

South Granville Seniors Friendship Centre Society



Policies and Procedures Manual

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INTRODUCTION

This document serves as a complete compilation of all policies and procedures of South Granville Seniors Friendship Centre Society (SGSFCS). It is structured in compliance with Council of Accreditation (COA) standards and the numbering reflects COA standards. The Executive Director is in possession of the Administrative and Governance Calendar. It is the responsibility of the Executive Director to update and sign all applicable policy sheets at the end of the applicable review cycle. Each policy containing an action item falls upon the individual listed in the Administrative and Governance Calendar (under the “Responsibility of” column).

DISCLAIMER: All SGSFCS **policies** must be approved by the Board of Directors; however, any listed **procedures** are subject to change by Executive Director approval alone.

Mission Statement

Our mission is to work with seniors to support their health and independence through programs and activities that recognize diversity and individual worth, while promoting well-being and friendship.

Vision Statement

Our vision is to be a community hub where seniors feel welcome and included, and are supported through responsive programs and services.

Values

Accessibility

Friendship

Compassion

Diversity, inclusivity, and multiculturalism

Excellence

CA-ETH: ETHICAL PRACTICE

CA-ETH 1.02.01 SERVICE POPULATION

Policy:

South Granville Seniors Friendship Centre Society (SGSFCS) will ensure that its service population is defined in writing.

Service population defined as of August 2020: is seniors 55 years and older residing in South Granville, Fairview, and Kitsilano area and others who wish to join the SGSFCS.

Procedures:

1. Every three years the board will ensure that the mission statement is aligned with the service population.
2. All contracts will be specific about the service population.
3. The definition of the service population will be made available to members.

Implementation Date: 2020/09/29 Review Cycle: 3 year Review Date: 2023/09/29

Responsibility of: _____ Next Review: 2023/09/29

Reviewed by: Executive Director Signature: _____

CA-ETH 1.02.02 DISCRIMINATION

Policy:

SGSFCS will not discriminate in how it provides services.

Procedures:

1. SGSFCS will adhere to guidelines set by both the federal and provincial government as it pertains to discrimination.
2. All grievance reports will be presented to the Board by the Executive Director, and discussed by the Board of Directors.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ETH 1.02.03 SERVICE POPULATION – GEOGRAPHIC AREA

Policy:

For the most part SGSFCS serves a population that is defined by geographic boundaries, those being the South Vancouver/Vancouver, Fairview, and Kitsilano area, however in certain aspects of our work specifically advocacy and program partnerships we deal with members in our region, province, and Canada wide.

Procedures:

No specific procedures are required at this time as engagement of programs other than advocacy beyond the local region, will be approved by the Executive Director and procedures will then be developed and adopted by the Board to modify this policy, prior to program activation.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ETH 1.02.04 ADMISSION PROCEDURES

Policy:

SGSFCS has clearly defined admission procedures for all members/members.

Procedures:

1. Membership parameters are determined by the Board of Directors.
2. The Office Administrator will maintain a Membership Procedures guide which will detail the parameters of membership and the procedures to apply for and documentation of membership.
3. Admission to certain SGSFCS programs is pre-determined by contracts with funders or providers of services.
4. These procedures will be developed at the time funders support a program or that services providers are retained.
5. Admission procedures to these programs are applied to all referrals from other agencies, or self-referral.
6. Once a referral is made to SGSFCS, it will be handled quickly, equitably, in keeping with developed procedures, and will minimize barriers to service.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ETH 1.02.05 CULTURAL COMPETENCY

Policy:

SGSFCS will ensure that its policies and practices are global culturally competent.

Procedures:

1. SGSFCS ensures that all workers are trained in global cultural competency.
2. SGSFCS hires a wide range of workers from a wide background of cultures.
3. SGSFCS adheres to contract guidelines regarding global cultural competency.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ETH 2.01.03 CONFLICT OF INTEREST

Policy:

SGSFCS prevents the enrichment of insiders and other abuses through the adoption and enforcement of a conflict of interest policy consistent with provincial laws and regulations.

Conflict of interest policies and procedures ensure that contracts and business arrangements serve SGSFCS's and Client's best interest, not private interests.

Non-disclosure agreements should be completed by all Directors, Staff, and Contractors.

Procedures:

Board of Directors:

1. Members of the Board of Directors disclose any conflict of interest or perceived conflict of interest regarding SGSFCS and excuse themselves on matters where their objectivity would be compromised.
2. Examples of situations that may give rise to a conflict of interest include but are not limited to situations where a Member of the board of Directors has an interest in an organization that is a funder of SGSFCS, a donor to SGSFCS, or a vendor of goods or services to SGSFCS.
3. In reporting the conflict of interest to the Board, the Director's disclosure will be full and honest; will be made promptly to each Director; will include the specific form of the interest; and, will include the benefit that would be received. The Board will discuss appropriate steps to take to eliminate the potential conflict and will seek legal counsel as appropriate.
4. Members of the Board of Directors disclose any involvement in SGSFCS's business transactions or current professional services and refrain from voting in respect to such transactions or services.
5. Members of the Board of Directors are prohibited from having direct or indirect financial interest in the assets of SGSFCS and do not receive preferential treatment with regard to services provided by SGSFCS.
6. Members of the Board of Directors do not receive remuneration from SGSFCS for service as Directors.
7. If there is a conflict of interest, the President of the Board of Directors will determine the appropriate remedy and will inform the full Board of Directors of that decision. If the conflict relates to the President, the Past President or Vice President will determine the resolution.

8. On an annual basis, all Board of Directors will review any potential conflict of interest situations, and will discuss this with the President.

SGSFCS Personnel and paid consultants:

1. SGSFCS's personnel and paid consultants are prohibited from having direct or indirect financial interests in the assets, leases, business transactions, or professional services of SGSFCS.
2. Neither SGSFCS personnel, nor paid consultants receive preferential treatment regarding services provided by SGSFCS.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ETH 3.02.01 PLANNED GIVING**Policies:**

1. The policy of SGSFCS is to inform, serve, guide, or otherwise assist donors who wish to support SGSFCS activities, but never under any circumstances to pressure or unduly persuade.
2. Persons acting on behalf of SGSFCS shall in all cases encourage the donor to discuss the proposed gift with independent legal and/or tax advisors of the donor's choice so as to ensure that the donor receives a full and accurate explanation of all aspects of the proposed charitable gift.
3. The Executive Director is authorized to negotiate planned gift agreements with prospective donors, following program guidelines approved by the Board.
4. All planned giving agreements requiring execution by SGSFCS shall first be reviewed and approved as to form by SGSFCS's Board or legal counsel. Where substantially the same agreement is used repeatedly, only the prototype needs to be approved.
5. The following planned gifts must be reviewed and approved by the Board or a delegated professional/legal counsel. Before acceptance, relevant information about the gift shall be ascertained, including a copy of any appraisal secured by the donor. SGSFCS also reserves the right to secure its own appraisal. (NOTE: Rather than delegating this responsibility, the board may prefer to have gifts entailing potential financial liability referred directly to itself for approval.)
 - a) Outright gifts of real estate, shares in privately owned companies, tangible personal property, partnership interests, and other property interests not readily negotiable.
 - b) Residual interest gifts.
 - c) Charitable remainder trusts.
6. Outright gifts of cash, publicly traded securities, life insurance, and reinsured gift annuities do not require approval by the Board. Any gift, however, may be referred to the Board if subject to possibly unacceptable restrictions.
7. SGSFCS will not issue gift annuities but may accept assets from a donor, pursuant to an agreement authorizing SGSFCS to:
 - a) use a portion of the assets to purchase a commercial annuity paying a stipulated amount to the donor and/or other annuitant; and
 - b) retain the remaining assets for charitable purposes.
8. SGSFCS will serve as trustee of charitable remainder trusts at the request of the donor. If they prefer, donors may also select a trust institution, or other qualified

trustee, to manage the trust. (Alternative: SGSFCS will NOT serve as trustee of charitable remainder trusts but may refer the donor to a trust institution that has agreed to provide this service.)

9. The following guidelines are established to assure that planned gifts accepted by SGSFCS will be cost effective.

Guidelines:

1. Outright Gifts

- A. Description

An outright gift refers to a contribution of cash or property in which the donor retains no interest, and which can be used currently by SGSFCS. Securing outright gifts is SGSFCS's highest priority, and donors who can make outright gifts will be encouraged to do so.

- B. Guidelines

- a) SGSFCS will accept an outright gift of any amount, though gifts to establish a named endowment must meet the minimum funding requirements set by the Board.
 - b) SGSFCS welcomes outright gifts of property as well as cash, but all property other than publicly traded securities and life insurance policies must be approved by the Board before they can be received.
 - c) A donor may complete a gift in a single transaction or make a pledge to be paid over whatever period is mutually acceptable to the donor and SGSFCS.
 - d) Gifts of publicly listed shares will be valued for donor tax receipting purposes on the day the shares are transferred and received in the SGSFCS brokerage account OR the day the SGSFCS designated broker sells the shares and deposits funds in the SGSFCS account.

2. The Reinsured Gift Annuity

- A. Description

The gift annuity is a contractual arrangement whereby a donor transfers asset to SGSFCS pursuant to an agreement authorizing SGSFCS to purchase a commercial prescribed annuity that will pay the stipulated amount for the life of the annuitant(s) or for a term of years. Assets in excess of the amount required for purchase of the commercial annuity are retained by SGSFCS and used for purposes specified by the donor and acceptable to SGSFCS. Determination of the gift receipt and taxation of annuity payments will be in accordance with Interpretation Bulletins issued by CRA.

B. Guidelines

- a) The minimum amount SGSFCS will accept for a reinsured gift annuity is \$10,000.
- b) The cost of the commercial annuity generally should not exceed 70-75 percent of the assets transferred in order to result in a significant gift for SGSFCS.
- c) The donor may designate the purpose of the gift (amount retained) subject to the consent of SGSFCS. One option is for SGSFCS to invest the gift (minimum of ten years) until it accumulates to an amount sufficient for a named endowment.
- d) The commercial insurance company shall be selected, and the terms of the annuity contract negotiated, by SGSFCS's Executive Director with professional counsel, or by another person or persons to whom this responsibility is delegated by the Board. Only highly rated companies shall be selected to reinsure an annuity obligation.

3. Gift of a Residual Interest

A. Description

A gift of a residual interest refers to an arrangement (ordinarily in the form of a trust) where property is irrevocably committed to SGSFCS, but the donor retains use of the property for life or a term of years. For example, the donor might give a residual interest in a residence and continue to live in it or in a painting and retain possession of it. The donor is entitled to a gift receipt from SGSFCS for the present value of the residual interest.

B. Guidelines

The donor shall continue to be responsible for real estate taxes, insurance, utilities and maintenance after transferring title to the property unless SGSFCS, upon prior approval of the Board, agrees to assume responsibility for any portion of these items. The terms of the gift and responsibilities for expenses shall be specified in a deed of gift executed by the donor(s) and SGSFCS.

SGSFCS reserves the right to inspect the property from time to time to assure that its interest is properly safeguarded.

4. Charitable Remainder Trusts

A. Description

The charitable remainder trust is a form of a residual interest gift. The donor ("settlor") transfers property to a trustee who holds and manages it. If the

property is income producing, the net income will be paid to the donor and/or other named beneficiary. When the trust terminates (either at the death of the beneficiary(ies) or after a term of years), the trust remainder is distributed to SGSFCS. If the trust is irrevocable, the donor is entitled to a gift receipt for the present value of the residual interest.

B. Guidelines

- a) A charitable remainder trust may be funded with cash, securities or real estate. If real estate is to be contributed and SGSFCS is the trustee, the real estate shall first be subject to a thorough review as described in the guideline pertaining to real estate (Gift of Real Estate).
- b) Where SGSFCS is trustee, it is recommended that the minimum trust size be \$50,000 and that beneficiaries be at least 50 years of age. The Board, however, has discretion to make an exception to these recommendations in special circumstances.
- c) If the donor selects an outside trustee, the trust may be funded with any property of any value that is acceptable to the trustee.
- d) The trust agreement shall be either drafted by or reviewed by the donor's own legal counsel. SGSFCS may make prototype agreements available to the donor's legal advisor but shall execute no agreement until that person has determined that the trust agreement is in the proper form and that the gift is appropriate for the donor's situation.

5. Life Insurance

A. Description

There are various methods by which a life insurance policy may be contributed to SGSFCS. A donor may:

- a) Assign irrevocably a paid-up policy to SGSFCS;
- b) Assign irrevocably a life insurance policy on which premiums remain to be paid; or
- c) Name SGSFCS as a primary or successor beneficiary of the proceeds.

When ownership is irrevocably assigned to SGSFCS, the donor is entitled to a gift receipt for the net cash surrender value (if any) and for any premiums subsequently paid.

B. Guidelines

Any of these types of life insurance gifts are acceptable to SGSFCS. In the event a policy is contributed on which premiums remain to be paid, SGSFCS will pay the premiums provided the donor makes equivalent contributions for that purpose.

6. Gifts of Real Estate

A. Description

Gifts of real estate may be made in various ways: outright, residual interest in the property, or to fund a charitable remainder trust. The following guidelines pertain to gifts of real estate in general. Where real estate is transferred to a charitable remainder trust, additional requirements of the trustee must be met.

B. Guidelines

- a) The donor shall secure a qualified appraisal of the property.
- b) Unless SGSFCS has reason to believe this appraisal does not reflect the property's true value, a gift receipt will be issued for the appraised value (or present value of the residual interest computed on the appraised value in the case of residual interest gifts). However, SGSFCS reserves the right to secure its own appraisal and issue a gift receipt based on it.
- c) SGSFCS shall determine if the donor has clear title to the property.
- d) SGSFCS shall review other factors, including zoning restrictions, marketability, current use and cash flow, to ascertain that acceptance of the gift would be in the best interests of SGSFCS.
- e) SGSFCS shall ordinarily conduct an environmental assessment, which may include an environmental audit, and accept the property only if
 - (1) it contains no toxic substances, or
 - (2) they are removed or other remedies taken assuring that SGSFCS assumes no liability whatsoever.

7. Gifts of Shares in Privately Owned Companies and Other Business Interests

A. Description

Donors may make gifts of privately owned shares and partnership interests. These can be accepted by SGSFCS so long as SGSFCS assumes no liability in receiving them and would be subject to no penalties. In some instances, the corporation is willing to redeem privately owned shares, if other stockholders are willing to purchase them on transfer.

B. Guidelines

- a) To be considered for acceptance, partnership interests must not subject SGSFCS to cash calls or other liability and must not have adverse tax consequences to SGSFCS.
- b) Privately-owned shares may be accepted if they will not subject SGSFCS to penalties and can likely be sold in the future to the corporation, other stockholders, or to others interested in acquiring the corporation.

8. Bequests

A. Description

Bequests have historically been the most important kind of deferred gift, and they have contributed significantly to the building of institutional endowments. The encouragement of bequests will be one of the highest priorities of SGSFCS.

B. Guidelines

Sample bequest language for restricted and unrestricted gifts, including endowments, will be made available to donors and their lawyers to ensure that the bequest is properly designated. Donors will also be invited to provide information about their bequest provision and, if they are willing, to send a copy of that section of their will naming SGSFCS.

During the probate of estates containing a bequest to SGSFCS and during the post-death administration of revocable trusts containing dispositive provisions benefiting SGSFCS, the Executive Director, in consultation with SGSFCS’s Board and or legal counsel, shall represent SGSFCS in all dealings with the lawyer and executor of the estate.

Implementation Date:	2020/09/29	Review Cycle:	5 year	Review Date:	2023/09/20
Responsibility of:	_____	Next Review:	2023/09/20		
Reviewed by:	Executive Director	Signature:	_____		

CA-ETH 3.02.02 ETHICAL FUNDRAISING PRACTICES

Policy:

Management will be fully in charge of all fund-raising activities and will exercise control over all fundraising personnel according to guidelines issues by Association of Professional Fundraisers. (APF)

Procedures:

1. The Executive Director and Board Committee or designate ensures that a contract is in place for any contractors who carry out fundraising activities.
2. The Executive Director and Board Committee or designate supervises all fundraising activities.
3. A plan is developed, carried out and regularly revised.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ETH 3.02.03 ORGANIZATION SOLICITATION

Policy:

SGSFCS will adhere to the following guidelines in conducting fundraising:

- Fundraising will reflect an accurate description of the agency mission, purpose and programs,
- Fundraising dollars will be spent for the purposes, for which they were solicited,
- SGSFCS will maintain accurate segregation for restricted funds.

Procedures:

Every donation is allocated according to the donor’s wishes in our donor management database.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ETH 3.02.04 DONOR CONFIDENTIALITY

Policy:

SGSFCS ensures that donor confidentiality is respected.

Procedures:

1. Donor management database is customized to reflect communicated requests of donors and their wishes such as frequency of contact and anonymity.
2. Privacy statements are on tax receipts, e-mails, and website
3. We do not sell or publish our list
4. There is an opt out clause in our marketing materials

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ETH 3.03.01 COST AND BENEFITS OF FUNDRAISING

Policy:

On an annual basis, SGSFCS analyses costs and budgets of all fundraising activities to ensure efficient use of resources

Procedures:

1. Every effort is made to reduce expenses and obtain gift in kind for services and products wherever possible for events.
2. Following each fundraising event management meets with the fundraising/development committee to do a formal review of all aspects of the fundraising activity.
3. Following all fundraising events, an outcome report is given to the Executive Director and information is collated for the report to the Board.
4. There is an annual strategic plan for fundraising and development.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ETH 3.03.02 GIFT ACCEPTANCE POLICY

Policy:

To accept gifts & sponsorships that will not be detrimental to the viability and sustainability of the organization.

Purpose:

- To ensure that gifts & sponsorships accepted by SGSFCS Care given with the intent to support SGSFCS's mission and strategic plan without undue restrictions/ requirements/ expenses/ administration.
- To ensure that no donor or sponsor can influence or determine the content of any program or service which SGSFCS provides.
- To ensure that SGSFCS does not knowingly accept gifts that are the result of illegal activity.

Procedure:

1. The staff will evaluate each gift & sponsorship on the following criteria:
 - a) Does it support SGSFCS's mission and strategic plans?
 - b) Does it provide an asset (financial, human resource, or public image) to SGSFCS?
 - c) Does it compromise or restrict SGSFCS's ability to express SGSFCS's informed opinion on matters relating to SGSFCS work?
 - d) Does acceptance of this gift unduly restrict SGSFCS's capacity to solicit or accept other funds?
 - e) Does acceptance of this gift incur significant costs in terms of recognition, staff time or administration?
 - f) Is this gift appropriate to SGSFCS's strategic plan and work plan?
 - g) Is there any indication that the source of the gift is not legitimate?
2. If the staff member judges that acceptance of a specific donation is within the intent of this policy, then the Executive Director or delegated staff are empowered to negotiate on behalf of SGSFCS.
3. If the staff member deems broader consultation necessary, then the Executive Director will be consulted.
4. If the Executive Director judges that acceptance of a specific donation is within the intent of this policy, then the delegated staff are empowered to negotiate on behalf of SGSFCS.

5. If the Executive Director judges that the acceptance of a specific donation is in conflict with this policy, then the delegated staff are empowered to refuse the gift.
6. If the Executive Director deems broader consultation necessary, then the Board of Directors will be consulted.
7. If the after consultation with the Board of Directors the Executive Director judges that the acceptance of a specific donation is NOT within the intent of this policy, then the Executive Director has ultimate authority to decline a specific gift.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ETH 3.04 FINANCIAL FUND-RAISING DISCLOSURES

Policy:

SGSFCS will make available, upon request, financial information for revenue generating activities

Procedures:

1. Upon request, annual audited financial statements are made available
2. Upon request, an Operation Budget is available

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ETH 3.05.01 PROFESSIONAL PRACTICE OF FUNDRAISING

Policy:

SGSFCS reconciles its fundraising activities with the policies of the Association of Professional Fundraisers. (APF)

Procedures:

1. All fundraising staff will comply fully with AFP Fundraising Code of Ethical Standards which includes:
 - a) SGSFCS's Obligations
 - b) Obligations of SGSFCS Fundraisers
 - c) Donor Bill of Rights
2. At all times, at least one SGSFCS staff will hold membership in APF.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ETH 3.05.02 GOVERNMENT FUNDRAISING POLICY

Policy:

SGSFCS runs its fundraising in accordance to provincial and federal regulations.

Procedures:

1. SGSFCS is registered federally as a charitable organization.
2. SGSFCS is registered provincially as a not-for-profit society.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ETH 4.00 PROTECTION OF REPORTERS OF SUSPECTED MISCONDUCT (“WHISTLE BLOWER POLICY”)

Policy:

SGSFCS employees are protected from retaliation by both the Organization’s Whistleblower Policy and the employment agreements.

Procedures:

This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns regarding misconduct of an Employee, Volunteer or Director within the Organization prior to seeking resolution outside the Organization.

Misconduct constitutes illegal activities or fraud, deceptive actions, unethical or immoral behavior and professional negligence. Reports should focus on facts rather than speculations or general conclusions.

SGSFCS Employees, Volunteers or Directors are to observe high standards of professional and personal ethics in the conduct of their duties and responsibilities. As representatives of the Organization, they must practice honesty and integrity in fulfilling their responsibilities and comply with all applicable laws and professional standards as defined by or referred to in SGSFCS’s Code of Ethics and Code of Ethical Conduct (“the Standards”).

It is the responsibility of all Employees, Volunteers and Directors to comply with these standards and to report violations or suspected violations in accordance with the Whistleblower Policy.

1. No Employees, Volunteers or Directors who in good faith reports a violation of the Standards shall suffer harassment, retaliation, or adverse employment consequence. If any person believes he or she has been subjected to any discrimination or retaliation or other action by SGSFCS for reporting misconduct in accordance with this policy, he or she may file a complaint by following the reporting procedures listed below.
2. Method of Reporting:

As a practice of the Organization's open-door policy, it is suggested that employees share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an employee's Manager is in the best position to address an area of concern. However, if you are not comfortable speaking with your Manager or you are not satisfied with your Manager's response, you are encouraged to speak to the Executive Director, or only if it directly concerns the Executive Director to the Board of Directors.

Reports of misconduct may also be submitted:

- a) in person to the Executive Director or the Board on a confidential basis.
- b) through website compliance reporting address if in place.
- c) through an anonymous and a confidential email to:

The Board of Directors: president@southgranvilleseniors.ca

Executive Director: ed@southgranvilleseniors.ca

- 3. Upon receipt of any report of misconduct, an investigation will be undertaken to determine if the information disclosed constitutes misconduct.
- 4. SGSFCS abides by the Provincial Legislation, BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, [RSBC 1996] CHAPTER 165, Section 30.3 protects BC workers who act in good faith to report misconduct.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ETH 5.01 ETHICAL CONDUCT (STAFF)

Policy:

SGSFCS is aware of and sensitive to the social responsibility involved in its work as the agency and employees touch the lives of those they serve. Ethical conduct is a requirement of employment with SGSFCS.

Procedure:

1. Staff Responsibilities

- a) All staff will be required to read, be aware of and then sign the agency’s Employee Code of Ethics during their initial orientation to the program.
- b) The Employee Code of Ethics states:

All staff will be responsible for adhering to the following standards of conduct:

- i. Staff will demonstrate a high level of professional and personal maturity, comfort and self-awareness in responding to issues of human sexuality
 - ii. Staff will avoid using unprofessional language and refrain from name calling while in their professional capacity since this may be interpreted in a negative light, and thereby affect the professional standing of the program staff and the program itself.
 - iii. Staff will avoid behaviours/statements which could suggest a personal use of illegal substances or a personal dependence upon alcohol and/or drugs
 - iv. Staff will maintain a constant awareness of their dress and how they may be perceived by program participants and community members.
- c) Where staff is unsure as to the appropriateness of a particular behaviour, they should seek clarification from the Executive Director.
 - d) Staff will report to the Executive Director any criminal charges/convictions relevant to their employment. These charges/convictions may include but not be limited to: acts of violence, sexual abuse, drug trafficking, fraud/theft, driving offences.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-ETH 5.02.01 CONFLICT OF INTEREST

Policy:

SGSFCS prohibits steering or directing applicants or Members to private practices in which Society professional personnel, consultants, ex-employees or family members may be engaged. Members leaving the Society for a private practice are given lists of practitioners to ensure they know which services are available in their area.

SGSFCS prohibits staff from working with Members of SGSFCS in any capacity of private work as the performance of those services does result in a conflict of interest between the obligations of agency staff and the obligations of the agency to that other person.

Procedure:

1. At point of hiring, this policy is reviewed with new staff.
2. When recommendations are made by agency staff to professional personnel for private practice, the prospective referral is cleared by the Executive Director who use the agency database to cross-reference potentially inappropriate referrals to current or past employees.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ETH 5.02.02 RECEIVING PAYMENT FOR REFERRALS

Policy:

Under no circumstances does SGSFCS or any of its personnel accept payment, or other consideration from another service provider, or from a potential Client for referring applicants or Members to that service provider.

Under no circumstance does SGSFCS or any of its personnel make payment or other consideration for referral to its services.

Procedure:

At point of hiring, this policy is reviewed with new staff.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN: FINANCIAL MANAGEMENT

CA-FIN 1.00 FINANCE COMMITTEE

Policy:

Overview

The Board of Directors, through the Finance Committee:

- a) approves the SGSFCS annual budget;
- b) reviews fiscal summary at least quarterly to examine the relationship of budget to expenditures and revenues;
- c) examines fiscal policy and the recommendations of the organization's auditors; and
- d) annually evaluates the Executive Director's management of SGSFCS affairs.

Procedures:

Finance Committee

Membership includes a minimum of two Board members, including the President and/or Treasurer, and the Executive Director.

Committee Purpose

The objectives of the Finance Committee are:

- a) to review and make recommendations with respect to the annual budget;
- b) to discuss the financial implications of policy issues and raise these issues with the Board;
- c) to review financial statements and budget forecasts, and ensure their presentation at each Board meeting;
- d) to recommend and set income investment strategies, financial services arrangements and signing authority;
- e) to recommend financial policies to the Board, and to monitor the operation of these policies;
- f) to meet with the Auditor to review the audit and management letter.

Delegation

Administrative responsibility for all aspects of financial management of SGSFCS is delegated to the Executive Director, who may further delegate responsibility to other employees of SGSFCS.

Financial Reporting

Monthly financial statements will be prepared for SGSFCS. The Finance Committee will review financial statements and budget projections monthly.

Management

Under The Society Act, the Board of Directors is responsible for the legal operation of SGSFCS. This includes the employment of SGSFCS staff; the supervision and responsibility of SGSFCS finances; ensuring the legality of all goods, objectives and programs of the SGSFCS. The Board of Directors has the authority, under the Act, to check at any time, any records maintained for the benefit of SGSFCS and to make any changes that the Board of Directors feels necessary. All Board of Directors members must be volunteers.

It is the responsibility of the Board of Directors to hire a competent person who will effectively oversee staff and volunteers to assure the smooth and efficient operation of SGSFCS in accordance with the SGSFCS mission statement as stated below. This person is the Executive Director. This position is responsible to the Board of Directors. All other staff members are responsible to the Executive Director and ultimately to the Board of Directors.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-FIN 1.00.01 FINANCIAL DUTY OF THE BOARD MEMBERS

Policy:

- a) The Board of Directors is responsible to approve SGSFCS annual budgets.
- b) The Board of Directors will review financial summaries of the achieved versus budgeted revenues and expenditures.
- c) The Board of Directors reviews all significant fiscal policies and recommendations of the SGSFCS’s External Auditor.

Procedure(s):

1. The Board of Directors reviews the Annual Operating and Capital Plans and Budgets of SGSFCS prepared by the Executive Director and if acceptable recommends their adoption.
2. The Executive Director will ensure that monthly financial statements are prepared.
3. The Treasurer reviews, at least quarterly, the actual financial results achieved against the budgeted revenues and expenditures, and reports to the Board of Directors.
4. The Treasurer reviews and reports annually to the Board of Directors on the material fiscal policies of SGSFCS.
5. The Treasurer reviews and reports to the Board of Directors on recommendations brought forward by the External Auditor.
6. The Board of Directors, with input from the Treasurer and SGSFCS Financial personnel, evaluates the Executive Director’s management of SGSFCS’s affairs as part of the annual evaluation of the Executive Director.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-FIN 1.00.02 REVIEW AUDITOR'S MANAGEMENT LETTER

Policy:

SGSFCS, through its Executive Director, Board of Directors, review and when appropriate, implement the external Auditor's recommendations in its management letter.

Procedure(s):

1. The Board of Directors, through the Audit Committee, reviews the Auditor's management letter.
2. The Executive Director takes the appropriate action to ensure compliance with the Auditor's recommendations in the management letter unless otherwise directed by the Board of Directors.
3. The Financial personnel with the Executive Director's consent, may make the Auditor's management letter available for distribution to specific stakeholders after the Board of Directors review and approval.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 1.00.03 BUDGET REVIEWS

Policy:

The Board of Directors reviews and recommends all planned deviations from the approved budget during the fiscal year and ensures that budget to actual variance analyses are performed after year-end numbers are finalized.

Procedure(s):

1. In the event there is a need to deviate from the approved budget, requests are made to the Board of Directors.
2. The Executive Director makes recommendations regarding such requests to the Board of Directors for its review and approval.
3. The Executive Director reviews the Variance Analysis Report and reports to the Board of Directors.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 2.00.01 INTERNAL ACCOUNTING CONTROL SYSTEM

Policy:

SGSFCS maintains internal accounting procedures that addresses:

- a) prevention of error, mismanagement or fraud,
- b) an inclusive and descriptive chart of accounts,
- c) prompt and accurate recording of revenue and expenses,
- d) prompt payment of expenditures,
- e) information on all funds, including each fund's source and pertinent regulations governing each fund.

Procedure(s):

1. SGSFCS uses the Auditor's feedback as a guideline in the preparation and maintenance of financial internal controls.
2. SGSFCS's accounting system utilizes internal controls as per the SGSFCS Finance Policies.
3. The Treasurer reviews the internal accounting procedures on an annual basis.
4. The external Auditor checks the internal accounting procedures as part of the annual audit process.
5. All internal control recommendations, following approval, made by the Auditors are incorporated into the internal accounting procedures.

Additional Procedures

Revenue/Receivables/Receipts

Activities

1. Programs/activities are operated on a quarterly basis: Winter (Jan-Mar), Spring (April– June) Summer (July -August); Fall (Sept-Dec).
2. Registration occurs before sessions begin.
3. A person may register by either phone, or in person. When registering by phone, the registrant must come and pay at the front desk. A person registering in person may

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

pay for a session by cash or cheque. Since payment for the activity is required before attending the activity, the member must receive a ticket from reception in order to attend the program.

4. Drop-in fees for activities are processed through the reception desk.

Receipts/Revenue

1. All receipts for activities, rental, drop-ins must be processed through the reception desk.
2. Every day the receptionist does a cash summary at the completion of their shift. The Office Administration reviews the daily cash sheet and then does a weekly summary and deposits all cash and cheques personally to Bank.
3. Daily cash receipts are stored in a safe in the main office. Daily cash receipts are deposited on a weekly basis (Fridays). There should be no cash over the weekend in the office.
4. The SGSFCS provides the bookkeeper with a monthly report that are reconciled to the payment and entered into QuickBooks.

Purchases/Payables/Payments

Purchases

1. Each program/area must have a budget submitted to the Executive Director.
2. Each budget must be approved by the Executive Director.
3. All program/activity expenditures and Income are reported by the Office Administrator and reviewed on a quarterly basis to ensure that the program instructors are within their budget and that we are not losing money in the programs and the activities and programs are cost-effective.

Payables

1. Invoices are processed through the General Ledger only when they are paid.
2. Accounts Payable is set up at year-end by reviewing current year expenses paid in the subsequent year, and any unpaid invoices on file.

Payments

1. A cheque requisition and a copy of the invoice (voucher package) must be submitted to the Executive Director for approval before any payment is made. The Executive Director will sign the cheque requisition indicating their approval.
2. For special payments outside the budget or over \$1,000, Board of Directors approval is required.
3. The Executive Director will code the invoice with the appropriate G/L accounts for posting.
4. The bookkeeper will process the cheque request package by posting the details of the expense to the G/L. These are generally processed monthly.

5. The cheques will be attached to the cheque request package and forwarded to the Board of Directors for signature. Each cheque must be signed by at least two signing authorities. The signing authorities review the details of the cheque request package before signing.
6. After the cheques have been signed, they are returned to the Office Administrator for distribution.

Cancellations

1. Refunds are processed through the Executive Director. Refunds for programs/activities registrants are granted only for a valid reason (sickness, economic hardship or canceled by the Centre). All refunds are reviewed the Office Administrator.
2. All refunds are processed by the Office Administrator and captured in the daily revenue summary and payment to the Society.

Bookkeeping

1. Prepares monthly bank reconciliations, monthly financial statements for the Treasurer. The monthly statements are circulated to the Treasurer and Executive Director. If there is any significant issue, it is taken forward to the board. The statements circulated and reviewed by the board every month.
2. The Treasurer and the Executive Director will review the monthly financial statements on a monthly basis and will review significant or unusual variances with the Bookkeeper.

CA-FIN 2.00.02 SAFEGUARDING OF ASSETS

Policy:

SGSFCS maintains an internal accounting control system that addresses:

- a) safeguarding and verifying of assets,
- b) separation of duties to the extent possible,
- c) disbursement and receipt of monies.

Procedure(s):

1. SGSFCS uses the Auditor's feedback as a guideline in the preparation and maintenance of financial internal controls.
2. SGSFCS's accounting system utilizes internal controls as per SGSFCS's financial procedures.
3. The Treasurer reviews the internal accounting procedures on an annual basis.
4. The external Auditor checks the internal accounting procedures as part of the annual audit process.
5. All internal control recommendations, following approval, made by the Auditors are incorporated into the internal accounting procedures.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 3.00.01 FUND DEVELOPMENT

Policy:

SGSFCS will make every effort to maximize potential funding resources.

Procedure(s):

1. SGSFCS will look to fund raise as a way to supplement existing revenues.
2. SGSFCS will lobby the city & the provincial government for sufficient funding to operate programs.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 3.00.02 FINANCIAL PERFORMANCE REVIEW PROCESS

Policy:

SGSFCS establishes financial thresholds against which financial performance is routinely measured.

Procedure(s):

1. The Financial personnel reviews each month's financial statements with the budgets and makes queries for any unusual occurrences that are not attributed to timing differences.
2. The Executive Director reviews the monthly financial statements with the Financial personnel and discusses any irregularities.
3. A financial report is distributed to the Board of Directors at each meeting of the Directors.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 4.00 INVESTMENT POLICY

Policy:

To establish guidelines governing SGSFCS general operating account and reserve accounts in an effective and efficient manner, which shall maximize income potential and maintain maximum safety and preservation of capital. The investment funds are available for both long and short-term investment.

Procedures:

1. Investment funds will be kept in a financial institution that is insured.
2. The Board of Directors will be advised to any changes in investments.
3. The investment policy will be reviewed every 3 years at the Board.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 5.01.01 BUDGET PLANNING

Policy:

SGSFCS has a detailed annual budget that serves as a plan for managing its financial resources for the fiscal year and includes both operating and capital resources.

Procedure(s):

The procedure for budget planning is as follows for each year unless otherwise determined by the Board of Directors. The process includes a review of program priorities, funding costs, potentially changing conditions, assessment of services, direct or indirect operating expenditures, contractual requirements, changing costs and conditions, and anticipated funding.

1. By mid-January, the Financial Personnel distributes the financial statements for the months ended December 31st to the Executive Director as the first step.
2. By January 30th, the Executive Director contacts the Program Team, and at this time a discussion takes place as to how the Program Coordinators anticipate their year ending, and a discussion for the New Year takes place including review of program priorities, capital acquisitions, funding, costs, and potentially changing conditions. The adjustments to next year's financial plan are made accordingly.
3. By mid-February, the Executive Director meets with the Office Administrator and Bookkeeper to prepare the ensuing year's budgets.
4. Last Monday of February; the Office Administrator and Bookkeeper briefs the Executive Director on the draft financial budget.
5. Mid-March: The budget is included in the Board of Directors package for approval at the March Board Meeting.
6. March Board Meeting: Review and approval of the budget by the Board. If not approved, an amended budget comes back to the Board at the April Board Meeting for review and approval.
7. If the Board of Directors does not approve the proposed financial budget, SGSFCS practices status quo spending until a new budget is passed.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-FIN 5.01.02 FINANCIAL PLANNING

Policy:

SGSFCS has a financial plan that is updated at least every three years and explains the financial goals that are essential for meeting the organization's long-term planning and quality improvement goals.

Procedure(s):

1. The Board of Directors includes the financial plan on the agenda every third Annual Strategic Planning Retreat.
2. The Board of Directors will include management in this exercise.
3. The plan will be reviewed annually by the Board of Directors.

Implementation Date: 2020/09/29 Review Cycle: 3 year Review Date: 2023/09/29

Responsibility of: _____ Next Review: 2023/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 5.02 ALIGNMENT OF FINANCING WITH MISSION

Policy:

SGSFCS seeks stable and predictable sources of revenue through diversification and balance in its funding streams, as appropriate to its structure, mission and programs.

Procedures:

The Board of Directors, together with management, conducts a strategic planning meeting annually (see CA-GOV 7.01) to satisfy this requirement. Consideration is given to all types of funding alternatives.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-FIN 5.03 NON-AUDIT REQUIREMENT

Policy:

SGSFCS reports annual revenue under \$500,000.00 and is not required to be audited however the organization chooses to be audited.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-FIN 5.05.01 FINANCIAL ACCOUNTABILITY – MAJOR ASSETS

Policy:

SGSFCS annually conducts an inventory of all major assets including securities and verifies them against permanent records.

Procedure(s):

See SGSFCS Accounting Procedures for pertinent information on inventory of the following significant assets:

- a) Cash – unrestricted and restricted
- b) Accounts Receivables
- c) Investments (including endowment funds)
- d) Property Under Development
- e) Capital Assets
 - i. Land and Buildings
 - ii. Vehicles
 - iii. Computers, Hardware
 - iv. Computer Software
 - v. Furniture and Fixtures
 - vi. Leasehold Improvements

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-FIN 5.05.02 OPERATING RESERVES

Policy:

The Operating Reserve Fund is considered a portion of the “Unrestricted net assets” balance as derived from the audited financial statements. The “Unrestricted net assets” is funded with surplus unrestricted operating funds. The Treasurer and/or Finance Committee will identify the amount to be held in the Operating Reserve Fund and if the need to access the Fund arises, confirm that the use is consistent with the goals of the Society.

