexual orientation, language, culture, race, religion or diagnosis. Outcome is to have an enhanced quality of life for all that are living with a life threatening illness, and to provide bereavement support to the community.

PROCEDURE:

Referrals can be made by anyone (ie: self-referral, physicians, family, home care staff, hospital or other healthcare professionals). All referral sources must ensure the individual being referred, or their substitute decision maker (SDM) has previously consented to the referral and meets the eligibility criteria.



Referrals may be received by phone, fax, email, in-person or by specific secure communications with other institutions (ie: Long-term Care Facilities, Hospitals etc).

NNPCN mandate is to accept and respond to all requests for service within 48 hours and to complete the initial assessment within 10 days of the referral. The NNPCN will advise the service recipient of any waiting list for service requests.

The Executive Director(ED) or designate will determine eligibility. If upon assessment it is determined that the individual's needs cannot be met by NNPCN, a timely referral to a more appropriate service organization will be made with the consent and involvement of the client and family, when appropriate.

Once the individual is deemed eligible, and the NNPCN cannot initiate service in a timely manner, the client will be placed on a waiting list, by the ED or designate, until the time that service can be delivered. There are separate waitlists/criteria for Palliative services and Bereavement services. Priority of service will be determined by the ED or designate. Criteria for priority of service delivery is based on the individual's and caregiver's need, based on "domains of care" and availability of service providers/volunteers. Prioritization for service may be developed in collaboration with other agencies. The individual or SDM will be notified they are on a waitlist and given an estimate on approximate time service delivery can be met. The NNPCN will keep communication lines open with the individual or SDM to provide any updates on availability of service delivery.

No potential palliative client will be rejected on the basis of the cause of their illness, their economic means, social background, beliefs or other individual factors. NNPCN strives to be as flexible as possible in order to meet client needs within our mandate and volunteer availability.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy

Near North Palliative Care Network – Policy and Procedures Manual

Standards: Services – Care Delivery	HPCO Standard: D6.2 e	Policy:
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		Services- Care Delivery D6.2e
Original Approval Date: February 17, 2003	Date Revised: November 14, 2016	Revision Approval Date:

COLLABORATION THROUGH FORMAL LINKAGES

POLICY STATEMENT:

NNPCN participates in collaborative initiatives that plan, deliver and evaluate hospice palliative care and bereavement services locally, regionally and provincially.

PROCEDURE:

1. NNPCN has established linkages and will continue to nurture these relationships with service provider agencies, public hospitals, long term care facilities, community care access centres, school boards, funeral homes, regional hospices, BON, HPCO and the Local Health Integrated Network.
2. NNPCN participates on committees at the local, regional and provincial level.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy

Near North Palliative Care Network – Policy and Procedures Manual

Standards: Services – Care Delivery	HPCO Standard: D6.2 f	Policy: Services-Care Deliver D6.2f
Original Approval Date: February 17, 2003	Date Revised: August 29, 2017	Revision Approval Date:

COLLABORATION WITH OTHER AGENCIES/INDIVIDUALS

POLICY STATEMENT:

NNPCN works collaboratively with other members of the interdisciplinary team.

PROCEDURE:

1. The contact names and telephone numbers of other agencies/individuals who are providing care to the client/caregivers are contained on one or more of the following forms:
 - a. Client Referral-Form (both Palliative and Bereavement)
 - b. Assessment (both Palliative and Bereavement)
 - c. Individual Palliative Care Plan
 - d. Consent to Obtain and Release Information
2. NNPCN obtains written permission from the client to contact and share relevant information with other service providers.
3. NNPCN initiates and/or participates as appropriate in interdisciplinary team conferences.
4. NNPCN encourages referrals of potential clients prior to discharge from hospital.
5. NNPCN provides a Communication Package, for the client, in which all members of the NNPCN team can make notes and comments.
6. If “Chart in the Home” from NE LHIN is being used, all documentation by NNPCN client volunteers will be done on the form specific for NNPCN use, found in the binder. Documentation will only be done once. Client and family may document on sheet for “All Disciplines”, found at the front of the chart.
7. NNPCN evaluates, with the other members of the interdisciplinary team, the effectiveness of the team’s collaborative approaches by requesting team members to complete “Evaluation of Services”.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 14, 2017	T. Price-Fry			



Standards: Services D1.1	HPCO Standard: D1.1 a	Policy: Services – Therapeutic Touch D1.1
Original Approval Date: September 11, 2006	Date Revised: August 30, 2017	Revision Approval Date:

THERAPEUTIC TOUCH

POLICY STATEMENT:

NNPCN requires that visiting staff and hospice volunteers in the community, long term care facilities and hospital settings, follow the guidelines below regarding Therapeutic Touch. Therapeutic Touch may be offered as a Comfort Measure to NNPCN clients by qualified volunteers.

The therapy is provided as a complement to medical therapy and at no time will it become a substitute, or interfere with the performing of medical, nursing or allied health care.

The qualified volunteer may offer Therapeutic Touch to palliative clients with an explanation of what will be done. The volunteer will emphasize that it is a “Comfort Measure” only. Volunteers are not practitioners.

PROCEDURE:

1. NNPCN will verify that the volunteer is qualified to practice Therapeutic Touch (minimum successful completion of Level 1). The volunteer will only offer this therapy after he/she has been approved by NNPCN. A photocopy of the certificate from a recognized trainer will be placed on the volunteer’s file.
2. Therapeutic Touch Levels 1, 2 and 3 are part of the training offered to Hospice Client Volunteers through the Canadore College “Working with the Terminally Ill” certificate program. There is no certifying body for this Comfort Measure.
3. The volunteer will have the scope of knowledge necessary to provide satisfactory information to the client to obtain an informed consent.
4. Volunteers must adhere to the Palliative Care Volunteer Job Description.



5. A consent will be obtained from the client/substitute decision maker (SDM). The client/SDM must be made fully aware of the therapy and its effects, prior to commencing. Appropriate hand-outs will be presented to the client/SDM outlining common effects of the therapy. (Refer to Appendix 1)
6. If a physician's order for Therapeutic Touch has already been received as part of the palliative care plan, the volunteer may proceed, with the client's approval.
7. For hospital and LTC clients, whenever possible, the volunteer will verify with the Unit Leader/nurse that Therapeutic Touch will be offered. The volunteer will adhere to all policies of the LTC facility/Hospital or other institutions regarding Therapeutic Touch.
8. Where applicable, the volunteer will inform the Unit Leader/nurse of the therapy and the client's response, for recording on the client chart.
9. The client/SDM will assume responsibility for the service provided by the volunteer.
10. The client/SDM will discuss concerns, regarding the service, directly with the volunteer. The volunteer will report these concerns to the NNPCN Program Administrator.
11. The volunteer will chart the Therapeutic Touch, and the result, on the NNPCN hospital/community/ long term care facility designated forms.
12. There will be no fee for this service.
13. Volunteers who are providing Therapeutic Touch are covered under the standard "General Liability" insurance.

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DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 9, 2017	T. Price-Fry			

Near North Palliative Care Network – Policy and Procedures Manual

Standards: Volunteer Training J1.1 g	HPCO Standard: J1.1 g	Policy: Volunteer Training – Health Screening
Original Approval Date: November 14, 2005	Date Revised: August 30, 2017	Revision Approval Date:

VOLUNTEER TRAINING

HEALTH SCREENING AND IMMUNIZATION

POLICY STATEMENT:

NNPCN requires that its visiting staff and hospice volunteers in the community, long term care facilities and hospital settings follow the procedures as set out by each facility regarding health screening and immunization.

This will enable volunteers to move seamlessly between settings and allow a volunteer to continue to support a service recipient as their needs and location of care changes.

PROCEDURE:

1. In keeping with the **MOHLTC, OHA and OMA and CDSP**, (see: definitions) NNPCN Board requires that its volunteers present proof of the following immunizations to the Program administrator/delegate:
 - Influenza (yearly)
 - Tetanus/Polio/Pertussis immunization
 - Measles/Mumps/Rubella immunization or immune status
 - Varicella immunization or immune status Hepatitis B (immune status or immunization as required if direct contact with bodily fluids is expected)
 - Hepatitis B (immune status if available)
 - Tuberculosis (TB 2 step test)- where required

GUIDELINES:

1. To avoid exposure to Hepatitis B or C or other contagious diseases, Standard Precautions must be followed at all times with all clients.

2. To help prevent the spread of infection the NNPCN volunteer will follow the guidelines as set forth by the CDSP and notify the administrator of NNPCN or delegate at 705 497 9239 if she or he is exhibiting any of the following symptoms indicated in Table 1. (attached)
3. If exposure to Hepatitis B or C or other contagious diseases occurs in the hospital setting, the volunteer must notify the Unit Leader who will notify Occupational Health Services for follow up recommendations. Incident Report (Form 027) must be obtained from NNPCN and completed by the volunteer.
4. If exposure occurs in the home setting, the volunteer must advise the NNPC Program Administrator and their family physician for immediate follow-up testing. Incident Report must be completed by the volunteer.
5. Blank copies of the immunization requirement forms and Infection control work restriction guidelines are provided to the new applicants as part of the initial application package (hard copy file and E-file).
6. Completed immunization forms are kept in the personal file of the applicant/volunteer at NNPCN office. NNPC volunteers wishing to follow their clients to the North Bay Regional Health Centre or other health care facility, will need a copy of this immunization form sent to this facility's volunteer office for acceptance and clearance. A clearance form is then sent by the facility's volunteer office to notify NNPCN administration that the volunteer is cleared to work in their facility.

Definitions:

CDSP – Communicable Disease Surveillance Protocol
OHA – Ontario Hospital Association
OMA – Ontario Medical Association
MOHLTC – Ministry of Health and Long-Term Care

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
01/25/2016	Liette Girard, RN, DOHN	(✓)		
08/11/2016	T Price-Fry			



Table 1 - Infection Control Work Restriction Guidelines

Table 1 - Infection Control Work Restriction Guidelines			
ILLNESS	SYMPTOMS	WORKS RESTRICTIONS	
Influenza-like Illness	Sudden onset of fever and cough: plus one or more of: Sore throat, muscle aches, bones aches, fatigue	Remain off work 5 days after the start of symptoms (returning on day 6)	
		Sick on:	Return on:
		Monday	Saturday
		Tuesday	Sunday
		Wednesday	Monday
		Thursday	Tuesday
		Friday	Wednesday
		Saturday	Thursday
Sunday	Friday		
Respiratory (cold-like) Illness (usually mild symptoms)	Gradual onset of 2 or more of: nasal discharge, sore throat, cough, headache (absence of fever)	Remain off work 3 days after the start of symptoms (return on day 4 or sooner if symptom free)	
		Sick on:	Return on:
		Monday	Thursday
		Tuesday	Friday
		Wednesday	Saturday
		Thursday	Sunday
		Friday	Monday
		Saturday	Tuesday
Sunday	Wednesday		
		<i>*these time periods may change during confirmed outbreaks depending on the causative agent</i>	
Gastrointestinal Illness	Vomiting and/or Diarrhea	48 hours symptom free	
Conjunctivitis (bacterial)	Redness, discharge	24 hours after effective treatment (showing improvement)	
Adenovirus Conjunctivitis	Swollen glands in front of ear, pain, watery discharge, photophobia, blurred vision, low grade fever	14 days after onset	
Strep throat	Sore red throat, white papules (usually absence of cough)	24 hours after treatment	