Procedures:

1. Treasurer and/or Finance Committee will advise the Executive Director who is responsible for ensuring that the Operating Reserve Fund is maintained and used only as described in this Policy and is consistent with the goals of SGSFCS.
2. The Executive Director is responsible for the secure investment for the Operating Reserve fund.
3. The use of operating reserves will be reported to the Board of Directors at their next scheduled meeting, accompanied by a description of the analysis and determination of the use of funds, and plans for replenishment to restore the Operating Reserve Fund to the targeted minimum amount.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 5.06.01 COST ACCOUNTING AND FINANCIAL INFORMATION

Policy:

SGSFCS has procedures for analyzing the comprehensive unit cost of providing its services. This analysis is conducted annually, and the resulting information is utilized in SGSFCS planning and operations.

Procedure(s):

1. An analysis is done during annual budget planning based on the previous annual reporting period. Costs are based on predetermined formulas as per full time equivalents, percentage of revenues, actual costs, etc.
2. SGSFCS uses the information to:
 - a) Analyze operational effectiveness and efficiency
 - b) Monitor trends and current experiences in costs
 - c) Contract, bill and charge fees
 - d) Budget for current fiscal year.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 5.06.02 COST ACCOUNTING AND FINANCIAL INFORMATION

Policy:

SGSFCS annually analyzes information on service revenues and actual service delivery costs on a per-case and/or per-unit of service basis.

Procedure(s):

1. Annually, while preparing budgets, the Financial Personnel prepares an analysis of service revenue information with actual costs for the delivery of services based on full time equivalent employees. The formula for the analysis includes:
 - a) Full Time Equivalency (FTE) / Program dollars, and
 - b) Members / Program Dollars

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 6.01 FINANCIAL ACCOUNTABILITY

Policy:

Procedure(s):

SGSFCS distributes copies of the Annual Report presented at the Annual General Meeting each year to anyone who requests a copy.

Specific distribution goes to:

- a) Honorary Members
- b) Directors of SGSFCS
- c) Alliance of Senior Centres of BC
- d) All staff
- e) Foundation organizations who request a report

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-FIN 6.02 APPOINTMENT OF AUDITOR

Policy:

An independent Chartered General Accountant (CGA) / Chartered Accountant (CA) is recommended by the Board of Directors and appointed by SGSFCS members to perform an annual audit of the SGSFCS's financial statements.

Procedure(s):

1. The Auditor is an independent, certified, public accountant holding either a CGA or CA designation.
2. The Board of Directors reviews, and recommends to the members annually, the appointment of an external Auditor.
3. At the Annual General Meeting, the members appoint the external Auditor.
4. The Auditor performs an audit and reports to the members on the results of the audit (Auditor's Report) within six months (180 days) following the end of the fiscal year.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 6.04 FINANCIAL CONTROLS AND ACCOUNTING EXPERTISE OF FINANCIAL PERSONNEL

Policy:

The Executive Director is responsible for ensuring that the financial personnel (bookkeeper, finance officer, accountant) of the organization have the appropriate credentials, knowledge and experience.

The financial personnel, together with the Executive Director, ensures that periodic training or learning programs occur for the staff as a whole in the organization’s financial procedures.

SGSFCS hires financial personnel who have completed a recognized training or professional accounting designation or has adequate knowledge through experience in business management, and who ensures that finance and accounting staff members are oriented and trained in the SGSFCS’s internal accounting procedures.

Procedure(s):

1. The Executive Director ensures that all personnel who use the accounting system are trained/or retrained on any changes in the internal accounting procedures.
2. The Treasurer reviews the internal accounting procedures annually.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-FIN 7.01 FINANCIAL STATEMENTS – G.A.A.P. COMPLIANCE

Policy:

SGSFCS annual financial statements are prepared in accordance with Generally Accepted Accounting Principles (G.A.A.P.) and as determined by the Institute of Chartered Accountants of Canada and ensuring all financial mechanisms and procedures are according to Canadian Accounting Standards Board (CASB) Accounting Standards for Not-for-Profit Organizations and relevant sections under Part III of the CPA Canada Handbook - Accounting Standards for NPOs (ASNPO), and relevant accounting requirements of the Canada Revenue Agency.

Procedure(s):

1. On an ongoing basis, any new accounting policies are implemented in accordance with G.A.A.P.
2. The Board of Directors reviews accounting policies for G.A.A.P. compliance on an annual basis.
3. The external Auditor checks for G.A.A.P. compliance as part of the annual audit.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

**CA-FIN 7.03.01 STANDARDIZED ACCOUNTING POLICIES,
PROCEDURES AND CONTROLS**

Policy:

SGSFCS follows and annually reviews standardized accounting procedures and controls.

Procedure(s):

1. Under the direction of the Treasurer, SGSFCS accounting policies, procedures and controls are implemented in accordance with Generally Accepted Accounting Principles (G.A.A.P.) and as determined by the Institute of Chartered Accountants of Canada and ensuring all financial mechanisms and procedures are according to Canadian Accounting Standards Board (CASB) Accounting Standards for Not-for-Profit Organizations and relevant sections under Part III of the CPA Canada Handbook - Accounting Standards for NPOs (ASNPO), and relevant accounting requirements of the Canada Revenue Agency.
2. The Board of Directors reviews accounting policies, procedures and controls on an annual basis.
3. The external Auditor conducts an annual audit and makes recommendations to management on financial controls and other matters where appropriate.
4. The Financial Personnel and the Executive Director will review all recommendations made by the external Auditor for possible implementation.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 7.03.02 CONTRACTUAL ARRANGEMENTS

Policy:

SGSFCS maintains up-to-date information about its funder's payment and reimbursement procedures, and other payment and revenue sources for each of its services.

Procedure(s):

1. SGSFCS detailed Chart of Accounts and monthly reporting provides for tracking funder's and other revenue transactions.
2. The Financial Personnel reviews each month's financial revenue account against the budget and makes queries for any unusual occurrences that are not attributable to timing differences.
4. A financial report is distributed to the Board of Directors at each meeting of the Directors.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 7.03.03 PAYABLES**Purpose:**

This policy ensures that payment of the organization's funds to settle obligations are properly reviewed and approved in a manner that protects the organization's assets and is operationally efficient.

Policy:

All cheques or payments must be signed/authorized by 2 signing authorities as delegated by the Board

As of September 2020, signing authorities are at a minimum as follows: the Executive Director, the Office Administrator, the Board Chair, the Treasurer, and another Board Director.

Employees in their probationary period cannot be signing officers.

The Executive Director, the Office Administrator can sign all cheques for expenses already included in the annual budget. Any material expenses over \$1,000.00 not included in the annual budget must be approved by the Treasurer, or other member(s) of the Board Executive, prior to issuing and signing of the cheque.

All cheques must be presented for signing must have proper supporting documentation.

This policy also does not apply to transfers between SGSFCS controlled account which can be undertaken and the discretion of the Executive Director by the Executive Director and the Office Administrator.

Procedures:

Every two weeks or as required, the Office Administrator will prepare the cheques needed to meet current obligations, the Journal Entries Report for the current cheque run is exported and submitted to the Treasurer for review. In the absence of the Treasurer, the Executive Director, or a member of the Board Executive would be asked to review the current transactions.

Once the Journal Entries Report is reviewed the cheques can then be signed by the Executive Director. If the Executive Director, is absent then one of the Board Signing Authorities would be asked to provide the second signature.

This procedure does not apply to the Direct Deposit Payroll transactions, the SGSFCS's Rent Subsidies & Lease Electronic transfers of funds as they are already reviewed in the annual budget. However, all electronic transfers must be substantiated and submitted to the Executive Director for review by way of adding his initials to each transaction's supporting documentation presented.

Under certain circumstances and from time to time, employees will incur expenses on behalf of SGSFCS. In order to be reimbursed, employees must fill an expense report, indicating the date of the purchase, the reason the expense was incurred, the total amount spent and must attach receipts as proof of purchase. The expense report must then be approved by the immediate supervisor with purchasing authority or Executive Director before being forwarded to the Office Administrator for reimbursement.

Bank statements will be sent to the Treasurer monthly for review

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-FIN 7.04.01 CONSERVATION OF RESOURCES

Policy:

SGSFCS takes initiative and exercises responsibility and restraint in conservation of its fiscal resources.

Procedure(s):

1. SGSFCS takes advantage of benefits allowed tax-exempt organizations when applicable.
2. SGSFCS follows procedures regarding purchasing and inventory control.
3. SGSFCS co-ordinates the purchase of goods or services among internal programs when feasible, and
4. SGSFCS utilizes competitive bidding, where applicable, in accordance with established policies.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 7.04.02 TIMELY PAYMENT OF TAXES

Policy:

As required by law, SGSFCS makes timely payments to, or provides proof of exemption from, the following taxing authorities:

- a) The Canada Revenue Agency,
- b) Provincial and local tax bodies, and
- c) Property tax assessors.

Procedure(s):

- 1) SGSFCS does payroll internally.
- 2) SGSFCS pays all mandatory operating business licenses in accordance with the local authority policies.
- 3) SGSFCS pays all property taxes as required in accordance with the local authority policies.
- 4) The Financial Personnel reviews the CRA payroll report and related correspondence to ensure source deduction payroll remittance was received on time.
- 5) GST reports are prepared annually and filed to ensure receipt of 50% rebate.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-FIN 7.05 ACCOUNTING RECORDS

Policy:

Accounting records are kept up-to-date and balanced on a monthly basis.

Procedure(s):

1. SGSFCS accounting system utilizes procedures outlined in the Accounting Procedures, which address the policy requirements.
 - a) Reconciliation of the bank statements to the general ledger.
 - b) Review of the bank reconciliation by at least two persons, one of whom is not involved in maintaining the accounting records, the Executive Director, the Office Administrator or a Director.
 - c) Monthly reconciliation of subsidiary ledgers to the general ledger.
 - d) Up-to-date posting of cash receipts and disbursements.
 - e) Monthly updating of the general ledger.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-FIN 8.01.01 PAYROLL PRACTICES

Policy:

SGSFCS has controls to ensure proper accounting of payroll costs.

Procedure(s):

1. The financial personnel reviews and signs off on the payroll, presenting it to the Executive Director for approval.
2. The financial personnel document any changes in time and overtime records.
3. The Executive Director authorizes new hires or delegates this responsibility, and authorizes any severance for termination.
4. The financial personnel ensure with mandatory deductions and rates of pay are accurate.
5. The Executive Director with the Office Administrator and financial personnel ensure funds are in place to cover the payroll costs.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-FIN 8.01.02 PAYROLL PRACTICES

Policy:

SGSFCS payroll policies and practices, related to wages, comply with applicable Employment Standards Statutes.

Procedure(s):

1. SGSFCS policies and practices include, as a minimum, those set out in the B.C. Employment Standards Act and it's supporting Guidelines.
2. The Financial Personnel works with the Executive Director to ensure SGSFCS's policies and practices relating to wage and employment laws are in compliance.
3. The Financial Personnel brings to the Executive Director's attention any provincial government changes in applicable Employment Standards Statutes. The Executive Director ensures any required compliance related changes are implemented.
4. All personnel are paid at a rate that is, at least, equivalent to the provincial minimum wage rate.
5. The Guide to The Employment Standards Act regulates all personnel hours.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-FIN 8.02 EXPENSE REIMBURSEMENT

Policy:

This policy is designed to assist employees in reporting expenses incurred while conducting SGSFCS business activities.

SGSFCS expects employees to act responsibly and professionally when incurring and submitting costs. 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.

SGSFCS 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 Treasury Board Guidelines and for appropriate parking fees. SGSFCS will not be responsible for fuel, maintenance, traffic or parking violations.

Procedure(s):

General guidelines

1. Original receipts are required for reimbursement of all expenses except for per diems. These expenses include:
 - a) Original boarding passes for airplane / train travel
 - b) Credit card receipts
 - c) Detailed merchant receipts
2. Receipts must be accompanied by a summary which outlines:
 - a) The nature of the expense
 - b) The name and titles of the individuals involved
 - c) The purpose for the expense
3. Expense summaries must be submitted with receipts and approved by the Executive Director.
4. All expenses and summaries must be submitted within 30 days to the Executive Director for payment.

Travel guidelines

1. Employees are encouraged to fly coach class with the lowest available airfare for non-stop travel.
2. If a car rental is required, employees are requested to rent mid-sized or compact vehicles. Employees will be reimbursed for the fuel costs associated with renting a vehicle.
3. Employees will be reimbursed for reasonable hotel accommodations. Discounted room rates should be requested at the time of room booking.
4. Per Diem rates for meal and incidentals will be provided as such:

Food	50
Breakfast	10
Lunch	15
Dinner	25
Miscellaneous:	15
Phone	5
Incidental	10

no receipts are required. The per diem amount paid for each day of travel is set out under the Treasury Board Guidelines. Per Diem rates will not be paid where other meal arrangements are provided. For example, a luncheon included with an event. If with the best efforts of the individual their daily expenses exceed the per diem then the Executive Director may consider at his/her sole discretion additional expense reimbursement.

5. The following list includes examples of non-reimbursable expenses:
- a) Personal travel insurance
 - b) Personal reading materials
 - c) Childcare
 - d) Toiletries, cosmetics, or grooming products
 - e) Expenses occurred by spouses, children, or relatives
 - f) In-room movies or video games
 - g) Sporting activities, shows, etc.

Any questions related to the content of this policy or its interpretation should be directed to the Finance Team.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV: GOVERNANCE

CA-GOV 1.00.01 LEGAL AUTHORIZATION

Policy:

South Granville Seniors Friendship Centre Society (SGSFCS) is incorporated under the Society Act of the Province of British Columbia, and the Society is transitioned as per changes to the act 2018, with a constitution and by-laws as required by the Act. SGSFCS files all annual reports with the provincial government, in order to maintain its existence.

Procedure(s):

1. SGSFCS files its Annual Report with the Registrar of Companies each year within the time stipulated in the Society Act.
2. SGSFCS files a Notice of Change of Directors each time there is a change in agency's directors.
3. SGSFCS files a certified copy of each special resolution of the members passed to change the agency's constitution or by-laws.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 1.00.02 DISPOSITION OF ASSETS

Policy:

SGSFCS Constitution provides for the disposition of its assets upon dissolution to such organization or organizations concerned with social problems or organizations promoting the same object of SGSFCS, as may be determined by the members of SGSFCS at the time of winding up or dissolution, and if so, effects cannot be given to the foregoing provisions, then such funds shall be given or transferred to in this paragraph shall be a charitable organization, a charitable organizational, a charitable corporation, or a charitable trust recognized by the Department of National Revenue of Canada or successor, as being qualified as such under the provisions of the “Income Tax Act” of Canada from time to time in effect. This provision is unalterable.

Procedure(s):

1. In the event of dissolution, the members of SGSFCS will arrange for disposition of its assets in accordance with this policy.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 2.01 GOVERNING BODY

Policy:

The Board of Directors is the governing body of SGSFCS.

Procedure(s):

In fulfilling its stewardship responsibilities, the Board of Directors:

- a) oversees SGSFCS operations and services,
- b) defines outcomes and goals it expects SGSFCS to achieve,
- c) ensures that all planned or provided services are consistent with SGSFCS’s mission and long-term plans,
- d) determines whether services are within SGSFCS’s capabilities and resources,
- e) selects the Executive Director, and
- f) ensures policies are in place based on the Carver Model of Board Governance.
- g) These essential roles of the Board are collective, that is, the Board deliberates and acts as one. Individual Directors may act individually only where expressly delegated to do so by the Board.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-GOV 2.02.01 THE BOARD OF DIRECTORS ARE REPRESENTATIVE OF THE COMMUNITY

Policy:

SGSFCS attempts to maintain a Board of Directors that is representative of the community it serves, and regularly advises SGSFCS on its policies, management, planning, finances, use of resources and service delivery.

Procedure(s):

1. The Board of Directors reviews its composition in order to select and recommend candidates for the Board of Directors.
2. Upon consideration of the Board of Directors' recommendation(s), a slate of Directors is presented to the members at the Annual General Meeting.
3. Nominations will be accepted from the floor at the Annual General Meeting.
4. The Board of Directors may fill by appointment, vacancies on the Board of Directors should they arise between Annual General Meetings of members. Such appointments shall serve until the next Annual General Meeting.
5. When selecting the Board of Directors members, individuals with a heterogeneous mix of age, sex, ethnicity, community knowledge, profession, and program familiarity will be considered.
6. The demographics of the community should be reflected when selecting Board members.
7. The Board of Directors meets quarterly to advise SGSFCS on its policies, management, planning, finance, use of resources and service delivery.
8. Directors will serve one-year terms unless otherwise indicated by the SGSFCS Bylaws

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-GOV 2.02.02 BOARD OF DIRECTORS DEMOGRAPHICS

Policy:

SGSFCS Board of Directors whenever possible:

- a) reflects the demographics of the communities it serves,
- b) reflects the interests of the communities it serves,
- c) serves as the link between the agency and the public or community, and
- d) ensures that SGSFCS policies and performance uphold the public interest.

Procedure(s):

See Procedure outlined in Policy CA-GOV 2.02.01.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 2.02.03 DEMOGRAPHIC PROFILE

Policy:

Once every 5 years, the agency will create a demographic profile of both the community and consumers served in that community.

Procedures:

1. The community profile will be done in conjunction with other community groups.
2. The consumer data will be collected subject to the legal limitations of Canadian Human Rights and Freedom of Information laws.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 2.03 DIVERSITY

Policy:

The Board of Directors of SGSFCS is sufficiently diverse in strengths and capabilities to plan and deliver appropriate services to its defined communities.

Procedure(s):

The Board of Directors reviews monthly reports from the Executive Director to ensure the services and capabilities of SGSFCS are sufficient and appropriate to its defined communities.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 3.00.01 REVIEW OF MISSION STATEMENT

Policy:

SGSFCS maintains a mission statement that is formally reviewed by the Board of Directors every three years, considering changing community conditions.

Procedure(s):

At the annual board retreat, the first item of business is the review of SGSFCS mission statement.

Implementation Date: 2020/09/29 Review Cycle: 3 year Review Date: 2023/09/29
Responsibility of: _____ Next Review: 2023/09/29
Reviewed by: Executive Director Signature: _____

**CA-GOV 3.00.02 PURPOSE OF SOUTH GRANVILLE SENIORS
FRIENDSHIP CENTRE SOCIETY**

Policy:

In the constitution of SGSFCS, the key purpose is the provision of community services to seniors.

Procedure:

The Board of Directors reviews the constitution and mission statement every three years at the Board retreat to ensure compliance with policy.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2023/09/29
Responsibility of: _____ Next Review: 2023/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 4.01.01 PUBLIC EDUCATION

Policy:

SGSFCS disseminates information to the public whenever possible to create a greater understanding of the services it provides. This includes:

- a) educating the community about the agency’s purpose, function, and role in the community social service system,
- b) broadening awareness of the strengths, needs and challenges of the individuals, families and groups it serves, and
- c) publicizing its role, functions, and capacities to other organizations, governmental bodies, and corporations, as appropriate to its array of services.

Procedure(s):

1. SGSFCS distributes information in the communities it serves.
2. SGSFCS personnel are encouraged to sit on community committees in order to share information and maintain profile in the community.
3. Whenever possible, works with other organizations to disseminate information.
4. SGSFCS Annual General Meeting is a public meeting.
5. Personnel are encouraged to make presentations at public meetings.
6. SGSFCS operates an interactive web site which provides information to the public, as well as allowing the public to ask for or contribute information.
7. The Board of Directors annually reviews the public education program at the Board retreat

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-GOV 4.01.02 COMMUNITY INVOLVEMENT

Policy:

SGSFCS uses community surveys, public hearings planning groups, task forces, and other mechanisms to:

- a) meaningfully involve community stakeholders in service activities and policy development, and
- b) inform the Board of Directors about problems with service provision, changing community conditions, or other issues of concern.

Procedure(s):

1. Members are given feedback forms at program completion.
2. There is a formal members complaint process.
3. The Executive Director and Board of Directors members visit programs on occasion in order to allow opportunity for informal discussions with members.
4. The Board of Directors is kept informed regularly by the Executive Director about community needs.
5. Members are given the opportunity to speak to any other issue of service delivery or diversity that interests them.
6. Feedback is aggregated and used to improve management strategies and service delivery practices as part of the quality improvement process.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 4.01.03 STAKEHOLDER PARTICIPATION

Policy:

The Performance Quality Improvement (PQI) process will be open to all stakeholder groups (funders, program partners, allied organizations, etc.) including persons served.

Procedures:

The SGSFCS will ensure that stakeholders have the opportunity to be involved in PQI activities. This will be done in a regular basis and in a variety of ways including but not limited to: staff meetings, board meetings, community meetings, members meetings, surveys, and advisory groups.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 4.02 **COLLABORATION WITH OTHER ORGANIZATIONS AND GROUPS**

Policy:

SGSFCS Board of Directors and management collaborate with federal, provincial, municipal and local voluntary organizations, public organizations, and community and ethnic groups to advocate for issues of mutual concern.

Procedure(s):

1. Direct service program personnel advocate for members by contacting funders and other community societies as needed.
2. SGSFCS personnel keep members informed about their rights and how to access these rights
3. Program Personnel attend community meetings that have an impact on members/members and on service delivery as often as schedules allow.
4. The Executive Director meets regularly with other Executive Directors and personnel and representatives from government ministries to discuss emerging needs.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 4.03 ADVOCACY

Policy:

SGSFCS works in an active partnership with members and families served to:

- a) ensure that they have appropriate advocacy support, either from their own support system or through active case advocacy,
- b) assist them to gain access to the full array of services to which they are eligible, and
- c) mediate barriers to services within the service delivery system.

Procedure(s):

Examples include, but are not limited to:

- 1. On a regular basis, all programs personnel meet with members to discuss internal and external issues.
- 2. Individual member issues are advocated for.
- 3. The Executive Director visits each program on a regular basis, both formally and informally, in order to allow both personnel and members to express any concerns they may have.
- 4. SGSFCS personnel provide members with copies of the SGSFCS internal complaint policy. As well, this policy will be posted at all program sites.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-GOV 5.01.01 STRUCTURE, SIZE, PURPOSE AND MANNER OF CONDUCTING BUSINESS

Policy:

SGSFCS has legally effective documents such as by-laws that describe its structure, size, purpose and manner and conducting business. The Board of Directors ensures that it is sufficient in size and structure to perform its duties.

Procedure:

1. All meetings of the Board of Directors, Committees, or subgroups are conducted using Robert’s Rule of Order.
2. A minimum of every three years and more often as needed:
 - The Board of Directors review SGSFCS structure, size, purpose and manner of conducting business.
 - The Board of Directors engages in long-term planning, develops and adopts policy, develops resources, regularly provides financial oversight, and enhances and promotes community organization relationships.

Meetings Generally

The responsibilities of the board are primarily met through meetings. Some meetings involve the entire board while others involve subgroups of the board or employee groups and board members. In general these meetings are open to interested parties and their minutes are openly distributed and available for review by employees and other interested parties.

Implementation Date:	2020/09/29	Review Cycle:	3 year	Review Date:	2023/09/29
Responsibility of:	_____	Next Review:		2023/09/29	
Reviewed by:	Executive Director	Signature:	_____		

CA-GOV 5.01.02 IN CAMERA MEETINGS

Purpose:

This policy outlines the use of in camera meetings.

Policy:

1. Purpose of In Camera Meetings

There are times when limitations are required on attendance and participation of senior management and other advisors who customarily attend meetings. Such meetings are considered to be in camera meetings. Sometimes only a specific portion of a meeting will be held in camera.

In camera meetings have a legitimate purpose, but because in camera meetings restrict normal attendance their use should be limited to those occasions where they are absolutely necessary.

Using in camera meetings indiscriminately can result in the loss of important input and a perception that Board activities are lacking openness and oversight.

In camera proceedings held during a meeting can disrupt the flow of the meeting and result in those being excluded having to wait until they are called back. Therefore effort should be made to plan the calling of in camera sessions to minimize their disruptive effect.

2. Factors Supporting In Camera Meetings

In camera meetings should be considered where the following subject matter is to be discussed

- a) The security of assets, personnel or property
- b) Personal matters about any identifiable individual, including any Director or employee
- c) A proposed or pending business transaction
- d) Commercially sensitive business matters, including matters subject to confidentiality agreements
- e) Labour relations, personnel matters and employee compensation
- f) Litigation or potential litigation and matters before administrative tribunals
- g) The receiving of advice that is subject to privilege, including communications necessary for that purpose.

This is not intended to be an exhaustive list, other factors may be considered at the discretion of the Board.

3. Determination of Process

The Board Chair or the Chair of a Committee has primary responsibility for managing a meeting and is charged with ensuring the proper use of in camera meetings or in camera sessions within a larger meeting. Items that are determined to be in camera should be grouped together and dealt with at the end of the meeting so as to cause as little disruption to the flow of the meeting as possible. The Chair rules on in camera matters as part of the authority of the Chair to oversee the meeting, subject always to a contrary vote being called.

4. In Camera Meeting Procedures

- a) The Chair will determine and announce who will remain in the meeting and provide, if requested, the rationale for excluding any individual being asked to leave the meeting.
- b) The Chair must ensure that Directors stick to the agenda items on the agenda that have been identified as being required to be held in camera.

5. Minutes of In Camera Meetings

The decisions made in an in camera meeting and, where appropriate, the factors considered in determining to hold the meeting in camera, should be recorded in separate minutes. If the Secretary is excluded from the meeting the Chair is responsible for ensuring that an appropriate record of the meeting is kept.

Minutes of an in camera meeting should be distributed to those who participated in the meeting, and after their approval should be kept confidential and separately unless it is determined that the in camera factors no longer apply. Any requests for access to the in camera minutes by any other individual should be directed to the Board Chair for a determination on the accessibility of the minutes.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 5.02.01 BY-LAWS, CONSTITUTION, AND OTHER WRITTEN DOCUMENTS

Policy:

SGSFCS by-laws, constitution and other similar written documents are reviewed a minimum of every three years.

Procedure(s):

1. The Board of Directors structure, size and responsibilities are reviewed as needed, but are formally reviewed every three years.
2. The minimum number of Board of Directors and general meetings, and their required quorum is reviewed a minimum of every three years.
3. The delegation of interim authority is reviewed as needed and is formally reviewed a minimum of every three years.
4. The process for assessing and implementing responsibilities for committees and officers, including their composition, is reviewed as needed, but is formally reviewed a minimum of every three years.
5. The eligibility requirements for Board membership is reviewed as needed and is formally reviewed a minimum of every three years.
6. The mechanisms for recruitment, selection, rotation and duration of Board membership, and the mechanisms for election of officers and the duration of terms is reviewed a minimum of every three years.

Implementation Date: 2020/09/29 Review Cycle: 3 year Review Date: 2023/09/29
Responsibility of: _____ Next Review: 2023/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 5.02.02 QUALITIES OF BOARD OF DIRECTORS MEMBERS

Policy:

The Board of Directors ensures that individuals on SGSFCS Board of Directors possess two or more of the following qualities and that the complete Board of Directors reflects, at a minimum, all of the following qualities in one or more of its members:

- a) knowledge of communities served,
- b) skills and experience in developing policy,
- c) leadership ability,
- d) public recognition and respect,
- e) commitment and ability to fundraise or to connect SGSFCS with other resources,
- f) are proportionally representative of the ethnic makeup of the community,
- g) of good character,
- h) provide gender balance to the Board.
- i) does not have a self-disclosed criminal record or record with government ministries that indicates the he or she poses a risk to a venerable population, and agrees to a criminal record check by a local police detachment under the Criminal Record Review Act. Procedures for this are outlined in our Criminal Record Check policy.

Procedure(s):

1. When a Board position is vacant or when Board terms expire, the Board of Directors will review, at a regular Board meeting, the makeup and qualities of the remaining Board members and identify any gaps in qualities.
2. Potential Board members will be recruited and must have two or more of the required qualities for the Board of Directors, and who have one or more qualities that were identified as gaps of the current Board of Directors.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-GOV 5.03 BOARD OF DIRECTORS ORIENTATION AND MANUAL

Policy:

All new and current Board of Directors members will receive orientation to SGSFCS mission, goals, objectives, structure, history and methods of operation, and will visit the agency’s premises and receive a Board manual.

Procedure(s):

1. The Board Chair and Executive Director, or delegates, will ensure that:
 - a) All new Board members will receive an orientation to SGSFCS and to the responsibilities of directorship.
 - b) All new and current Board members will receive or have in their possession a package that includes current and relevant organizational material that outlines their fiduciary and other responsibilities to SGSFCS including by-laws.
 - c) All Board members will receive a formal orientation to the mission, history, goals, objectives, structure, policies, methods of operation and introductions to key personnel.
 - d) All new Board members will complete and sign documents attesting to having read the policies of the organization, and related documents such as agreement to serve and awareness of conflict of interest policies, etc.
 - e) The Executive Director or delegate will provide a tour of the organization.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 6.01.01 CONFLICT OF INTEREST POLICY

Policy:

SGSFCS has a conflict of interest policy that identifies conflict of interest situations and provides a framework for evaluating situations that may be considered a conflict.

Procedure(s):

1. Personnel, members of the Board of Directors and/or consultants follow a conflict of interest policy that identifies conflict of interest situations and provides a framework for evaluating situations that may be considered a conflict and the appropriate protocols for disclosure of conflicts, as necessary.
2. Members of the Board of Directors will comply with the policy on conflict of interest.
3. The informal evaluation framework includes issues where a Board or personnel member's objectivity may be compromised.
4. SGSFCS has appropriate protocols for disclosure of conflicts as necessary.

See CA-ETH 2.01

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 6.01.02 CONFLICT OF INTEREST POLICY/PERSONNEL AND CONSULTANTS

Policy:

Personnel and paid consultants are prohibited from having direct or indirect financial interest in SGSFCS:

- a) assets,
- b) leases,
- c) business transactions, and
- d) professional services.

Procedure(s):

1. Personnel and paid consultants are prohibited from having a direct or indirect financial interest in the assets or leases of SGSFCS.
2. Potential personnel and paid consultants are advised of this prohibition prior to becoming associated with SGSFCS.
3. If potential personnel or paid consultants are uncertain as to whether they have a prohibited financial interest in SGSFCS, the situation is referred to the Board of Directors for assessment.

See CA-ETH 2.01

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 6.01.03 DISCLOSURE OF BUSINESS RELATIONSHIPS

Policy:

Members of the Board of Directors who are involved individually, or as part of a business or professional firm, in SGSFCS business transactions or current professional services, must disclose this relationship and do not participate in any vote taken with respect to such transactions or services.

Procedures:

1. Board members will advise the Board of Directors of any involvement in business transactions or current professional services.
2. When the Board of Directors discusses or votes on business transactions or current professional services in which a Board member is personally involved, the involved Board member will reclude him/herself.

See CA-ETH 2.01

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 6.01.04 PREFERENTIAL TREATMENT

Policy:

Members of the Board of Directors, personnel and/or consultants will not receive preferential treatment with regard to services provided by SGSFCS.

Procedures:

1. In the event that a member of the Board of Directors, employee or consultant (or a family member or close associate of the Board member, employee or consultant), applies for services through a program offered by SGSFCS, the individual is treated in the same manner as any other applicant for service.
2. If one of the aforementioned persons applies for service, the Executive Director will be advised to ensure that no preference is offered.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-GOV 6.02.01 POLICY DEVELOPMENT AND MAINTENANCE

Policy:

The Executive Director assumes responsibility for policy development which is reviewed and approved by the Board of Directors. The Executive Director is responsible for the maintenance of a comprehensive Policy and Procedures Manual.

Procedure(s):

1. The Board of Directors reviews all potential policies.
2. The Board of Directors encourages input regarding potential and existing policies from SGSFCS’s personnel through established communication mechanisms (i.e. personnel meetings, suggestion boxes, newsletters, etc.)
3. As need arises, policies may be re-evaluated at any Board of Directors' meeting and a review may be requested to enable adoption/re-adoption of policies.
4. The Board of Directors expects implementation and direction by the Executive Director to be within the policies set.
5. The personnel section of the Policy Manual guides the administration of all SGSFCS personnel.
6. Whenever applicable laws or regulations are changed, the Policy Manual will be modified to reflect the changes as required by the Executive Director.
7. The Executive Director reviews the Policy Manual on an ongoing basis, with a comprehensive review at least every three years. The Board of Directors reviews any changes.

Implementation Date: 2020/09/29 Review Cycle: 3 year Review Date: 2023/09/29
 Responsibility of: _____ Next Review: 2023/09/29
 Reviewed by: Executive Director Signature: _____

CA-GOV 6.02.02 BOARD OF DIRECTORS MINUTES

Policy:

The minutes of the Board of Directors meetings are recorded and filed in a safe and organized manner.

Procedure(s):

1. All minutes of Board of Directors meetings are recorded by the Board Secretary or designate.
2. Minutes are circulated to the Directors and are approved at the next meeting.
3. A copy of the approved minutes are signed by the President or Vice President
4. Approved minutes are circulated to all SGSFCS programs.
5. Minutes are stored at SGSFCS head office in a safe and organized manner.
6. The Board of Directors can vote to meet in camera.
7. In camera minutes will be stored in a safe and organized manner.

See CA-GOV 5.01.01

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 6.03 FINANCIAL DUTY OF THE BOARD MEMBERS

Policy:

The Board of Directors is responsible to ensure that resource development targets and goals are established.

The Board of Directors is responsible to ensure that there are adequate funds from governments, agencies and other sources for the effective delivery of SGSFCS contracted services.

Procedure(s):

1. The Board of Directors reviews and adopts the mid and long-term strategic direction of SGSFCS.
2. The Executive Director, in conjunction with personnel, plans program delivery, program staffing to fulfill contract commitments, and develops operating and capital financial budgets.
3. The Board Treasurer reviews the Annual Operating and Capital Plans and Budgets prepared by the Executive Director and recommends its approval to the Board of directors against the background of the strategic direction.
4. The Board of Directors reviews and approves the Annual Operating and Capital Plans and Budgets, against the background of the strategic direction. This review will be completed as close to the start of the fiscal year as possible.
5. In the event the Executive Director and the Board of Directors conclude that government funding and/or other non-government funding is not adequate to meet contractual obligations or desired program results, the Executive Director, may meet with the appropriate officials and advise that SGSFCS can no longer provide the program services.
6. As part of the above procedure, the Executive Director will develop and present to the Board of Directors for its review and adoption, the windup plan of a particular program

Implementation Date:	2020/09/29	Review Cycle:	5 year	Review Date:	2025/09/29
Responsibility of:	_____	Next Review:	2025/09/29		
Reviewed by:	Executive Director	Signature:	_____		

CA-GOV 6.04 FISCAL ACCOUNTABILITY AND GOVERNANCE

Policy:

The Board of Directors ensures that SGSFCS complies with all federal and provincial laws related to accountability and governance.

Procedures:

1. On a monthly basis, the Treasurer of SGSFCS is provided with a financial report for review.
2. The Board of Directors will receive financial reports at every meeting of the Directors.
2. On an annual basis, SGSFCS is audited and the Board of Directors reviews the auditor's report and recommendations.
3. All financial mechanisms and procedures are according to Canadian Accounting Standards Board (AcSB) Accounting Standards for Not-for-Profit Organizations and relevant sections under Part III of the CPA Canada Handbook - Accounting Standards for NPOs (ASNPO), and relevant accounting requirements of the Canada Revenue Agency.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 6.05.01 EXECUTIVE DIRECTOR HIRING, DIRECTION, REVIEW

Policy:

The Board of Directors:

- a) Appoints and orients the Executive Director.
- b) Delegates in writing the authority and responsibility for organizational management and policy implementation to the Executive Director.
- c) Ensures that written policies and procedures guide the Executive Director in carrying out his/her responsibilities.
- d) Reviews with the Executive Director at regular intervals how SGSFCS implements its policies.

Procedures:

- 1. The Board of Directors interviews candidates for selection as Executive Director.
- 2. The Board of Directors settles the terms of employment of the Executive Director.
- 3. The Board of Directors approves the job description for the Executive Director, which determines the roles and responsibilities of the Executive Director.
- 4. The Executive Director reports to the Board of Directors at each Board Meeting, orally and/or in writing, with regard to the ongoing management, operations, and SGSFCS’s policy implementation.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-GOV 6.05.02 EXECUTIVE DIRECTOR PERFORMANCE EVALUATION

Policy:

The Board of Directors:

- a) Evaluates the Executive Director's performance in writing at least annually against established performance criteria that are linked to SGSFCS long-term objectives, its annual goals, and its implementation strategies.
- b) Ensures that the Executive Director participates in the evaluation process and has the opportunity to review, respond to and sign the evaluation before it is entered into his/her record.

Procedures:

1. The Board of Directors reviews the Executive Director's work output against the performance criteria each year.
2. The Board of Directors review may include consultation with personnel, members, community stakeholders and/or others who are associated with SGSFCS
3. The Board of Director's President discusses the results of the consultation and review process with the Executive Director within a month of completion of the assessment, and prepares a written record of the evaluation.
4. The Executive Director may respond in writing before the review is filed in the Executive Director's permanent record.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 6.05.03 EXECUTIVE DIRECTOR PARTNERSHIP REVIEW WITH BOARD OF DIRECTORS

Policy:

Every three years, the Board of Directors evaluates itself and the effectiveness of its partnership with the Executive Director in fulfilling SGSFCS mission using outcome measurement criteria developed by the Board of Directors after consultation with the Executive Director.

Procedures:

1. The Board of Directors will conduct a Board a review or retreat annually to review SGSFCS 's goals and objectives since its last retreat, and to set new goals and objectives for the SGSFCS (as per CA-FIN 5.02). Every three years, the Board of Directors will review its relationship with the Executive Director.
2. Following discussion and consensus, the goals and objectives will be committed to writing as evaluation criteria for the Board of Directors and the Executive Director. (Permanent criteria the Board of Directors shall consider will include frequency of Board turnover, whether Board meetings are efficient/effective, and Board of Directors and SGSFCS's relationships with communities served).

Implementation Date: 2020/09/29 Review Cycle: 3 year Review Date: 2023/09/29
Responsibility of: _____ Next Review: 2023/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 6.05.04 EXECUTIVE DIRECTOR COMPENSATION REVIEW

Policy:

The Board of Directors ensures that the compensation of the Executive Director is reasonable in relation to the responsibilities of the position, the financial capacity of SGSFCS, and compensation for comparable positions in the Greater Vancouver area.

Procedures:

1. The Board of Director’s President surveys compensation packages paid to Executive Directors of similar societies by means of survey, data analysis, and interviews with various Board Chair and Presidents of similar and comparable organizations in the Greater Vancouver area.
2. The Board of Director’s President reports his findings to the Board of Directors for their review and consideration.
3. The Board of Directors will conduct a Board a review or retreat annually to review SGSFCS’s goals and objectives since its last retreat, and to set new goals and objectives for the SGSFCS (as per CA-FIN 5.02). Every three years, the Board of Directors will review its compensation of the Executive Director.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2023/09/29
Responsibility of: _____ Next Review: 2023/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 6.05.05 EXECUTIVE DIRECTOR REPLACEMENT

Policy:

The Board of Directors in consultation with the Executive Director, will ensure that in the absence of the Executive Director, SGSFCS is not lacking in executive leadership.

Procedure(s):

1. Short term unavailability (less than 30 days):
 - a) The Executive Director may designate an acting Executive Director. Keeps the Board of Directors informed as necessary.
2. Long term unavailability (more than 30 days):
 - a) The Executive Director may, as appropriate and in consultation with the Board of Directors, designate an acting Executive Director.
 - b) If the Executive Director is not able to consult with the Board of Directors, the Board of Directors will designate a Search Committee and they will be responsible for transition planning.
 - c) Transition Planning includes, but is not limited to:
 - engaging in a formal/informal search for a qualified internal or external candidate
 - recommending a candidate to the full Board of Directors.
 - b) The Search Committee:
 - reviews the job description
 - agrees on procedures
 - develops a budget and a timeline
 - keeps the Board of Directors informed of the process

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 6.06.01 REPORTING OF RISKS THAT MAY EXPOSE SOUTH GRANVILLE SENIORS FRIENDSHIP CENTRE SOCIETY TO LIABILITY AND ACTIONS TAKEN

Policy:

The Executive Director reports to the Board of Directors on the nature of all risks and the actions taken to address them.

Procedures:

1. At the Board of Directors meetings, the Executive Director reports (written and verbal) on all SGSFCS activities, including risks, that have arisen and the actions that were taken.
2. On an annual basis, the Board of Directors together with the Executive Director reviews all broadly based risks or potential risks.
3. On an emergency or immediate basis, the Executive Director will contact one or more members of the Board of Directors executive for direction.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 6.06.02 COMPLAINTS FILED BY PERSONS SERVED

Policy:

The Board of Directors reviews patterns of complaints filed by persons served and addresses specific problematic or unresolved issues that may expose SGSFCS to Liability.

Procedures:

1. The Executive Director or Management Team reports in CA-GOV 6.06.01 provide the Board of Directors a mechanism to see particular patterns of complaints or unresolved issues that may expose SGSFCS to liability.
2. Where issues are problematic or unresolved, the Board of Directors may direct the Executive Director on solutions to resolve the issues.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 6.07 SUCCESSION PLANNING PROCEDURES

Policy:

SGSFCS will ensure continuity during transitions in leadership, the organization maintains succession planning procedures and a succession plan to address.

Procedures:

As per direction from the SGSFCS Board of Directors, in an annual cross training of the SGSFCS team, we will begin preparing for planned (vacation, succession) and/or unexpected management disruptions. In future specific elements of a position may be assigned to different team members, however, the time the entire set of responsibilities of a position as outlined in the job description may be taken up by the designated alternative. Cross training will be undertaken over the next year and progress noted on the upcoming year individual performance reviews.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 7.01 STRATEGIC DIRECTION

Policy:

The Board of Directors is responsible for strategic direction of SGSFCS, Including:

- a) planning for the agency’s future,
- b) setting SGSFCS long-term direction, and
- c) participating in the planning and quality improvement process

Procedure(s):

1. The Board of Directors holds an annual review or retreat to evaluate the strategic direction of SGSFCS and make appropriate changes in consultation with the Executive Director.
2. Through reports to the Board of Directors, the Executive Director informs the Board of initiatives undertaken by SGSFCS, to improve quality and report on progress made in implementing such initiatives.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 8.01.01 EXECUTIVE DIRECTOR'S JOB PRIORITY

Policy:

The Executive Director's primary responsibility is management of the organization and she/he:

- a) obtains Board of Directors approval for employment activities outside SGSFCS, and
- b) assumes no external duties that unreasonably interfere with his/her administrative responsibilities.

Procedure(s):

1. The Executive Director does not undertake responsibilities that would interfere with the execution of his/her management and/or administrative responsibilities.
2. The Executive Director advises the President of the Board of any external duties that require an allocation of time during regular working hours.
3. The Board assesses the impact of such external duties and ensures management of SGSFCS is not compromised.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

**CA-GOV 8.01.02 EXECUTIVE DIRECTOR/BOARD OF DIRECTORS
RELATIONSHIP**

Policy:

The Executive Director:

- a) plans and co-ordinates the development of policies governing SGSFCS program of services with the Board of Directors, and
- b) attends or is represented by a designate at all meetings of the Board of Directors and/or its committees, except for designated in camera sessions held for such purposes as reviewing the Executive Director's performance, status or compensation, etc.

Procedure(s):

1. The Executive Director oversees the development of policies that are consistent with the program of services delivered by SGSFCS.
2. The Executive Director or a designate attend all meetings of the Board of Directors and its committees (except as noted as above).
3. If a designate attend a Board of Directors or committee meeting in place of the Executive Director, the Executive Director will ensure the designate is briefed on the content of the meeting, and debriefs as appropriate.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 8.01.03 REPORTS FROM THE EXECUTIVE DIRECTOR TO THE BOARD OF DIRECTORS

Policy:

The Executive Director provides comprehensive written reports to the Board of Directors meetings, regarding:

- a) the operation of current programs and their compliance with SGSFCS policies,
- b) the implementation and annual review of long-term plans as needed, and
- c) any other issues related to SGSFCS achievement of its mission.

Procedure(s):

The Executive Director provides written reports covering all elements identified above, which are circulated to all Board of Directors members with the agenda for Board Meetings.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 8.01.04 REPORTS FROM THE EXECUTIVE DIRECTOR ON FUNDING AND FINANCES

Policy:

The Executive Director provides for meetings of the Board of Directors with reports that address:

- a) present financial status and anticipated problems, as required by SGSFCS policy, and
- b) financial planning and funding alternatives.

Procedure(s):

1. The Executive Director reviews the financial reports of SGSFCS in conjunction with the Financial Administrator, and advises the Board of Directors of any material variances from the budget or other problems or potential problems.
2. The Executive Director discusses funding SGSFCS with representatives from government funders and with the Director of Fund Development.
3. The Executive Director considers funding alternatives for SGSFCS during the annual budget preparation process, and consults with the Board of Directors in the context of the programs provided.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 8.02 EXECUTIVE DIRECTOR'S RESPONSIBILITY FOR HUMAN RESOURCES (HR) MANAGEMENT

Policy:

The Executive Director is responsible for overall HR management, and for ensuring that all practices comply with applicable employment legislation.

Procedures:

1. The Executive Director's job profile includes responsibility for hiring and managing all Personnel.
2. The Executive Director ensures the SGSFCS's HR policies are followed and are compliant with federal and provincial laws.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-GOV 8.03 QUALIFICATIONS OF EXECUTIVE DIRECTOR

Policy:

SGSFCS Board of Directors hires the Executive Director and ensures that persons retained in this role carry out leadership and supervisory functions.

Procedure(s):

- 1. The Executive Director should possess:
 - a) A graduate degree from an accredited college or university in a field related to SGSFCS purposes.
 - b) At least five years of related experience.
 - c) Demonstrated competence in administering and providing services to seniors.
 - d) Management skills in addressing human resources and financial matters
 - e) The ability to co-ordinate SGSFCS services with other community resources
 - f) Experience in delivery of continuous quality improvement

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 9.02.01 CORPORATE ENTITIES

Policy:

SGSFCS exercises oversight to any affiliated subsidiaries.

Procedures:

On an annual basis SGSFCS reviews its relationship with any affiliated subsidiaries.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-GOV 9.02.02 CORPORATE ENTITIES

Policy:

SGSFCS and affiliated subsidiaries supply financial information upon request of donors and funders.

Procedures:

The annual audited statement is a public document that will address any issues regarding any affiliated subsidiaries.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-GOV 9.03.01 CORPORATE ENTITIES

Policy:

SGSFCS and affiliated subsidiaries regularly communicate when necessary.

Procedures:

1. The Executive Director of SGSFCS is informed by the President of the Board Chair of any issues arising from affiliated subsidiaries that may impact SGSFCS.
2. The Executive Director of SGSFCS informs the President of the Board of any issues arising from affiliated subsidiaries that may impact SGSFCS
3. Board members of SGSFCS are regularly briefed in regard to issues of any affiliated subsidiaries at the Board Meeting.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-GOV 9.03.02 CORPORATE ENTITIES

Policy:

SGSFCS and any affiliated subsidiaries communicate in a regular and effective manner

Procedures:

- 1) Issues related to any affiliated subsidiaries is discussed at SGSFCS board meetings
- 2) Minutes are kept at SGSFCS.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-GOV 9.04 CORPORATE ENTITIES

Policy:

The relationship between SGSFCS and any affiliated subsidiaries is reviewed on an annual basis by both organizations.

Procedures:

A review of any issues which emerge within the relationship between SGSFCS and any affiliated subsidiaries are taken to the Board members of SGSFCS and recorded in minutes.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR: HUMAN RESOURCES MANAGEMENT

CA-HR 1.01.01 DISCRIMINATION

Policy:

South Granville Seniors Friendship Centre Society (SGSFCS) will not unlawfully discriminate against any person or category of persons.

Procedure(s):

1. At no time will SGSFCS discriminate against any person on the basis of race, colour, ancestry, place of origin, political belief, religion, marital status, physical or mental disability, gender, sexual orientation, age, or conviction unrelated to employment, except where such discrimination constitutes a bona fide occupational requirement.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 1.01.02 HARASSMENT POLICY

Policy:

1. Changes to this policy as of February 18, 2014 are meant to ensure that this organization is in compliance with Bill 14 which amends the Workers Compensation Act, and specifically that all employers are in compliance with WorkSafeBC's Employer Duties – Workplace Bullying and Harassment (D3-115-2) policy.
<https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/workers-compensation-act>
2. SGSFCS is committed to providing a work place free from harassment and discrimination based on race, creed, colour, national origin, political or religious affiliation, gender, sexual orientation, age, marital status, family relationship, disability, and other personal characteristics or circumstances that are clearly unrelated to a person's ability to do the job.
3. The objectives of this policy are to prevent discrimination and harassment in the work place on the grounds protected by the B.C. Human Rights Code R.S.B.C. 1996, c.210 and to provide procedures for handling complaints and remedying situations when such discrimination and harassment do occur.
4. SGSFCS is committed to protecting its employees from harassment by members, customers, other employees and members of the public.
5. SGSFCS will not restrict an employee's legal or civil rights to file a complaint with the B.C. Council of Human Rights or the police.
6. This policy on harassment covers employees and practicum students in the course of their involvement with SGSFCS.

Procedure(s):

1. Definitions of "Work place Harassment"

This policy applies to all situations where activities are connected to work with SGSFCS and could impact on employment during and outside of regular business hours at the workplace and away from the workplace. This includes:

- a) Activities on the premises of SGSFCS;
- b) Interpersonal and electronic communications such as phone calls, email etc.;
- c) Work assignments outside of the premises of SGSFCS
- d) Work-related training session, education seminars, and conferences;
- e) Work -related travel;
- f) Work-related social functions that are sponsored or organized by SGSFCS.

SGSFCS is dedicated to assisting all employees in identifying and preventing personal and sexual harassment and bullying in the workplace, and to provide procedures for handling and resolving complaints.

SGSFCS accepts the following definitions of bullying and harassment and will be compliant of the Worksafe legislation in response to bullying and harassment:

- a) Worksafe BC definition of bullying and harassment:
 - i. Includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have know would cause that worker to be humiliated or intimidated, but
 - ii. Excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment.

Examples of conduct or comments that might constitute bullying and harassment: include verbal aggression or insults, calling someone derogatory names, harmful hazing or initiation practices, displaying offensive or derogatory pictures, vandalizing personal belongings, unwanted touching or physical contact, unwelcome invitations or requests, yelling or using profanity, criticizing someone constantly, excluding or isolating someone socially and spreading malicious rumors.

- b) The Canadian Centre for Occupational Health and Safety (CCOHS) defines:
 - i. Workplace bullying as ‘acts or verbal comments that could ‘mentally’ hurt or isolate a person in the workplace. Sometimes, bullying can involve negative physical contact as well. Bullying usually involves repeated incidents or a pattern of behavior that is intended to intimidate, offend, degrade or humiliate a particular person or group of people”.
 - ii. Workplace harassment as “any behavior that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person and that is know or would be expected to be unwelcome. This includes words, gestures, intimidation, bullying, or other inappropriate activities”

2. Definition of Discrimination

Discrimination means unfair or differential treatment of an individual or group, whether intentional or unintentional, on the basis of one or more of the prohibited grounds contained in the B.C. Human Rights Code. These grounds are:

- a) Age
- b) Ancenstry
- c) Colour

- d) Conviction of a criminal or summary conviction offence that is unrelated to employment or the intended employment of that person
- e) Marital status
- f) Race
- g) Religion
- h) Sex
- i) Sexual orientation
- j) Physical or mental disability
- k) Place of origin
- l) Political belief

3. Dealing with Harassment and/or Discrimination in the Work place

If the complaint is substantiated, appropriate disciplinary action will follow. This decision will be made within five (5) working days of the completion of the investigation. Disciplinary action could include:

- a) a disciplinary letter on the employee's personnel file
- b) a suspension
- c) termination of the harasser's employment within SGSFCS
- d) transfer the employee to another program

4. Procedures for reporting a workplace bullying or harassment complaint:

a) How to Report

Employees at SGSFCS should direct complaints of workplace bullying and harassment in writing using the Workplace Bullying and Harassment Complaint Form and include the names of possible witnesses.

b) When to Report

Report any incidents or complaint as soon as possible after experiencing or witnessing an incident. This allows the incident to be investigated and addressed promptly.

c) Reporting Contact

Report any incident or complaint to your immediate supervisor or human resources representative.

d) Alternate Reporting Contact

If the complainant's supervisor or the reporting contact named in Step 3 is the person engaging in bullying and harassing behavior, contact the Executive Director. In the event that complaint is against the Executive Director, employees must contact the President of the Board of Directors.

e) What to include in a Report.

Provide as much information as possible in the report, such as the names of people involved, witnesses, where the events occurred, when they occurred, and what behavior occurred, when they occurred, and what behavior or words led to the complaint. Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings can be submitted.

5. Process

Reported complaints are measured against the Bullying and Harassment Policy. If an investigation is warranted, the investigator appointed must determine a fair and unbiased process to follow, which may require the implementation of interim workplace measures. For example, it may be necessary to place the complainant and/or alleged harasser on investigative leave with pay, or to arrange temporary transfer or reassignment if possible

The Executive Director will investigate the complaint within seven (7) working days of receiving it in writing, by interviewing the complainant, the alleged harasser, and any potential witnesses. During the investigation, every effort will be made to treat the matter with the utmost confidentiality. The supervisor will carefully document the results of the investigation.

The Executive Director will advise the employee accused of engaging in harassment that there has been a complaint, that the matter is being investigated, and that no threats or reprisal against the complainant will be tolerated.

Any interference with the investigation, or retaliation against a complainant, respondent or witness, may itself result in disciplinary action.

In determining the outcome of the harassment investigation, if the Executive Director believes it is necessary, he/she may consult with the Board of Directors and then seek legal advice. All parties consulted will treat the matter in confidence.

Investigations shall be conducted as quickly as possible, and a complainant will ultimately be informed of the outcome of the complaint process regardless of whether any action is taken against the alleged harasser.

If the complaint is substantiated, appropriate disciplinary action will follow. This decision will be made within five (5) working days of the completion of the investigation. Disciplinary action could include:

- a) a disciplinary letter on the employee's personnel file
- b) a suspension
- c) termination of the harasser's employment within SGSFCS
- d) transfer the employee to another program.

If the complaint is not substantiated, and it is determined that the complainant deliberately made a false accusation, or acted in a vexatious manner, disciplinary action will be taken against the complainant.

The policy prohibits conduct defined as either personal or sexual harassment and bullying in any interactions connected with SGSFCS and where such conduct is found to have occurred, SGSFCS may take disciplinary action, up to and including termination.

The Bullying and Harassment Policy and Procedures will be reviewed and training will be provided to employees, supervisors, and employer annually.

6. Right to Complain

Anyone has the right to complain about a situation they believe to be harassment.

Generally, complaints should be filed by the victim of the alleged harassment and/or discrimination. However, complaints can also be made by a group of people who may have been subjected to the same offensive treatment, by co-workers, practicum students who witnessed the incidents, or by a third party complaining on behalf of the victim.

7. Confidentiality

Complaints will be handled with strict confidentiality. Information that shall be shared will be disclosed on a "need to know" basis.

Any allegation or complaint of discrimination, harassment or sexual harassment will be considered personal information "supplied in confidence" for the purpose of the Personal Information Protection Act.

The Personal Information Protection Act entitles a complainant to confidentiality of both his/her name and the substance of the complaint. The name of the complainant or the circumstances of the complaint will not be disclosed to any person except where disclosure is necessary for the purpose of investigating the complaint. The substance of investigative reports and the substance of meetings held by those in authority to a decision on what to do about a complaint, regardless of whether it is substantiated, will be protected from disclosure to third parties in accordance with the Act.

8. Whistle-blower

Protection for the whistle-blower is in place and all participants in the industry are aware that this is a mutual insurance system where everyone suffers the consequences of under-reporting, claim suppression, misrepresentation, and abuse.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 1.01.03 WORK ENVIRONMENT

Policy:

SGSFCS provides an equitable work environment that is supportive of organizational productivity, diversity, and stability. SGSFCS has personnel practices, which comply with all applicable laws, regulations and best practices.

SGSFCS will promote a work environment that is free from discrimination and harassment where all employees are treated with respect, trust and dignity. Discrimination and harassment as related to any of the prohibited grounds contained in the Human Rights Code violate the fundamental rights, dignity and integrity of an individual.

Procedures:

1. There is a collective agreement in place between the Community Social Services Employers' Association and the Community Social Services Bargaining Association of Unions. That agreement covers a range of working condition and employment related matters. These documents will inform, but not dictate the policies and procedures of SGSFCS.
2. The Executive Director regularly attends meetings with various social service organizations and government agencies to ensure the organization adheres to best workplace practices and ensure compliance with labour laws related to personnel practices.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 1.01.04 CODE OF CONDUCT

Policy:

1. An employee's behaviour towards members, other employees, and the community at large, shall be exemplary.

Procedures:

2. Staff Responsibilities

General

All employees will be responsible for adhering to the following standards of conduct:

- i. Employees will demonstrate a high level of professional and personal maturity, comfort and self-awareness in responding to issues of human sexuality;
- ii. employees will avoid using unprofessional language and refrain from name calling while in their professional capacity since this may be interpreted in a negative light and, thereby, affect the professional standing of the program staff and the program itself;
- iii. employees will avoid behaviours/statements which could suggest a personal use of illegal substances or a personal dependence upon alcohol and/or drugs;
- iv. employees will maintain a constant awareness of their dress and deportment and how they may be perceived by program participants and community members.

Where staff are unsure as to the appropriateness of a particular behaviour, they will seek clarification from their Executive Director.

Criminal Charges/Convictions

Employees will report all criminal charges laid against them and convictions to their Executive Director.

Health Concerns

Employees will report any changes in their physical or mental health which would interfere with their ability to carry out their responsibilities of their job, and would pose a risk to themselves or to the members.

As Directed In Other Sections of This Manual

All staff will be responsible for reading, being cognizant of and adhering to the policies and procedures regarding the specific conduct covered by, but not limited to, the following chapters:

- i. Code of Ethics
- ii. Confidentiality – Employees
- iii. Confidentiality – Members/Members
- iv. Conflict of Interest: Acceptance of Gifts, General
- v. SGSFCS Mission and Vision
- vi. Employment Outside of SGSFCS
- vii. Harassment
- viii. Media Relations
- ix. Public Relations

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 1.01.05 CODE OF ETHICS (EMPLOYEES)

Policy:

- 1. SGSFCS employees shall adopt and adhere to SGSFCS Code of Conduct
- 2. All employees of SGSFCS will uphold and apply the highest standard of ethical performance.
- 3. All employees will adhere to and model appropriate behaviours in accordance with the adopted Code of Conduct.

Procedure(s):

1. Code of Ethics

All employees shall be required to read, be cognizant of and then sign the Agreement to Vision, Mission and Principles and Code of Ethics during their initial orientation to the program.

Employees shall adhere to the code of ethics belonging to affiliations which governs their job description

2. Responsibility

The Executive Director will ensure that copies of the above listed code of ethics are available for all program staff at the time of their orientation. (see Orientation Policy for information)

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 1.02.01 NEPOTISM

Policy:

All personnel employed in programs under the aegis of SGSFCS are recruited, assigned, transferred, and promoted on the basis of qualifications, suitability, and merit.

Procedure(s):

1. There is no discrimination in favor of, or against, any applicants or personnel simply because the applicant or personnel knows or is related to a member of the Board of Directors of SGSFCS or other personnel of the agency. Rather, qualifications, suitability and merit of personnel are the determining factors, except as described below.
2. Notwithstanding #1 above, to ensure fairness and to avoid any suggestion of preferential treatment, no applicant or personnel is recruited or assigned, transferred or promoted into a position in which he or she would be working under the direct or indirect supervision of a relative or persons living in the same residence.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 1.02.02 GARNISHES

Policy:

- 1. SGSFCS will not become involved in the personal financial affairs of its employees unless legally obliged to.

Procedure(s):

- 1. Garnishee

Agency's Responsibility

A garnishee issued against an employee is a court order which creates a legal obligation on the centre, as a third party, to deduct the amount of money as specified in the garnishee summons from the wages of the employee.

The centre will honour a garnishee or be liable for contempt in addition to accepting responsibility for the amount specified in the garnishee summons.

Withdrawal of Garnishee

In the event of an employee successfully getting the creditor to withdraw the garnishee, SGSFCS will not act upon the garnishee until receipt of a letter of release from the creditor.

- 2. Punitive Action

The employer, by law, may not take any form of action which would in any way jeopardize an employee's employment solely on the grounds of a garnishee.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-HR 1.02.03 MEDIA POLICIES

Policy:

SGSFCS will respond to media enquiries in a way this is respectful, informative and accountable at all times. Media enquires will be promptly handled to ensure that accurate and relevant information is disseminated to internal/external stakeholders and the public at large.

Procedure(s):

1. In the case of crisis communications being necessary, staff will ensure that the SGSFCS’s Executive Director is the first person to respond to any and all media enquiries.
2. The Executive Director will orchestrate the necessary arrangements with members of the Board of Directors if individual media interviews are required.
3. In the absence of the Executive Director, the President and Secretary of the SGSFCS Board of Directors should be the first to respond to any and all media enquiries.
4. All media documentation can be found in the General files in Media Tool Kit.
5. All releases to the media or posts on social media must be approved by the Executive Director.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-HR 2.01.01 SUFFICIENT PERSONNEL

Policy:

SGSFCS has sufficient and appropriately qualified personnel available, on a full time or part-time basis, to respond to the demand for service. SGSFCS provides and co-ordinates the services it has determined to be within its scope and resources.

Procedure(s):

1. Managers may request additional personnel for services from the Executive Director.
2. The Executive Director reviews the request and updates the Board of Directors accordingly.
3. SGSFCS will ensure that the equipment required in terms of computer and office systems is provided to all personnel, sufficient to meet the requirements of their position.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 2.01.02 HOURS OF WORK

Policy:

1. Staffing/Workload

Staffing will be sufficient to satisfy the workload in all of SGSFCS service areas to:

- a. maximize the efficient provision of services,
- b. provide a good working environment for the employees, and
- c. promote the safety of members, employees and the community.

2. Hours Of Work

The Terms and Conditions for all employees in combination with the Employment Standards Act guide the hours of work.

Procedure(s):

1. Regular Hours of Work

The work week for full time permanent employees is 37.5 hours, exclusive of meal periods.

Changes

Employees will be notified in writing if changes are made to their hours of work and a copy will be placed in the employee's personnel file.

2. Shift Schedules

Shift schedules vary depending the program under which the employee is working.

3. Request for Shift Changes

Request for shift changes shall be completed and approved by the Executive Director through the Change of Hours, Days and Shifts Form.

4. Flex Time

Working Additional Hours

Work performed by an employee in excess of regular hours of work will be considered additional hours and must have the approval of Executive Director and clear statement of the hours being in lieu or paid.

Additional hours will be:

- a. authorized in advance by a supervisor using the Change of Hours, Days and Shifts Form before approval by Executive Director, and
- b. documentation to the Financial Personnel.

In cases where prior approval is not possible, the employee will:

- a. be expected to put in whatever additional hours are required
- b. use discretion in working additional hours, and
- c. notify the Executive Director or designate, as soon as possible following the time worked.

NOTE: The agency reserves the right to determine the legitimacy of the additional hours claimed.

Management employees will be responsible for their own time management and to work additional hours only as necessary.

Monitoring Additional Hours Worked

The Executive Director and Financial Personnel will be responsible for monitoring additional hours of work recorded on cumulative time-off sheets.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 2.01.03 PERSONNEL DEVELOPMENT

Policy:

On an annual basis, SGSFCS plans for acknowledgement of personnel training opportunities and broadening of responsibilities.

Procedure(s):

1. The Executive Director plans training opportunities on an annual basis.
2. The annual budget will respond to training needs.
3. Office Administrator will have a plan in place to encourage direct personnel to step up and fill in for Office Administrator's responsibilities whenever the need arises.
4. Employees are acknowledged annually at the Annual General Meeting.

CA-HR 3.01.01

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 2.01.04 PERSONNEL PLANNING PROCESS

Policy:

SGSFCS evaluates and identifies the type and number of personnel required to accomplish its mission, goals and service objectives.

Procedure(s):

1. The Executive Director review contracts as required.
2. The Executive Director review the personnel planning process on an annual basis or when the need arises.
3. At strategic planning sessions, the Board of Directors will review allocation of personnel as related to service objectives.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 2.02 ADMINISTRATIVE PRACTICES AND SERVICE OBJECTIVES

Policy:

SGSFCS annually reviews and updates the results of the personnel planning whenever there are changes in administrative practices or in-service objectives. SGSFCS makes use of the knowledge derived from its quality improvement process.

Procedure(s):

1. There is an annual review of the administrative practices and service objectives by the Executive Director including any input from the Staff as part of the budget planning process.
2. The Executive Director creates and modifies policies whenever needed.
3. The Board of Directors approves new or revised policies.
4. Personnel are kept up to date about any new or revised policy.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 3.01.01 HIRING

Policy:

1. SGSFCS ensures that objective and consistent hiring practices are applied.
NOTE: This ensures equality of treatment and opportunity for all employees and job applicants regardless of race, national or ethnic origin, colour, religion, sex, marital status, sexual orientation, age, physical or mental disability, political belief, or any other factor unrelated to job performance.
2. Decisions about hiring, job assignment and training will be made on the basis of qualifications, ability, performance, and references.
3. SGSFCS complies with all applicable Federal and Provincial laws and regulations governing fair employment and contractual relationships. SGSFCS will adhere to any requirements prescribed by fair employment equity practices legislated by statute or regulation.

Procedure(s):

1. Appointment of Executive Director
The Board of Directors are responsible for and approves the advertising, screening and selection of suitable applications for the position of Executive Director.
2. Appointment of Other Employees
The Executive Director is responsible for the advertising, screening and selecting of all employees:
3. Authorization Before Hiring
The Executive Director, checking with the Financial Personnel, approves and confirms all job offers and salaries in writing to ensure consistent practices and appropriate salary arrangements, or to ensure adherence to a specific contract.
4. Promotion From Within
SGSFCS commits to promote from within and retain experienced and qualified employees, wherever possible. Therefore, internal applicants are encouraged to apply for agency positions as they become available.
5. Number of Candidates
Every attempt will be made to interview a number of candidates for every regular position posted to ensure that the best person available is hired.
6. Recruitment
Job Postings

a) All Positions

- Positions will be posted internally and externally at the same time.
- Reasonable efforts will be made to post positions at venues where diverse cultural groups of people will have access.

b) Posting Content

- Closing date
- Contact person
- Job description
 - Description of duties and expectations
 - Full or part-time (Shift schedule if applicable)
 - Experience necessary to be considered for the position (this includes an understanding/sensitivity to various cultural situations/backgrounds of the client population the centre serves)
- Knowledge, education, skills and other qualifications required, including use of vehicle/licence/insurance required
- See Job Description Policy for additional information
- Program/department and location
- Relevant language requirements
- Statement that SGSFCS is an equal opportunity employer and encourages applications from all equity seeking groups
- Starting date of the position
- Title of position
- Wage range or indicate 'wage negotiable'

Selection and Interviewing

- a) A selection team, which consists of a minimum of two people, will review the applications, conduct interviews, verify credentials/qualifications, contact references and take any other steps to ensure that the vacancy is filled by the best qualified candidate.
- b) During selection, out of country experience and education will be weighed carefully and explored for transferable skills.

- c) Interviews of the final qualifying applicants will be conducted by at least two persons, one of whom will be the supervisor responsible for the program for which the applicant is being considered.
- d) Confidential Reference Checks (see Appendix) will be completed and documented prior to the issue of any offer of employment (verbal or written).
- e) Final employment is subject to receipt of satisfactory employment reference checks.
- f) There will be a minimum of three (3) employment references, with the exception of coop students who may have a minimum of two (2) employment references and one personal reference.
- g) Documentation records for all stages of the recruitment and selection process, including postings or other advertisements, applications, and interview notes (collectively referred to as “hiring records” will be maintained.
- h) The use of standard interview questions that elicit consistent information about the candidate’s skills and abilities related to the position requirements that comply with the employment and labour laws.

Documentation of Hiring Records

- a) Records of all stages of the recruitment and selection process, including postings or advertisements, applications, and interview notes will be kept.

Criminal Records Search

Prospective new employees will sign a a Consent to a Criminal Record Check Form (see Appendix) in accordance with the following Policy: Criminal Record Check – General Policy.

Medical Reference

- i. A satisfactory medical examination, where required by a Position is a condition of employment.
- ii. Medical Confidentiality will be maintained
- iii. Drivers Insurance and Abstract
- iv. Copy of Driver’s Insurance for file

7. Confirmation

Upon hire, the applicant will receive a letter of employment offer that will confirm all of the approved terms of conditions of the appointment.

The applicant will confirm acceptance of the terms of employment by signing the letter.

Any future changes to the terms and conditions of the appointment will be communicated in writing and co-signed by the supervisor.

All such written communications to and from the individual are filed in the applicant's personnel file.

The letter of welcome and appointment will include the following:

- i. Benefits,
- ii. Date of appointment,
- iii. Job description,
- iv. List of outstanding documentation or training required (i.e. first aid, degree)
- v. Position title,
- vi. Starting salary,
- vii. Status (full-time, part-time or casual).

8. Notification

The name of the successful applicant will be communicated by notice to relevant employee within one week of appointment.

9. Orientation

New employees will receive appropriate introduction to the centre and orientation to their assignment (See Orientation Manual).

As part of the orientation new employees will be given access to a copy of the Policies and Procedures Manual (Manual).

Upon completion of the Manual review, new employees will confirm their understanding of the contents by signing the Policy and Procedure Acknowledgement Form (see Appendix), which will be placed in the employee's personnel file.

10. Personnel file

The Office Administrator will be responsible for ensuring all above documentation is placed in the employee's personnel file. (See Personnel File Policy for additional information)

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 3.01.02 CULTURAL AND SOCIOECONOMIC SENSITIVITY AS COMPONENTS OF SELECTION

Policy:

SGSFCS selection criteria for all personnel include an evaluation of the applicant's sensitivity to the service population's cultural and socioeconomic characteristics.

Procedure(s):

1. Selection questionnaires for all personnel evaluate:
 - a. Sensitivity to the service population's cultural and socioeconomic characteristics, and
 - b. Appropriate diversity and/or knowledge relevant to meet the needs of the service population.
2. Successful applicants will demonstrate cultural and socioeconomic sensitivity.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 3.01.03 RESTRICTIONS OF HIRING

Policy:

SGSFCS will follow provincially mandated guidelines related to not hiring people who pose a threat to members.

Procedure(s):

SGSFCS will follow provincial standards related to not hiring individuals with criminal records that pose a risk to members. However, the agency retains the right to refuse to hire anyone who we believe poses any risk to members regardless of the extent or details of the criminal record.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 3.01.04 EMPLOYMENT EQUITY

Policy:

SGSFCS subscribes to fair employment equity standards. In cases where positions require bona fide occupational requirements, SGSFCS will recruit and select personnel in accordance with applicable laws and regulations.

Procedure(s):

1. The Executive Director will review all cases where SGSFCS may recruit and select personnel with specific characteristics to ensure that they are based on bona fide occupational requirements and that they meet standards for exemptions in the laws governing employment equity.
2. The agency will obtain legal advice regarding the consideration of protected characteristics in recruitment and hiring.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 3.01.05 EMPLOYMENT EQUITY

Policy:

SGSFCS is an employment equity employer.

Procedure(s):

1. SGSFCS clearly states its practices in recruitment, employment, transfer and promotion of personnel. SGSFCS prohibits discrimination in wages based on gender. A person cannot be refused work, promotion, be fired or forced to work under different conditions because of:
 - a) Age (19 – 65) as governed by the Human Rights Act
 - b) Ancestry
 - c) Colour
 - d) Conviction for an offence that is unrelated to employment
 - e) Family status
 - f) Marital status
 - g) Physical or mental disability
 - h) Place of origin
 - i) Political belief
 - j) Race
 - k) Religion
 - l) Sex (including pregnancy)
 - m) Sexual orientation
2. Executive Director and Office Administrators will be fully aware of this policy and shall be accountable for its application.
3. This policy will be inserted in the orientation checklist.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 3.01.06 JOB DESCRIPTIONS

Policy:

SGSFCS has written job descriptions for every position. SGSFCS also has selection criteria for each of these positions.

Procedure(s):

1. Job descriptions will be in place for every position in the organization and will be reviewed every three years.
2. Selection criteria will be in place for all positions and will be reviewed every three years by the Executive Director.

Implementation Date: 2020/09/29 Review Cycle: 3 year Review Date: 2023/09/29

Responsibility of: _____ Next Review: 2023/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 3.01.07 JOB DESCRIPTIONS REVIEW

Policy:

SGSFCS reviews its job descriptions every three years to ensure that education, experience, responsibilities and competencies are relevant and appropriate in regards to agency programs, members/client needs and skills required.

Procedure(s):

1. SGSFCS will compare requirements of similar positions of the non-profit sector in the surrounding community.
2. The Executive Director reviews job descriptions and revise job descriptions when necessary.
3. Personnel are updated of new requirements and necessary steps are taken to upgrade personnel through training and/or professional development.

Implementation Date: 2020/09/29 Review Cycle: 3 year Review Date: 2023/09/29
Responsibility of: _____ Next Review: 2023/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 3.02.01 JOB QUALIFICATIONS

Policy:

SGSFCS will only employ those persons who are qualified according to the job description and selection criteria for the positions they occupy.

Procedure(s):

During the interview process (or before hiring), the Executive Director will refer to the job description and compare it to the person's qualifications and select accordingly.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 3.02.02 QUALIFICATIONS OF PROGRAM COORDINATORS

Policy:

SGSFCS hires and ensures that persons recruited to carry out the administrative oversight for SGSFCS direct service programs are qualified for the role they assume.

Procedure(s):

1. Program Coordinators should possess:
 - a) A degree from an accredited university in a field related to SGSFCS services OR,
 - b) Community College certification plus two years of related direct service
 - c) Demonstrated competence in the role assumed, and
 - d) Formal training and/or on the job orientation for a specified probationary period to prepare them for their new management responsibilities.
2. The Executive Director oversees professional practice and/or secures an Appropriate Professional for the supervision of such work.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-HR 3.02.03 RECRUITMENT AND SELECTION

Policy:

SGSFCS will recruit and select personnel using the following procedures.

Procedure(s):

1. All positions will be posted for a minimum of one week.
2. All candidates will be interviewed by a minimum of two SGSFCS employees or Directors, one of whom will be the Executive Director.
3. Three references will be checked and documented prior to hiring.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 3.02.04 SELECTION/RECRUITMENT RECORDS

Policy:

SGSFCS recruitment and selection procedures will include the maintenance of records for all stages of the requirement and selection process, as well as a standard interview questionnaire.

Procedure(s):

1. A file will be kept by Executive Director that includes all the information that has been gathered in regards to an upcoming position (including applications, postings, and interview notes). These files will be kept for sixty (60) days following the interview and will then be shredded.
2. The Executive Director will use a standard interview questionnaire.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 3.02.05 PROVISION OF JOB RELATED INFORMATION

Policy:

SGSFCS will provide job related information to all applicants and enhanced material for short listed applicants.

Procedure(s):

1. Basic information will be supplied in the job advertisement and on the agency's web site.
2. Short listed candidates will have an opportunity to speak to current employees as part of the interview process.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 3.02.06 DETERMINATION OF CAPACITIES OF DIRECT SERVICE PERSONNEL AS A COMPONENT OF THE SELECTION

Policy:

SGSFCS evaluates capacities of applicants when hiring for direct personnel or for positions that oversee direct service to member/members.

Procedure(s):

1. Personnel Interview questionnaires will elicit information regarding educational, experiential, and personal information that relates to this standard.
2. Personnel questionnaires will determine personal capacities of personnel that include:
 - a) A commitment to empowering others to solve their own problems,
 - b) A belief in the capacity of people to grow and change,
 - c) The ability to establish a respectful relationship with persons served, to help them gain skills and confidence,
 - d) The ability to work collaboratively with other personnel and/or service providers or professionals,
 - e) The capacity to maintain a helping role and to intervene appropriately to meet service goals, and
 - f) The ability to set appropriate limits.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 3.02.07 JOB DESCRIPTION

Policy:

1. Each position within SGSFCS will have a written job description developed and provided for it.
2. The criteria for employee qualifications conform to the training accreditation and credentials required for any professional discipline that the agency wishes to incorporate.
3. The Office Administrator upon approval of the Executive Director, has the authority to approve changes to an employee's job description.
4. Each employee upon hiring receives a copy of his/her job description.
5. Job descriptions will be available on the shared network server.