Standards Volunteer Training	HPCO Standard: J2.1 a	Policy: Volunteer Training J2.1 a
Original Approval Date: February 16, 2004	Date Revised: August 29, 2017	Revision Approval Date:

EDUCATION AND TRAINING OF VOLUNTEERS

POLICY STATEMENT:

Consistent and appropriate orientation and ongoing training of client volunteers is critical to the goals and objectives of NNPCN in fulfilling its Mission Statement.

All volunteers will be held accountable to NNPCN and must abide by the organization's Policies and Procedures.

PROCEDURE:

1. All **volunteers** WHO WILL SERVE OUR PALLIATIVE clients must complete Palliative training that meets HPCO Visiting Volunteer Training standards. Volunteers WHO WILL SERVE OUR BEREAVEMENT volunteers, must complete NNPCN Bereavement training. Proof of completion must be provided before working with clients. Records of completed training will be maintained by NNPCN office.
2. Training for specific programs, when available, will be offered to volunteers. The NNPCN will ensure that appropriate training of client volunteers is delivered prior to volunteers being matched with clients.
3. The NNPCN may liaise with other community agencies to provide training.
4. All **previously trained** client volunteer applicants must meet the following criteria:
 - Complete application form, including standard references
 - Have a current vulnerable sector check – less than 12 months
 - Proof of training meeting HPCO or NNPCN Bereavement standards
 - Proof of active hospice involvement within the last three years
 - Orientation to Policies and Procedures-with signed agreement to adhere to same
 - Confidentiality and Code of Ethics signed
 - References from previous hospice

5. Palliative volunteers will be accompanied, via our mentorship program, by an experienced palliative volunteer for the first home visit for at least 3 clients. The palliative volunteer will let NNPCN staff know when they are comfortable to support clients on their own after the initial 3 supported visits.
6. The NNPCN will make available, when possible, access to up-to-date resources within the NNNPC or with support of the NNPCN.
7. Bereavement volunteers will be accompanied, via our mentorship program, by an experienced bereavement facilitator for as long as necessary for Individual sessions. It will be up to the volunteer and mentor to decide with the new volunteer facilitator when they are ready to provide facilitation at the individual, on their own. Group sessions will always be facilitated by two volunteer facilitators.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 14, 2017	T. Price-Fry			



Standards: Volunteer Training J3.1 c	HPCO Standard: J3.1 c	Policy: Volunteer Training- Death in the Home
Original Approval Date: April 21, 2003	Date Revised: November 08, 2016	Revision Approval Date:

DEATH IN THE HOME (EXPECTED, UNEXPECTED)

POLICY STATEMENT:

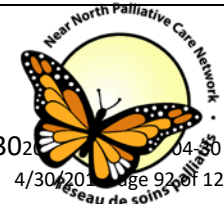
In the event of a death of the client, the volunteer must act according to the instructions provided by the client/caregiver or follow the policy of the LTC Facility, Retirement Home or Hospital.

PROCEDURE:

- Volunteer will:
 - Be aware of client/caregiver wishes regarding death.
i.e. Advance Directive, Advance Care Plan, D.N.R., or not calling 911, police or ambulance unless instructed by family member.
 - Inform the visiting nurse or agency of any significant change in client's condition.
 - Notify family or significant other of any significant change in client's condition.
 - If client is in the hospital, LTC facility or Retirement Residence follow the policy and procedures laid out by the specific facility
 - Offer to remain with family pending arrival of professional support.
 - Respect the spiritual and cultural beliefs of the family.
 - Notify the NNPCN Executive Director of the client's death.
- The Death Notice Form will be completed by the Team Leader/Executive Director or Delegate upon notification of the death.

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DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 08, 2016	T Price-Fry			



Standards: Volunteer Training J3.1	HPCO Standard: J3.1 c	Policy: Volunteer Training – Volunteer Safety
Original Approval Date: March 17, 2003	Date Revised: August 31, 2017	Revision Approval Date:

VOLUNTEER SAFETY

POLICY STATEMENT:

The NNPCN understands that safety of our volunteers and clients is critical and has a process for informing volunteers of their roles and limitations according to safety protocol.

PROCEDURE:

1. Volunteers can only visit clients who have been assigned to them by their Team Lead/Volunteer Coordinator(VC) or the Executive Director.
2. The Team Leader/VC or Executive Director reviews the appropriate forms (all forms available on the website under Volunteer Resources) with the Volunteer prior to visits commencing. Any unusual information, such as pets in the home, suspected abuse, and other pertinent client details are discussed with the Volunteer before the first visit is made.
3. While great care is taken to match volunteers with clients, volunteers may refuse an assignment or request a change of assignment at any time by advising their Team Leader/VC or the Executive Director of their request.
4. Volunteers may refuse to enter the premises or deal with the clients if they feel the conditions are unsafe. Volunteers must advise their Team Leader/VC or Executive Director of the situation, and complete an Incident Report.
5. Safety is of primary importance. Volunteers are never required to compromise their personal safety in performing their duties.
6. Volunteers are included in the general liability insurance coverage of the NNPCN. WSIB is not included.