Procedure(s):

1. Employee Classifications

Job descriptions will be developed within the employee classifications described.

The following employee classifications apply in SGSFCS:

- a) Executive Director
 - b) Office Administrator
 - c) Financial Personnel
 - d) Program Coordinator
 - e) Cooks
 - f) And others as required
- #### 2. Content of Job/Position Descriptions

Job Descriptions

The written job descriptions include, but are not limited to:

- a) the position title,
 - i. the purpose of the position,
 - ii. reporting relationships and accountability,
 - iii. responsibilities,
 - iv. date, and
 - v. qualifications and skills required.

NOTE: All job descriptions older than one year will be 'flagged' for review.

Position Criteria

The written criteria for each position with regards to the qualifications for duties and responsibilities of the assigned position will include, but not be limited to:

- ii. the minimum educational requirements,
- iii. the minimum related work or volunteer experience, and
- iv. any combination or substitution thereof.

3. Providing the Job Description to the Employee

The supervisor will provide a copy of the employee's job description to the new employee during his/her initial orientation session to the SGSFCS.

4. Changes to the Job Descriptions

Any employee may suggest improvements to his/her job description.

All suggestions are discussed or forwarded to the appropriate supervisor

After review by the supervisor, the Executive Director will approve any changes and, if approved, ensure that all relevant job descriptions are reclassified.

5. Review of Job Descriptions

Job descriptions and selection criteria will be reviewed every two years by the executive Director to ensure that:

- a) Education and experience requirements are relevant and appropriate to the organization's programs, consumer needs, and specific services provided; and
- b) Qualifications or credentials are reasonably related to the level of competence required for the tasks involved.

Implementation Date: 2020/09/29	Review Cycle: 5 year	Review Date: 2025/09/29
Responsibility of: _____		Next Review: 2025/09/29
Reviewed by: Executive Director	Signature: _____	

CA-HR 3.02.08 ORIENTATION

Policy:

1. All new employees will receive a general orientation to the agency immediately following their start date or shortly after.
2. All new employees will receive a program orientation immediately following their starting date or shortly after.
3. The purpose of conducting such orientation sessions is:
 - i. to provide an introduction to the new employee;
 - ii. to thoroughly acquaint the new employee with the program area and the agency;
 - iii. to orient the employee to his/her job requirements; and
 - iv. to lay the groundwork for productive interpersonal relationships between current employees and the new employee.

Procedure(s):

1. Orientation Responsibility

The Office Administrator and/or designate will be responsible for coordinating the general orientation to the agency.

The Office Administrator of the new employee will be responsible for providing a program orientation and instructing the employee on the requirements of their job, along with introducing the new employee to their co-workers.
2. General Orientation

The centre general orientation session will consist of, but not be limited to the following:

 - a. Vision, Mission and Purpose of the agency
 - d. Services provided
 - e. Culture and socioeconomic characteristics of the service population
 - f. Policies and procedures (personnel policies, payroll information)
 - g. Goals and objectives of the centre's Performance Quality Improvement process (PQI)
 - h. SGSFCS's relationship with other community resources
 - i. Parking
 - j. Fire and disaster safety
 - k. Evacuation training

- l. Occupational Health and Safety (Health and Safety Coordinator)
- m. Tour of the agency
- n. Introduction to Risk Management policies (Policy and Procedures Manuals)
- o. Payroll Information (e.g., Pay periods, payroll requirements, dates, Benefits, Insurance Coverage)

3. Program Orientation

The agency program orientation will consist of, but not be limited to the following:

- a. a description of the program, its goals, methods, expectations, length of service, and the consequences of not meeting program expectations;
- b. clarification of members rights, advocacy, and responsibilities;
- c. clarification of confidentiality, its limits and complaints procedures;
- d. the process for active participation of members in goal setting, etc.; and
- e. the qualifications and expertise of staff and volunteers.

In each program, the new employee will be introduced to other employees as well as oriented to the program facility. The orientation process will include opportunities for the employee to ask questions. The orientation information should be presented clearly, simply and in a welcoming manner.

4. Documentation

All orientations given to the new employee shall be documented in the Orientation Checklist Form. This form shall be signed by the employee's direct supervisor and the employee, and placed in the employee's personnel file.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 3.02.09 PROBATIONARY PERIOD – EMPLOYEES

Policy:

- 1. All regular full-time, regular part-time and casual employees will be required to serve a probationary period of three (3) months of continuous service.

Procedure(s):

- 1. Evaluation

During the probationary period, an employee’s performance will be evaluated as follows:

- a. Regular, scheduled meetings between the supervisor and employee will be established to review the employee’s performance based on the job description.
- b. A date for the final performance review to be held prior to the end of the probationary period will be established at the first supervision meeting.
- c. Mutually agreed upon probationary performance objectives will be established early in the supervision process and become part of the final probationary review.
- d. The following basic standards of performance objectives will be included in the supervision and performance review process:
 - Attendance – absences, sick leave
 - Behavioural traits
 - Direct member services
 - Overall performance
 - Performance factors
 - Punctuality – arrival and departure
 - Supervisory factors
- 2. Failure to meet the performance criteria for the position, after having the opportunity to correct performance concerns will result in either an extension of probation or termination for just causes.
- 3. After the successful completion of the probationary period, written notice by the employee’s supervisor will go to the employee stating that he/she has successfully completed the probationary period. A copy will be sent to the Office Administrator and placed in the employee’s personnel file.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-HR 3.03.01 CRIMINAL RECORDS CHECK**Policy:**

All personnel, on-site volunteers and practicum students at South SGSFCS, will complete a criminal record check (CRC) prior to being offered employment with this agency and every three years thereafter.

Procedure(s):

1. Individuals must complete a satisfactory CRC prior to beginning work at SGSFCS.
2. CRC's must be done by either city police in the applicant's municipality of residence, the RCMP or the Attorney General.
3. Completed CRC's must be an original signed copy. Photocopies will not be accepted.
4. Applicants are responsible in most cases for all costs related to CRC's.
5. All practicum students will be required to complete a SGSFCS CRC prior to starting the practicum. The student cannot start until the completed form has been reviewed and returned to the agency. Any and all costs related to CRC's will be the responsibility of the student. We will not accept documentation from the college or university as an equivalent.
6. In the event that we receive a CRC that states that a criminal record may or may not exist, it is the responsibility of the individual to supply further detailed information.
7. CRC's will be stored in a secure file cabinet at the main office.
8. Access to the CRC file will be limited to the Executive Director or designate.
9. Failure to follow these guidelines constitutes performance misconduct.
10. For subsequent CRC's, the agency will send requests to the Attorney General.
11. If at any time the directors of management become aware that a person who was previously approved has an outstanding charge for, or has been convicted of, a crime that might affect the person's ability or suitability to care for seniors and vulnerable individuals, the Executive Director shall request a new criminal record check.
12. All personnel, on site volunteers, and practicum students have an ongoing responsibility to disclose any criminal charges or convictions that might affect the person's ability or suitability to care for seniors.

Implementation Date: 2020/09/29 Review Cycle: 3 year Review Date: 2023/09/29
Responsibility of: _____ Next Review: 2023/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 3.03.02 CREDENTIAL VERIFICATION

Policy:

SGSFCS verifies the credentials of all professional personnel including:

- a) Education and training
- b) Relevant experience
- c) Competence in the required role
- d) Recommendations of peers and former employers
- e) Provincial registration, licensing or certification requirements for their respective disciplines.

Procedure(s):

1. Prior to commencement of employment, prospective personnel will insure that all relevant credentials are made available for inclusion in their file.
2. Office Administrators will insure that a minimum of three references is completed for each personnel. A minimum of two of these references must be professional. Personnel’s last employer must be one of the three references. The completed reference form will be put in the personnel file.
3. Personnel are responsible for ensuring that updates and changes in their credentials are submitted for inclusion in their file.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 3.05 DEPLOYMENT OF PERSONNEL

Policy:

SGSFCS employs appropriately skilled administrative personnel in the areas of accounting and bookkeeping, maintenance of personnel records, management of information service, and other administrative systems, as applicable.

Procedure(s):

1. On an annual basis, the Executive Director and the Board of Directors will review deployment of support personnel to ensure that all areas of support are well covered.
2. On an as needed basis, support personnel can be redeployed in order to take care of short term problems/projects.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 4.01.01 EMPLOYEE INPUT

Policy:

SGSFCS will provide a variety of opportunities for personnel to give voice on issues affecting their level of job satisfaction.

Procedure(s):

1. The agency has a Health & Safety Committee that reviews issues of environmental concern.
2. Agency wide meetings are held on a regular basis
3. Employees are encouraged to document their ideas in written form and submit to their direct supervisor who will submit to the PQI Committee

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 4.01.02 COMMUNICATION AND COLLABORATION

Policy:

SGSFCS will provide opportunities for all personnel to understand, to communicate and to collaborate on organizational issues.

Procedure(s):

1. SGSFCS teams meet on a regular basis. Approved minutes for the following committees are circulated:
 - Management Meetings
 - Health & Safety Committee Meetings
 - Performance and Quality Improvement (PQI) Meetings
 - Development Committee Meetings
2. Minutes of the Board of Directors are in the office and available for any employee to read
3. All personnel suggestions are responded to in a timely manner.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 4.02.01 PROFESSIONAL LEADERSHIP AND DIRECTION OF SERVICES

Policy:

SGSFCS hires and ensures that persons retained to carry out the administrative oversight for SGSFCS direct service programs, promote continuous quality improvement (PQI) and service delivery that is aligned with the agency primary mission or function.

Procedure(s):

1. The Executive Director must ensure that delivery of service integrates the mission with continuous quality improvement (PQI).
2. PQI reports will be reviewed annually by the Board of Directors.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 4.02.02 PROFESSIONAL DEVELOPMENT – TRAINING

Policy:

1. SGSFCS supports employees in increasing their expertise and knowledge in all relevant areas.
2. SGSFCS provides training for employees to enhance those knowledge, skills and abilities relevant to their job.
3. SGSFCS ensures that employees are appropriately trained to assume their job responsibilities.
4. SGSFCS promotes awareness and sensitivity to cultural backgrounds and needs among its employees.
5. The professional development of each staff member will be the joint responsibility of the employee and the employer.
6. Wherever possible, feasible and affordable, staff will be given the opportunity to further their development professionally through attendance in courses, workshops, seminars, lectures, etc.
7. The Executive Director will have final say on the suitability of and approval for courses taken, which involve the program's time and/or money.

Procedure(s):

1. Concept of Training

Training is provided as a means of developing and improving the employee's skills and expertise, so that he/she may perform the responsibilities of the job even better.

Training is viewed as part of SGSFCS's philosophy of continuous improvement that benefits the member.

Training is ongoing and subject to the member's needs and programs SGSFCS offers.

2. Allocation of Training Resources

SGSFCS allocates sufficient financial resources to support personnel development and training. When the organization requires training for an employee the organization will work with the employee in order to schedule time for the training.

3. In-Service Training

There will be continuous training of employees within the agency. Training will occur within a variety of formats, including special seminars, regular staff meetings, on-going focus/discussion group meetings, or supervision.

In-service training includes:

- a. a comprehensive orientation for new employees or for employees moving into new positions
- b. curriculum of staff in-service training planned and adapted for employees. Such training deals reporting information on member's behaviour, etc. managing aggressive behaviour or assisting member.
- c. workshops within the agency which will be conducted on a regular basis to enhance staff skills and may include first aid, food safe, behaviour management, non-violent crisis intervention (CPI)

In-service training will be provided to new personnel within the first year of service.

4. Professional Development

Employer Initiated

See Leaves Policy (CA-HR 5.02.12) for information

Employee Initiated

See Leaves Policy for information

Cost-sharing, leave with or without pay, overtime, mileage, etc. are all considerations that will be negotiated with each employee.

NOTE: Cost of employee initiated training provided by SGSFCS are required to be reimbursed by the employee, if the employer terminates employment within in a one year time period.

SGSFCS recognizes that employees may need to continue their education-training requirement as necessitated by their respective professions.

5. Training Administration

Office Administrator will outline specific training expectations with each employee they supervise during the employee's orientation. These expectations also will be reviewed yearly and revised accordingly in the employee's yearly evaluation.

Office Administrator will be aware of ongoing job related, professional development training opportunities for the employees he/she supervises.

A Training Log (see Appendix) of each employee will be documented and stored in each employee's personnel file .

The Office Administrator will maintain a record of all in-service training offered by SGSFCS to its employees in the Training Records

- a. A detailed record of the following information will be kept:
 - Training offered

- Date of training
- Attendees
- Instructors
- Resources
- Costs

SGSFCS conducts an annual analysis of the training program's effectiveness and personnel training needs and implements training on identified topics based on the outcome of the analysis.

6. Training Requirements

All new training separate of hiring requirements required by new employees to perform their job successfully will be provided within the first year of employment with SGSFCS.

All training includes mechanisms through which employees receive the training necessary to advance within the centre and/or their profession.

All employees will have a Professional Development Plan included in their annual performance review.

- a. See Professional Development Plan information in Supervision Policy

All in-service training provided by SGSFCS will be a mixture of knowledge-based and skill-based instruction, and skill building exercises.

7. Training Content

SGSFCS's training ensures that those direct service employees and their Office Administrator's implement the agency's vision, mission and principles; and are competent in their service provision by adhering to the following:

Employees and their supervisors are familiar with SGSFCS's mission, mandate and philosophy.

- a. Office Administrator will provide this information during the employee's orientation (see Orientation Policy).

Employees will be familiar with a member's rights and organizations Ethical Code and Code of Conduct.

Employees who work directly with members will be familiar with the needs of members who are abused, neglected, mentally ill, facing memory loss issues, chemically dependent, physically disabled, or developmentally disabled.

Employees are trained to advocate for members that include:

- a. accessing concrete, financial, and other community resources;

- b. identifying the impact of its socio-economic environment on the service population;
- c. promoting sensitivity and alertness to all forms of discrimination facing persons served; and
- d. performing interventions that empower members to advocate on their own behalf.

Employees are trained in emergency response practices outlined within the Health and Safety for Employees Policy Chapter. These emergency response practices will include:

- a. the ability to assess the risk and safety of persons served;
- b. techniques for handling emergencies; and
- c. appropriate coordination with mental health, law enforcement, and other professionals.

SGSFCS includes in its training and development program topics that help direct service employees build the knowledge and skills needed to address cultural differences within the agency's service populations, including the following, as necessary:

- a. interventions that address cultural and socio-economic class factors in service delivery;
- b. the role cultural identity plays in motivating human behaviour;
- c. differences in norms and values;
- d. personal and institutionalized bias or discrimination; and
- e. the application of cultural variables in differential diagnosis/assessment and in designing responsive interventions.

SGSFCS provides training in proper documentation techniques.

- a. Office Administrator and or Program Coordinators are responsible for ensuring their employees are trained in the proper documentation techniques.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 4.03 PERSONAL RETENTION

Policy:

SGSFCS will establish personnel retention goals and will evaluate turnover against those benchmarks.

Procedure(s):

1. Annually, the Executive Director will review the previous year's retention level and establish a retention goal for the following year.
2. The Executive Director will evaluate the reason personnel have left, in order to determine if any changes are needed in how SGSFCS operates.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 4.04 WORKLOAD ASSIGNMENT

Policy:

The Executive Director regularly assess the nature and difficulty of workloads, determining the time required for duties in assigning workload and standards of best practice, where they exist.

Procedure(s):

1. The Executive Director or others supervising SGSFCS personnel will ensure that each employee has clear priorities and deadlines laid out for their position.
2. Personnel report any concerns regarding the amount or nature of their work to the Executive Director.
3. The Executive Director may consult with peers in order to address workload issues.
4. Workload concerns will also be discussed as part of the annual budget process.
5. A regular ongoing assessment is a function of the Continuous Quality Improvement Committee.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 4.05.01 EMPLOYEE COMPLAINTS, GRIEVANCES, AND APPEALS

Policy:

SGSFCS will address all personnel complaints and appeals in a timely and fair manner.

Procedure(s):

SGSFCS assures all personnel equal treatment and consideration. When personnel believe they have received arbitrary treatment, the following procedure must be followed:

Step 1

In the first step of the dispute resolution procedure, every effort shall be made to settle the dispute with the Office Administrator. The Office Administrator will document and file all written complaints (utilizing the Grievance Report), including resolutions, providing all parties with copies within seven (7) calendar days.

Time Limits to Present Initial Dispute:

Personnel who wish to present a complaint at Step 1 of the dispute resolution procedure, must do so no later than fourteen (14) calendar days after the date:

- a) On which he/she was notified orally or in writing of the action or circumstances giving rise to the dispute.
- b) On which he/she first became aware of the action or circumstances giving rise to the dispute.

Step 2

If the dispute is not resolved at Step 1, personnel may present in writing, a complaint within seven (7) calendar days of the completion of Step 1, to the Executive Director or designate, setting out the nature of the dispute, and the circumstances from which it arose.

Time Limit to Step 2:

The Executive Director or designate, shall meet with personnel and their Office Administrator if applicable, and reply in writing to the employees complaints within seven (7) calendar days of receiving the complaint at Step 2.

Step 3

Personnel may request a meeting to appeal the Executive Director's decision to the Board of Directors within seven (7) calendar days after its receipt.

Time Limit to Step 3:

Within seven (7) calendar days of receiving the complaint at Step 3, member(s) of the Board of Directors shall meet with the Executive Director, the Office Administrator and personnel to discuss the facts and the nature of the dispute, and will issue a final decision addressing the complaint. The committee shall respond in writing to the complaint within seven (7) calendar days after the meeting.

All documentation shall be kept in the appropriate personnel file.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 4.05.02 DISCIPLINARY ACTIONS

Policy:

SGSFCS will follow procedures governing disciplinary actions and non-voluntary terminations of personnel that specify actions that are considered violations of the agency policy, including actions that are considered to be substandard performance.

Procedure(s):

1. SGSFCS shall ensure that any discipline rendered is commensurate with the offense and shall be done in private.
2. Although the levels of discipline will vary, progressive discipline will apply in the majority of cases.
3. Progressive discipline has the following stages:
 - a) Verbal warning
 - b) Written warning(s)
 - c) Suspension(s)
 - d) Termination

However, the nature of the incident warranting discipline may be such that SGSFCS determines that it is appropriate to bypass the normal steps of progressive discipline. In cases of serious misconduct, discipline may commence at suspension and lead to termination, or discipline can start and end with termination. For example, in cases of serious misconduct, such as client abuse or theft, the action normally taken will be termination.

4. Disciplinary Action: Verbal Warning

Examples of offenses that may result first in a verbal warning, secondly by a written warning, thirdly by a suspension, and finally by termination of employment, include, but are not limited to:

- a) Tardiness
- b) Failure to maintain satisfactory and harmonious working relationships with the public, other professionals or other employees
- c) Foul and abusive language

5. Disciplinary Action: Written Warning

Examples of offenses that may result first in a written warning that may be signed by the employee and will be kept on file for a period of two (2) years, secondly by suspension and finally by termination of employment, include, but are not limited to:

- a) Careless, negligent or improper use of property
- b) Unauthorized or improper use of any type of leave
- c) Releasing confidential information without proper authority
- d) Sleeping on the job
- e) Violation of, or failure to comply with, an executive order, or published rules and guidelines of agency
- f) Fighting

The Executive Director, will be aware of the written warnings.

6. Disciplinary Action: Suspension

Examples of offenses that may result in a suspension include, but are not limited to:

- a) Repeats of behaviour noted in a written and/or a verbal warning
- b) Blatant rudeness to members
- c) Ongoing behaviour that is offensive to fellow employees
- d) Ongoing disruptive, non-co-operative behaviour with Office Administrators or Program Coordinators

The Executive Director, will be aware of the written warnings.

7. Disciplinary Action: Termination

Examples of offenses that may result in an immediate termination of employment include, but are not limited to:

- a) Intoxication at work
- b) Refusal to work
- c) Theft
- d) Willful destruction of agency property
- e) Insubordination
- f) Conduct unbecoming of an employee
- g) Conviction in court of any offense, provided the offense is relevant to the position
- h) Falsifying time sheets or expense sheets
- i) Falsification, fraud or omission of information in applying for a position
- j) Any other act which endangers the safety, health or well-being of another person, or which is of sufficient magnitude that the consequences cause, or act to cause, disruption of work or gross discredit to the agency.
- k) Failure to report to work without notification or just cause, which includes failure to be punctual and ready to commence work at the start of the employee's scheduled shifts and to remain on duty until the stipulated quitting time, or absence without notice for three (3) or more working days in the calendar year.
- l) Sexually or physically abusing or harassing a person on or off the job

- m) Giving a member alcohol or drugs on or off the job
- n) Counselling a member to commit an offense on or off the job

The Executive Director, will be aware of the written warnings.

The Executive Director, will determine if a non-voluntary termination is appropriate.

If a disciplinary action is warranted for the Executive Director, the Board of Directors will take any action required.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 4.05.03 DISCHARGE

Policy:

1. Discharge may be an employer’s response where lesser forms of discipline have not corrected an employee’s misconduct or where an offence is so serious that it may justify immediate termination (i.e., theft or client abuse).
2. Dismissal is a serious and final step. It should not be contemplated or used without valid documentation and without prior consultation with the Executive Director. Notice of dismissal should be given to an employee verbally and in writing at the same time.
3. Dismissal may occur only when:
 - a. Gross misconduct or negligence warrants it.
 - b. The employee fails to respond to the progressive discipline process by correcting behaviour and it is unlikely that further efforts will improve behaviour to acceptable standards.
 - c. The details surrounding the decision to terminate employment have been reviewed and confirmed by the supervisor. The decision to terminate must be discussed with the Executive Director prior to action being taken.
4. Dismissal for Cause (Immediate)

Immediate dismissal for cause is reserved for very serious offenses, such as:

- a. Staff, resident, care-giver or member abuse,
- b. Immoral or indecent conduct on duty
- c. Unauthorized consumption of alcohol, spirits, or drugs in the workplace or on the grounds of the workplace,
- d. Inability to carry out normal duties and requirements through impairment by alcohol, drugs or any other means,
- e. Theft,
- f. Deliberate violation of instructions,
- g. Failure to follow specified procedures or implied procedures, the result of which causes or might cause injury or aggravation of injury to a client or employee, and
- h. Serious violation of professional ethics.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 4.05.04 COMPLAINTS - MEMBERS

Policy:

1. SGSFCS is committed to respecting the rights and dignity of all those who are in contact with the agency (members, volunteers, and staff). Grievances are categorized as follows:

Quality of Care grievance - basic rights are not being met - confidentiality, respect, access to services, discrimination, etc.

Abuse grievance - physical, emotional, sexual, or verbal abuse/harassment

2. Rights when expressing a grievance:
 - i. to file a grievance without interference or retaliation;
 - ii. to have an advocate or support person assist you through the process
 - iii. timely written notification of the resolution and an explanation of any further appeal, rights or recourse;
 - iv. at least one level of review that does not involve the person about whom the grievance has been made or the person who reached the decision under review; and
 - v. to be heard by a panel or person delegated to review responsibility.

Procedure(s):

If you feel that you, or someone you are advocating for, have been aggrieved, the following grievance process is available:

Quality of Care Grievance

1. You are encouraged to resolve your grievance with the person who made the decision you are unhappy with or about whom the grievance is regarding.

If you are not satisfied with the results of Step 1 or feel uncomfortable with this step of the process, please proceed as follows:

2. Contact our main office at 604-732-0812 and inform the Office Administrator that you wish to file a formal grievance. You will then be directed to the appropriate person who will receive your grievance.

If you prefer to file your grievance in writing, please complete the grievance form and submit to the main office (see below for contact information). If you are not satisfied with the results of Step 2, please proceed as follows:

You may contact the Executive Director for a formal grievance resolution meeting.

If your grievance is regarding the Executive Director, please submit the grievance on the grievance form to the address 1420 W12 Avenue, Vancouver, BC, V6H 1M8 attention "Board President/Confidential".

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 5.01 ANNUAL AUDIT

Policy:

SGSFCS conducts an audit every three years of its human resource practices that ensures compliance with applicable employment and labour laws.

Procedures:

1. The Executive Director reviews all HR files and documentation each year end as part of the annual audit process.
2. Internal audits are conducted by the Executive Director every three years using a checklist based on the HR policies.

Implementation Date: 2020/09/29 Review Cycle: 3 year Review Date: 2023/09/29
Responsibility of: _____ Next Review: 2023/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 5.02.01 POLICIES AND PROCEDURES MANUAL

Policy:

SGSFCS provides a Policy and Procedures Manual to all personnel.

Procedure(s):

1. All personnel receive and acknowledge receipt of, in writing, a copy of SGSFCS Policy and Procedures Manual relating to, but not limited to:
 - a) Work conduct expectations
 - b) Wages and benefits
 - c) Promotions
 - d) Layoffs and retrenchment
 - e) Insurance (i.e., disability, medical coverage, liability insurance, etc.)
 - f) Use of agency property
 - g) Training and development
 - h) Leave of absence policy
 - i) Health and safety policies
 - j) Discipline and grievance policies
2. The Board of Directors approves new policies or revisions.
3. All revisions or additions are updated, discussed, and distributed to personnel.
4. The Policy and Procedures Manual is readily available on site in all programs.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 5.02.02 POLICY APPROVAL PROCESS

Policy:

1. The administration of the Policy and Procedure Manual incorporates an Approval Process where there may be initiation or amendment of the policy and procedures.

Procedure(s):

1. Objectives of the Approval Process
 - a. Creates a framework for the initiation and amendment of policies and procedures;
 - b. Provides input for development in new policies and procedures, or amends existing policies and procedures from all levels of the agency
 - c. Provides the vehicle for transformation of proposed policies and procedures into functional entities that distribute throughout SGSFCS for actual use and implementation;
 - d. Provides guidelines for appraisal, consideration and approval.
2. The Policy and Procedures Manual content:
 - a. Contains only approved policies and procedures;
 - b. Contains only valid, applicable and feasible policies and procedures;
 - c. Provides all employees the opportunity for input;
 - d. Allows circulation of policy for consideration by affected persons.
3. Approval Process

Initiation

 - a. Any employee, member, or director of SGSFCS may propose new policy and/or procedures.
 - b. Any employee, member, or director of SGSFCS may propose amendments to existing policy and/or procedures.
 - c. The proposer will submit the suggested changes/additions to the Executive Director for review and approval.

Responsibilities

 - a. The Executive Director will be responsible to direct the Approval Process.
 - b. Employees of SGSFCS are responsible for the awareness and knowledge of the content in the Policy and Procedures Manuals.

- c. The Executive Director at SGSFCS is responsible for ensuring that each employee is familiar with the manuals' contents.
- d. The Directors of SGSFCS is responsible for ensuring that they are familiar with all Policies and Procedures.
- e. The Executive Director is responsible for ensuring that the employees are aware of all policy cancellations, amendments, or additions. Employees will be notified through one of the following:
 - i. Email notifications,
 - ii. Faxes and/or,
 - iii. Memos

Signatory Approval

The Executive Director may:

- i. Reject the proposal and give written notification for the reasons of rejection;
- ii. Return the proposal for revision, give written revision instructions or
- iii. Approve the proposal and in the case of; a procedure, ensure the new procedure is clearly documented, and in the case of a policy prepare the policy for presentation to the Board of Directors for consideration.

4. Post Approval Process

After the signatory approval of the proposal by the Executive Director, or the policy by the Directors:

- i. update the reproduction and distribution of the paper manuals,
- ii. update the electronic online Policy and Procedures file, and
- iii. update the revision date of the approved policy amendment/addition in both the paper manuals and electronic manual.

5. Exceptions to the Approval Process

- a. Notwithstanding the above, under extenuating situations, the Executive Director may institute new or amended policies or procedures under their own authority.
- b. When existing policy and procedures are no longer applicable to the operation of SGSFCS, the Executive Director may propose cancellation of the policy and related procedures to the Board of Directors.

If the Directors approve the cancellation the Executive Director shall notify all employees of the cancellation, and

- i. update the reproduction and distribution of the paper manuals,
 - ii. update the electronic online Policy and Procedures file, and
 - iii. update the revision date of the approved policy amendment/addition in both the paper manuals and electronic manual.
6. Temporary or Intermediary Policies
- a. There is a recognition that at any time, situations may arise that will require the issue of immediate policy and/or procedures by the Executive Director to address critical situations.
 - b. Upon receipt of such directions, the Executive Director will consider them “temporary” and will collate them in one file, exclusive to that purpose (i.e. “Temporary Policies”) pending the resolution of the critical situation.

NOTE: An alternative to a “Temporary Policies” file may include the temporary directive on different coloured paper immediately preceding the corresponding section in the manual.
 - c. If the critical situation is resolved in the short term, and the directions annulled by the Executive Director, the directions will be removed from the “Temporary Policies” file (or from the manual itself), which leaves the policy and/or procedures in the manual unchanged.
 - d. Should circumstances of the critical situation warrant a change to existing policy and/or procedures, the temporary policy will remain on file in effect at the discretion of the Executive Director, while the new proposal follows the Approval Process as outlined above.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 5.02.03 POLICY REVIEW PROCESS

Policy:

There is a Review Process for the Policy and Procedures Manual whereby:

- a. All policies and procedural guidelines in the manual are reviewed regularly to ensure their validity, applicability and relevance of content; and
- b. Each paper copy of the Manual is reviewed on a regular basis to ensure that it is current, complete, and accurate.

Procedure(s):

1. Review Process

- a. The Executive Director and Governance Committee of the Board reviews the master manual yearly to ensure that it is current, complete, and accurate.
- b. A schedule of reviews are set and maintained regularly by the Executive Director in the Executive Director and Governance Calendar to ensure the consistency of the review process.
- c. The review process assesses not only the more high profile policies and procedures, but also those policies and procedures that remain dormant and hence are subject to being obsolete and cancelled.

Manual Copies

- i. The Executive Director will review all manual paper copies yearly to ensure that each copy is current, complete and accurate.
- ii. If the integrity of the onsite manual paper copy is compromised, it is the responsibility of the Executive Director to notify the Office Administrator who will provide another complete, current and accurate manual copy to the Executive Director.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-HR 5.02.04 ATTENDANCE/ABSENCES

Policy:

1. Attendance

All employees will attend work in a consistent and timely manner.

2. Absence

All employees will be expected to eliminate controllable absences by:

- a. maintaining reasonable health standards and taking precautions against illness;
- b. ensuring that minor indisposition or inconveniences do not prevent them from coming to work; and
- c. Attending to personal affairs and obligations outside of their working hours, whenever possible.

3. Illness or Injury

All employees will, if unable to work because of illness or injury:

- a. advise their supervisor or designate, giving as much notice as possible.

4. Punctuality

Employees are required to report to work on time and to complete their shift unless given prior approval by their supervisor.

Procedures:

1. Attendance

Attendance records will be documented to assist in:

- a. monitoring attendance and
- b. working with employees to:
 - restrict recurrent absences to the minimum and
 - eliminate unnecessary absences.

SGSFCS will encourage improvement in attendance by:

- a. identifying persons whose absence exceeds normal levels or demonstrates a particular pattern of absence; and
- b. counselling them on the issues which cause the absence.

2. Absence Due Illness/Injury

Notification

All employees will, if unable to work because of illness or injury advise the Executive Director, or the Office Administrator.

NOTE: Co-workers can not accept sick calls, and shall refer the employee to the Executive Director.

The employee will inform the Executive Director or designate of:

- a. the general nature of the illness or injury,
- b. the expected return to work date and
- c. any subsequent changes in the stated return to work date.

Failure to adequately inform the Executive Director of the illness may result in disciplinary action.

Documentation

The employee will record his/her absence with the Office Administrator.

“Doctor’s Certificate Form”

If the employee is claiming more than two consecutive sick days, the employee will provide a “Doctor’s Certificate” explaining the absence upon request.

If necessary or at the request of the supervisor, the employee will provide the “Doctor’s Certificate” prior to returning to work, in order to certify that he/she is capable of assuming the full duties of the position.

In the event of a continuing absence, a second “Doctor’s Certificate” will be provided:

- a. every month thereafter, and
- b. at the employer’s request, when it appears that a pattern of consistent and frequent absence is occurring.

The “Doctor’s Certificate” will be completed and signed by a medical practitioner qualified to practice in the Province of British Columbia.

The employee shall be seen by the doctor signing the certificate during the absence.

An employee who fails to provide a “Doctor’s Certificate” when required will not be paid for the absence (maximum of 10 days sick leave)

If an employee is not paid for his/her sick time absence:

- a. The sick time benefits may be reinstated retroactively if it can be shown that there is a satisfactory reason for the certificate being late; or
- b. benefits will recommence on the date the “Doctor’s Certificate” is provided (without retroactive payment of benefits).

3. Tardiness

All employees are required to make every effort to advise their supervisor if they are unable to report to work on time.

Continued tardiness is subject to normal, progressive discipline.

4. Responsibilities

Employees While absence due to illness or emergencies is often beyond their control, regular attendance is the responsibility of every employee.

Office Administrator The employee's Office Administrator is responsible for monitoring and controlling the employee's attendance.

Financial Personnel The financial Personnel will be responsible for maintaining attendance and employee records and administering leave management.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 5.02.05 COMMUNICATIONS – USE OF COMPUTERS, MAIL, EMAIL, CELL PHONES

Policy:

1. This policy sets guidelines for the use of all communications systems of SGSFCS.
2. Use of SGSFCS communications systems is lawful and consistent with the SGSFCS Code of Ethics, professional reputation, standards, policies, procedures and guidelines.
3. Each employee exercises good judgement and follows the spirit of this policy when they use all communication systems.
4. Communications systems include telephones, mobile phones, computers, mail, email, as well as any other form of communication.
5. We recognize that cell phones have become an integral part of everyday life. They may be a great asset if used correctly (for productivity apps, calendars, business calls etc.). But, cell phones may also cause problems when used imprudently or excessively.

Procedure(s):

1. Prohibited Uses
 - a. Illegal, unethical or immoral issues;
 - b. Sending, receiving or accessing offensive, objectionable, abusive, pornographic, obscene, sexist, racist, harassing or provocative messages, images or other materials, including adult-oriented web sites or news groups;
 - c. Defamatory, derogatory, or false messages;
 - d. Distributing email chain letters;
 - e. Political activities, solicitation of funds, or advertising goods or services;
 - f. Other commercial or business uses;
 - g. Unauthorized access to other users' email, data or communications;
 - h. Uses that infringe copyright or other intellectual property rights;
 - i. Unsecured disclosure of confidential or privileged information.

2. Personal Uses

Communication systems may be used for brief personal purposes (e.g. voice mail messages of a personal nature) – provided that in the opinion of the Executive Director, these do not interfere with the centre's business and do not compromise the integrity and efficiency of the centre's communication systems, professionalism or its reputation and do not incur a cost to SGSFCS.

Long distance calls by employees will use their personal devices. Employees will be responsible for the cost of any personal long distance telephone calls and mail, unless given permission from Executive Director.

All personal uses of the communication systems comply with this policy and the agency's other policies, procedures and guidelines.

All SGSFCS communication systems, telephone, mobile phones, and data, including email, voice mail, and internet are not private and are subject to SGSFCS access and control.

3. Third Party Access

Use or access of SGSFCS communication systems or equipment by non-employees is not permitted.

Use or access of SGSFCS communication systems or equipment can be used by screened and designated volunteers if required.

4. Privacy

There is no right to privacy in the use of any SGSFCS communication systems or data contained in the communication systems, including email and voicemail. Users, who want their internet use, email or voice mail communications to be private will not use the agency's communication systems.

Communications systems and all data contained in the communication systems including email and voice mail are the property of SGSFCS unless otherwise identified in a service contract.

5. Email Protocols

Email will have the same legal and practical effect as other written communications. Users will exercise the same good judgement and discretion when sending email as they would when sending a formal letter, written memorandum or other correspondence.

6. Computer Systems Security

No software is to be loaded on SGSFCS computers without the authorization of the Office Administrator.

Software loaded on SGSFCS computers is the property of SGSFCS; therefore the original and any authorized backup copies of the software will be stored on the premises.

Any unauthorized software (including downloads of shareware from the Internet) will be subject to removal during regular maintenance or in the event of required maintenance.

System settings and hardware are not to be adjusted without the permission of the Office Administrator.

Employees will not use external personal disks on centre computers unless the Office Administrator checks it for viruses.

Computers are password protected. If employees suspect that their password is compromised, they will inform the Office Administrator. Unauthorized bypass or any attempt to circumvent any security system is prohibited. Employees are to "log off" when they leave the computer system.

SGSFCS computer equipment will not to be used for making any illegal or unauthorized copies of any software whether it is the property of SGSFCS or not.

Security access to any PC is kept secure. Individual workstation passwords will not be disclosed to any individual other than the employee who has been authorized for access to that particular machine, or his/her supervisor.

7. Cell Phones

Each employee is advised to:

- i. Use organization-issued phones for work purposes only and preserve them in perfect condition
- ii. Surf the internet, text, and talk on personal phones only for a few minutes per day
- iii. Turn off or silence their phones when asked; silenced during meetings

Employees are not permitted to:

- i. Play games on the cell phone during working hours
- ii. Use their phones while driving during work; only hands-free use of the phone while driving is acceptable
- iii. Use their cell phone's camera or microphone to record confidential information
- iv. Speak on their personal phones within earshot of colleagues' working space during working hours
- v. Download or upload inappropriate, illegal, or obscene material on a cell phone using the SGSFCS Wi-Fi connection

SGSFCS retains the right to monitor employees for excessive or inappropriate use of their cell phones. If an employee's phone usage causes a decline in productivity or interferes with our operations, we'll ban that employee from using their cell phone

8. Employment Termination

Employees who leave SGSFCS do not have any right to communication systems data, including email messages; nor will they have access to the centre's communication systems and its internet accounts.

9. Compliance

Use of the communication systems is governed by this policy as well as all other policies that guide the conduct of employees. This policy is part of the employment terms and conditions for all employees.

Use of the communication systems is a privilege that will not be abused.

Use of the communication systems will be revoked at the centre's sole discretion.