REVISION HISTORY:

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Nov 08, 2106	T.Price-Fry			



Standards: Volunteer Training J3.1	HPCO Standard: J3.1 c	Policy: Volunteer Training J3.1 c Cross Reference: VT J2.1
Original Approval Date: April 21, 2003	Date Revised: August 29, 2017	Revision Approval Date:

ASSISTANCE WITH PHYSICAL CARE

POLICY STATEMENT:

Volunteers may provide comfort measures to assist the client and family caregivers with physical needs following required training.

PROCEDURE:

1. All volunteers must have required training. Practical Comfort Measures are part of the required training provided to the volunteer. Volunteers must not be placed in a position for which they are not fully qualified or for which the NNPCN cannot provide adequate training.
2. The volunteer provides comfort measures as identified through the Care Plan Palliative Client. Comfort measures may include:
 - Change a client's position
 - Sponge the client's hands and face
 - Give a back rub
 - Provide a foot soak and/or rub
 - Give a bed pan/urinal remove it and clean the client
 - Assist with nourishment
 - Assist with oral cleansing
 - Assist the client with toileting
 - Transfers (with assistance where necessary)
 - Therapeutic Touch
3. Additional assistance with personal care may be considered by the Executive Director/delegate, on an individual basis. The Executive Director/delegate will arrange for additional training if required. Training must be provided by a qualified instructor.
4. A revised **Care Plan Palliative Client** must be completed, when any changes occur.

REVISION HISTORY:

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Nov 8, 2016	T. Price-Fry			



Standards: Volunteer Training J3.1	HPCO Standard: J3.1 c	Policy: Volunteer Training- Gifts & Gratuities
Original Approval Date: April 21, 2003	Date Revised: November 08, 2016	Revision Approval Date:

GIFTS & GRATUITIES

POLICY STATEMENT:

Volunteers/staff may accept only gifts that are either consumable, such as food or drink, or plants or of a minimal monetary value of less than \$20.

PROCEDURE:

1. The Executive Director/delegate provides information about the gift and gratuity policy to the client/caregiver during initial assessment.
2. If offered a gift, the volunteer/staff must inform the client/caregiver of the NNPCN gift policy. All gifts that do not meet the policy must be graciously declined.
3. Volunteers must advise their Team Leader and /or Executive Director of all gifts offered and declined, that do not meet the policy outline.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 08, 2016	T Price-Fry			



Standards: Volunteer Training J3.1 c	HPCO Standard: J3.1 c	Policy: Volunteer Training - Medical Emergency
Original Approval Date: March 17, 2003	Date Revised: November 08, 2016	Revision Approval Date:

MEDICAL EMERGENCY

POLICY STATEMENT:

The NNPCN has a process for informing volunteers of their roles and limitations in the event of a medical emergency. A medical emergency occurs if the client begins to hemorrhage, choke, suffer injuries from a fall or if there is a significant sudden unexpected change in the client's condition.

PROCEDURE:

7. The Volunteer must be aware of the current instructions pertaining to a medical emergency, according to the assigned client's Care Plan Palliative Client as well have a plan for medical emergencies for Bereavement clients. For bereavement clients the emergency contact information is on the Bereavement Client Assessment form. The medical emergency plan may include any or all of the following:
 - a. Contacting a family member/caregiver
 - b. Seeking medical assistance through "911", or
 - c. Contacting the Nursing Service
8. The volunteer must contact the NNPCN Executive Director and/or the Team Leader to report the event. Outside regular business hours, the volunteer should contact the Executive Director by their mobile phone number or if email is available email ed@nnpcn.com. Incident Report must be completed by the volunteer and submitted to the office either manually or by scan/fax or electronically.
9. In the event that "911" is contacted, the volunteer is to state:
 - a. Who you are-name and volunteer status
 - b. Client's name, address, phone number and information about the current state and your concerns (medical emergency)
 - c. In rural areas, provide emergency house number and names of main intersecting roads nearest to the client's home (if known)

d. Ask for assistance immediately
Contact the family/caregiver (if not already done)

Contact the NNPCN Executive Director or the Team Leader.

10. The Team Leader/Volunteer must provide information about medical emergency policies and procedures to client/caregiver during intake assessment.

11. The Executive Director/Volunteer Coordinator or designate:

- reviews and completes investigation component of Incident Report
- contacts Hospice insurer, if appropriate
- contacts client/caregiver/volunteer for follow-up, including client's insurance information, if applicable
- consults with the Chair and the Executive Committee of the Board

REVISION HISTORY:

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Nov 08,2016	T Price-Fry			



Standards: Volunteer Training, Supervision and Support	HPCO Standard: J3.1 b	Policy: Volunteer Training J3.1 b
Original Approval Date: March 17, 2003	Date Revised: August 29, 2017	Revision Approval Date:

MEDICATIONS AND MEDICAL EQUIPMENT

POLICY STATEMENT:

NNPCN in compliance with **HPCO Standards**, maintains a “hands-off” approach regarding medications and medical equipment. Volunteers **MAY NOT** administer or assist clients in any way with medications.

PROCEDURE:

- Under no circumstance, regardless of professional designation, volunteers representing the NNPCN will not engage in “controlled acts: nor accept delegation of a controlled act from a nurse, including:
 - Prescribing, dispensing, selling or compounding a drug as defined in the Drug and Pharmacies Regulation Act
 - Administering a substance by injection or inhalation (e.g. adjusting oxygen level, putting oxygen mask on/off the service recipient, turning oxygen machine on/off)
 - Putting an instrument, hand or finger into an artificial opening in the body (e.g. suctioning,
 - tube feeding (Regulated Health Professions Act, 1991, s. 27.(2))

The policy of the NNPCN must not be to put volunteers at legal risk nor to put the association at legal risk. Accordingly, volunteers **DO NOT**

- Assist, pour, count, prepare, dispense, give out in portions, or manage (change dosage, size, amount, frequency) of non-prescription drugs or supplements, homeopathic and other remedies prescribed by a complementary practitioner.

This concurs with the Regulated Health Professions Act (RHPA).



2. Volunteers DO NOT offer advice, suggestions or printed materials regarding either prescribed or alternative medications. Any questions regarding medications should be referred to the family physician or visiting nurse.
3. Volunteers may not pick-up prescribed medication from the pharmacy or deliver the same to assigned clients.
4. With regard to the use of oxygen therapy, the volunteer may provide practical support by adjusting the nasal prongs during the visit. If the prongs continually slip out, the volunteer should make sure that the primary caregiver is made aware of this and can follow-up with the health care professional.
5. At the time of the initial assessment, the client and family are advised of this policy, so that alternative arrangements can be made to allow the client to receive their medication as required.
6. Volunteers may not provide transportation to clients, caregivers or family members.
7. Volunteers are not to use medical equipment or assistive devices; such as lifts to assist clients. Assisting client with wheelchairs or walkers is acceptable.
8. It is the responsibility of the volunteer to remind the client/family of this policy as needed.

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Nov 14, 2017	T. Price-Fry			

Standards: Volunteer Training J3.1	HPCO Standard: J3.1 c	Policy: Volunteer Training J3.1 c
Original Approval Date: March 17, 2003	Date Revised: August 30, 2017	Revision Approval Date:

NON-MEDICAL EMERGENCY AND UNUSUAL INCIDENTS

POLICY STATEMENT:

The NNPCN has a process for informing volunteers of their roles and limitations in the event of a non-medical emergency or unusual event such as caregiver not returning home at designated time, falls-client or volunteer, theft, fire, or forced evacuation from the care setting that may occur during the performance of their role as a volunteer.

PROCEDURE:

During a regular volunteer visit in the client's home, any unusual incident that directly involves the client, family caregivers and/or the volunteer must be reported as soon as possible to the Team Leader or Executive Director. (Events within other facilities, the volunteer must follow the procedures laid out by the facility management)

1. In the event of a fire, the volunteer must immediately shut off the oxygen supply and move the client to safety. If the client has a portable oxygen supply, it should be moved with the client and connected once a safe place is reached. DO NOT HOOK UP PORTABLE SUPPLY WHERE THERE IS AN OPEN FLAME. Client and volunteer safety is always the primary concern.

Once the client and volunteer are safely away from the fire, the volunteer or designate contacts 911.

- The volunteer is to state:
 - i. Who you are-name and volunteer status
 - ii. Client's name, address, phone number and information about the location of the fire
 - iii. In rural areas, provide emergency house number and names of main intersecting roads nearest to the client's home (if known)
- Contact the family/caregiver (if not already done)
- Contact the NNPCN and the Team Leader or Executive Director



2. In the event that a caregiver does not return home at the designated time, the volunteer must advise the emergency contact person of the situation and the need for an immediate replacement. The volunteer must advise the Executive Director/Team Leader of this event and follow procedure # 3.
3. For other non-medical emergencies, the volunteer is to contact 911.
4. When a volunteer contacts NNPCN to report an event they need to include:
 - Date
 - Time
 - Description of incident
 - Any remedial steps taken (contacting emergency services, police etc.)
5. The Executive Director or designate:
 - completes the Incident Report
 - contacts Hospice insurer, if appropriate
 - contacts client/caregiver/volunteer for follow-up, including client's insurance information, if applicable
 - consults with the Chair and the Executive Committee of the Board

REVISION HISTORY:

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Nov 9, 2016	T. Price-Fry			

Near North Palliative Care Network – Policy and Procedures Manual

Standards Volunteer Training J3.1	HPCO Standard: J3.1 c	Policy: Volunteer Training- Suspected Child Abuse
Original Approval Date: March 17, 2003	Date Revised: November 08, 2016	Revision Approval Date:

SUSPECTED CHILD ABUSE

POLICY STATEMENT:

In Ontario it is the law to report suspected child abuse or neglect. Everyone, including members of the public and professionals who work closely with children, is required by law to report suspected cases of child abuse or neglect. If you have reasonable grounds to suspect that a child is or may be in need of protection, you must [report it to a children's aid society](#) (CAS). Learn how to [recognize the signs of child abuse and neglect](#).

More information can be found on the Ministry of Children and Youth Services Website:

<http://www.children.gov.on.ca/htdocs/English/childrensaid/reportingabuse/index.aspx>

Note: "Reasonable grounds" are what an average person, given his or her training, background and experience, exercising normal and honest judgment, would suspect.