Employees may face severe disciplinary action up to and including termination, in cases when they:

- i. Cause a security breach
- ii. Violate our confidentiality policy
- iii. Cause an accident by recklessly using their phones

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 5.02.06 INTERNET POLICY**Policy:**

As part of SGSFCS commitment to the utilization of new technologies, many employees (including part time & independent contractors) have access to the Internet. Additionally if Internet access is provided to members and guests they are expected to acknowledge and abide by this policy. In order to ensure compliance with the Human Rights Commission, Copyright law, and to protect us from being victimized by the threat of viruses or hacking into our server, the following policies are to be observed:

1. It is SGSFCS policy to limit Internet access to official business. As separate internet connection may be provided for the use of members or guests. Employees are authorized to access the Internet for reasonable personal use after hours, in strict compliance with the other terms of this policy.
2. The rules and obligations described in this policy apply to all users of the SGSFCS computer network, wherever they may be located. Employees using SGSFCS internet accounts are acting as representatives of SGSFCS. As such, employees should act accordingly to avoid damaging the reputation of the organization.
3. The introduction of viruses or malicious tampering with any computers' system is expressly prohibited.
4. Files that are downloaded from the Internet must be scanned with virus detection software before installing or execution. All appropriate precautions should be taken to detect for a virus and if necessary, to prevent its spread.
5. Alternate Internet Service Provider connections to the SGSFCS internal network are not permitted unless expressly authorized and properly protected by a firewall or other appropriate security device(s).
6. The Internet does not guarantee the privacy and confidentiality of information. Sensitive material transferred over the Internet may be at risk of detection by a third party. Employees must exercise caution and care when transferring such material in any form.
7. Unless otherwise noted, all software on the Internet should be considered copyrighted work. Therefore, employees are prohibited from downloading software and/or modifying any such files without permission from the copyright holder.
8. Inappropriate use of the Internet – which includes transmitting, downloading or archiving of material that is discriminatory, defamatory, harassing, insulting,

offensive, pornographic or obscene is a violation of our policy on sexual harassment and will not be tolerated.

9. SGSFCS has software and systems in place that can monitor and record all Internet usage. We want you to be aware that our security systems are capable of recording (for each and every user) each World Wide Web site visit, each chat, newsgroup or email message, and each file transfer into and out of our internal networks, and we reserve the right to do so at any time.
10. No employee should have any expectation of privacy as to his or her Internet usage. Internet activity may be reviewed and monitored to analyze usage patterns to ensure the highest levels of productivity during business hours.
11. This company's Internet facilities and computing resources must not be used knowingly to violate the laws and regulations of Canada or any other nation, or the laws and regulations of any state, city, province or other legal jurisdiction in any material way. Use of any company resource for illegal activity is grounds for immediate dismissal, and we will co-operate with any legitimate law enforcement activity.
12. Use of company Internet access facilities to commit infractions such as misuse of company assets or resources, sexual harassment, unauthorized public speaking and misappropriation or theft of intellectual property are also prohibited by general company policy.
13. Employees are reminded that chats, newsgroups etc. are public forums where it is inappropriate to reveal confidential company information, customer data, trade secrets and any other material covered by existing company secrecy policies. Employees releasing protected information via a newsgroup, email or chat – whether or not the release is inadvertent – will be subject to disciplinary action.
14. All software required on SGSFCS computers must be installed and maintained by the authorized software vendor. All software programs resident on SGSFCS computers should be registered and licensed.
15. Users may not provide copies of company owned software to any independent contractor or members of SGSFCS or to any third person.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 5.02.07 WORKING FROM HOME POLICY

Policy:

1. **Guidelines**

This working from home policy does not alter or supersede the terms of the existing employment relationship or contracted services. (for the balance of this policy the term employee shall also mean contractor or provider of contracted services). The employee remains obligated to comply with all Organization rules, policies, practices and instructions that would apply if the employee were working at the regular Organization worksite.

Work products developed or produced by the employee while working from home remain the property of the Organization.

2. **Policy Statement**

SGSFCS recognizes that there may, on occasion, be circumstances when it would be more beneficial or flexible for staff to work at home.

Working from home is not a universal entitlement and will be arranged on a case-by-case basis between individual employees and their respective Manager or the Executive Director per program needs. People are not entitled to work from home. Working from home is not part of the terms and conditions of their employment.

This policy deals with situations where:

- The employee may be required to work from due to unforeseen weather conditions. i.e.) floods, snowstorm, icy road conditions that prevent employee from travelling in their vehicle
- occasional one-off working from home, i.e.) emergency or immediate care for an injured or ill family member
- situations where the employee must work from home due to illness or injury as part of a care plan.
- the employer requests the employee to work from home due to construction or natural disasters. i.e.) renovations, fire, earthquake.

3. **Agreement to work from home**

Where an employee makes a request, prior permission is required before an employee can work at home. The employee should make the request to their Program Director or Manager. Serious consideration will be given to any such requests and a decision regarding the suitability of working at home will take into account all relevant circumstances. The decision of the Program coordinator or the executive Director is final. SGSFCS reserves the right to withdraw their approval

for working from home if they believe its use is being abused or for any other reasonable needs of the employer to carry out its business.

4. Qualifying Conditions

Working from home is totally dependent upon certain criteria being fulfilled, these being that the employee:

- has obtained prior agreement for working from home from the Executive Director
- has notified both the Executive Director of her/his hours of work and location
- has a contact telephone number and is available to be contacted during the nominated times

5. Working Arrangements

5.1. Workload, reporting and monitoring:

All arrangements for monitoring, supervision, setting workloads, etc., will be agreed with the Executive Director in line with normal work procedures.

For one-off working from home, the precise project or task must be agreed beforehand.

5.2. Equipment:

Staff utilizing either their own or SGSFCS equipment are expected to abide by all SGSFCS Policies.

5.3. Insurance Coverage

When an employee is working from home and a claim arises, it will be at the discretion of the Worksafe B.C. Entitlement Officer to review the case to determine if the case will be allowed.

Employees are advised that working from home may affect the provisions of any home contents insurance and are advised to inform their insurers prior to commencing working from home. Laptops are insured while in suitable secured premises or on the person. They are not insured when left unattended in vehicles.

5.4. Personal Details and Safety

Under no circumstances are Employees allowed to release their home address and telephone number to non-members of staff. Employees are not allowed to meet members/members at their home. If supplied employees are required to use their employer issued cell phones for communication with members or any work-related business. If necessary to use a personal phone then the employee should activate caller id blocking.

5.5. Confidentiality and access to client information

Equipment, files and client information should only be accessible to the employee and safeguarded from access by other members of the household and visitors. The Employer has the right to request access to equipment and any paper records kept at an employee’s home.

5.6. Review of working from home arrangement

At any time, the agreement to work from home may be reviewed by the employer. This policy is also subject to review and does not form part of any contract of employment.

6. **Health and Safety**

Employees are required to comply with the employer’s Health and Safety policy while they are working at home and to take reasonable care of their own health and safety.

7. **Reporting Sickness Absence**

In the event that the member of staff is sick during a period of working at home than the normal employer’s sickness reporting rules must be followed. It is the responsibility of the employee to contact their Executive Director and notify them of any sickness.

8. **Travel Costs and Other Expenses**

Please note Travel is not covered from home when the worksite is the SGSFCS office or Centre.

There may be unforeseen circumstances that cause the home office to become a “permanent work place” as defined by CRA Guidelines. (Example: natural disasters, renovations, etc.). Under Organization approval travel expenses may be allowed from the employee’s home should such circumstances arise.

9. **Compliance**

Failure to comply with any aspect of this policy or related policies such as Health & Safety and the IT policies may constitute a disciplinary offence.

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Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 5.02.08 CONFLICTS OF INTEREST - GENERAL**Policy:**

1. SGSFCS recognizes the right of employees to be involved in activities as citizens of the community. However, employees will keep their roles as private citizens separate and distinct from their responsibilities as employees.
2. SGSFCS expects its employees not only to adhere to all laws regarding conflict of interest, but also to be alert to situations that appear to be a conflict and to avoid actions that might be detrimental to them or to the centre as a whole.
3. Conflicts of interest include the following situations:
 - i. Where an employee's private affairs or financial interests conflict with his/her work duties, responsibilities and obligations, or may result in a public perception that a conflict exists
 - ii. Where an employee's actions compromise or undermine the trust that the public places in the centre.
4. SGSFCS premises, materials and equipment will not be used for any non-program purposes without the authorization of the Executive Director. Under no circumstances will the centre's assets be used to compromise the interests or integrity of the centre.
5. Employees may engage in remunerative employment with another employer, carry on a business or receive remuneration from public funds for activities outside their position provided that:
 - i. It does not interfere with the performance of their duties as an employee;
 - ii. It does not bring SGSFCS into disrepute;
 - iii. It is not performed in such a way as to appear to be an official act or to represent SGSFCS's opinion or policy; or
 - iv. It does not involve legal action towards SGSFCS premises, services, equipment or supplies to which the employee has access by virtue of his/her employment

Procedure(s):

1. Employees

All employees will not place themselves in a situation where they are under obligation to any person that might benefit from or seek to gain special consideration or favour. The honesty and impartiality of employees shall be above suspicion.

A conflict of interest exists where an employee uses his/her position to make a decision or effectively influence a decision that would result in a financial benefit to a relative, partner, business associate or close friend.

An employee, who assumes outside business relationships that might constitute a conflict of interest, will immediately advise his/her supervisor of the circumstances.

2. The Executive Director

The Executive Director or designate reviews this information as to whether a conflict of interest exists and if so, the course of action to be taken.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 5.02.09 CONFLICTS OF INTEREST - GIFTS

Policy:

1. Employees will be aware that accepting gifts from members or persons in a position to benefit from an employee's action(s) could place them in a position of conflict of interest.
2. Whenever a client wishes to offer an employee a gift, discretion will be used in order to protect the feelings of the member.
3. While efforts will be made to kindly turn down gifts, gifts of a minor nature are acceptable (e.g., flowers, box of chocolates, other consumable items etc.).
4. Gifts of a more substantive nature will be accepted on behalf of the centre with the prior approval of the Executive Director.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 5.02.10 RISK MANAGEMENT TRAINING

Policy:

1. SGSFCS trains all employees in risk management strategies to protect themselves, the members, and the society.
2. SGSFCS trains all employees to comply with all applicable federal, provincial, municipal regulations, laws and statutory acts that pertain to the operations and service delivery of SGSFCS.

Procedure(s):

1. Risk Management Training

All employees are trained in risk management policies of SGSFCS in their initial orientation to the centre

2. Responsibility

The Executive Director will be responsible for ensuring that the employees he/she supervises are familiar with and aware of SGSC's Risk Management policies and procedures.

The Executive Director will be responsible for ensuring that the Office Administrator and Program Coordinators are trained in SGSFCS's Risk Management policies and procedures.

The Executive Director will be responsible for ensuring that appropriate risk management strategies are developed and practiced.

3. Risk Management Strategies

SGSFCS trains its employees on its written policies and procedures regarding the laws and agency/employee responsibilities regarding:

- a. mandated reporting, including identification of indicators of suspected abuse and neglect, as applicable;
- b. reportable criminal behaviour, including criminal acquaintance, and statutory rape; and
- c. duty to warn.

SGSFCS trains all program personnel on the following:

- a. techniques for de-escalating conflict;
- b. personnel safety measures;
- c. management of aggressive or out-of-control behaviour; and

SGSFCS ensures all program employees are trained in the following health-related topics:

- a. basic medical needs and problems of the service population, with retraining every year; and
- b. basic first aid and medication reactions with retraining at least every three years.

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CA-HR 5.02.11 LEAVE MANAGEMENT

Policy:

1. The Executive Director responsible for:
authorizing leaves of absence; documentation must be on employee's file.
2. Employee leaves are administered through a Paid or Unpaid Leave Form
3. Employees may change shifts or days off with another employee who is of a similar classification with the prior approval of their direct supervisor.

Procedure(s):

1. "Paid or Unpaid Leave Form"

The "Form" is to be completed on each occasion where an employee is requesting to be absent from work, with or without pay, such as:

- a. education leave
- b. maternity leave
- c. vacation
- d. earned time off, or
- e. paid/unpaid leave.

See Attendance/Absences Policy, Procedure for additional information.

2. Request for Leave

An employee requesting a leave shall complete a Paid or Unpaid Leave Form, and submit it to his/her supervisor for processing.

NOTE: Except in the case of an emergency or unplanned event (i.e. death in the family).

All requests shall be submitted two weeks in advance to the Executive Director

The Executive Director will then submit the Paid or Unpaid Leave Form to the Financial Personnel for processing.

If the Office Administrator is making a request for leave, the request form (Paid or Unpaid Leave Form) shall be submitted two weeks in advance to the Executive Director for approval.

If the Executive Director approves the request, he/she will sign and date the form and submit the form to the Financial Personnel for processing.

Management Records

- 3. Paid or Unpaid Leave Forms (approved) will be retained in an employee’s personnel file:
for reference in reporting an employee’s hours of work,
as a reference for developing vacation schedules, and
as written records of approved leave.

Leave Without Pay

- 4. When leave without pay is approved, a copy of the Paid or Unpaid Leave Form will be forwarded to the Payroll Department ten (10) days in advance of the leave in order for benefits and payroll adjustments to be made.

Leave With Pay

- 5. When leave with pay is approved, a copy of the Paid or Unpaid Leave Form will be forwarded to the Payroll Department ten (10) days in advance of the leave in order for benefits and payroll adjustments to be made.

Employee Responsibility

- 6. Employees will be responsible for:
giving the required notice with respect to absences, requested leave or shift changes, and
completing the documentation required for each absence or leave.

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Reviewed by: Executive Director Signature: _____

CA-HR 5.02.12 LEAVES

Policy:

Employees will be entitled to leave of absence with the approval of the Executive Director

Procedure(s):

1. Types of Leave

The following are various reasons types of leave an employee may request:

- a. Sick leave
- b. Bereavement leave
- c. Court leave
- d. Special leave
- e. Medical/Dental appointments
- f. Elections
- g. Unpaid leave – Public office
- h. Maternity leave
- i. Parental leave
- j. General leave of absence

2. Leave Requests – All Types

Requests for all of the leaves listed above shall be made with a completed Unpaid and Paid Leave Form (see Appendix) and shall be submitted to the Executive Director for review and approval.

Copies of the signed and approved Unpaid and Paid Leave Form shall be forwarded to the Executive Director for processing, and a copy shall be placed in the employee's personnel file.

3. Sick Leave

See Attendance/Absences Policy for additional information.

Employees are entitled to sick leave at ten (10) days per year at 100% pay. The sick leave is not cumulative into the following year.

Employees who continue to be off work following the expiration of their paid sick leave may be placed on leave of absence without pay for up to twenty (20) work days, provided the employee notifies the employer in writing of the need for such leave prior to the expiry date of paid sick leave.

Sick leave credits will not accrue during any period of unpaid leave.

Additional unpaid leave may be granted at the employer's option.

4. Bereavement Leave

Bereavement leave of three (3) paid days shall be granted to an employee immediately following the time of notification of a death of a member of the employee's immediate family.

For the purpose of this policy, immediate family shall mean spouse, son, daughter, mother, father, guardian, sister, brother, grandparent, grandchild and any person who lives with the employee as part of the employee's family.

The employee shall be paid for shifts on those days which he/she is scheduled to work that are covered by this approved leave.

Such bereavement leave shall be granted to employees who are on other paid leaves of absence, including sick leave and annual vacations. When bereavement leave of absence with pay is granted, any concurrent paid leave credits used shall be restored.

The employer may grant additional bereavement leave of absence without pay, if requested by the employee.

Bereavement leave of absence with pay shall not apply when an employee is on an unpaid leave of absence.

5. Court Leave

Leave of absence without pay shall be granted to an employee who is required to make a court appearance.

Leave of absence without pay shall be granted to employees who:

- a. Are subpoenaed by the Crown to serve as jurors or witnesses for the Crown in a court action;
- b. Employees whose private affairs have occasioned a court appearance;
- c. An accused employee who is jailed pending court appearance; or
- d. Employees who are subpoenaed by an agent other than the Crown.

The employee must advise his/her supervisor as soon as he/she is aware that the leave will be required.

Time spent at court by employees in their official employment capacity shall not result in any loss of regular pay.

6. Special Leave

(Emergency Family Responsibility Leave)

Special leave of absence shall be granted to an employee under specified circumstances.

Regular full-time employee will be granted up to five (5) days per calendar/employment year with pay for Emergency Family Responsibility Leave. This leave is meant to allow employees to meet their responsibilities with regard to the care, health or education of a child in the employee's care or the care or health of any member of the employee's family.

The employee shall notify the Executive Director 10 work days in advance, where possible, when a special leave is required.

In case of an emergency situation, the employee shall notify the Executive Director as soon as possible.

Where the leave has been taken, the Executive Director must ensure that it is properly recorded.

Special Leave

(Other)

The following are examples of paid special leave days with the approval of the employee's direct supervisor:

- a. Moving – one day
- b. Attending a funeral – one day
- c. Marriage of employee – three days
- d. Marriage of an employee's child—one day
- e. Birth or adoption of a child – two days
- f. Observance of religious holidays – one day
- g. Traditions related to the employee's cultural background – one day

7. Medical – Dental Appointments

Where medical and/or dental appointments cannot be scheduled outside the employee's working hours, unpaid leave of absence may be granted.

Where medical and/or dental appointments cannot be scheduled outside the employee's working hours, and the department has a flex day schedule, efforts will be made by the employee to schedule their appointments on their flex day.

Employee's who have regularly scheduled days off will be expected to arrange appointments during those days off. Exceptions may be made for care which is required on an immediate or emergency basis, or where routine appointments cannot be accommodated on the employee's day off.

Employee's who work on a casual on-call basis will be required to attend all medical or dental care appointments on their own time.

8. Elections

An employee whose scheduled hours of work do not allow four (4) consecutive, clear hours in which to vote during the hours in which polls are open must make written application for leave on the leave of absence request form.

Such application must be made at least seven (7) days in advance to the Executive Director.

The Executive Director is responsible for arranging the necessary leave and ensuring that the leave is appropriately recorded.

9. Maternity Leave

An employee who is pregnant is entitled to a leave of absence from work without pay for seventeen (17) consecutive weeks for a shorter period if the employee requests, commencing no earlier than eleven (11) weeks before the estimated date of birth.

The request must be submitted a minimum four (4) weeks prior to the commencement of the maternity leave supported by a doctor's certificate estimating the probable date of birth of the child.

Regardless of the date of commencement of the leave taken as outlined above, the leave shall not end before the expiration of six (6) weeks following the actual date of birth of the child unless the employee requests a shorter period.

- a. The request for a shorter period must be in writing to the employer at least one week before the date that the employee indicates that she intends to return to work and the employee must furnish the employer a certificate of a medical practitioner stating that the employee is able to resume work.

If an employee is unable to return to work after the expiration of the maternity leave for reasons related to the birth or the termination of the pregnancy, the employee will be granted further leaves of absence without pay not exceeding a total of six (6) consecutive weeks.

- a. Requests for such leave must be accompanied by a certificate from a medical practitioner stating the reasons the extension is required.

On return from maternity leave, an employee will be placed in her former position or in a position of equal rank and salary, with all increments to wages and benefits to which the employee would have been entitled had the leave not been taken.

The employer will continue to maintain any health and welfare benefits which are in place at the commencement of maternity leave provided the employee continues to pay any portion of the costs which would normally be her

responsibility had she not taken the leave. The employee's portion shall be prepaid monthly.

An employee on maternity leave continues to accrue vacation leave entitlement at her regular rate but does not continue to accrue vacation pay. Service will be deemed continuous for the purposes of calculating notice of termination or severance pay.

Where an employee gives birth or the pregnancy is terminated before a request for leave is made, the employer will grant the leave of absence without pay for a period not exceeding six (6) consecutive weeks, commencing on the specified date. Requests for such leave must be accompanied by a certificate from a medical practitioner stating the date of birth or date the pregnancy is terminated.

Medical competitions relating to the pregnancy during employment, excluding the period of maternity leave of absence may be charged to normal sick leave credits, subject to the policy for sick leave notification and documentation.

The employer may require an employee to commence a leave of absence where she is not reasonably able to perform the duties of her position because of the pregnancy. Such leave shall continue until the employee provides a certificate from a medical practitioner stating that she is able to perform her duties.

The employee must provide a written request giving a minimum of four (4) weeks notice supported by a certificate from a medical practitioner stating that employee is pregnant and estimating the probable date of birth of the child.

The executive Director will arrange for the leave and ensure that the leave is appropriately recorded with payroll and in the employee's personal file.

- a. Notice granting such leave will be returned to the employee by the supervisor.
- b. If an employee is unable to report to work at the end of the leave of absence, the employee will give fourteen (14) calendar days advance notice in writing to her direct supervisor

10. Parental Leave

Employees are entitled to parental leave according to the applicable sections of the Employment Standards Act (section 51).

- a. The Employment Standards Act states that both mothers and fathers, natural and adopting, are entitled to parental leave providing a written request, accompanied by a medical certificate or other evidence stating the date of birth of the child or probable date of birth of the child if not already provided for maternity leave purposes, is submitted to the employer no later than four weeks prior to the commencement of the leave. If four weeks' notice is not possible due to unforeseeable

circumstances, the request must be submitted immediately upon the need for leave becoming known.

A natural mother who plans to take both maternity and parental leave must give separate notice of both leaves using the Paid or Unpaid Leave Form.

- a. The two notices may be submitted together.

The birth mother may apply for up to 35 weeks of parental leave.

Parental leave for a natural mother must begin when maternity leave expires, unless the mother and the employer agree otherwise.

Birth fathers and adopting parents may apply for up to 37 weeks unpaid parental leave.

Parental leave for a natural father must commence within 52 weeks of the child's date of birth.

Parental leave for adopting mothers or fathers must commence within 52 weeks of the date the child comes into actual custody.

An employee on parental leave does not qualify for statutory holiday pay unless the employee has worked at least fifteen (15) of the last thirty (30) calendar days immediately preceding the holiday and has been on the payroll at least thirty (30) days prior to the holiday.

If the child has a physical, psychological or emotional condition requiring an additional period of parental care, the employee is entitled to up to five (5) additional weeks of unpaid leave beginning immediately after the end of the parental leave.

- a. A doctor or the agency that placed the child must certify that such an additional period of parental leave is required.

A written request for parental leave must be submitted to the Executive Director a minimum of four (4) weeks before the day specified in the request as the day on which the employee proposes to commence parental leave.

- a. The request using the Paid or Unpaid Leave Form must be accompanied by a certificate of a medical practitioner or other evidence stating the probable date of birth of the child in the case of the natural mother or father. (A medical certificate need not be provided if one has previously accompanied an application for maternity leave.)

In the case of adopting a child, a letter from the agency that placed the child will be required when applying for parental leave. Parental leave may be taken by the adopting mother or father, following the adoption of the child within the fifty-two (52) week period after the date the adopted child comes into the actual care and custody of the mother or father.

If the employee is unable to report to work at the end of the leave of absence, the employee will give fourteen (14) calendar days advance notice in writing to the Executive Director.

11. General Leave of Absence

A general leave of absence without pay may be granted to an employee at the discretion of the Executive Director.

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Reviewed by: Executive Director Signature: _____

CA-HR 5.02.13 PAY ADMINISTRATION

Policy:

Legal Compliance

1. SGSFCS acts in accordance with the Employment Standards Act.

Fairness/Equity

2. SGSFCS will not discriminate between male and female employees by employing a person of one sex for any work at a rate of pay that is less than the rate of pay which a person of the other sex is employed for similar or substantially similar work.

Confidentiality

3. All information regarding an employee's pay cheque will remain confidential, unless otherwise stated by the employee.

Rates of Pay

4. Employees of SGSFCS will be paid in accordance with the rates of pay outlined by the Executive Director and Financial Personnel.
5. The hiring rate of pay for a new employee shall not be higher than the rate of pay for an existing employee in the same classification with similar work experience and education.

Pay Cheque Distribution

6. SGSFCS will pay each employee semi-monthly all wages earned for the pay period. Statutory holidays and vacation time will be paid when taken.

Overtime

7. Payment for authorized additional hours of overtime will be as follows:

Permanent Full-time Employees

- a. will receive lieu time off equal to the additional hours worked in accordance with the Employment Standards Act. Must be approved in advance by the Executive Director.

Permanent Part-time Employees

- b. will be paid an hourly rate for additional hours worked in accordance with the Employment Standards Act.

Compensatory Time Off

8. Earning and scheduling of compensatory time off must be approved by the Executive Director in advance.
9. For permanent full-time employees, compensatory time off will be taken within 3 months of being earned.

Flex Days

10. Flex hours are paid hours. Flex obligation is based on number of paid hours worked in excess of 37.5 hours per week during a month.
11. Flex entitlement is negotiated with the Executive Director at time of employment with final approval by the Executive Director.
12. Flex time cannot be banked.

Christmas Season Bonus Time Off

13. The SGSFCS office is closed between Christmas and New Year's. While the office is closed, employees must be available for work if necessary, and on call. The Christmas Season Bonus Time Off is only available to those employees who have not scheduled their vacation during this time.

Procedure(s):

1. Pay Cheque Distribution

Wages will be paid by direct deposit to the employee's bank account or by cheque if there is no direct deposit information for the employee.

2. Compensatory Time Off

The employee requesting compensatory time off will put the request in writing at least two weeks in advance and submit it to the Executive Director for written approval.

If the employee's request is approved, a copy of the request with written approval will be placed in the employee's personnel file.

3. Claiming Time in Lieu

If hours are banked, hours dates and purpose for banked hours must be sent to the Finance Personnel on a weekly basis. Employees must submit an email with the following: date/ number of hours worked in lieu or hours owed/ reason.

For example

Aug 15 - 2 hours- birthday party

Aug 16 - 2 hours - left early for family reason

Aug 17- .5 hours- support for member

Total . 5 hours owed.

In order to use your time in lieu you must submit a request by email two weeks prior to date of time requested off. Approval confirms you are able to take the time off.

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CA-HR 5.02.14 SENIORITY

Policy:

1. In making promotions and transfers, the skill, knowledge and efficiency of the employee concerned will be the primary consideration and, where such qualifications are similar, length of service will be the determining factor.
2. Seniority will be considered in all cases of vacancy, promotion, transfer, layoff and recall from layoff or program discontinuance.
3. When two or more employees are relatively equal in the opinion of the agency, then the senior employee will be given preference.
4. Employees will lose their seniority in the event of the following:
 - i. discharge for just cause,
 - ii. the employee voluntarily terminates his/her employment or leaves the job, or
 - iii. the employee is on layoff or leave without pay for more than one year.

Procedure(s):

1. Commencement of Seniority

The new employee date of hire for a permanent full or part time position will be the date used to determine the employee's length of service.

Relief employees that are hired to a permanent position in the program in which they served as relief will have their total relief hours recognized as contributing to their seniority status and wage grid step.

2. Accrual of Seniority

Educational Leave

Employees on educational leave will retain, but not accumulate seniority.

Leave Without Pay

NOTE: The term "without pay" means when an employee is no longer in receipt of pay directly from the centre, including a Long-term Disability claim.

An employee on leave without pay will cease to accrue further seniority and benefit entitlements from the date the leave commenced.

While on leave without pay, previously accrued seniority will remain frozen to the employee's credit.

Maternity/Parental Leave

An employee on maternity or adoption leave will continue to accrue seniority.

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CA-HR 5.02.15 STATUTORY HOLIDAY

Policy:

1. Permanent employees (full-time and part-time) who have been employed for at least 30 calendar days prior are entitled to a statutory holiday. The agency identifies the ten (10) statutory holidays and two (2) discretionary holidays* in each calendar year as follows:

New Year's Day
 Family Day
 Good Friday
 Easter Monday *
 Victoria Day
 Canada Day
 British Columbia Day
 Labour Day
 Thanksgiving Day
 Remembrance Day
 Christmas Day
 Boxing Day *

Eligibility Pay for Statutory Holidays – Permanent Full-time Employees

2. Eligibility for statutory holidays is defined as an employee who has worked for the agency for thirty days (30) and who has earned wages on fifteen days within the previous thirty working days immediately before the general holiday.
3. All permanent full-time employees and managers will be eligible for statutory holidays.

Eligibility Pay for Statutory Holidays – Permanent Part-time Employees

4. Eligibility for statutory holidays is defined as an employee who has worked for the agency for thirty days (30) and who has earned wages on fifteen days within the previous thirty working days immediately before the general holiday.
5. Payment for statutory holidays will be pro-rated based on the number of days/hours worked.
6. Permanent part-time employees who work a general holiday will be paid straight-time pay plus any pro-rated amount as per #5 instead of a day off with pay.

Eligibility Pay for Statutory Holidays – Temporary Employees

7. Temporary and part-time employees who are eligible to receive a general holiday will be paid for the averaged number of hours of all shifts worked within the thirty (30) day period prior to the statutory holiday.
8. Eligible temporary and relief employees working on a general holiday will be paid one and a half times for the hours worked.

Holiday Falling on a Day of Rest

- 9. When a paid holiday falls on an employee's day of rest, the employee will receive a lieu day off with pay at straight time.

Holiday Falling on a Workday

- 10. An employee who is required to work on a designated holiday shall be compensated at time and one-half. Permanent full-time employees shall also receive a day off in lieu.

Holiday Coinciding with a Day of Vacation

- 11. Where an employee is on vacation leave and a paid holiday falls within that period, the paid holiday will not count as a day of vacation.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 5.02.16 VACATION LEAVE

Policy:

1. SGSFCS acts in accordance with the Employment Standards Act in the administration of vacation pay for all employees.
2. All vacation leave will be approved by the Executive Director.
3. A vacation year shall be the fiscal year commencing April 1st and ending March 31st.

Vacation Accrual

4. All regular, full time employees (28+ hours/week) will be provided with:
 - i) a minimum of 2 weeks, after 12 consecutive months of employment, or
 - ii) a minimum of 3 weeks, after 5 consecutive years of employment.

Additional vacation entitlement is negotiated at the time of hire and subject to the approval of the Executive Director.

5. Hourly accrual will be calculated based on an “average” work day for each position/classification. “Average” work days are calculated on an annual basis as follows:

$$\frac{\text{\# of scheduled hours in 2 week period}}{\text{\# of days scheduled in 2 week period}}$$

6. Vacation is accrued from the first day of employment and is calculated at an hourly accrual rate for each pay period worked. An additional day is accrued for each year worked for a maximum of 6 weeks.
7. An employee may carry over a maximum of the equivalent to five (5) days vacation leave to the following year unless otherwise approved by the Executive Director.
8. An employee accrues vacation from the first day of employment but is not eligible to take accrued vacation until three (3) months of service is completed unless negotiated with the Executive Director prior to the commencement of employment. Employees may borrow vacation time that would be accrued by the end of their current vacation year.

Vacation Selection

Vacation selection applies to ALL employees and contractors.

9. Vacation requests shall be completed in writing and submitted for approval to the Executive Director by February 28th of each year for the vacation period of April 1st to March 31st of the following year.

10. Initial vacation selection shall be on the basis of seniority and operational requirements (within each department area), provided that department areas will be adequately staffed
11. An employee shall be entitled to receive his/her vacation in an unbroken period at the discretion of the Executive Director and with consideration of other employees and operational functions of the agency.
12. Employees shall submit their vacation requests to the Executive Director on or before February 28th for the next vacation year.
13. Employees wishing to split their vacation shall exercise seniority rights in the employee's first choice of a vacation period. Seniority shall prevail in the second vacation period, but only after all other "*first choice*" vacation periods have been posted. Seniority shall also prevail in further choices in the same manner. Regular vacations shall have priority over vacation time carried over.
14. Requests submitted after February 28th, will not be considered in order of seniority and will not be given priority over other employees' requests.
15. For requests made after February 28th; employees may submit, in writing, requests for time off eight (8) weeks in advance to the Executive Director. Requests will be considered on a first come, first served basis with seniority NOT being a factor. Approval is at the discretion of the Executive Director.
16. An employee who relocates to another work location where the vacation schedule has already been completed will not be entitled to exercise his/her seniority rights for that year only. However, every effort shall be made to grant vacation at the time of the employee's choice.

Vacation Approval Process

17. Employees will submit the paid/unpaid leave form to the Executive Director by the end of the business day on February 28th. All requests received will be date stamped.
18. The Executive Director will forward the requests to the appropriate Office Administrator.
19. Once approved by the Executive Director, the requests are forwarded to the Financial Personnel; the original request will be returned to the Office Administrator who will photocopy the original requests to be forwarded to individual staff for their records. The original request will then be recorded on the Vacation Chart by the Office Administrator and filed in the appropriate personnel file.
20. Individual staff will receive their paid/unpaid leave forms with approval by April 1st.

Approved Leave of Absence During Vacation

21. Where an employee qualifies for bereavement leave, sick leave, or any other approved leave with pay during his/her vacation period, there shall be no deduction from the vacation credits for such leave. In the case of sick leave, this section shall apply only when the period of illness is in excess of three (3) days and a note from a physician may be required. The period of vacation displaced shall be taken at a mutually agreed time. An employee intending to claim displaced vacation leave shall advise his/her supervisor and provide necessary documentation within seven (7) days of returning to work. (See Leaves Policy and Leave Management Policy).

Call Back on Vacation

22. Employees who have commenced their annual vacation shall not be called back to work, unless they agree.

Returning to Work

23. Time necessary for travel in returning to the work site and returning again to the place from which the employee was recalled shall not be counted against the employee's remaining vacation entitlement

Upon Termination

24. An employee terminating his/her employment at any time during a fiscal year before he/she has had his/her vacation shall be entitled to a proportionate payment of salary or wages in lieu of such vacations for vacation time earned.

25. Upon termination of employment, any amounts owing for vacation leave will be deducted from the final pay cheque.

Implementation Date: 2020/09/29	Review Cycle: 5 year	Review Date: 2025/09/29
Responsibility of: _____		Next Review: 2025/09/29
Reviewed by: Executive Director	Signature: _____	

CA-HR 5.02.17 VACATION PAY

Policy:

- 1. Vacation leave will be approved subject to a review of operational requirements.
- 2. Vacation leave for a permanent part-time employee will be proportionate to permanent full-time employees and at no time will a permanent part-time employee receive a superior benefit to a full-time employee.
- 3. Part-time and Temporary employees will be paid out their vacation entitlement as part of their regular payroll.

Vacation Pay Rate

- 4. Permanent full-time and part-time employees will have an annual vacation entitlement of a minimum of two weeks however, additional vacation time can be negotiated at the time of hiring of employment.
- 5. Part time and Temporary employees will receive:
 - i. After 5 calendar days of employment, at least 4% of the employee’s total wages (or the equivalent in hours of vacation leave) during the year of employment entitling the employee to the vacation pay;
 - ii. After 5 consecutive years of employment, at least 6% of the employee’s total wages (or the equivalent in hours of vacation leave) during the year of employment entitling the employee to the vacation pay.

Notwithstanding, part time and temporary employees may request, in writing, unpaid leave.

- 6. Upon twenty-one (21) days written notice, an employee shall be entitled to receive, prior to commencement of his/her vacation, a payroll advance equivalent to the amount of any regular employee. To request the advance, employees shall submit a written letter to the Executive Director.

The Executive Director will forward the request to the Financial Personnel who will prepare the cheque with the appropriate payroll process.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-HR 5.03.01 SALARY AND BENEFIT SCALE POLICY

Policy:

SGSFCS will set salary and benefit scales according to trends, requirements and ability to pay.

Procedure(s):

SGSFCS will set salaries and benefits in response to:

- 1) Prevailing trends for agency personnel in non-unionized settings in this sector
- 2) Funder contract requirements
- 3) Ability to pay.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 5.04 ACCOUNTABILITY AND PERFORMANCE OF PRACTICUM STUDENTS

Policy:

- a) When SGSFCS accepts practicum students, the agency will provide regular supervision and accountability for work performed.
- b) During the acceptance phase, SGSFCS and the educational institution will agree to contractual arrangements.

Procedure(s):

- 1. Tasks and responsibilities assigned to practicum students are suited to their abilities. Practicum students are formally oriented by staff to SGSFCS programs, policies and procedures with special attention to issues of member rights, confidentiality and code of ethics. Practicum students are assigned to their specific duties both in verbal and written form. Designated personnel supervise them, with alternate personnel assigned if the regular personnel must be absent during the placement. A schedule is maintained of the practicum students assigned to a particular area.
- 2. These contractual agreements cover:
 - a) The direction of the placement experience.
 - b) The process for selecting the practicum students.
 - c) The liability insurance coverage of the practicum students.
 - d) The role of the Program Coordinator including evaluation procedures for the educational institution.
 - e) The role of the educational institution supervisor.
 - f) The criteria for practicum students' dismissal and/or failure.
 - g) The educational institution's expectations of the agency.
 - h) The agency expectations of the educational institution.
 - i) Parameters, which identify the practicum students' involvement with the agency.
 - j) The agency maintains records on its practicum students that include applications, task assignments, attendance and evaluations.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 6.01.01 SYSTEM OF PERSONNEL SUPERVISION

Policy:

SGSFCS has a system of personnel supervision that is tailored to each program's model of service delivery and uses individual and/or group supervision.

Procedure(s):

1. Each program area will have a written statement (Service Narrative) outlining its model of service delivery, which will be consistent with SGSFCS philosophy and mission statements.
2. Program Coordinators will have a written schedule outlining designated times for individual and group supervision.

Supporting Documentation:

Service Narrative

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 6.01.02 SUPERVISORY RESPONSIBILITIES

Policy:

SGSFCS will use qualified Office Administrator to hold staff accountable for assigned duties.

Procedure(s):

Office Administrator responsibilities will be clearly stated in relevant job descriptions.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 6.01.03 SUPERVISION

Policy:

1. All employees within SGSFCS have the right to expect regular supervision as a support to maintain and improve the quality of their work.
2. Employee supervision will be based upon the principal of “mutual determination”, where both the Office Administrator and supervisee have input towards:
 - a) what should occur in the area of tasks to be undertaken,
 - b) the results to be expected, and
 - c) the goals to be achieved, including indicators that will be acceptable as evidence to achieve them.
3. The Office Administrator and Executive Director determines standards of performance and expectations related to the employee’s Job Description (see Job Description Policy for additional information).

Procedure(s):

1. The Concept of Supervision

It is SGSFCS belief that there is a direct relationship between the quality of supervision and the quality of the programs and services. To fail to provide effective supervision is to avoid the responsibility to encourage the continued growth and development of the employees and with them, the services provided.

SGSFCS believes that supervision is an interactive learning process within the overall framework of enhancing the quality of the services delivered to seniors, their caregivers, and their families.

It is the responsibility of the Office Administrator to provide the opportunity for the employees to benefit from the supervisory relationship. It is the responsibility of the supervisee to take advantage of this opportunity. Both responsibilities are of equal importance.

2. Definitions

Supervision refers to:

- a) the systemic interaction between participants undertaken to facilitate the enhancement of the quality of services offered; and
- b) the interaction between Office Administrator and supervisee which is designated to increase competence in the supervisee’s service to members.

3. Responsibility

The executive Director will be directly responsible for the supervision of all program staff under his/her direction.

4. Requirements of Supervision

The executive Director will:

- a) ensure that staff follow program and administrative guidelines in the following ways:
 - i. directly observing and working with staff,
 - ii. reading all appropriate documentation,
 - iii. being available and accessible to the staff,
 - iv. providing guidance on the staff's performance,
 - v. ensuring that staff take corrective action if necessary, and
 - vi. meet individually with staff members in supervisory meetings.
 - vii. discuss with the employees their understanding of their strengths, weaknesses and problems,
 - viii. explore with the employee ways in which;
 - ix. the employee's strengths can be utilized and reinforced and
 - x. the employee's problems can be addressed.
 - xi. Examine with the employee:
 - the adequacy of the goals set for the employee,
 - the means employed to achieve these goals,
 - progress towards these goals based upon measurable indicators.
 - xii. discuss job-related behaviours and incidents,
 - xiii. recognize the boundaries between personal, therapeutic and work-focused interactions,
 - xiv. discuss the employee's understanding of their own strengths, weaknesses or problems,
 - xv. explore ways in which the employee may impact more effectively with the members,
 - xvi. discuss job-related behaviour and incidents, and
 - xvii. explain and instruct in the interpretation of policies and procedures.

Evaluations/Appraisals

- a. See Performance Appraisal Policy

Professional Development Plan

- a. The Executive Director will establish through a process of consultation and discussion a Professional Development Plan for each employee on a yearly basis. The Plan will include the following:
 - i. Development goals
 - ii. Training strategies
 - iii. Evaluative criteria

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 6.02.01 ANNUAL PERFORMANCE EVALUATION

Policy:

1. A formal written performance evaluation will be carried out prior to the expiry of an employee’s probation period and annually thereafter, unless otherwise required. The performance appraisal process is a joint one involving both the employees and the Executive Director.

The performance of all personnel will be evaluated in writing annually.

Procedure(s):

1. Evaluation is completed within 14 months of the hiring date or the last evaluation.
2. Evaluation includes feedback from members, collaterals, peers and supervisors. Feedback from peers is optional.
3. A copy of the completed evaluation is kept by the employee and one copy is placed on the personnel file.
4. All evaluations include:
 - a) An assessment of job performance that is related to the job description
 - b) Training goals
 - c) Review of previous year's goals (if applicable)

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 6.02.02 OUTCOME ORIENTED PERFORMANCE EXPECTATIONS

Policy:

SGSFCS will develop outcome-oriented performance expectations for all personnel.

Procedure(s):

SGSFCS will utilize outcome-based Performance Reviews.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 6.02.03 CONTENT OF PERFORMANCE REVIEWS

Policy:

All Performance Reviews will include, but will not be limited to:

- a) assessment of job performance as related to job description
- b) future performance objectives
- c) recommendations for training and/or upgrading

Procedure(s):

1. All jobs will have an updated job description.
2. All programs will have a formalized evaluation procedure and format in place.
3. All Performance Reviews will be completed and written within 14 months of the previous performance review.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 6.02.04 CULTURAL AND SOCIOECONOMIC SENSITIVITY AS A FACTOR IN PERFORMANCE EVALUATION

Policy:

SGSFCS evaluates personnel's cultural and socioeconomic sensitivity as a component of performance evaluation.

Procedure(s):

1. Performance evaluation process for all personnel includes assessment of personnel's awareness of, and sensitivity to, cultural and socioeconomic characteristics of the service population.
2. When evaluations reveal performance deficiencies in personnel's cultural or socioeconomic sensitivity or awareness, remedial steps will be undertaken.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

**CA-HR 6.02.05 CULTURAL DIVERSITY IN HUMAN RESOURCES
POLICIES AND PROGRAMS**

Policy:

SGSFCS promotes and supports cultural diversity through its Human Resource Policies and in its programs.

Procedure(s):

Human Resource policies recognize diverse cultural traditions. (Refer to CA-HR 6.02.04, CA-HR 3.02.09)

Programs and SGSFCS activities and events promote diverse cultural traditions.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 6.03 PERFORMANCE REVIEW SIGN-OFF

Policy:

Personnel are given the opportunity to sign-off on their own annual written evaluation.

Procedure(s):

Each evaluation will have a cover page, which contains the following information:

- a) Name of employee and job title
- b) Name of person doing the evaluation and job title
- c) Date
- d) Date of last evaluation
- e) Date of next evaluation
- f) Staff comments
- g) Staff sign-off
- h) The Executive Director sign-off

In the event that personnel choose not to sign the evaluation, the refusal will be noted.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 6.04 INDEPENDENT CONTRACTORS

Policy:

SGSFCS will ensure that all contracted professionals will be held accountable for services provided.

Procedures:

1. All contractors will be supervised on a regular basis.
2. All contractors will be evaluated on an annual basis or when required.
3. All contracts will be reviewed annually by the Executive Director to ensure compliance with applicable tax and labour laws.
4. The Executive Director will report to the Board on an annual basis in regard to any liability issues.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 7.01.01 PERSONNEL FILE

Policy:

1. SGSFCS maintains a centrally filed personnel record system with an up-to-date, individual, confidential personnel file for each employee.
2. Employees can request access to their own file.
3. The contents and information within the personnel files are kept confidential.
4. SGSFCS maintains the confidentiality and privacy of all employee information in accordance with the Personal Information Protection Act.

Procedures:

1. Establishment/Retention/Removal

The file for each employee will be:

- a. established at the date of employment,
- b. continuously maintained throughout the employment period, and
- c. retained by SGSFCS for seven years after termination.

Records of termination will not be removed from the employee's file.

2. Contents

Each employee's individual personnel file contains all pertinent documentation relating to the employee's status and job performance that include:

- a. all documents pertaining to complaints, including the results of investigations and disciplinary action taken (if any)
- b. benefits information
- c. confidentiality agreement
- d. credential verification
- e. current TD1 form
- f. employee change of status form
- g. identity information
- h. information pertaining to the interviewing process
- i. job description(s)
- j. letter of appointment
- k. doctor's medical note of certification verifying the employees fitness and health (if applicable)
- l. name(s) of next of kin or person(s) to notify in the case of emergencies
- m. orientation checklist
- n. performance evaluation(s)
- o. pre-service and in-service training
- p. reference verification

- q. resumes (including previous experience, credentials and acquired training)
- r. signed policies and procedures acknowledgement form,
- s. signed Agreement to Mission, Mandate and Philosophy, and the Employee Code Of Ethics of SGSFCS
- t. training logs
- u. verification of a criminal records check, driver's licence checks, drivers abstract, insurance abstracts (TB) checks
- v. void cheque
- w. other documents or forms as required

NOTE: Time and attendance records, travel, leave accrual and usage, and documents relating to pay will be maintained in the accounting section.

3. Confidentiality

The Office Administrator ensures that:

- a. all personnel files are maintained in a locked cabinet to secure against loss, destruction or unauthorized access,
- b. only approved staff can access the personnel records,
- c. information of a personal nature is in a sealed envelope in the personnel file, and
- d. the confidentiality of a third party who has given information pertaining to an employee member is maintained.
- e. All personnel information is collected, used and disclosed in compliance with the Personal Information Protection Act.

4. Employee Access to Information

Employees wishing to review their own file may do so by asking the Executive Director in writing and in advance.

The review will be conducted in the presence of the Executive Director.

5. Updating the Personnel File

The employee's Executive Director will be responsible for ensuring that the contents of employee's personnel files are completed and updated with job related information as required.

The employee is responsible for providing any updates or changes to personal information including but not limited to:

- a. new criminal charges
- b. change in physical or mental health that might affect ability to perform duties of their job
- c. change of address or contact information
- d. change of information related to dependants (marriage, births)
- e. change of driver licence status

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 7.01.02 PERSONNEL RECORDS

Policy:

SGSFCS maintains personnel records in compliance with applicable legal and regulatory requirements. SGSFCS will keep up to date personnel files for all personnel.

Procedures:

Personnel records are updated, and contain:

- a. Employee Personal Information Form;
- b. Application for employment, interview notes, and reference verification;
- c. Criminal Record Check, if applicable (renewed every 3 years);
- d. Job description;
- e. Employment contract or contractor agreement;
- f. Employee Confidentiality Agreement (signed);
- g. Policy and Procedures Acknowledgement Form (signed);
- h. Agreement to Mission, Principles, and Ethical Codes Form (signed);
- i. Internet Usage, if applicable (signed);
- j. Cell Phone Policy, if applicable (signed);
- k. Policy Prohibiting Corporal and Degrading Punishment (signed);
- l. Medical Certification, if applicable;
- m. Copy of Driver's License, abstract, and insurance verification, if applicable;
- n. Copy of educational documentation certification, if applicable
- o. Tests able to administer, if applicable;
- p. Liability Insurance, if applicable;
- q. Association Memberships, if applicable;
- r. CPI Certificate, if applicable;
- s. Copy of First Aid Certificate, if applicable;
- t. Copy of Food Safe Certificate, if applicable;
- u. TD1/TD1BC;
- v. Performance evaluations and all documentation relating to performance, including disciplinary and termination summaries, if applicable;
- w. Orientation documentation, including onboarding and property receipt form; and
- x. Training records.

At orientation, all employees are given an orientation package that contains all hiring documents. Policies and forms are reviewed and the employee signs off on all the forms and the forms are kept in the employees personnel file.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 7.03 ACCESS TO PERSONNEL RECORDS

Policy:

SGSFCS Society grants personnel access to their files.

Procedure(s):

1. Personnel make a written request to see their files to the Executive Director.
2. The Executive Director has to give the Office Administrator 24 business hours' notice to enable personnel to access their individual records.
3. Personnel may recommend additions or deletions or corrections of information contained in their file. The Executive Director will review all such requests.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 7.05.01 EMPLOYEE’S NOTICE OF RESIGNATION

Policy:

- 1. An employee shall give written notice of resignation to the Executive Director reasonably in advance of the anticipated last date of work.

It is expected that a minimum of fourteen (14) calendar days notice be given –
alonger period of notice is preferred.

*NOTE: This is very important since full staffing is essential for good care plus
sufficient time is needed to replace employees who resign.*

- 2. The Executive Director of the departing employee is responsible for ensuring that the Financial Administrator is aware of the resignation immediately upon notification from the employee.
- 3. The written notice of resignation is to be placed in the employee’s personnel file.
- 4. All property belonging to the centre (keys, uniforms, identification cards, etc.) shall be returned and accounted for prior to the release of the final pay cheque to the Office Administrator.

Onboarding/Exit Form

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-HR 7.05.02 EMPLOYEE’S NOTICE OF TERMINATION

POLICY:

1. For all employees, the Executive Director may terminate the employment of an employee for just cause, subject to the employee’s right of appeal.
2. Conditions
 - i. The above policies does not apply to casual employees, employees who have been dismissed for just cause, employees on temporary layoff who have been offered and refused a reasonable alternative and employees hired for a definite term or for specific work to be completed in a period not exceeding twelve (12) months.
 - ii. When an employee’s services are terminated other than for just cause, he/she will be entitled to notice in writing or regular pay for the period in lieu of notice, as per the “Employment Standards Act”.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 7.05.03 EXIT INTERVIEWS

Policy:

SGSFCS will offer all personnel the opportunity to complete an agency Exit Interview Form.

Procedure(s):

Prior to departure, the Office Administrator will give personnel a copy of the agency's Exit Interview Form that includes the option of meeting with the Executive Director.

Exit Interview Form

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-HR 7.05.04 PROFESSIONAL REFERENCES

Policy:

- 1. In order to ensure accuracy and fairness, professional references for current and/or previous employees of SGSFCS are to be provided only by the direct supervisor or Executive Director.

This pertains to both written and verbal references.

- 2. The Executive Director, and/or the Office Administrator will be responsible for the representation of the centre when providing professional references.
- 3. All other employees are not permitted to provide a professional reference unless authorized by the above designates.
- 4. Personal references may be given at one’s own discretion, but shall not include a professional assessment or evaluation.
- 5. All employees are encouraged to make arrangements for a reference in advance and in writing to the Office Administrator and/or Executive Director. All references will include input by supervisors or coordinators that have direct and relevant information.

NOTE: Written references will include only the following information:

- Confirmation of the employee's employment
- Length and date of employment with SGSFCS
- Job title and responsibilities
- The Executive Director contact information if further detail and information is needed for the reference

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-PQI: PERFORMANCE AND QUALITY IMPROVEMENT

CA-PQI 1.00.01 LONG - TERM STRATEGIC PLANNING

Policy:

The SGSFCS will do a long- term strategic planning review at least every five years.

Procedures:

1. On an annual basis, the Board of Directors will review the long-term plan.
2. The review will include:
 - Review of mission, values and mandate
 - Goals and objectives
 - Assessment if strengths and weaknesses
 - Assessment of human resources issues
 - Strategies for meeting goals.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-PQI 1.00.02 ASSESSMENT OF COMMUNITY NEEDS

Policy:

The SGSFCS as part of long-term planning will review community needs every five years, commencing 2022.

Procedures:

1. This review will be prepared by the Executive Director.
2. Results of the review will be reported to the Process and Quality Improvement (PQI) Team and to the Board of Directors.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-PQI 2.01-02 PQI DOCUMENTS

Policy:

The PQI document will adhere to guidelines specified by Council On Accreditation. (COA).

Procedures:

1. The PQI document will:

- Describe PQI activities
- Assign responsibility for PQI activities
- Be specific regarding timelines
- Be specific as to volunteer involvement
- Describe how results will be reported
- Describe both feedback and corrective action elements

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-PQI 3.04 SHORT-TERM PLANNING

Policy:

Each programming area will have a short-term strategic plan.

Procedures:

1. The short-term strategic plans will support organizational long-term plans.
2. The short-term plan will both support PQI related activities and be flexible.
3. Short-term planning will address:
 - Budgetary objectives
 - Methods of assessing results
 - Timelines
 - Who is responsible

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-PQI 4.01 OUTCOME MEASUREMENT

Policy:

The SGSFCS will ensure that each of its program areas has appropriate qualitative and quantitative outcome measurements that evaluate individual progress and program effectiveness.

Procedures:

1. The SGSFCS will set service goals for all program areas and these goals will be measured.
2. Whenever possible, the SGSFCS uses standardized measurement tools.
3. Data is analyzed on a regular basis.
4. Data is analyzed in conjunction with other PQI data.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-PQI 4.03.01 MEMBER SATISFACTION

Policy:

The SGSFCS will administer member satisfaction surveys to a valid sample of members.

Procedures:

1. Member satisfaction surveys will guarantee member anonymity.
2. Survey results will be shared with the PQI Team and the Board of Directors.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-PQI 4.03.02 REVIEW OF GRIEVANCES, INCIDENTS, AND ACCIDENTS

Policy:

The SGSFCS will review all grievances and accidents on an annual basis.

Procedures:

1. The review will look at environmental issues.
2. The results of the reviews will be made available to the PQI Team and to the Board of Directors.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-PQI 4.03.03 ANNUAL RISK MANAGEMENT REVIEWS

Policy:

On an annual basis, the SGSFCS will review issues of overall risk to the SGSFCS.

Procedures:

1. The annual review will include reviews of licensing and reporting.
2. The management meeting minutes of the review will be made available to the PQI committee.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-PQI 4.05 EXTERNAL REVIEWS

Policy:

The SGSFCS will integrate any applicable requested external processes into the PQI review process.

Procedures:

1. PQI will be given copies of any applicable requested external review processes.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-PQI 6.01 DATA ANALYSIS AND MANAGEMENT

Policy:

SGSFCS aggregates and reviews several sources of information to identify patterns, including:

- a. Annual program review reports;
- b. Annual review of incidents, accidents, and grievances;
- c. Member satisfaction data.
- d. Program outcomes data.
- e. comparison of internal and external program outcome measures if applicable

Procedures:

Aggregated data is reviewed by the PQI committee and the findings are shared with the Executive Director annually at the Board meetings.

The data is used to:

- 1. identify strengths and positive practice;
- 2. identify areas of needed improvement;
- 3. set improvement activity priorities; and
- 4. manage individual program operations.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-PQI 6.03 REPORTING PQI FINDINGS

Policy:

Reports of PQI findings:

- a. Are distributed in timeframes and formats that facilitate review, analysis, interpretation, and timely corrective action;
- b. Facilitate compliance with regulatory reporting requirements if applicable.
- c. Consider concerns related to the confidentiality of service recipients

Procedures:

Aggregated data is reviewed by the PQI committee at annual meetings. The findings and recommendations are shared:

- a. with the Executive Director whenever appropriate;
- b. with staff through emailing out PQI Meeting Minutes;
- c. an annual report is presented at the Board meetings;
- d. a summary report of the PQI activities is shared in the SGSFCS’s Annual report prepared for all of SGSFCS’s members.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-PQI 6.04 FEEDBACK MECHANISMS

Policy:

The SGSFCS will provide information regarding PQI processes to SGSFCS's members.

Procedures:

1. PQI processes will be discussed with the Board of Directors on a regular basis.
2. The PQI report will be discussed on the regular basis.
3. PQI results will be made available to SGSFCS's members.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-PQI 7.01 CORRECTIVE ACTION

Policy:

The SGSFCS uses PQI data to continually improve services.

Procedures:

1. The SGSFCS reviews and revises policies on a regular basis.
2. The SGSFCS builds on strengths and seeks to eliminate problems.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-PQI 7.03.01 PQI DOCUMENT

Policy:

The SGSFCS will produce a PQI document as required. This will not be static form as it will be constantly in transition with completed/addressed items removed and new items added.

Procedures:

1. The PQI Team will meet whenever necessary and is responsible for the creation of the annual report.
2. The PQI report will be presented at the Annual General Meeting.
3. The PQI report will be available to everyone involved in the SGSFCS's PQI work.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-PQI 7.03.02 PQI DOCUMENT UPDATE

Policy:

The SGSFCS will review the PQI document as required in order to ensure that it is up to date.

Procedures:

1. The PQI document will be reviewed annually by the Board of Directors and noted in the meeting minutes.
2. The PQI document will be reviewed quarterly by the Executive Director.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM: RISK PREVENTION AND MANAGEMENT

CA-RPM 1.00 LEGAL LICENSES

Policy:

South Granville Seniors Friendship Centre Society (SGSFCS) complies with all applicable federal, provincial and local laws and regulations associated with service delivery, and possess all relevant licenses.

Procedure(s):

1. The Office Administrator will ensure that copies of licenses and documents are kept in a file marked "Program Licensing" at the main office.
2. The SGSFCS is registered as a charitable agency. Each program has a copy of our non-profit status and a copy is kept in the file marked "Program Licensing".
3. All licenses that are required to be displayed are prominently displayed on site in an appropriate location (lobby, administration office, kitchen, etc.) where they are visible to the public and to members.
4. It is the responsibility of the Executive Director to insure that licenses are current. Annual review of the status of all licences will be included on the Executive Director and Governance calendar.

Implementation Date: 2020/09/29	Review Cycle: 5 year	Review Date: 2025/09/29
Responsibility of: _____		Next Review: 2025/09/29
Reviewed by: Executive Director	Signature: _____	

CA-RPM 2.01 ANNUAL REVIEWS

Policy:

On an annual basis, a month in advance of the AGM, SGSFCS committees and the Executive Director review SGSFCS's Health and Safety Manual and Policy and Procedures that outline areas of potential risk that may include:

- a. financial risks;
- b. compliance with legal, regulatory and/or contractual requirements;
- c. contracting practices and compliance;
- d. insurance and liability;
- e. issues related to Members' rights and confidentiality;
- f. health and safety of administrative and service environments;
- g. human resources practices;
- h. technology and information management;
- i. public relations, branding and reputation; and
- j. conflict of interest.
- k. facility safety issues;
- l. serious illnesses, injuries and deaths;
- m. situations where a service recipient was determined to be a danger to himself/herself or others; and
- n. behavior management practices

Procedures:

1. The Executive Director reports to the Board of Directors regarding the nature of risks, steps taken to reduce risks in monthly Board meetings.
2. Program Coordinators and SGSFCS Committees report to the Executive Director in monthly Team Meetings on ongoing risks.
3. The Finance Personnel has responsibility for overseeing risk management activities for insurance, general liability and proper management of investments. The Finance Personnel reviews such risks annually, noting in particular the nature, severity and frequency of each risk and forwarding recommendations to the Executive Director. The recommendations include steps for prevention and risk reduction activities in combination with protection from risk. The Executive Director ensures that action is taken within a reasonable time frame. After such time, the Financial Personnel evaluates and monitors the effectiveness of the risk management function, and reports to the Board of Directors through the Executive Director.
4. The Executive Director will be advised of any incident of employee misconduct related to the delivery of service to members through the member Grievance Form.

The Executive Director will take appropriate action to ensure such incidents are not repeated. Any such incidents will be reported to the Board.

5. The Executive Director and the Board of Directors review policies related to SGSFCS's Health and Safety Manual and Personnel Policy and Procedures on an ongoing basis.
6. The Executive Director has ultimate responsibility for overseeing risk management activities. The Executive Director uses active program evaluation, monitoring, and the Performance Quality Improvement program to ensure compliance with this policy.
7. The Health and Safety Committee (H&S) and Performance and Quality Improvement Committee (PQI) routinely monitor safety issues related to staff, members and the workplace, and forwards recommendations to the Management team and the Executive Director. These recommendations include steps for prevention and risk reduction activities in combination with protection from risk.
8. The Executive Director ensures that recommended changes, policies and procedures are implemented and that all programs comply within a reasonable time frame. After such time, the H&S Committee and PQI Committee evaluates and monitors the effectiveness of the risk management function and reports to the Executive Director. The Executive Director, in turn, reports to the Board of Directors.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-RPM 2.02 INCIDENT REVIEWS

Policy:

SGSFCS reviews all incidents and accidents that involve the threat or actual harm, serious injuries, and deaths, and review Procedures:

- a. establish timeframes for investigation and review with local Government authorities.
- b. require solicitation of statements from all involved individuals;
- c. ensure a critical incident review by a designated individual;
- d. require timely implementation and documentation of all actions taken;
- e. address ongoing monitoring if actions are required and determine their effectiveness; and
- f. address applicable reporting requirements to all involved individuals and the Board of Directors.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 2.04 RISK MANAGEMENT

Policy:

Personnel who are required to deal with risk management will have this task included in their job responsibilities and will be qualified to deal with risk management.

Procedure(s):

1. Individuals involved in risk management will include:
 - a) Board of Directors
 - b) Executive Director
 - c) Program Coordinators
 - d) Staff
2. The Executive Director and the Board of Directors will identify and analyze any issues that present risk to SGSFCS.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-RPM 2.06.01 LEGAL ASSISTANCE TO PERSONNEL

Policy:

SGSFCS may, but is not obligated to, pay some or all of the legal expenses incurred by personnel charged with a criminal offense or sued for damages, where the legal proceedings arise out of acts or omissions committed in the course of personnel duties with SGSFCS.

(a “Claim”).

Procedure(s):

1. The SGSFCS will reimburse personnel for reasonable and necessary legal expenses incurred to obtain legal advice regarding an existing or threatened Claim, in the event that the personnel is not found guilty.

The Board of Directors may consider, without limitations;

- a) The nature and circumstances of the Claim,
- b) The strength of the allegations,
- c) The substance of the defense to the Claim,
- d) The cost to the agency of defending the Claim,
- e) The lawyer or firm retained,
- f) Whether or not the Claim was reported promptly to the agency.

2. The Board of Directors may offer a partial indemnity to personnel.
3. The Board of Directors may impose conditions on the agency to contribute to the legal expenses, including, without limitation, the choice of legal representation, or a requirement that personnel agree to a suspension while the Claim remains unresolved.
4. Personnel will repay the agency’s contribution to his or her legal expenses, immediately, if convicted of a criminal offense or found liable for damages in respect of the Claim.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 2.06.02 RESPONSE TO SUBPOENAS, SEARCH WARRANTS, AND OTHER LEGAL ACTIONS

Policy:

SGSFCS has the obligation to support staff in response to subpoenas, search warrants, investigation and other legal actions.

Procedure:

Procedure for subpoenas, search warrants, investigations and other legal actions:

1. In the event a file is subpoenaed to court, the procedures regarding Freedom of Information will apply. That is, all third party references will be eliminated by “white out” and a copy of the file will be submitted.
2. In the event a staff member is subpoenaed to court. The staff member will review the file and make any necessary notes for his/her records and will appear at the designated time and place of the court order.
3. In the event of a search warrant: depending on the extent of the search warrant it may be necessary to receive legal advice prior to the submission of any requests of the search warrant. As in (a) above, the file would need to be reviewed by the Executive Director to determine the pertinence of any case notes and if necessary, Freedom of Information and Protection of Privacy Act (FOIPP) guidelines would be implemented.

Implementation Date: 2020/09/29	Review Cycle: 5 year	Review Date: 2025/09/29
Responsibility of: _____		Next Review: 2025/09/29
Reviewed by: Executive Director	Signature: _____	

CA-RPM 2.06.03 LEGAL ADVICE

Policy:

SGSFCS will consult with a lawyer regarding risks associated with member confidentiality as needed.

Procedure(s):

In the event that there is a need to talk to a lawyer, contact will be co-coordinated through the Executive Director or designate.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-RPM 4.01 ENSURING ADEQUATE INSURANCE

Policy:

SGSFCS carries liability insurance on all personnel and property insurance for all premises.

Procedure(s):

1. Annually, the agency will evaluate and purchase appropriate types and levels of insurance to ensure adequate coverage of its risks.
2. The SGSFCS carries liability insurance that is attached to all contracts provided by the B.C. Government.
3. WorkSafe BC coverage is mandatory in British Columbia.
4. The agency carries insurance on all premises and equipment.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 4.02.01 DISCLOSURE OF INSURANCE

Policy:

SGSFCS discloses to Board members and personnel, all insurance coverage and the impact of such coverage on them.

Procedure(s):

1. Board members and personnel are all oriented to this policy during their initial orientation.
2. The SGSFCS will provide written notification to the Board of Directors and personnel of the amount, type, extent and limits of insurance coverage related to the scope of their activities performed on SGSFCS's behalf. The Board will be notified at their annual retreat. Staff is notified as part of the orientation.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 4.02.02 VEHICLE LIABILITY INSURANCE

Policy:

All personnel who provide transportation for members/members as part of a service will maintain adequate insurance coverage.

Procedure(s):

- 1. SGSFCS assumes that personnel already have the minimum British Columbia requirement of \$200,000.00 for 3rd party liability.

It is expected that the vehicle owner will purchase a minimum of \$5,000.000.00 3rd party liability when carrying passengers.

- 2. When moving here from another Province:

If you were the owner of a vehicle and were accident free, you should obtain a letter from the Insurance Company that had insured you and present to I.C.B.C. who, in turn, would give the appropriate discount.

If you did own a vehicle but had been driving someone else’s vehicle, I.C.B.C. does not recognize this time even if it has been accident free. The owner of the vehicle bears the penalty for any accident. The accident is attached to the registered owner and not to the driver’s license.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-RPM 4.02.03 INSURANCE COVERAGE AGAINST LOSS

Policy:

SGSFCS will provide fidelity insurance in respect of all personnel entrusted with handling money. The society will do this rather than bonding personnel.

Procedure(s):

1. All personnel in the finance department will be covered.
2. All members of the Management Team will be covered.
3. All personnel in charge of money will be covered.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-RPM 6.01 MEMBER'S PHOTOGRAPHS

Policy:

Member's photographs will not be shared with the media without written permission from the member.

No member under the age of 18 will ever have their picture taken for purposes of fundraising unless the guardian has expressed consent in writing.

Procedure(s):

1. Members will be told at intake that they do not have to have their picture taken.
2. If they choose to have their picture taken, a consent form will be signed.
3. If the picture is to be used in fundraising, another consent form will have to be signed.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 6.05.01 FORMAT OF ELECTRONICALLY TRANSMITTED DATA

Policy:

SGSFCS complies with legal and organizational standards to ensure that appropriate formats, codes, and identifiers will protect the privacy and/or security of electronically transmitted data and internet sites.

Procedures:

1. Privacy policy on all Internet sites will be developed and posted.
2. Internet use will be monitored and recorded on a regular basis.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-RPM 6.05.02 INFORMATION TECHNOLOGY USE

Policy:

SGSFCS provides employees and third parties with information technology and systems for business use. This policy details the acceptable use of these Information Technology (IT) assets.

Ownership

All SGSFCS IT assets and all information relating to SGSFCS stored on SGSFCS owned and sourced IT assets, as well as any company information stored on personal assets, are the property of SGSFCS. They are not the property of any individual.

Personal Use

Appropriate limited personal use of company resources of all kinds is addressed in the Code of Conduct.

Privacy

Employees may not consider any information created, communicated, or stored using SGSFCS equipment, systems, or services to be private. To the farthest extent permitted by law, information sent through the SGSFCS network can and will be monitored. To the farthest extent permitted by law, SGSFCS retains the right to access, examine, or disclose any material viewed, transmitted or stored using its equipment, systems, or services. This includes web usage, hard drives and peripherals such as printers, email, voicemail, instant messages, text messages, and social computing content (examples: Yammer, Twitter, Facebook, blogs).

Portable Devices

Employees using portable computers or handheld devices to access company information must ensure these devices are secured at all times.

- a. Viewing sensitive information on a portable device in a public place such as an airplane is highly discouraged. Employees are reminded of their obligations in respect of confidential information.
- b. Users should not leave sensitive or confidential information in voicemail messages or text messages since the information is unencrypted.
- c. These assets must be reported if stolen or lost.

Personal Devices

SGSFCS employees and designated third parties may use personal devices to directly access company information (example: iPhones).

- a. Personal devices used in this manner must be password protected.

- b. Personal devices used in this manner must have virus protection
- c. These assets must be reported if stolen or lost.

User IDs and Passwords

Email accounts, user ids and passwords are for specific individuals and must not be shared. Delegation features are available on most applications and must be utilized where access privileges need to be shared.

Prohibited use

Users may not use SGSFCS electronic assets to:

- a. View, create, forward, display, disseminate, download, save or receive: Inappropriate material including material that violates any SGSFCS policy.
- b. Sending information to third parties without authorization.
- c. Conduct illegal activities.
- d. Support, solicit, advertise, or promote commercial ventures such as running a personal business, religious or political causes.
- e. Send or forward junk mail, spam, or chain letters.
- f. Tamper with your company electronic signature in order to misrepresent yourself or the company. Your name, electronic mail address, organizational affiliation and related contact information must reflect your true identity.
- g. Use anonymous re-mailers or other identity—hiding mechanisms.
- h. Use rule—based forward of electronic mail to addresses outside of SGSFCS.
- i. Send sensitive personal company information such as company credit card numbers, company telephone calling card numbers, fixed passwords, or customer account numbers through the Internet unless the connection is provided by the company.

The above list describes examples of prohibited uses of SGSFCS electronic assets and should not be considered to be an exhaustive list. If unsure what actions on SGSFCS electronic assets may or may not be allowed, consult the Executive Director.

Responsibilities

SGSFCS employees and designated third parties are responsible for:

- a. Determining which communications should be retained as business records in accordance with the appropriate SGSFCS records retention practices
- b. Abiding by existing federal, state, provincial and local telecommunications and networking laws and regulations.

- c. Following copyright laws regarding protected commercial software or intellectual property.
- d. Minimizing unnecessary network traffic that may interfere with the ability of others to make effective use of SGSFCS network resources.
- e. Not overloading networks with excessive data or wasting SGSFCS technical resources.
- f. Users must not rely on the alleged identity of a correspondent through the Internet unless the identity of the person or organization is confirmed.

Violations

Violations will be reviewed on a case-by-case basis and may result in discipline up to and including termination.

The SGSFCS Executive Director and the SGSFCS any retaining IT Personnel are the sole interpreters of this policy, which may be modified at the SGSFCS's discretion.

Definitions

Information Technology assets: Include but are not limited to such things as computer equipment, software, applications, Internet services, telephones, voicemail, smartphones, cellphones, tablets, and email.

Implementation Date: 2018/03/27 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-RPM 6.05.03 GUEST WIRELESS NETWORK USAGE POLICY

Policy:

The Guest Wireless Network Usage Policy if in place serves as an outline for the acceptable use of SGSFCS Guest Wireless Network. Our Guest Wireless Network is provided as a courtesy to allow SGSFCS guests to access the internet. All persons connected to our network must comply with this policy.

SGSFCS MAKES NO REPRESENTATIONS OR WARRANTIES CONCERNING THE AVAILABILITY OR SECURITY OF THE GUEST WIRELESS NETWORK, AND ALL USE IS PROVIDED ON AN AS-IS BASIS. BY USING THE GUEST WIRELESS NETWORK YOU AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS SGSFCS FOR ANY LOSSES OR DAMAGES THAT MAY RESULT FROM YOUR USE OF THE GUEST WIRELESS NETWORK.

Procedures:

1. Inappropriate use of the Guest Wireless Network – which includes transmitting, downloading or archiving of material that is discriminatory, defamatory, harassing, insulting, offensive, pornographic or obscene will be legally reported in order to uphold our Confidentiality Agreement (3/c) and will not be tolerated, and future access will be permanently lost.
2. SGSFCS has software and systems in place that can monitor and record all Guest Wireless Network usage. We want you to be aware that our security systems are capable of recording (for each and every user) each World Wide Web site visit, each chat, newsgroup or email message, and each file transfer into and out of our internal networks, and we reserve the right to do so at any time.
3. SGSFCS’s Internet facilities and computing resources must not be used knowingly to violate the laws and regulations of Canada or any other nation, or the laws and regulations of any state, city, province or other legal jurisdiction in any material way. Use of any company resource for illegal activity is strictly prohibited, and we will co-operate with any legitimate law enforcement activity.

Implementation Date:	2020/09/29	Review Cycle:	5 year	Review Date:	2025/09/29
Responsibility of:	_____	Next Review:		2025/09/29	
Reviewed by:	Executive Director	Signature:	_____		

CA-RPM 6.06.01 PROCEDURES FOR MANAGING DATA INTERRUPTIONS/GUIDELINES

Policy:

SGSFCS is prepared for any interruption of data and limits the disruption to its operations and service delivery by:

- a. maintaining procedures for managing data interruptions and resuming operations;
- b. notifying staff of procedures for data interruption;
- c. backing up electronic data regularly, with copies maintained off premises;
- d. regularly testing the SGSFCS’s back up plan, including data restoration processes;
- e. maintaining contact information for all staff and volunteers; and
- f. developing procedures for alternative methods of communication with staff and members during periods of disruption.

Procedures:

1. The SGSFCS shall develop a comprehensive IT disaster recovery plan.
2. A formal risk assessment shall be undertaken to determine the requirements for the disaster recovery plan.
3. The disaster recovery plan should cover all essential and critical infrastructure elements, systems and networks, in accordance with key business activities.
4. The disaster recovery plan should be periodically tested in a simulated environment to ensure that it can be implemented in emergency situations and that the Executive Director and staff understand how it is to be executed.
5. All staff must be made aware of the disaster recovery plan and their own respective roles.
6. The disaster recovery plan is to be kept up to date to take into account changing circumstances.

Supporting Documentation:

Disaster Recovery Plan

Implementation Date: 2020/09/29	Review Cycle: 5 year	Review Date: 2025/09/29
Responsibility of: _____		Next Review: 2025/09/29
Reviewed by: Executive Director	Signature: _____	

CA-RPM 6.06.02 PROTECTION FROM FIRE, LOSS AND UNAUTHORIZED ACCESS

Policy:

SGSFCS ensures that member files and organizational records, whether in electronic or paper form, are secured against fire, loss, unauthorized access and other damaging conditions.

Procedure(s):

1. Daily backup of all electronic records is created.
2. Electronic backup is maintained off premises.
3. Paper records are stored in a locked room in a secured area (whether on or off site).

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 6.06.03 PROTECTION OF COMPUTER FILES

Policy:

SGSFCS protects the confidentiality and integrity of internal databases and sensitive information.

Procedures:

1. All computers will have up-to-date anti-virus protections.
2. Passwords are used on computers and on specific files in order to protect information integrity.
3. The SGSFCS has adequate firewall protection on its server.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 7.01 MAINTENANCE OF MMEMBER FILES

Policy:

SGSFCS will maintain a member file for each member that complies with all legal requirements.

Procedure(s):

1. The Program Coordinator or designated personnel will ensure that each member file may contain, at a minimum, the following information:
 - a) Biographical or other identifying information,
 - b) The reason for requesting or being referred for services,
 - c) Routine documentation of ongoing services,

If applicable:

- d) Intake assessment,
 - e) The nature of the member's presenting issues and/or concerns,
 - f) The service plan/contract, including mutually negotiated goals and objectives,
 - g) Copies of all signed, written consent forms,
 - h) Recommendations for ongoing and/or future service needs and follow up responsibilities, if needed and appropriate, and
2. In cases where some of the above listed information is not obtainable, an explanation will be placed in the member record.
3. Peer reviewers will do random checks as outlined in the guidelines for Performance and Quality Improvement (PQI).
4. The Executive Director or designate will do random checks of member files.

Supporting Documentation:

Member files

Implementation Date: 2020/09/29	Review Cycle: 5 year	Review Date: 2025/09/29
Responsibility of: _____		Next Review: 2025/09/29
Reviewed by: Executive Director	Signature: _____	

CA-RPM 7.02 DIRECT SERVICE MEMBER CONTRACTS

Policy:

For ongoing specialized direct service provision all member contracts are written and contain the following content:

- Services to be provided
- Service outcomes
- Dispute resolution
- Payment procedures

Procedure(s):

1. The Executive Director will review all contracts.
2. Contracts will be kept on file at the Administration office.
3. SGSFCS will initiate contract reviews prior to the expiration date of the contract.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 7.04 MEMBER FILE ENTRIES

Policy:

Authorized personnel will make entries into member files and ensure that all pertinent information is recorded in a timely manner.

Procedure(s):

1. Member file entries will be made by authorized program personnel.
2. Member file entries will be specific, factual and pertinent to the nature of the service and the needs and preferences of the member(s) served.
3. All Member files will be completed, signed and dated by the authorized Program Coordinator.
4. All Member file entries will be clearly legible.
5. Member file entries will be kept up to date from intake through to termination of service.
6. Member file entries will be made within one working day of contact with the member(s) served whenever possible.

Supporting Documentation:

Member Files

Implementation Date: 2020/09/29	Review Cycle: 5 year	Review Date: 2025/09/29
Responsibility of: _____		Next Review: 2025/09/29
Reviewed by: Executive Director	Signature: _____	

CA-RPM 7.05 MEMBER FILE PROGRESS REPORTS AND/OR SUMMARIES

Policy:

All member file progress reports and summaries as required are completed as per request of external funding organization.