PROCEDURE:

1. The volunteer/staff will:
 - Report the suspected child abuse to the Children's Aid intake worker
 - Notify the Executive Director immediately
 - Complete the Incident Report
2. The Executive Director/Team Leader or delegate will:
 - Document the outcome
 - Report the incident to the Chair of the Board
 - Monitor and provide on-going supervision for the volunteer

If a civil action is brought against a person who made a report, that person will be protected unless he or she acted maliciously or without reasonable grounds for his or her suspicion. [CFSA s. 72(7)]

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 08, 2016	T Price-Fry			



Standards: Volunteer Training J3.1	HPCO Standard: J3.1 a	Policy: Volunteer Training – Volunteer Role J3.1 a
Original Approval Date: February 16, 2004	Date Revised: August 30, 2017	Revision Approval Date:

***CLIENT VOLUNTEER ROLE - PROCESS FOR INFORMING CLIENT VOLUNTEERS OF THEIR
ROLE, ACCOUNTABILITY AND RESPONSIBILITY***

POLICY STATEMENT:

The NNPCN has a process for informing volunteers of their roles and limitations.
All volunteers will be held accountable to NNPCN and must abide by the organization's Policies and Procedures.

PROCEDURE:

1. At the time of the initial interview, volunteers are introduced to the roles, responsibilities and limitations of the volunteer.
2. The volunteers receive in depth training focused on their roles, responsibilities and accountabilities. They are also informed and must agree to abide by all NNPCN Policies and Procedures.
3. Upon successful completion of the training program, volunteers must review the Policy and Procedure Manual and sign Policy Review Signature Sheet indicating their understanding and acceptance of all NNPCN policies.
4. Volunteers are expected to review Policy and Procedures annually. These are made available on the NNPCN website.
5. The volunteer maintains strict confidentiality and will protect the security of all information about NNPCN clients this obtained, heard or seen in the course of their work. This includes personal health information*, financial position, home environment or family situation, as well as their identity and address. Volunteer will also protect and



keep confidential information on NNPCN staff and other volunteers. All volunteer must sign Confidentiality Form annually.

*Personal health information includes oral or written information about the individual, if the information:

- relates to the individual's physical or mental health, including family health history;
- relates to the provision of health care, including the identification of persons providing care;
- is a plan of service for individuals requiring long-term care;
- relates to payment or eligibility for health care;
- relates to the donation of body parts or bodily substances or is derived from the testing or examination of such parts or substances;
- is the individual's health number; or
- identifies an individual's substitute decision-maker (SDM)*

(Office of the Information and Privacy Commissioner of Ontario, 2004, p. 7)

6. Volunteers are expected to commit to a minimum one-year period of service.
7. Volunteers are expected to attend team meetings and relevant education sessions as scheduled.
8. Volunteers are encouraged to pro-actively develop self-awareness and adopt healthy practices and attitude of self-help. Respect your own limits, and pursue personal quality of life. After a client dies, as part of the NNPCN self-help initiative, volunteers are asked to complete [Professional Quality of Life Scale](#) to assess Compassion Satisfaction and Fatigue.
9. Volunteers are encouraged to seek ongoing education and training opportunities and to make suggestions and identify new training needs.

REVISION HISTORY:

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Nov 9, 2016	T. Price-Fry			

Near North Palliative Care Network – Policy and Procedures Manual



Standards: Volunteer Training J4. 1b	HPCO Standard: J4.1 b	Policy: Volunteer Training J4.1 b
Original Approval Date: April 21, 2003	Date Revised: Aug 30, 2017	Revision Approval Date:

INFECTION CONTROL/PRECAUTIONS

POLICY STATEMENT:

Guidelines for Body Substance Precautions are included in HPCO Volunteer Training for client volunteers. Also included is Universal/Standard Precautions, and Body Mechanics.

PROCEDURE:

1. All client volunteers are expected to follow the Universal/Standard Precautions, Body Substance Precautions, Body Mechanics and Hand Washing Procedures outlined in the training.
2. Any concerns regarding unusual incidents are discussed with the Team Leader and an Incident Report is completed when deemed necessary.

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 7, 2016	T. Price-Fry			

Near North Palliative Care Network – Policy and Procedures Manual

Standards: Volunteer Training J4.1 a	HPCO Standard: J4.1 a	Policy: Volunteer Training – Supervision and Support
Original Approval Date: April 21, 2003	Date Revised: August 30, 2017	Revision Approval Date:

SUPERVISION/SUPPORT OF CLIENT VOLUNTEERS

POLICY STATEMENT:

NNPCN ensures ongoing supervision/support for all our volunteers.

At the NNPCN, volunteers are encouraged to pro-actively develop self-awareness and adopt healthy practices and attitude of self-help. Respect your own limits, and pursue personal quality of life. Moreover, it is your right to be in constant communication and dialogue with your Supervisor and peers, and when necessary, to express your present needs of support to them. Never hesitate to go to your Supervisor in open dialogue and express exactly where you are at this point of your experience as an NNPCN volunteer.

PROCEDURE:

1. During the initial client assessment an emergency contact number(s) for the family is identified for the use, if required, by the volunteer while in the home. This information is part of the Assessment – Palliative Care Client form.
2. All new client volunteers will be accompanied by their Team Leader or an experienced volunteer for their first 3 client visits or any subsequent visit as needed.
3. On-going support is provided to client volunteers through:
 - Volunteer Coordinator, Executive Director or designate
 - Regular team meetings held monthly
 - Consultation with and support of multidisciplinary team members
 - Open door policy with access to your Team Leader/Volunteer Coordinator or Executive Director during regular business hours
 - Professional support through linkages such as the Critical Incident Stress Debriefing Team
 - Volunteer mentor
 - Trained bereavement facilitators

4. On-going supervision includes team meetings as well as a minimum of monthly check-ins with clients/caregivers by Team Leaders/Volunteer Coordinator or designate. If the client contact is sporadic (i.e. once a month or less), then on-going supervision is bi-monthly.
5. Support for volunteers while on duty is available by telephone at all times. Volunteers are provided with the Executive Directors mobile phone contact information.
6. For non-medical emergencies the volunteer is to contact 911. (See Non-Medical Emergency and Unusual Incidents Policy.)