All report summaries are submitted annually to PQI

Procedure(s):

1. Progress summaries will be completed as required for members.
2. Progress summaries for PQI will be completed as required for all members served.

Supporting Documentation:

Member Files

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-RPM 7.06.01 INSERTION OF STATEMENTS OF MEMBER

Policy:

SGSFCS promotes Member participation in their service delivery by inviting them to insert statements into their Member Records.

Procedure:

1. Members are invited to contribute verbally or in writing to Assessment, Progress, and Final reports. SGSFCS staff who take verbal information document it and have the client date and sign what has been written.
2. Members are invited to complete a service feedback survey on a yearly basis, which is stored in a central location on site and copied to the Member file if the Member has chosen to self-identify.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-RPM 7.06.02 MEMBERS ACCESSING FILES

Policy:

A member has a right to know the information which is recorded in their files. A Member may access their file within the guidelines of the Provincial FOIPP Act.

Procedure:

1. If a former or current Member requests access to their file, right of access must be determined by the Executive Director.
2. The Executive Director will review the member’s file to determine if it contains information which could be exempted from release to the member such as:
 - a) Information which could invade the personal privacy of a third party
 - b) Information which could be harmful to business interests of a third party
 - c) Information which could reasonably be expected to threaten any person’s safety or mental or physical health
 - d) Information that could reasonably be expected to cause immediate and grave harm to the applicant’s safety or mental or physical health
3. If any of the above criteria are met the request must be treated as an official/formal FOIPP Act request which means that the member must put their request in writing and addressed to the Executive Director for processing under the FOIPP criteria.
4. If the request is not considered formal and in writing, then the member may view their file in the presence of the SGSFCS Staff member who can explain or clarify any terms, abbreviations or concepts unfamiliar or confusing to the member.
5. If a professional associated with a member requests a member’s file, SGSFCS must receive written authorization from the member at which point SGSFCS will send a synopsis of the member’s file within FOIPP Act guidelines.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-RPM 7.07 EXPUNGING OF MATERIALS FROM MEMBER FILES

Policy:

SGSFCS will screen its records for unsummarized notes, observations and impressions, and other material that should be expunged.

Procedure(s):

1. Program coordinator or designates will review file content upon termination of service/discharge date and at least annually.
2. Program coordinator or designates will ensure that after reviewing the files, all unsummarized notes, observations, impressions and other non-pertinent materials will be expunged.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 8.01.01 ACCESS TO AND SECURITY OF MEMBER FILES

Policy:

Access to member files is limited to the members served, authorized SGSFCS personnel, authorized collateral service providers and for Performance and Quality Improvement (PQI) activities. The agency ensures that member files and materials related to members are kept in a safe and secure manner to adequately safeguard confidentiality.

Procedure(s):

1. See relevant policies in regards to member file information.
2. Member files will be kept in a locked metal filing cabinet.
3. Records generated by the agency are available to members when requested and with fair notice.

Member access to files will be supervised. Members cannot remove files or file information, although they can copy SGSFCS created material.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-RPM 8.01.02 STORAGE AND SECURITY OF MEMBER FILES

Policy:

Member files will not be left in public or unsecure areas.

Procedure(s):

1. Program Coordinator will ensure that member files will be stored in a locked area/cabinet on SGSFCS premises.
2. When authorized personnel are accessing files they will ensure the files cannot be viewed by other persons and will ensure that the files are returned to locked cabinets/areas.
3. Original member files are not permitted to leave the SGSFCS premises for any reason.
4. The SGSFCS will ensure that all member files will be stored in a secured environment indefinitely or as mandated.
5. Individual programs will develop practices specific to what materials can be copied and how they are to be used by outreach workers away from the work site.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-RPM 8.01.03 ACCESS TO FILES

Policy:

SGSFCS ensures that all files, whether paper or electronic, can be accessed easily and in a timely manner.

Procedure(s):

1. Files stored on site are kept in a secure file cabinet.
2. Files older than three years can be deleted or destroyed or stored in a safe location that is accessible and fire proof.

Implementation Date: 2020/09/29 Review Cycle: 3 year Review Date: 2023/09/29

Responsibility of: _____ Next Review: 2023/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 8.01.04 ACCESS TO MEMBER FILES

Policy:

SGSFCS maintains a member file for each person served and the file contains information necessary to provide appropriate services, to protect the agency and complies with legal requirements. Access to member files is limited to the following:

- a) The member served or as appropriate, legally empowered individuals (power of attorney etc.),
- b) Authorized agency personnel as authorized by the Executive Director,
- c) Others outside the agency whose access to the information contained in member files is permitted by law, or authorized in writing by the member.

Procedure(s):

1. When a member makes a request to access their file, the agency will follow procedures outlined by the FOIPP Act.
2. When the file is requested, the original files are not sent out of the agency office. The complete file, including all records, is photocopied and the copies are forwarded to the appropriate government ministries.
3. A member may be refused access to parts of their file when there is information that may breach the confidentiality of a third party, or if it is deemed that there is information that may cause harm to the member.
4. When a member is refused access to parts of their file, the Executive Director or designate is notified. Following the FOIPP Act, the Executive Director or designate tells the member, in writing, the reasons for the refusal and the name, title and address and telephone number of the appropriate staff of the FOIPP Act Administration Offices who can answer the applicant's questions about the refusal.
5. When members, Performance and Quality Improvement (PQI) personnel, auditors or other government ministries request access to client records, this access is recorded in the member file.

Supporting Documentation:

Member File

Freedom of Information and Protection of Privacy Act

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-RPM 8.01.05 PROTECTION FROM BREAK-INS AFTER HOURS

Policy:

SGSFCS protects files of members served, access to databases and confidential information from break-ins after hours.

Procedures:

The SGSFCS has a range of security system for all program sites.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 8.01.06 REFUSAL OF ACCESS TO MEMBER RECORDS

Policy:

The Executive Director of SGSFCS reviews and approves in writing refusals to share information with a Member on the basis of possible perceived harm to that person.

Procedure:

1. The appropriate SGSFCS Staff member receives the request, reviews the file and makes recommendations to the Executive Director
2. In the event that the Executive Director chooses to refuse access to the file, the Member is notified in writing and the letter is copied to the Member file.
3. The Member record is then sent to the FOIPP Act Division of the Ministry of Social Services to confirm or deny perceived harm.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 9.01.01 CONTRACTUAL RELATIONSHIPS

Policy:

SGSFCS enters into contracts, formal alliances, or networks only when they are consistent with SGSFCS purpose and congruent with policies set by the Board of Directors.

Procedure(s):

1. All contracts will be discussed with the Board of Directors prior to signing off.
2. Whenever possible, the Board of Directors will sign off on formal alliances and joint contracts.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 9.01.02 CONTRACTUAL RELATIONSHIPS

Policy:

The Executive Director will ensure that when providing services as a vendor, the contractual relationship does not violate SGSFCS policies and procedures regarding professional practices and confidentiality.

Procedure(s):

The Executive Director will review all contracts prior to signing and sending.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 9.01.03 CONTRACTUAL RELATIONSHIPS

Policy:

The Executive Director with the Program Coordinator will monitor progress and outcomes of each service contract.

Procedure(s):

Monitoring progress and outcomes will be done as required by the Program Coordinator and the Executive Director, or as needed.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-RPM 9.01.04 CONTRACTUAL RELATIONSHIPS

Policy:

When providing services as a vendor, SGSFCS will safeguard against over and under billing.

Procedure(s):

1. The Staff will keep an accurate account of units of service provided.
2. All invoices and required documents will be submitted in a timely manner.
3. The Executive Director will review records to ensure compliance with the standard.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 9.01.05 CONTRACTORS

Policy:

SGSFCS will do all contracting in a standardized manner.

Procedure:

1. All contracts will be kept on file
2. All contracts will follow a standardized format.
3. Contracts are reviewed in regard to the quality and quantity of service.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 9.02 COLLABORATION

Policy:

When collaborating with other organizations to maximize service delivery, SGSFCS will develop a written service agreement, update it as needed, and review it at least annually.

Procedure(s):

1. Service agreements will be kept on file at the main office.
2. When involved with Individualized Service Plans (I.S.P.'s), the SGSFCS will insure that there is a written agreement with the members and any other involved organization.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 9.03 LEGAL COUNSEL

Policy:

SGSFCS utilizes legal counsel to clarify the meaning of laws and regulations governing any service program it operates or to respond to other legal inquiries.

Procedure(s):

1. A list of lawyers is kept with this policy in a file labeled "Legal Counsel" in the Executive Director's office.
2. The Executive Director pre-approves all such consultation.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 9.04.01 COLLABORATIVE SERVICES

Policy:

Collaborative service agreements will describe the structure of the collaboration.

Procedure(s):

Each agreement will provide:

1. The services exchanged or provided and/or the goals and objectives of the collaboration.
2. The roles and responsibilities of each organization including reporting responsibilities.
3. Procedures for sharing information.
4. Confidentiality protections such as signed written consent forms.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 9.04.02 COLLABORATIVE SERVICES

Policy:

Collaborative service agreements will include written procedures that address service authorization resolving communication difficulties and acceptance/rejection of potential cases.

Procedure(s):

SGSFCS will insure that service authorization is agreed upon prior to the start of service.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 9.04.03 LIABILITY IN REGARDS TO USE OF FACILITIES

Policy:

In the event that SGSFCS allows its space to be used by other groups, the Executive Director will evaluate the possible liability.

Procedure(s):

1. All requests for using the SGSFCS's facilities will be reviewed by the Executive Director.
2. All groups allowed to use the SGSFCS facilities, will be encouraged to have insurance that protects the agency.
3. A copy of the insurance policy must be forwarded to the SGSFCS prior to use of the facility.
4. The SGSFCS will supply each user a list of expectations and obligations that deals with the facility, the equipment and supplies.
5. Groups using the SGSFCS's facilities must inform its users of their obligations regarding use of the space.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 9.04.04 MEDIA POLICY

Policy:

SGSFCS will respond to media enquiries in a way that is respectful, informative and accountable at all times. Media enquires will be promptly handled to ensure that accurate and relevant information is disseminated to members and the public at large.

Procedure(s):

1. In the case of crisis communications being necessary, staff will ensure that the SGSFCS Executive Director is the first person to respond to any and all media enquiries.
2. The Executive Director will orchestrate the necessary arrangements with members of the Board of Directors if individual media interviews are required.
3. In the absence of the Executive Director the President and Secretary of the SGSFCS Board of Directors should be the first to respond to any and all media enquiries.
4. All media documentation can be found in the General files in Media Tool Kit.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 10.01.01 PURCHASE OF SERVICES

Policy:

The Executive Director reviews policies and procedures related to the purchase of services.

Procedure(s):

The Executive Director will review policies and trends as needed.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 10.01.02 PURCHASED SERVICES

Policy:

SGSFCS will ensure that when purchasing services on behalf of or for members, the services relate to the service plan and it is clear what services are being provided.

SGSFCS will ensure that contractors meet or exceed licensing standards

Procedures:

1. The Executive Director will review all contracts on an annual basis to ensure licensing is in order.
2. PQI will review purchased services as part of the regular file reviews.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-RPM 10.02 MONITORING OF SERVICES

Policy:

SGSFCS will monitor contractor's progress towards contract goals, ensure that all contracts call for outcomes and client satisfaction surveys where applicable, and have the resources necessary to successfully complete the contract.

Procedures:

1. A written record of all reviews of all contracts will be kept in a file named "Contract Reviews".
2. Contractors will be expected to comply with the same standards related to outcomes and member satisfaction as SGSFCS staff
3. All contracts will describe expectations relating to corrective action.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE: ADMINISTRATION AND SERVICE ENVIRONMENT

CA-ASE 1.02 DRUGS, ALCOHOL, AND SMOKING

Policy:

SGSFCS has a zero tolerance policy as it relates to employee, volunteer, member or visitor use of drugs, alcohol, or smoking at SGSFCS facilities/property.

Procedure(s):

No employee, volunteer, visitor, or member can smoke on SGSFCS property; this includes smoking, vaping, or the use of cannabis.

Employees and volunteers are not allowed to be under the influence of drugs or alcohol while working or volunteering at SGSFCS.

Employees or volunteers who are using legal prescription drugs prescribed by a medical authority, must not be at work if these drugs adversely affect their ability to do their job.

SGSFCS employees and volunteers cannot cultivate marijuana on SGSFCS properties.

Employee or volunteers who have a prescription to use medical marijuana will need to review their status with the Executive Director. Do not assume that having a prescription neutralizes agency policy.

Violation of this policy may result in discipline up to and including dismissal.

Implementation Date:	2020/09/29	Review Cycle:	5 year	Review Date:	2025/09/29
Responsibility of:	_____	Next Review:		2025/09/29	
Reviewed by:	Executive Director	Signature:	_____		

CA-ASE 1.05 EFFECTIVE SERVICE ENVIRONMENT**Policy:**

- a) SGSFCS maintains a work environment for its personnel that is conducive to effective performance and has offices or rooms available for interviewing or counseling members and applicants in a private and confidential manner.
- b) SGSFCS programs have adequate facilities for housekeeping, laundry, maintenance, storage, and related administrative support functions.

Procedure(s):

1. SGSFCS facilities have multipurpose rooms to accommodate meetings, training and conferences. The Executive Director ensure that these facilities are attractively furnished and well maintained.
2. In times when a SGSFCS program needs a conference or meeting area larger than what is available within SGSFCS, Program coordinator can utilize the various resources in the community.
3. In planning new SGSFCS program locations, the availability of a multipurpose room is assessed. Refer to CA-MR 1.09.03.
4. For programs requiring interviewing or counseling services, the Program Coordinator ensure space is provided that is comfortable, safe and confidential.
5. The Executive Director ensures that required housekeeping materials are available for regular use. Hazardous materials, tools and supplies for building maintenance are in a secured area.
6. Safe, accessible storage areas are provided in all programs and are maintained by Program Coordinator on a scheduled basis.
7. The Office Staff ensures that the administrative areas are welcoming, and that all equipment is in working order (e.g. telephones, computers, fax machines, televisions, overheads, etc.)
8. The Executive Director conducts a monthly site inspection. If SGSFCS staff personnel while working their shift observe any concern regarding the SGSFCS grounds, building equipment, and appliances. All concerns and the corrective action are documented and attached to the Monthly Site Inspection Log. This information is then forwarded to the Health and Safety Committee.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 2.01.02 ENSURING ACCESSIBILITY IN FACILITIES

Policy:

- a) SGSFCS designs and adapts its facilities to address older members, members with disabilities, members with auditory, linguistic, or motor limitations.
- b) SGSFCS provides assisted technology (when possible) and will co-ordinate with community resources to ensure environmental barriers do not impede service goals.
- c) SGSFCS ensures some of its facilities are free of architectural barriers that restrict use by some service population or personnel and SGSFCS co-ordinates use of accessible facilities to those persons.

Procedure(s):

1. Program Coordinator will consult with the member to assess individual needs and barriers to meet service goals.
2. When possible and appropriate, the Executive Director or designate, will adapt facilities to accommodate special needs.

Program Coordinator or designate may refer to another facility or service when it is not possible to meet member’s needs at the SGSFCS facility (i.e.) SGSFCS is unable to accommodate persons in wheelchairs.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 2.03 ACCESSIBILITY

Policy:

SGSFCS complies with federal and provincial requirements governing structural barriers with the greatest impact on physical access.

Procedure(s):

1. The Program Coordinator or designate performs visual inspections to test compliance and discusses identified barriers with the Executive Director or designate to find solutions to any restrictions placed on people.
2. See supporting documentation – federal and provincial requirements on file at SGSFCS office.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 3.01 STATUTORY REQUIREMENTS

Policy:

SGSFCS complies with and posts all licensing and regulatory requirements applicable to its facilities.

Procedure(s):

1. The Health and Safety Committee performs annual site inspections.
2. The Executive Director will ensure that any deficiencies identified in any of the inspections are remedied. A copy of compliance will be forwarded to the Health and Safety Committee.
3. The Executive Director will ensure all applicable licenses and documents are displayed in a visible location at each site.
4. Copies of all regulatory licenses and documents are filed at the administration office. All statutes, regulations, as well as Constitution and By-laws of SGSFCS are available for inspection by employees, volunteers and members served.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 3.02 LOCATION OF HEALTH AND SAFETY CODES AND REGULATIONS

Policy:

All documents that demonstrate SGSFCS compliance with the applicable Health, Safety and Fire Codes are maintained in accessible permanent files at the main office.

Procedure(s):

The following documents are contained at SGSFCS main office to comply with this Policy:

- a. Certification of occupancy requirements (not required while leasing space)
 - b. Zoning and building codes (not required while leasing space)
 - c. Occupational health and safety codes
 - d. Incident reports
2. The Executive Director will ensure that all records that demonstrate continual adherence to SGSFCS policy and procedures are maintained and current at the main office.
3. The SGSFCS office has a Health and Safety information board posted in an accessible location that has emergency procedures, health and safety information and current minutes from the Health and Safety committee.

Supporting Documentation:

Occupational health and safety codes

Incident reports

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 4.00.01 FACILITY MAINTENANCE/INSPECTIONS

Policy:

SGSFCS ensure that the facilities are properly maintained.

Procedures:

1. Appointed staff at SGSFCS Office conduct as needed or annual inspections to ensure the safety of the premises, using the SGSFCS Monthly Site Inspection Form.
2. When a maintenance issue arises, appointed staff at SGSFCS Office should contact the building caretaker/owner; appointed staff at the SGSFCS should contact the appropriate vendor with approval from the Executive Director.
3. Compliance and/or remedial measures are documented and reported.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ASE 4.00.02 HEALTH AND SAFETY OF THE SITE ENVIRONMENT

Policy:

SGSFCS facilities are maintained to meet the applicable health and safety codes and regulations.

Procedure(s):

1. Personnel will report any health and safety concern to their Program Coordinator and Health and Safety Committee representative if they are unable to remedy the deficiency.
2. The Health and Safety Committee conduct annual site inspections that include interviewing personnel to ensure that the work environment conforms to WorkSafe BC regulations and standards. The Health and Safety Committee inspect the facilities to ensure they are clean, sanitary, and well-lit, and its ventilation, heating, cooling and electrical work, water supply, plumbing, and other fixtures are maintained. Through the inspection of the visiting Health and Safety Committee they may identify a series of deficiencies for the Executive Director to remedy within thirty (30) days.
3. SGSFCS will conform with fire safety codes as per the advice of local fire departments. These codes will be reviewed regularly by the Health and Safety Committee.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 4.00.03 REGULAR PREVENTIVE MAINTENANCE

Policy:

All site locations are monitored on a continual and regular basis by qualified personnel ensuring the safety and security of all members served and personnel.

Procedure(s):

1. The Executive Director will ensure that all new personnel are trained to identify hazardous conditions.
2. The Staff will immediately remedy any unsafe condition or report it to the Executive Director if unable to remedy the problem. A report will also be forwarded to the Health and Safety Committee.
3. The Health and Safety Committee conducts a comprehensive annual inspection of each SGSFCS site location to evaluate the premises, fixtures, furniture, and equipment.
4. The Executive Director will ensure that qualified professionals as needed will repair and maintain SGSFCS premises in a timely manner. Maintenance is documented and put in the SGSFCS Facility and Maintenance Binder. Invoices are evidence of work done and placed in the accounting file system.
5. The Executive Director or designate conducts and documents monthly reviews of SGSFCS fire extinguishers, fire safety, lighting and other systems that identify hazardous conditions.

The Executive Director or designate will ensure adequate measures to prevent vandalism/theft including: the use of building alarms, locks, window bars, and video cameras as appropriate.

Implementation Date:	2020/09/29	Review Cycle:	5 year	Review Date:	2025/09/29
Responsibility of:	_____	Next Review:		2025/09/29	
Reviewed by:	Executive Director	Signature:	_____		

CA-ASE 6.01 EMERGENCY PLAN

Policy:

SGSFCS assesses its safety and security needs and:

- a. takes appropriate measures to protect the safety of all persons who are in its facilities or on its grounds;
- b. develops safety and communication protocols for staff at SGSFCS Office.
- c. trains staff on potential risks they may encounter on-site; and
- d. has security systems to deter facility break-ins.

Procedures:

- 1. All program sites maintain a written plan for emergencies that takes into account hazards of the workplace and addresses emergency conditions that may arise within or adjacent to the work site.
- 2. This plan addresses voluntary or involuntary closure of facilities in emergency situations.
- 3. This plan requires notifying the person's emergency contact as well as all appropriate authorities.
- 4. New personnel are oriented to the written plan and the procedure for evacuation.
- 5. SGSFCS Office have emergency numbers for police, ambulance, fire, and poison control posted by every telephone.

Supporting Documentation:

Emergency Plan

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 6.02 FIRE & EARTHQUAKE DRILLS

Policy:

SGSFCS ensures that fire and earthquake drills are held annually at SGSFCS Office and the Centre. Records will be kept for fire drills at all sites.

Procedures:

All program sites hold annual fire and earthquake drills and document the date of the drills. The drills follow the written evacuation procedures that are posted in several places in SGSFCS Office and Centre.

Supporting Documentation:

Evacuation Procedures

Drill Record Sheet

Emergency Evacuation Routes and Rally Point Map

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ASE 6.03.01 PROCEDURES FOR VEHICLE USE

Policy:

SGSFCS transports Members in its vehicles and in those of staff.

The society requires:

- a. the use of age-appropriate passenger restraint systems.
- b. adequate passenger supervision, as mandated by statute or regulation;
- c. proper maintenance of agency vehicles;
- d. current registration;
- e. vehicle safety review;
- f. annual validation of licenses and driving records; and
- g. proper insurance for vehicles and passengers.

Procedures:

Member Safety and health

1. SGSFCS Staff who transport Members are responsible for ensuring that all passengers are restrained for the entire trip using age-appropriate passenger restraint systems.
2. Staff are responsible for monitoring member safety and health.
3. If/when a situation develops where behavior or safety are concerns staff must stop the vehicle in order to resolve the situation.
4. Staff should take steps to ensure Member and their own safety, including phoning police, or their supervisor for back up, exiting the vehicle if required; calling BCAA for emergency assistance; or recognized Service Department for assistance.

Procedures related to maintenance of the vehicles:

1. SGSFCS's financial personnel are responsible for renewing vehicle insurance.
2. Any agency vehicle is serviced/maintained as per recommended time-lines set by vehicle manufacturer.
3. Agency vehicle use is documented by means of a log kept in the vehicle:
4. Date of use; SGSFCS Staff name; km before and after; reason for use; other
Agency vehicle is cleaned or detailed twice per month.
5. Procedures in place for staff to report maintenance issues, by email, to administrative coordinator for immediate action.
6. If SGSFCS leases or owns a vehicle it will become a member of BCAA and provides BCAA emergency contact information to the driver.

Procedures: Staff Insurance

1. SGSFCS carries insurance covering third-party liability in the amount of \$5,000,000. This insurance covers staff members while operating their own vehicles in the course of carrying on the duties of their employment. This insurance is valid during business hours only and does not cover personal or private use of the staff member's vehicle.
2. Staff are responsible for purchasing basic insurance annually. Proof of a valid driver's license and of adequate insurance are provided annually to the Executive Director. A copy is kept in the personnel record.
3. Proof of SGSFCS-purchased insurance for third-party liability is kept on file in the office.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: NA
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 6.03.02 PERSONAL VEHICLES UTILIZED FOR SGSFCS OPERATION

Policy:

All personal vehicles utilized for transporting members shall have:

- a) passenger insurance determined by SGSFCS
- b) driver's liability insurance determined by SGSFCS
- c) age appropriate restraint system
- d) annual validation of Driver's Licenses (including type) and driver's records

SGSFCS prohibits the use of two wheeled motorized vehicles (i.e. motorcycles, scooters) for the transportation or recreation of members.

Procedure(s):

1. The Program Coordinator will ensure that personnel utilizing their vehicles to transport members must obtain adequate vehicle insurance at an amount specified by SGSFCS driver's automobile liability insurance.
2. The following documents are submitted yearly to the Program Coordinator or designate:
 - a) proof of insurance
 - b) Driver's License
 - c) confirmation of drivers class type
3. Personnel are responsible for regular maintenance and care of their business vehicle for the safety and comfort of their member/members SGSFCS provides a mileage allowance.

The Program Coordinator will ensure that personnel are utilizing proper restraints and other devices (i.e. car seats, booster seats) that are needed for their members.

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 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-ASE 6.06 LOST OR MISSING PERSONS

Policy:

SGSFCS has procedures that address emergency instances either at the Centre or during trips away, when member are lost, injured or have run away, and procedures that address threats of harm or violence to personnel or members served.

Procedure(s):

1. Personnel administer First Aid to injured client or transport member to the nearest medical clinic or call for an ambulance to transport depending on the circumstances.
2. Within one working day, an Accident/Incident Report will be completed and submitted to the Executive Director.
3. In the event of a lost or missing member, personnel will search for the missing member (ensuring the safety of others if applicable). In the event the search is unsuccessful, personnel will notify the appropriate authority (i.e. After Hours, police, guardian, caregivers) and/or consult with the Program Coordinator as needed.
4. Incidents of lost/injured or runaway members are discussed at program team meetings to problem solve and avoid the incident from reoccurring.
5. Program Coordinator will ensure the staff are aware of procedures involving threats: verbal or physical assaults, kidnapping/hostage taking, threats in person, threats in the field, threats in writing, animal threats (see Emergency Manual).

If at any time personnel feels in danger as a result of either a working condition or threat from a member they will:

- a) Immediately terminate service, remedy the unsafe working condition or report the unsafe working condition to the Program Coordinator, or
- b) Contact police as appropriate

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 7.01.01 EMERGENCY RESPONSE PLAN

Policy:

SGSFCS develops an emergency response plan that addresses:

- a. coordination with appropriate local, provincial, and federal governmental authorities;
- b. coordination with emergency responders;
- c. coordination and communication with Members;
- d. evacuation of persons with mobility challenges and other special needs;
- e. accounting for the whereabouts of staff and Members;
- f. options for relocating Members; and
- g. situations involving harm or violence, or the threat of harm or violence

Related: CA-RPM 6.06. CA-ASE 7.02, CA-ASE 7.03, CA-ASE 7.03.01

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ASE 7.01.02 EMERGENCY PROCEDURES

Policy:

SGSFCS has emergency response procedures that respond to accidents, serious illness, fire, medical emergencies, water emergencies, natural disasters and other threatening situations that ensure the safety of all members, personnel (including any persons with mobility challenges) facilities and emergencies associated with outdoor activities.

Procedure(s):

1. The Staff is informed of SGSFCS emergency response procedures at orientation and receive a copy of SGSFCS Health and Safety Manual. Members served are orientated to SGSFCS emergency procedures at intake.
2. The Office Personnel post emergency response procedures and emergency phone numbers at each facility.
3. See SGSFCS Health and Safety Manual which includes but is not limited to:
 - a) Emergency #'s
 - b) Bomb threats
 - c) Threats of violence
 - d) Intrusion/hostage taking
 - e) Fire/earthquake/volcano/flood
 - f) Written threats / in person / telephone
 - g) Threats in reception / employees office / in the field / in the Member's home

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ASE 7.02.01 MEDICAL EMERGENCIES AND POISON CONTROL**Policy:**

SGSFCS is prepared to treat injuries and respond to medical emergencies by:

- a. maintaining a readily available communication device, poison control information, and first aid supplies and manuals at all program sites;
- b. consulting with a health professional, as necessary, to develop procedures for such situations; and
- c. maintaining emergency contact information for personnel, including volunteers and Members.

Procedures:

1. The SGSFCS ensures that training and upgrading of First Aid certificates is offered on a regular basis.
2. All SGSFCS staff have access to information related to Occupational Health & Safety in a binder located at all program locations.
3. First aid cupboards are clearly marked and accessible.
4. Members are informed at intake that all SGSFCS staff working with are trained in First Aid.
5. In the event of an accident to a Member, an Incident Report Form is filled out.
6. In the event of an accident or injury to a Society Staff, the Staff reports the incident to the Executive Director. The Executive Director then reports the accident or injury to WorkSafe BC. The WorkSafe BC reports of all accidents and injuries reported are kept on file in the Executive Director's office.

Poison Control:

1. All telephones have the 911 / poison control numbers attached on stickers.
2. Telephone books have current emergency access numbers, including poison control.
3. All Staff have access to telephone books.
4. All staff are trained on procedures for referral to emergency medical attention.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 7.02.02 DEALING WITH INJURIES/ACCIDENTS

Policy:

SGSFCS personnel, programs, vehicles, and facilities are prepared and equipped to deal effectively with injuries, accidents, and illnesses.

Procedure(s):

1. The Staff receive First Aid training as part of mandatory training for certain programs. A certified/qualified trainer in emergency First Aid provides the training.
2. Program Coordinator ensure all staff are required maintain a valid First Aid Certificate.
3. The Executive Director ensures that at least one staff personnel at the office, maintains a valid First Aid Certificate.
4. The Executive Director will ensure that program facilities are equipped with appropriate level First Aid Kits and have First Aid Logbooks for communicating.
5. In the event of a medical emergency involving members, members or personnel, personnel will assess the situation to the best of his/her ability to discern the nature of the problem. Personnel will then provide appropriate First Aid and request the assistance of other personnel to:
 - a) Call emergency response number
 - b) Request someone check the client file or personnel file to see if any medical information is listed that may be of assistance
 - c) Continue to render First Aid until the emergency response team arrives
 - d) Notification of others as appropriate (i.e. social worker, caregiver, guardian, etc.)
6. In the event there is no one available to assist with the procedures, the employee will assess the situation and determine when to call the emergency number, check member/client file, etc. The order of the above steps is dependent on each situation and used in the best judgment of personnel at the time.
7. Personnel will log the incident in the First Aid Logbook and submit an Accident/Incident Report to the Executive Director within one working day. The Executive Director will report to the Health and Safety Committee designated Accident Investigator immediately for investigation and submits an Accident/Incident Report to the Health and Safety Committee for review at the next meeting.
8. Personnel who administer First Aid to a client will log treatment procedure in the client case record.

Program Coordinator ensure the staff are equipped with First Aid kits, emergency supplies (including necessary medications) and cell phones when conducting outdoor activities or trips.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 7.03.01 EMERGENCY RESPONSE PLAN PROCEDURES

Policy:

As needed, emergency response plan includes arrangements for:

- a. a temporary work site in the event of facility closure;
- b. communication with the governing body, personnel, Members, the public, and the media; and
- c. notifying caregivers or legal guardians, as appropriate.

Procedures:

1. In case of a workplace emergency, Program Coordinator/Executive Director will determine the most appropriate worksite. The Executive Director will contact the Board of Directors. Program Directors will contact staff in their programs, and staff will contact their Members as required.
2. The Society's Technology Manager (if in place otherwise the Executive Director) will work with the Program Administrators, at each site to recover computer data. All Society computers are backed up daily to Canadian based cloud storage.
3. The Executive Director and the Technology Manager will determine which site will provide emergency telephone, Internet, and facsimile use after contacting other Society programs for suitability.
4. All media contacts will be directed to the Executive Director.
5. In case of an emergency maintenance issue, the Program Directors or an appointed staff member will contact the landlord who will contact appropriate services.
6. In case the landlord cannot be contacted, the Program Director or designated staff member will contact the appropriate service.
7. If neither the Program Director nor the landlord is available, staff will contact the Executive Director or another Program Director for direction on how to handle the emergency.
8. Any damage to Society assets will be reported to the Executive Director.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-ASE 7.04.01 WORKPLACE EMERGENCIES

Policy:

SGSFCS procedures include workplace emergencies that address data recovery, alternate work sites, communicating with the media/members served/stakeholders/personnel and the Board of Directors.

Procedure(s):

1. In the event the worksite is not conducive to work, the Executive Director will ensure personnel are informed of the temporary use of an alternate worksite (phone, person to person, fax, e-mail, etc.). Alternate work sites may include working from home or community resources (i.e. libraries or in the field).
2. Personnel who store financial data or member information on computers, 'back up' information and store offsite in the event of a computer crash. Computers are 'backed up' daily.
3. The Executive Director or designate is responsible for emergency communication (the Executive Director or designate has access to a media relations person through the Board of Directors for consultation as needed). Prior to communicating with the media, the Executive Director or designate will inform the Chairperson of the Board of Directors of the emergency.
4. Once the worksite is deemed suitable for work, the Program Coordinator will consult with the Executive Director or designate and notify personnel and stakeholders of the return to normal operations.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ASE 7.04.02 EMERGENCY MAINTENANCE

Policy:

SGSFCS has emergency maintenance procedures for damage to property.

Procedure(s):

1. The Office Personnel will post emergency contact numbers for emergency maintenance issues.
2. The executive Director will train personnel to identify and assess emergency and appropriate contact.
3. In the event of an emergency, the staff will phone the appropriate contact to remedy the problem and notify their Manager or designate as needed. In the event phone service is 'down' the staff will assess emergency and may:
 - a) Notify emergency contacts through person to person in as immediate a manner as possible and appropriate, or
 - b) Use other means available (i.e. another person, e-mail, fax, cell, etc.)
4. The Staff will assess danger to member and if it is determined the member is at risk, service will be either terminated or delivered at an alternate worksite (see 5.7.06).
5. Within three (3) business days, the staff will submit a Maintenance Report to the Executive Director and, if appropriate, the Health and Safety Committee for review.
6. Annual health and safety inspections performed by the Health and Safety Committee ensure procedures and contact numbers are posted and up to date.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ASE 8.01.01 AIRBORNE AND BLOOD BORNE PATHOGENS

Policy:

SGSFCS follows procedures for minimizing the risk of exposure to airborne and blood borne pathogens and complies with all provincial/federal related standards and codes, laws and regulations for personnel who work in: seniors centres, long term care homes, shelters, psychosocial rehabilitation or any other program where there is a risk of airborne or bodily fluid exposure.

Procedure(s):

1. Managers ensure training on prevention and control for all personnel occurs upon hiring.
2. Managers ensure training covers universal precautions as well as, signs and symptoms of contagious or infectious diseases.
3. Managers ensure all personnel are aware that they must practice universal blood precautions at all times.
4. Managers consult with Public Health authorities to determine the risk of tuberculosis infection and other contagious diseases that may pose a risk to members and personnel on a regular basis.
5. Managers ensure that items that have been in contact with blood and/or other bodily fluids are contained or decontaminated following provincial/federal codes.
6. Managers ensure records are kept related to the exposure of contagious or infectious diseases of members and personnel.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 8.01.02 TUBERCULOSIS

Policy:

SGSFCS recommendations from the Vancouver Coastal Health Authority and the Director of TB Control regarding the screening for tuberculosis.

Procedure(s):

1. New staff and volunteers (in programs where there is a risk for tuberculosis) receive tuberculin tests prior to initial assignment.
2. Program Managers (in programs where there is a high risk for tuberculosis) ensure personnel and volunteers have annual testing, unless the employee's doctor advises against it.
3. In cases where an employee's doctor advises against tuberculin testing the employee will submit a letter verifying the doctor's recommendation. The letter will be placed in the employee's or volunteer's H/R file for reference.
4. Program Managers ensure any personnel and volunteers who test positive for tuberculosis complete an approved course of treatment.

Upon completion of an approved course of treatment personnel and volunteers who tested positive will submit a doctor's letter indicating they are able to return to work.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 8.01.03 HYGIENIC AND SAFE ENVIRONMENT

Policy:

SGSFCS follows procedures to maintain a safe, hygienic, and sanitary environment. SGSFCS trains personnel on such procedures and monitors adherence to those procedures.

Procedure(s):

1. Executive Director ensures that all personnel follow Universal Precautions. The Health and Safety Committee ensures all personnel are trained in WHMIS and that all sites have educational materials/resources on site regarding the storage of hazardous materials.
2. The Office Administrator ensures that the community-based office space for programs, have washrooms that are kept clean on a weekly basis by contracted cleaners.
3. SGSFCS contacts the Public Health Unit when encountering sick individuals and follows the direction of the Public Health Unit officer.
4. The Administration Office is cleaned on a regular basis by contracted cleansers.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-ASE 8.01.04 POISON CONTROL

Policy:

SGSFCS ensures the Staff have access to current poison control information and procedures for referral to emergency medical attention.

Procedure(s):

1. The Office Personnel ensures that the site has current BC Poison Control information and contact numbers available by posting them for personnel and members.
2. The Executive Director will ensure that all personnel have read the current BC Poison Control and information material. Program Coordinator will document on the personnel training log this has been done.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ASE 9.01.01 FUNCTIONAL SAFETY

Policy:

SGSFCS ensures the safety of personnel working off site and has methods of maintaining periodic contact with them.

Procedure(s):

1. Program Managers ensure that all personnel who work off site are trained in the individual program off site safety procedures.
2. Program Managers of programs where outreach in the community occurs; ensure that all personnel who work alone or in isolation are equipped with cell phones. Before an outside trip occurs, personnel will make their itinerary clear including contact phone numbers. Outreach personnel maintain check-in practices consistent with the individual program procedures
3. Program Managers ensure that check-ins by offsite personnel are documented.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-ASE 9.01.02 HEALTH AND SAFETY CODES AND REGULATIONS

Policy:

SGSFCS complies with all the health and safety regulations applicable to all its personnel.

Procedure(s):

1. SGSFCS has a Health and Safety Committee that has been created, developed and maintained in accordance with WorkSafe BC regulations of British Columbia.
2. Health and Safety is an agenda item at all Staff meetings and any issues are brought forward in Staff meetings, to ensure the continual health and safety of SGSFCS personnel. Personnel present any identified concerns and contribute to new health and safety policy.
3. All Personnel, as well as, Health and Safety Committee representatives ensure that all personnel are aware of and practice their work in accordance with SGSFCS, program and provincial health and safety regulations. As part of orientating new personnel to SGSFCS, they are made familiar with the SGSFCS's health and safety regulations, emergency procedures, and universal precautions.
4. The Health and Safety Committee meet on a quarterly basis to address the health and safety concerns of all personnel. The committee reviews all accidents and incidents, providing recommendations and policy changes to try to prevent these occurrences in the future.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-MR: MEMBER RIGHTS

CA-MR 1.05.01 GENERAL ENVIRONMENTAL QUALITY

Policy:

SGSFCS facilities reflect the commitment to provide comfort and dignity to individuals of diverse backgrounds and ages.

Procedure(s):

1. All personnel will regard other personnel and members served in a non-judgmental and professional manner, respecting their individual rights, cultural and religious beliefs.
2. The Executive Director ensures that the physical surroundings are sensitive to the cultural and religious beliefs through the clean and professional décor of each facility.
3. The Executive Director has completed an accessibility checklist to identify and limit the barriers of their facility to accommodate special needs, diverse backgrounds, and various ages. Please refer to CA-MR 1.09.03.
4. SGSFCS provides all relevant documents and information in languages to accommodate the diversity of the community.

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Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-MR 1.05.02 FEEDBACK MECHANISMS ON ENVIRONMENTAL QUALITY

Policy:

SGSFCS regularly seeks the input of members served and personnel about the quality of the environment and focuses its efforts to remedy identified problems.

Procedure(s):

1. The Health and Safety Committee conducts interviews of personnel during onsite visits that include investigating the quality, safety, and comfort of the environment.
2. The Program Coordinator ensures that members served provide feedback through various mediums such as questionnaires regarding the environment. The Executive Director determines who administers the questionnaire and reviews the feedback regularly. Feedback is kept on file within the individual programs. The Performance and Quality Improvement (PQI) team also review the feedback.
3. The PQI team gathers feedback through questionnaires and summarize the results of all input from members, and personnel providing recommendations for changes to the service environment to remedy any identified problems.

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Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-MR 1.09.01 QUALIFICATIONS OF SPECIAL NEEDS ASSESSMENT PERSONNEL

Policy:

If programs are undertaken that serve members with special needs will employ Staff who possess the appropriate training and relevant experience to recognize and assess members with special needs. Such Staff will work within the boundaries of their training and experience and will have knowledge of other resources within the community to which they may refer when appropriate.

Procedure(s):

1. Staff designated by SGSFCS to perform assessment will have the appropriate training and skills to implement the assessment tools used by that program.
2. New and existing Staff will receive training, when necessary, to ensure that they possess the ability to recognize and assess members with special needs.
3. Applicable hiring policies and practices will be firmly adhered to, particularly as related to the checking of qualifications and references.

Supporting Documentation:

See Staff Personnel files

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-MR 1.09.02 COMMUNICATIONS

Policy:

SGSFCS will make every attempt to ensure that all members are given the opportunity to communicate effectively.

Procedures:

1. SGSFCS when applicable or required by contract will work to provide:
 - translators
 - other forms of communications assistance

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-MR 1.09.03 ACCESSIBILITY FOR NEW FACILITIES

Policy:

In planning location of programs, SGSFCS will address the following:

- a) Availability, accessibility, and affordability of public transportation,
- b) Location of other community resources,
- c) Special needs of actual and potential members served within SGSFCS geographic service areas.

Procedure(s):

1. The Executive Director or designate will complete an accessibility checklist prior to locating any of its services.
2. Program Coordinator gather input from members of services through member feedback questionnaires and report any identified barriers to service to the Executive Director or designate.
3. In planning locations of new services, the Executive Director or designate consults with staff and members at meetings, with community at community advisory meetings and other members through media, meetings as appropriate.
4. Refer to "long term planning"

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-MR 2.01.01 RELEASE OF CONFIDENTIAL INFORMATION WITHOUT CONSENT

Policy:

SGSFCS demonstrates its compliance with all applicable statutory requirements pertaining to Member confidentiality when information is required without Member consent.

Procedure:

1. Members are informed about what must be shared, should be shared and should not be shared.

2. Members are informed that information may be shared without consent.

Releases without consent occur when:

SGSFCS is required by law to release information that relates to a seniors protection concern or that is demanded by Court order. In addition, SGSFCS Staff maintains, if applicable, regular contact with a Member’s referring Social or Community Worker and will release information about any aspect of that Member’s case.

3. Appropriateness of release of information is determined by the SGSFCS Staff member in consultation with the appropriate Ministry and/or organization and/or the Executive Director.

4. The Executive Director will seek legal advice when necessary for consultation regarding the periodic review and reconciliation of the Society’s policies with government laws and regulations.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-MR 2.01.02 CONFIDENTIALITY AND PRIVACY PROTECTIONS

Policy:

SGSFCS protects the confidentiality of information about members served and complies with all applicable legal requirements.

SGSFCS makes every effort to preserve the rights and dignity of the members served. A member’s need for privacy is given high priority except where this need is superseded by a duty to report as may be required by law.

Procedures:

- a. SGSFCS provides adequate space to accommodate the need for privacy during visits and therapeutic interventions.
- b. Members are free to identify privacy needs they may have. SGSFCS staff will make every effort to accommodate member requests in this regard.
- c. SGSFCS, in some cases, will need to consult and request information from other community and government agencies. Staff must ensure that, in such instances, a Consent for Mutual Exchange form is filled out by the member.
- d. When applicable a Confidentiality Agreement form is sign by each member and placed on the member file.
- e. Information shared with the SGSFCS staff is confidential and will not be disclosed without the member’s written consent. Exceptions to this would be as outlined in Policy CA-MR 2.02.01
- f. Retention and eventual disposition of all member records over which SGSFCS has jurisdiction, is in compliance with the freedom of information and privacy legislation of the Province of British Columbia.
- g. SGSFCS will secure written consent forms from members before doing accreditation file audits.

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 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

**CA-MR 2.02.01 CONFIDENTIALITY AND PRIVACY PROTECTIONS:
CONFIDENTIALITY LIMITATIONS**

Policy:

All members will be informed as early as possible of the limitations to confidentiality.

Procedures:

No information regarding an identified member will be shared outside of the SGSFCS funded and direct service programs without the member’s written consent, except in one or more of the following circumstances:

- a. There are reasonable grounds to believe a senior is in need of protection as defined by the laws of Canada or the Province.
- b. A quality assurance review required by a Ministry or funding agency.
- c. If a law requires the SGSFCS to disclose information or a subpoena is received requiring attendance in court and/or file information pertaining to the client. An SGSFCS staff member who receives a subpoena will comply with its terms. The Executive Director will be informed of any subpoena and will obtain legal advice as deemed necessary.
- d. Staff has reasonable grounds to believe that the member may pose a threat to the safety of him/herself or others. SGSFCS staff will report to the police.
- e. The member experiences a severe medical emergency on, or near, the SGSFCS premises, or in the premises, or in the presence of SGSFCS staff. SGSFCS staff will report to the member's caregiver, guardian, or referring Ministry or agency.
- f. If SGSFCS are informed that a serious crime has been committed, we have a duty and will report that information to the police.
- g. To assure best practices, SGSFCS staff may review the case during team case conference or supervision.
- h. To assure best practices, SGSFCS will allow access to member files as part of accreditation reviews.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-MR 2.02.02 REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION

Policy:

Informed written Member consent is obtained before releasing information to another organization or individual outside the SGSFCS. Informed written consent is also obtained before requesting information from another organization or an individual outside the SGSFCS.

Procedure:

1. Members sign a *Consent to Release Information* form before any information is released or requested by the Society. The form is explained to the Member in order to ensure informed consent.
2. The original *Consent to Release Information* form is placed in the Members file and a copy is given to the Member
3. A copy of the Society’s confidentiality policy accompanies any request for release of information to another organization or authorized individual.
4. The SGSFCS Staff will request a copy of the outside organization’s confidentiality policy in order to ensure continued safety of the Member’s private information. If the confidentiality of the Member’s information cannot be assured, the information will not be released. In this case, the SGSFCS Staff person will notify the Executive Director and will send a letter to the organization or individual explaining the refusal.

In regard to information sharing with a Ministry or a delegated government agency’s personnel, Members are informed at intake that this will be an ongoing part of their participation in the Society’s services.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-MR 2.02.03 RELEASE OF INFORMATION

Policy:

SGSFCS takes a protective role with regard to the release of information about its Members and in particular regarding Members who are particularly vulnerable because they are seniors without permanent family ties and/or they have a mental disability or are functionally illiterate. Informed written consent must contain explicit elements.

Procedure:

1. When information from an outside organization is requested, Members are informed of who is requesting the information, for what purpose, and the possible repercussions of the information being shared. Members have the right to refuse the release of their information except in cases where a legal mandate requires its' release.
2. Informed, written consent includes the following:
 - a. Signature of the person whose information will be released, or the caregiver or legal guardian of such a person who is unable to provide informed consent
 - b. Specific information to be released
 - c. The purpose for which the information is to be used, except where disclosure is mandated by law or the person served is receiving service under court supervision or directive
 - d. The date the consent takes effect
 - e. The date that the consent expires, not to exceed 90 days from the date given for one time releases of information, or one year when the release of information is required for ongoing service provision by a contracted or cooperating service provider
 - f. The name of the person to whom the information is being given
 - g. The name of the person within the organization who is providing the confidential information
 - h. A statement that the person or family serviced may withdraw/his/her consent at any time

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-MR 2.04 PROHIBITED ACTIVITIES

Policy:

SGSFCS protects the confidentiality of Members by informing members/members of the any possible publication or public presentation in which they may be featured such as:

- a. participation in public performance (documentary, news coverage)
- b. participation in publications such as SGSFCS Newsletter.
- c. public statements which express gratitude to the SGSFCS
- d. identifiable photographs or videotapes for public relations purposes

Procedure:

1. Members who are invited to take part in a public presentations such as the SGSFCS 's Newsletter, are offered complete information regarding the publication or performance. SGSFCS staff explain that they have the right to refuse to participate.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-MR 2.05 SIGNED CONSENT COPIES

Policy:

Members of SGSFCS who are participating in programs or events which require a consent are able to have a copy of their signed consent

Procedure:

1. Two copies of signed consent by a member of SGSFCS are taken
2. One copy is given to the member
3. One copy is placed as a copy into the case record.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-MR 3.00 MEMBER GRIEVANCE PROCEDURES**Policy:**

SGSFCS promotes the resolution of Member grievances.

Procedure:

1. Members are given a copy of the grievance procedure on joining the organization.
2. When a Member expresses a difference of opinion or a complaint regarding service, every effort is made by the agency personnel to resolve the issue immediately.
3. When an issue is not resolved immediately by the staff directly involved, the Member is asked if they want to initiate a grievance.
4. The Member has the choice of discussing their concern/grievance with the person involved, or the Executive Director who records the Member's concerns in writing.
5. The Staff who records the grievance will attempt to resolve it to the Member's satisfaction, within 5 days.
6. A copy of the grievance is kept in the Member file and is forwarded to the Member's Social Worker (where applicable) and to the Executive Director. The Executive Director will arrange to meet with the member within 5 days of receiving the grievance.
7. A copy of the grievance is kept in a file named "Member Complaints" at the program site. The Member is given a copy.
8. If resolution is not achieved at the stage of meeting with the Executive Director, the Member may choose to forward the grievance to the Board of Directors. A designated Board member will meet with the Member to resolve the grievance, within 2 weeks of receiving the grievance.
9. The Board makes a decision and all parties involved in the grievance receive a written report of the decision. The written report will be forwarded to the member within 2 weeks of the decision.
10. Upon the completion of steps outlined in points 8 and 9, the Executive Director writes a final report that is sent to both the complainant, the staff, and/or the Executive Director. This will happen within 1 week of the completion of the Board of Directors process.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-TS: TRAINING AND SUPERVISION

CA-TS 1.01.01 METHODS OF TRAINING DELIVERY

Policy:

Recognizing that training must be provided to accommodate differences in receiving, processing and applying information and to meet the individual needs of the Staff for knowledge and skills development, SGSFCS will arrange for training opportunities that are provided through a mixture of knowledge based and skill based instruction and skill building exercises.

Procedure(s):

1. The Executive Director will review continuing education and skills development need with the Staff on an annual basis.
2. The Executive Director will review course curriculum, content, and objectives to ensure that training will meet Staff's knowledge and skills development needs.

Supporting Documentation:

Orientation Checklist

Training Calendar (part of Admin and Governance Calendar)

Training Attendance Records

See Staff Personnel Records

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-TS 1.01.02 TRAINING PROGRAM – TIMELINE

Policy:

All training addressed in CA-TS 2 is provided to new staff personnel within the first year of service at SGSFCS.

Procedure(s):

1. The Executive Director will ensure that the staff receive required training as outlined in CA-TS 2 within the first year of employment.
2. The Executive Director will maintain up to date documentation of staff training needs and training completed (found in personnel file).
3. SGSFCS’s Executive Director will ensure that the annual training calendar will provide sufficient opportunities for staff to receive required training within the first year of employment.

Supporting Documentation:

Annual Training Calendar (currently included in Admin and Governance Calendar)

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-TS 1.01.03 PERSONNEL DEVELOPMENT AND TRAINING PROGRAM – REQUIREMENTS

Policy:

SGSFCS will establish a baseline of knowledge and skills for the Staff and will have an ongoing training program that includes, but is not limited to the following:

- a) Opportunities for the Staff to access training related to their job requirements and/or to advance within the SGSFCS or to enhance their professional credentials.
- b) The opportunity for the Staff to fulfill the continuing education requirements of their respective professions, and
- c) Opportunities for the Staff to attend one or more job related training events per year.

Procedure(s):

- 1. The Executive Director will identify education/training requirements for every position in the agency during their annual performance review.
- 2. The Staff will receive comprehensive orientation training and are provided with a copy of the annual training calendar.
- 3. In-service training is provided on an ongoing basis for the Staff as required.
- 4. SGSFCS provides Agency wide training days at least once per year.

Supporting Documentation:

Orientation Checklist

Job Descriptions

Training Manual/Procedures specific to position

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

**CA-TS 1.01.04 PERSONNEL DEVELOPMENT AND TRAINING PROGRAM
– BUDGET**

Policy:

SGSFCS allocates sufficient resources to support personnel development and training.

Procedure(s):

1. SGSFCS budget provides an annual training allotment for personnel development
2. SGSFCS allocates an annual budget to agency wide training.

Supporting Documentation:

Annual Training Calendar (currently included in Admin and Governance Calendar)

Annual Budget

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-TS 1.02 PERSONNEL DEVELOPMENT AND TRAINING PROGRAM (ANALYSIS)

Policy:

When a PQI Committee is established it will conduct an annual analysis of the training program’s effectiveness and personnel training needs and implements training on identified topics based on this analysis.

Procedure(s):

1. All SGSFCS training events will be evaluated by participants and trainers for effectiveness of the training. The Executive Director will review feedback and evaluations during regular monthly meetings and prepare an aggregate report on all evaluations.
2. Annually, the Executive Director and the Staff will meet to plan strategically for SGSFCS training program, taking into account the information provided by the annual analysis of the training program and personnel training needs.
3. Provision of this information will be provided to the PQI Committee for their annual analysis

Supporting Documentation:

Training Evaluations (to be developed by PQI Committee)

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2020/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-TS 1.03 PERSONNEL DEVELOPMENT AND TRAINING PROGRAM (ATTENDANCE/EXEMPTIONS)

Policy:

SGSFCS will document personnel’s attendance in required training and could grant exemptions, if any, based on Staff’s demonstrated competence in required topic areas.

Procedure(s):

1. Staff must submit to the Executive Director documentation to support their application for exemption from required training. Such documentation may include current (two years or less) certificates or diplomas indicating compliancy. However, possession of a Bachelors or advanced degree cannot be cited in lieu of training.
2. The Executive Director will ensure Staff personnel files contain documentation indicating successful completion of required training and/or other relevant documentation where an exemption has been granted.

Supporting Documentation:

See Staff Personnel Files

Request for Exemption (to be created if and when required)

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-TS 2.01.01 ORIENTATION OF NEW PERSONNEL UPON HIRING

Policy:

All new SGSFCS personnel (along with volunteers including Directors) will receive Orientation Training within the first 60 days of work with the agency, and orientation is documented in the personnel record. Upon hiring, all new personnel are oriented to the following:

- a) Our mission, philosophy and goals
- b) Our services, policies and procedures
- c) Our organizational chart that delineates lines of accountability and authority at all levels of SGSFCS
- d) The cultural and socioeconomic characteristics of the service population
- e) SGSFCS relationship with other community resources, and
- f) The goals and objectives of SGSFCS continuous quality improvement process.

Procedure(s):

1. All new personnel will be provided with an SGSFCS Orientation Manual and Policy and Procedures Manual upon hiring and will receive training specific to information about SGSFCS.
2. SGSFCS' Executive Director and/or designates will ensure that all personnel complete orientation training within 60 days of work with SGSFCS and complete the Orientation Checklist to be held in the personnel file.

Supporting Documentation:

Orientation Checklist

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

**CA-TS 2.01.02 ORIENTATION OF NEW PERSONNEL –
CONFIDENTIALITY MEMBER'S RIGHTS AND
PROFESSIONAL ETHICS**

Policy:

In addition to the requirements in CA-TS 2.01.01, SGSFCS orientation for all new personnel (along with volunteers including Directors) will include the following:

- a) SGSFCS policies and procedures on confidentiality and disclosure of information on persons served, including penalties for violation,
- b) the legal rights of members served,
- c) the responsibility to abide by SGSFCS and professional ethics.

Procedure(s):

- 1. All new personnel will complete an Oath of Confidentiality prior to accessing confidential information and/or serving members.
- 2. New personnel will be provided with an Orientation Manual and training on confidentiality, member rights and professional ethics.
- 3. SGSFCS' Executive Director and/or designates ensure that all personnel will complete an orientation within 60 days of hiring.
- 4. A SGSFCS Policy and Procedures Manual is provided to all new personnel upon hiring.

Supporting Documentation:

Oath of Confidentiality

Implementation Date: 2020/09/29	Review Cycle: 5 year	Review Date: 2025/09/29
Responsibility of: _____		Next Review: 2025/09/29
Reviewed by: Executive Director	Signature: _____	

CA-TS 2.02.01 ORIENTATION OF NEW PERSONNEL – LEGAL ISSUES

Policy:

SGSFCS program personnel are oriented to applicable legal or regulatory issues, including legal issues that are related to serving specific members.

Procedure(s):

1. SGSFCS Program Coordinator and/or designates will ensure that all new personnel complete an orientation to the judicial or regulatory issues that relate to specific member’s prior to beginning work with members.
2. Relevant Provincial Legislation and Regulation documents are available through the SGSFCS resources and are accessible to the Staff.
3. When applicable, Program Coordinator and/or designates update staff regarding the judicial or regulatory issues that relate to specific members and ensure that, when available, copies of relevant documents are placed in member files.
4. A program Policy and Procedures Manual is provided upon hiring.

Supporting Documentation:

Orientation Checklist

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-TS 2.02.02 RISK MANAGEMENT TRAINING – LEGAL RESPONSIBILITIES

Policy:

SGSFCS trains all personnel on its written policies and procedures regarding organizational and individual legal responsibilities related to provincial laws for mandated reporting.

- a) Mandated reporting, including identification of clinical indicators of suspected abuse and neglect, as applicable, and
- b) Reportable criminal behaviour.

Procedure(s):

1. SGSFCS Executive Director and/or designates ensure that all personnel complete orientation training within 60 days of work with SGSFCS.
2. Orientation Training will include information regarding:
 - a) Mandated reporting, including identification of clinical indicators of suspected abuse and neglect, as applicable, and
 - b) Reportable criminal behaviour.

Supporting Documentation:

- Orientation Checklist
- Policy and Procedure Manual Index
- Training Attendance Log
- See Personnel Records

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-TS 2.02.03 RISK MANAGEMENT TRAINING – DISEASE PREVENTION

Policy:

SGSFCS will train program personnel if required on disease prevention, including:

- a) SGSFCS protocols for providing service to seniors and adults with contagious and infectious diseases, including those who are HIV positive or have AIDS, hepatitis, tuberculosis, or other air and blood-borne pathogens
- b) Universal precautions
- c) Recognizing the symptoms of other medical problems that may be present among members, such as asthma
- d) Training on air and blood-borne pathogens and TB prevention and control.

Procedure(s):

- 1. SGSFCS Program Managers and/or designates ensure that all program personnel complete orientation training within 60 days of work with SGSFCS.
- 2. SGSFCS Program Managers and/or designates will ensure that all program personnel are oriented in disease prevention and safe procedures for dealing with potentially infectious diseases as part of their Orientation Training and annually thereafter.
- 3. Training will include recognition of symptoms related to common medical conditions.
- 4. All program personnel are provided access to materials to protect them against transmission of infectious diseases, for example, latex gloves, CPR mouth shields and sharps disposal containers.
- 5. Program Managers ensure that all program personnel maintain their training and have regular updates.

Supporting Documentation:

Orientation Checklist

See Personnel Records

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-TS 2.03 TRAINING AND DEVELOPMENT – FOUNDATIONS FOR SERVICE, DOCUMENTATION TECHNIQUES

Policy:

SGSFCS provides initial training and continuing education to personnel in the following areas:

- a) SGSFCS mission, goals, and foundations for service provision,
- b) Proper documentation techniques, and
- c) Up to date information regarding community resources, service providers and the referral-making process.

Procedure(s):

1. SGSFCS Executive Director and/or designates ensure that all personnel complete orientation training within 60 days of work with SGSFCS and will include content as prescribed in CA-TS 2.01.01.
2. The SGSFCS will schedule training opportunities and/or make available resources and information for personnel to develop skills in proper documentation techniques and the referral process.

Supporting Documentation:

Orientation Curriculum Table of Contents

Orientation Checklist

See Personnel Records

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-TS 2.04 ORIENTATION OF NEW PERSONNEL – MEETING MEMBER'S NEEDS

Policy:

SGSFCS orients all new program personnel, as applicable on:

- a) the establishment of rapport and responsive behaviors with persons served,
- b) collaboration with other disciplines and community services in meeting the needs of members,
- c) the needs of member in crisis including special service needs of victims of violence, abuse, or neglect,
- d) procedures for working with non-English language speaking persons and persons with communication impairments, and
- e) public assistance and government subsidies.

Procedure(s):

1. Program Coordinator and/or designates will ensure that all new employees are provided with an SGSFCS Orientation Manual and Policy and Procedures Manual and training specific to meeting member’s needs.
2. When applicable, personnel will refer to Professional Association guidelines.

Supporting Documentation:

Orientation Checklist

Training Calendar (currently included in Admin and Governance Calendar)

Implementation Date:	2020/09/29	Review Cycle:	5 year	Review Date:	2025/09/29
Responsibility of:	_____	Next Review:		2025/09/29	
Reviewed by:	Executive Director	Signature:	_____		

CA-TS 2.05.01 TRAINING AND DEVELOPMENT – CULTURAL DIFFERENCES

Policy:

SGSFCS provides initial training and continuing education and development on topics that help personnel build the knowledge and skills needed when working with senior populations. All personnel are trained and supervised to carry out their work in a manner that addresses cultural differences and supports the dignity of members within SGSFCS service population.

Procedure(s):

1. Personnel are informed of SGSFCS service populations during orientation.
2. All personnel receive training on topics related to diversity and cultural differences through in-service, formal instruction, audio visual format and print materials. Training topics will include, as necessary:
 - a) Interventions that address cultural and socio-economic factors in service delivery,
 - b) The role that cultural identity plays in motivating human behaviour,
 - c) Differences in norms and values,
 - d) Personal and institutionalized bias or discrimination, and
 - e) The application of cultural variables in differential diagnosis/assessment and in designing responsive interventions.
3. Program Coordinator and/or designates review the training needs of personnel on an annual basis and forwards recommendations to the PQI Committee to include topics related to cultural diversity in the ongoing training and development program.

Supporting Documentation:

Orientation Checklist

See Personnel Records

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-TS 2.05.02 TRAINING AND DEVELOPMENT – SERVICE INTERVENTIONS AND FAMILY DYNAMICS

Policy:

When providing programs or services that provide intervention type programs, SGSFCS will train personnel on topics related to service interventions.

Procedure(s):

1. Program Managers and/or designates will ensure that all personnel involved in front line service delivery receive training regarding permissible service interventions and recommended supports for members and families that are individualized and based on the most recent validated research.
2. All personnel who provide direct service to seniors and their families will receive training regarding family dynamics, human growth and development and using the family’s values and strengths to choose interventions and guide service delivery.
3. The SGSFCS will schedule training sessions and make available resource materials on topics related to service interventions and family dynamics.

Supporting Documentation:

Orientation Checklist

Training Attendance Log

See Personnel Records

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-TS 2.06 TRAINING AND DEVELOPMENT – HUMAN RIGHTS

Policy:

All SGSFCS personnel receive training on topics related to human rights and are trained and supervised to carry out their work in a manner that supports the dignity of SGSFCS members.

Procedure(s):

1. The agency, in consultation with Program Coordinator, will schedule training sessions and make available resource materials on topics including, but not limited to the following:
 - a. Dignity of the members,
 - b. Rights of members to exercise personal choice,
 - c. Needs of special populations, and
 - d. Needs of members for normalizing experiences and social inclusion.
2. Program Coordinator and/or designates ensure that Orientation training includes information regarding human rights, member rights, member dignity and the needs of SGSFCS members.

Supporting Documentation:

Orientation Checklist

Training Calendar

Training Log

See Personnel Records

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-TS 2.07 TRAINING AND DEVELOPMENT – ADVOCATING FOR MEMBERS

Policy:

SGSFCS provides initial training and continuing education for personnel to advocate for members.

Procedure(s):

1. Program coordinators and/or designates will ensure that all appropriate personnel receive training and information related to member advocacy as part of their orientation. Topics will include, but not be limited to the following:
 - a) Accessing financial, and other community resources and supports,
 - b) Identifying the impact of the socio-economic environment on the seniors.
 - c) Promoting sensitivity and alertness to all forms of discrimination facing member, and
 - d) Performing interventions that empower members to advocate on their own behalf.
2. Program coordinators and personnel will support member outcome measures through work with Ministry personnel. Personnel will receive orientation and training regarding integrated case management, when appropriate.
3. SGSFCS consults with members on an ongoing basis as directed by the SGSFCS's policies and procedures and Performance and Quality Improvement (PQI) measures.

Supporting Documentation:

Orientation Checklist

See Personnel Records

Implementation Date: 2020/09/29	Review Cycle: 5 year	Review Date: 2025/09/29
Responsibility of: _____		Next Review: 2025/09/29
Reviewed by: Executive Director	Signature: _____	

CA-TS 2.09.01 TRAINING AND DEVELOPMENT – EMERGENCY RESPONSE PRACTICES

Policy:

All SGSFCS personnel will receive initial training and an annual refresher course on emergency response practices.

Procedure(s):

1. During orientation, Program Coordinator and/or designates inform all personnel regarding SGSFCS emergency response practices, including:
 - a) The ability to assess risk and safety of persons served,
 - b) Techniques for handling emergencies, and
 - c) Appropriate co-ordination with mental health, law enforcement and other professionals.
2. All new personnel are expected to read the SGSFCS Health and Safety Manual, and the Emergency Preparation Manual.
3. All direct service personnel should possess First Aid training upon hiring and if not will receive First Aid training and/or re-certification as part of annual training plan.
4. The SGSFCS will schedule training workshops and annual refreshers, as required, on topics related to emergency preparedness, risk assessment, and suicide prevention.
5. The Executive Director will ensure that all personnel are trained to follow the Emergency Response Protocol.

Supporting Documentation:

Orientation Checklist

Personnel Records

Health and Safety Manual

Emergency Preparation Manual

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-TS 2.09.02 RISK MANAGEMENT TRAINING – MEDICATION AND EMERGENCY HEALTHCARE

Policy:

SGSFCS provides designated personnel with access to training in the following health-related topics:

- a) Basic First Aid including CPR and retraining at least every three years
- b) Basic medical needs and problems of the service population, with retraining every year
- c) Medication reaction training every three years
- d) Where applicable, medication administration, monitoring, and dispensation, with retraining every year.

Procedure(s):

- 1. SGSFCS Program Coordinator and/or designates ensure that all personnel complete orientation training within 60 days of work with SGSFCS.
- 2. All direct line personnel are required to possess First Aid training upon hiring or must complete this training within 60 days of hiring.
- 3. Orientation Training will include basic information regarding medical needs and health issues of the program service population.
- 4. Program Coordinator and/or designates review the training needs of their personnel and ensure that personnel maintain their training re-certification as required.

Supporting Documentation:

Orientation Checklist

Training Calendar (part of Admin and Governance Calendar)

See Personnel Records

Implementation Date: 2020/09/29	Review Cycle: 5 year	Review Date: 2025/09/29
Responsibility of: _____		Next Review: 2025/09/29
Reviewed by: Executive Director	Signature: _____	

CA-TS 3.01.01 SUPERVISION: CONFERENCING, EVALUATION AND TRAINING TIME

Policy:

SGSFCS ensures that supervisory personnel have sufficient time to hold supervisory conferences, and conduct evaluation and training activities.

Procedure(s):

Each Manager/Program Coordinator will maintain a calendar of scheduled supervisory conferences, evaluation meetings and training activities. Written documentation will be kept verifying the existence of these events.

Supporting Documentation:

Supervision Calendar (part of Admin and Governance Calendar)

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-TS 3.01.02 SUPERVISION AND PERSONNEL PERFORMANCE EVALUATIONS**Policy:**

SGSFCS ensures that the Executive Director effectively lead, supervise, and guide his personnel in order to:

- a) Provide professional leadership
- b) Select, supervise, and appraise personnel
- c) Conduct timely performance evaluations.

Procedure(s):

1. Personnel receive regular supervision, which is documented.
2. Personnel receive more frequent supervision on an as-needed basis, and performance issues are addressed as they arise. All supervision is documented.
3. The Executive Director allows sufficient time to engage in active supervision.
4. Performance evaluations for personnel are conducted at minimum annually.
5. The identified performance evaluations are to be conducted with the employee, in confidence, by the Executive Director. Personnel are entitled to receive a photocopy of the evaluation instrument that will be placed on their file. Personnel are entitled to submit written responses to any evaluation they receive, which response shall be affixed by to their evaluation.
6. Purpose of regular evaluation is to ensure that the personnel's service continues to be satisfactory. During probation, the test to determine continued employability shall be a test of "suitability" vis-à-vis members, program goals and objectives, supervisory staff, other SGSFCS members, and (as applicable) general public.
7. Confirmation as regular personnel will be based on the formal performance evaluations noted above. Such confirmation shall occur in writing. Regular status will not be deemed to be confirmed until the verification letter is sent out. In the alternative to regular status confirmation, it may be prudent for personnel to have their probationary period extended, as necessary, for a fixed period not to exceed normal probation.
8. Performance evaluations on regular personnel are to be conducted at least annually thereafter. The Executive Director is expected to evaluate staff performance regularly and issues addressed through on-going supervision.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

CA-TS 3.02.01 SUPERVISION: PERSONNEL RATIOS

Policy:

Where funding permits, supervisory ratios for program personnel do not exceed one Manager to seven full time personnel with ratios and frequency adjusted according to relevant criteria.

Procedure(s):

1. Protocols will be established by SGSFCS concerning matters that require the immediate attention of a Manager.
2. Alternate arrangements for supervision will be documented and shared with personnel in the event of their Manager's absence or lack of availability.

Supporting Documentation:

Supervisor List

Manager's Job Description

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-TS 3.02.02 PROGRAM COORDINATOR’S COMPETENCY: MEMBER NEEDS

Policy:

Program coordinators are competent to assess the needs of members served, the resources available to meet those needs, and the legal and/or policy requirements governing service delivery to persons served.

Procedure(s):

1. Each Program coordinator's personnel file will contain within it documentation which demonstrates training and experience related to the assessment of member needs.
2. Program Coordinators will use member needs assessment tools for which:
 - a) they have received appropriate training,
 - b) are directly related to the service(s) being offered by the program, and are
 - c) inclusive of the assessment elements required for the type of service being offered.
3. Each Program Coordinator will maintain an up-to-date awareness of the resources available to meet the needs of their member population. Such awareness will be demonstrated by the dated documentation of said resources.
4. Each Program Coordinator will maintain an up-to-date awareness of the legal and/or policy requirements governing service delivery to members served. Such awareness will be demonstrated by:
 - a) an ongoing affiliation with a related professional association, and
 - b) the maintenance of documents related to said legal and/or policy requirements.

Implementation Date: 2020/09/29	Review Cycle: 5 year	Review Date: 2025/09/29
Responsibility of: _____		Next Review: 2025/09/29
Reviewed by: Executive Director	Signature: _____	

CA-TS 3.03.01 MANAGER COMPETENCY

Policy:

All SGSFCS Managers are competent in the following areas:

- a) assuming or assigning professional responsibility for work completed,
- b) ensuring that service delivery is performed according to SGSFCS mission, policies and procedures and service philosophy, and
- c) providing in-service training.

Procedure(s):

1. Each Manager's personnel file will contain within it documentation which demonstrates training and experience related to the required duties in his or her job description. Where such training and experience are not demonstrated, other documentation exists which gives evidence of:
 - a) ongoing consultation, supervision and support with a qualified consultant, and/or
 - b) another qualified individual having been delegated to perform the required duties in collaboration with the Program Manager.
2. Managers will schedule regular supervision meetings with each of their personnel, and will monitor the client files, fund development files, log books and other forms of documentation to ensure compliance with SGSFCS mission, policies and procedures and service philosophy.
3. Managers of program service delivery will maintain records indicating when client files were checked and what follow-up recommendations were made. All client files must be checked at least quarterly and will have a record within each file as to when they were checked.
4. Managers will regularly assess the need for the professional development of their staff and will directly provide, or will regularly arrange for the provision of, an ongoing schedule of in-service training. In-service training will be documented within the personnel file of all personnel.
5. Managers will provide evidence of having addressed each of the points above as part of their regularly scheduled program reviews as well as their annual performance reviews.

Supporting Documentation:

Policies and Procedures

Supervisor List

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____

**CA-TS 3.03.02 PROGRAM COORDINATOR COMPETENCY:
SUPERVISION, CASE CONSULTATION, INTAKE AND
ASSESSMENT**

Policy:

Program coordinators who oversee direct services are competent in the following areas:

- a) Applying the practical skills inherent in the type of service offered
- b) Making referrals and following intake guidelines
- c) Providing case consultation and supervision

Procedure(s):

1. Program Coordinators will possess within their personnel file, documentation demonstrating competency in the practical application of the skills required to provide the services they oversee.
2. Program Coordinators will develop written intake and referral procedures which are in compliance with the relevant policies and procedures outlined in the service standards in SGSFCS Policy Manual.
3. Program Coordinators will maintain a regular schedule of case consultation and supervision and will keep documentation of consultation and supervision provided. Occurrences and details of said consultation and supervision will also be documented in the member’s service file.
4. Program Coordinators will employ only those forms of intervention which are:
 - a) In accordance with SGSFCS policies, and
 - b) Commonly considered to be “best practice” for the service area in which they work.

Supporting Documentation:

See Member Case Files

Implementation Date: 2020/09/29	Review Cycle: 5 year	Review Date: 2025/09/29
Responsibility of: _____		Next Review: 2025/09/29
Reviewed by: Executive Director	Signature: _____	

CA-TS 3.05 SUPERVISION OF STUDENTS/NON-LICENSED PERSONNEL

Policy:

SGSFCS will provide close supervision of personnel who lack licensing and/or certification requirements or who are students on practicum.

Procedure(s):

1. All personnel will be supervised by a qualified person.
2. Personnel will be encouraged to work towards profession credentials/licenses.
3. All personnel will receive orientation to the program they work in, as well as a job description.

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29

Responsibility of: _____ Next Review: 2025/09/29

Reviewed by: Executive Director Signature: _____

CA-TS 3.06 **ADDITIONAL REQUIREMENTS OF THE EXECUTIVE DIRECTOR**

Policy:

SGSFCS ensures that the Executive Director effectively support their personnel and demonstrate competence in:

- a) Conveying technical knowledge and skills
- b) Teaching and modeling work management skills
- c) Teaching and modeling communication skills
- d) Conflict management
- e) Identifying the need for consultation or additional skills to improve supervisory performance

Procedure(s):

1. Supervision, performance evaluation and input from colleagues and members is utilized in planning the personal and professional development process.
2. An achievable, individual, professional development plan is developed and implemented to improve current performance, respond to changes, facilitate career growth and continue to learn.
3. A plan is developed outlining specific steps to be taken to implement the professional development plan.
4. Strategies for personal health and well-being are incorporated into the plan.
5. The plan is documented and communicated to all relevant parties.
6. Opportunities are developed to share and network with colleagues and other professionals, for mutual support, consultation, skill and knowledge enhancement.
7. Supervision and support are received and provided through mutual dialogue.
8. The Executive Director encourage individuals to receive support for personal and professional development from individuals and the team.

Supporting Documentation:

Personnel Files

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-TS 3.07.01 THE EXECUTIVE DIRECTOR’S COMPETENCY: STAFF SUPPORT

Policy:

SGSFCS ensures that SGSFCS’ Executive Director demonstrate competence in:

- a) Addressing strengths in personnel as well as, interpersonal barriers
- b) Cultivating an individual’s ability to perform a job
- c) Empowering those supervised
- d) Using criticism in a constructive manner, and
- e) Complying with employment and labor laws.

Procedure(s):

1. The Executive Director will be familiar with, and will possess sufficient training to assess and address interpersonal barriers and strengths in personnel.
2. The Executive Director will foster a work environment that is conducive to personnel well-being.
3. The Executive Director will identify strengths and provide ongoing support to personnel through such practices as: regular performance evaluations, timely feedback on work done, clear consistent communication.
4. The Executive Director will possess knowledge and skill concerning best practices related to providing feedback to employees.
5. The Executive Director will possess current knowledge of employment and labor law.

Supporting Documentation:

Personnel Development and Training Plan (part of Admin and Governance Calendar)
Employment Standards, Legislation, Regulations, Procedures

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
 Responsibility of: _____ Next Review: 2025/09/29
 Reviewed by: Executive Director Signature: _____

CA-TS 3.07.02 PROGRAM COORDINATOR COMPETENCY: DATA COLLECTION AND APPLICATION

Policy:

Program Coordinators who oversee direct services are competent in carrying out the following administrative responsibilities:

- a) Tracking and monitoring the progress of the members,
- b) Collecting and applying data to improve member outcomes, and
- c) Meeting SGSFCS quality improvement and evaluation requirements.

Procedure(s):

1. Program Coordinators will be familiar with, and/or will possess sufficient training, to appropriately utilize assessment and testing tools designed to measure member progress toward outcome achievement.
2. Program Coordinators will develop written data collection procedures and forms. Collected information will be used by themselves and their personnel to address member service goals.
3. The Executive Director will ensure that Program Coordinators are familiar with the quality improvement and evaluation requirements specific to their service area. This will be done through regularly scheduled program and performance reviews.

Supporting Documentation:

See Personnel Files

Implementation Date: 2020/09/29 Review Cycle: 5 year Review Date: 2025/09/29
Responsibility of: _____ Next Review: 2025/09/29
Reviewed by: Executive Director Signature: _____