REVISION HISTORY:

DATE mm/dd/yyyy	REVISED BY	REVIEW ONLY (✓)	COMMENTS / MODIFICATIONS	BOARD APPROVAL DATE: mm/dd/yyyy
Nov 9, 2016	T. Price-Fry			

Appendices



NNPCN Quality Assurance Plan

The objective of the Quality Assurance Plan is to regularly review, evaluate and monitor all aspects of the NNPCN's activities, resources and functions to assess their effectiveness and revise as necessary.

Standards	Measurement	Target	Accountability	Last Date completed
Governance				
Ensure compliance with legislation, regulations and policies governing hospice palliative care	On going review and if necessary, update of policies and procedures to ensure each policy is reviewed at least every 2 years	100% compliance	Board of Directors	
Annual financial statements and independent financial audit	Annual financial statements and audit conducted within six months of year-end	100% compliance	Board of Directors	
Financial Health of the NNPCN: Fiduciary sustainability	Ongoing review of budget: Income and expenses and bank statements	Quarterly review of income and expenses and bank statements	Board of Directors	
Strategic Plan in place with measurements for success	Measurements taken to evaluate progress of plan	Annual meeting to review Strategic Plan and motion to accept plan	Board of Directors	
Board Orientation	All new board members receive orientation and clearly understand their legal and fiduciary responsibilities	100% compliance within 3 months of new board member joining the board	Executive Director	
Fundraising events support the NNPCN's Mission, Vision and Values and follow all fundraising policies	All fundraising activities are in accordance with NNPCN policies and all levels of government regulations	All fundraising events will be approved prior to execution and final reports will be presented at the end of each activity to include costs incurred, and revenues generated and a summary of success	Executive Director	

Standards	Measurement	Target	Accountability	Last Date completed
NNPCN will honour all donor's and prospective donor's requests	All donors, supporters and prospect lists will be maintained and not shared. All contact will be respectful and requests honoured	NNPCN will maintain Info Anywhere records of it's donors with accuracy and discretion	Executive Director	
Staff				
All staff have a performance review based on current job description	Performance Evaluations completed by ED for staff and Chair of the Board for ED, reviewed and signed by employee	Evaluations completed annually	Chair of the Board for ED and Executive Director or staff positions	
Compensation review for all staff	Compensation reviewed annually	100% compliance	Board of Directors	
Staffing levels will be reviewed and funding available for education and training	Critical positions will be identified and succession planning in place. Budget established for education and training	Staffing reviews completed annually and the annual budget will include dollars for educ/training	Board of Directors	
Volunteers				
Volunteers are an integral part of the NNPCN.	A Volunteer Coordinator and Trainer will be identified to support volunteers. All records will be maintained and kept confidential and secure	Volunteer files will be 100% complete and contain the necessary documentation. Files will be reviewed annually. Satisfaction will be measured through an annual satisfaction survey. An open door policy is in effect for volunteers	Executive Director	
Job descriptions for all volunteer positions	Job descriptions are reviewed every 3 years and reflect the duties of the volunteer position	100% compliance	Executive Director	
Volunteer Training and support is critical for sustainability of the NNPCN	Monthly Volunteer Team meetings will be maintained for training and support. Also all volunteers will participate in self-help practices	90% compliance		

Standards	Measurement	Target	Accountability	Last Date completed
Clients				
All referrals will be acknowledged as accepted or declined, and a client assessment completed by trained assessor	Acceptance/decline will be completed in 48 business hours and assessment completed within 10 business days	100% compliance	Executive Director	
The privacy and confidentiality of all clients will be strictly protected at all times	All staff and volunteers will be educated on privacy and confidentiality and sign a confidentiality form annually. All files will be filed in a safe and secure environment to ensure the privacy and confidentiality of content	100% compliance	Executive Director	
All Clients will have a Care Plan developed in collaboration with the service recipients/SDM	All client files will have a completed and up-to-date Care Plan	100% compliance	Executive Director	

NNPCN Code of Conduct



The NNPCN enjoys the very highest reputation for integrity, compassion and the faithful discharge of our clients and their families trust and confidence. The NNPCN staff and volunteers (including The Board of Directors) are expected to conduct themselves and the work they perform on behalf of the NNPCN in a manner that honours that reputation and does not detract from the public's trust and confidence. Accordingly, all volunteers must comply with the Code of Conduct described herein.

PERSONAL GAINS

Volunteers must not use their status as an NNPCN volunteer to obtain personal gain from those doing or seeking to do business with the NNPCN. Additionally, volunteers should neither seek nor accept gifts, payments, services, fees, special valuable privileges, pleasure or vacation trips, accommodations or loans from any person (except in the case of loans, from persons in the business of lending and then only on conventional terms) or from any organization or group that does, or is seeking to do business with the NNPCN.

CONFLICT OF INTEREST

Volunteers must avoid all situations in which their personal interests conflict or might conflict with duties to the NNPCN (for example, if you or your spouse provides a service and you are involved in the selection of suppliers of that same service for the NNPCN). Volunteers shall, at the first opportunity, disclose any conflict of interest. The nature of this reported conflict must be noted in appropriate official records of the NNPCN, such as meeting minutes.

CONFIDENTIALITY

At all times, the privacy and dignity of clients, donors, volunteers and staff will be respected. Volunteers have access to information and documents relating to clients, donors, volunteers and staff that are private and confidential in nature; reasonable care and caution will be exercised to protect and maintain total confidentiality. Volunteers will not read records or discuss such information unless there is a legitimate purpose. All client, donor, volunteer and staff records are the property of the NNPCN and are kept in a secure location at the office.

PRIVILEGED INFORMATION

Volunteers must not use for their own purposes, including financial gain, or disclose for the use of others, information obtained as a result of their role with the NNPCN (for example, lists of

sponsors or suppliers). This applies both during and after the period in which the individual is a NNPCN volunteer.

INTELLECTUAL PROPERTY

Any intellectual property developed by a volunteer in the course of his or her role with the NNPCN (for example, guidebooks, training resources, promotional materials) is the property of the Society.

RESPECTFUL CONDUCT

Volunteers must treat with respect all clients, staff, and fellow volunteers with whom they interact while conducting NNPCN business. Harassment, discrimination or other behaviours that compromise the dignity and self-worth of others cannot be tolerated, and will be addressed promptly, in confidence, and in accordance with standards of due process developed by the NNPCN. The NNPCN expects all staff and volunteers to abide by Human Rights codes.

I have read and understand, and will abide by the NNPC Code of Conduct:

Name: _____

Signature: _____

Date: _____

Witness: _____

These are minimum standards and by no means cover every contingency. However, any material failure to comply with these standards will be sufficient grounds for disciplinary action up to and including termination of the individual from their volunteer position. Any volunteer who is uncertain of the application of this Code of Conduct should contact the staff partner indicated on their role description for clarification or further information

NNPCN Performance Improvement Plan



Performance Improvement Plan(PIP)

Confidential

TO: (insert employee's name)
FROM: (insert manager's name)
DATE: (insert date)
RE: Performance Improvement Plan (PIP)

The purpose of this Performance Improvement Plan (PIP) is to define serious areas of concern, gaps in your work performance and allow you the opportunity to demonstrate improvement and commitment.

Areas of Concern:

Bullet point issues and how employee's lack of performance and/or behavior has affected his/her co-workers, the company and clients/customers.

Observations, Previous Discussions or Counseling:

Recap dates/times you have addressed the issues in the recent/relevant past. Reference previous documents when applicable.

Step 1: Improvement Goals: These are the goals related to areas of concern to be improved and addressed:

1.	
2.	
3.	

Step 2: Activity Goals: Listed below are activities that will help you reach each goal:

Goal #	Activity	How to Accomplish	Start Date	Projected Completion Date

Step 3: Resources: Listed below are resources available to you to complete your Improvement activities (may include other people's time or expertise, funds for training materials and activities, or time away from usual responsibilities.)

1.	
2.	
3.	

[OPTIONAL: This can be incorporated as part of Step 3: Resources, above] Management Support: Listed below are ways in which your manager will support your Improvement activities.

1.	
2.	
3.	
4.	

Step 4: Expectations: The following performance standards must be accomplished to demonstrate progress towards achievement of each Improvement goal:

1.	
2.	
3.	
4.	
5.	

Step 5 Progress Checkpoints: The following schedule will be used to evaluate your progress in meeting your Improvement activities.

Goal #	Activity	Checkpoint Date	Type of Follow-up (memo/call/meeting)	Progress Expected	Notes

Follow-up Updates: You will receive feedback on your progress according to the following schedule:

Date Scheduled	Activity	Conducted By	Completion Date
	30-day Update Memo	[Supervisor/Manager]	
	45-day [or 60-day] Update Memo	[Supervisor/Manager]	
	60-day [or 75, or 90 – Day] Status Memo	[Supervisor/Manager]	

Timeline for Improvement, Consequences & Expectations:

Effective immediately, you are placed on a **(insert 60, 75, or 90)**-day PIP. During this time you will be expected to make regular progress on the plan outlined above. Failure to meet or exceed these expectations, or any display of gross misconduct will result in further disciplinary action, up to and including termination. In addition, if there is no significant improvement to indicate that the expectations and goals will be met within the timeline indicated in this PIP, your employment may be terminated prior to **(insert 60, 75, or 90)** days. Furthermore, failure to maintain performance expectations after the completion of the PIP may result in additional disciplinary action up to and including termination.

The PIP does not alter the employment-at-will relationship. Additionally, the contents of this PIP are to remain confidential. Should you have questions or concerns regarding the content, you will be expected to follow up directly with me.

We will meet again on as noted above to discuss your Performance Improvement Plan. Please schedule accordingly.

Signatures:

Print Employee Name: _____

Employee Signature: _____

Date: _____

Print Supervisor/Manager Name: _____

Supervisor/Manager Signature: _____

Date: _____

Leave of Absence Request Form



Near North Palliative Care Network
2025 Main Street W
North Bay, ON P1B 2X6

LEAVE OF ABSENCE REQUEST FORM

NAME	
POSITION	

START DATE: _____ RETURN DATE : _____

REASON FOR REQUEST: _____

SIGNATURES: _____

STAFF/VOLUNTEER

APPROVED BY:

EXTENSION REQUIRED: ☐ Yes ☐ No

DATE: _____ APPROVED BY: _____

RETURN TO SERVICE INTERVIEW REMARKS:

SPECIFIC RE-TRAINING REQUIREMENTS:

RETURN TO SERVICE DATE: _____ **APPROVED BY:** _____