



POLICY NO. 1-HR-78	POLICY TITLE: Whistleblower Policy
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Disclaimer: Any PRINTED version of this document is only accurate up to the date of printing. Always refer to the Policies, Procedures and Processes on the Shared drive for the most current versions of the documents in effect.

See Also:

1-HR-06 Code of Conduct

1.0 PURPOSE:

To provide guidelines to employees, physicians, contract staff, board members, volunteers, residents, visitors, family member and students with regards to whistleblowing protection and their responsibilities.

2.0 POLICY:

Any employee, physician, contract staff, board members, volunteer, St. Joseph's Lifecare Centre Brantford (SJLCB) affiliate, resident, visitor, family member and/or student (herein after referred to as person(s) is encouraged to report any alleged wrongdoing within SJLCB. Any person is free to make known claims of alleged wrongdoing within SJLCB, without fear of retaliation. Any act of retaliation against such person(s) will not be tolerated and will result in disciplinary action and/or dismissal.

Prevention of retaliation, victimization or harassment

SJLCB guarantees that a person reporting a wrongdoing will not be fired, demoted, reassigned, disciplined, harmed, discharged or subject to any other punishment by SJLCB or its representatives. Nor will any person for exercising any rights guaranteed to them by federal and provincial laws including but not limited to the Occupational Health and Safety Act, Environmental Protection Act, Employment Standards Act, Labour Relations Act, Long Term Care Home Act and the Human Rights Code.

Any person who harasses, injures, disciplines, or takes other adverse action against a person in retaliation for whistleblowing or the exercising of legal rights in violation of this non-retaliation clause is subject to discipline, up to and including immediate termination for cause.

False or cruel allegations

SJLCB will view very seriously any allegations that prove not to be substantiated or which prove to have been made maliciously or knowing them to be false. SJLCB will regard the

making of any deliberately false or malicious allegations as a serious disciplinary offence that may result in disciplinary action, up to and including dismissal for cause.

Definitions:

Whistleblowing is giving information about potentially illegal or underhanded practices, i.e. wrongdoing.

Wrongdoing involves any unlawful or illegal behaviour and can include (but is not limited to):

- A significant violation of a law, rule, regulation or policy;
- A gross mismanagement of resources;
- A gross waste of funds;
- An abuse of authority;
- A substantial and specific danger to public health and/or public safety;
- Breach of SJLCB’s Code of Conduct;
- Unprofessional conduct or conduct that is below recognized, established standards of practice;
- Questionable accounting or auditing practices;
- Unfair discrimination in the course of the employment or provision of services.

This is not a complete list, but it is intended to give an idea of the kind of conduct that might be considered as “wrongdoing”.

Risk:

Any person who makes a disclosure or raises a concern under this Policy will be protected if the person:

- Discloses the information in good faith;
- Believes it to be substantially true;
- Does not act maliciously or make false allegations; and
- Does not seek any personal or financial gain.

Responsibilities/Accountabilities:

This policy applies to all persons working at SJLCB including:

- Employees of SJLCB, including the President, executive, management and supervisory personal, and those involved with its affiliated programs and agencies including students and volunteers
- Physicians
- Board Members
- Staff on contract or temporary staff
- Patients, residents, participants, clients and their family members

Limits:

This policy is not intended to replace or circumvent any other established processes or usual reporting structures, nor does it replace or supersede processes for the reporting and

investigation of alleged improper conduct or violations, including:

- Labour agreement violations covered by collective agreements;
- Reports on safety hazards and unsafe conditions made in accordance with the provisions of the WSIB, and Occupational Health and Safety Act and its Regulations;
- Discrimination or harassment based on prohibited grounds set out in statute;
- Reporting obligations mandated in legislation or by professional Colleges.

Keywords:

Whistleblowing, Whistleblower, Wrongdoing, Disclosure, Code of Conduct

APPROVED: June 30, 2022	REV./REVIEWED:	AUTHORIZED BY: Operational Leadership Team
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APPENDIX A WHISTLEBLOWER PROCESS

Steps in the Process:

1. A person who has witnessed dishonest conduct or wrongdoing on St. Joseph's Lifecare Centre Brantford (SJLCB) premises should consider, if appropriate, inquiring of the violator if she or he understands that they have done a wrongdoing and encourage them to correct the situation as soon as possible. Depending on the nature of the violation, and their relationship with the violator, witnesses should not put themselves at risk. If the person deems it inappropriate to first approach the violator, the person is encouraged to discuss the situation with his/her manager or the manager on call.
 - a. Immediately inform the Supervisor and/or Manager/Director of the situation. The Manager/Director will advise the VP/Administrator.
 - b. When there is suspected injury due to physical abuse, the attending physician should be notified and the next of kin/Power of Attorney (POA). For incident of abuse by a client (resident, patient, participant) to another client, the attending physician and POA for the victim and abuser must be contacted.

2. Reporting
 - a. A person shall disclose all relevant information regarding proof of wrongdoing to their Supervisor and/or Manager/Director of SJLCB in a signed written document as soon as possible and no later than six (6) months of the misconduct.
 - b. A record of the disclosure and relevant investigation shall be maintained for reference purposes for a period of not less than two (2) years from the date of the written submission.
 - c. All communication and discussions must be documented during or as soon as possible after the occurrence to ensure accuracy of information.
 - d. It is absolutely essential that the person **reporting** prepares a **very clearly written** and signed statement of the facts in relation to the wrongdoing.
 - e. **For incidents implicating staff**, if, as judged by the Manager/Director or Human Resources, the circumstances are sufficiently serious to warrant immediate suspension of the implicated employee this action may be taken.
 - f. The Vice President or designate shall consider the disclosure and take whatever action he/she determines to be appropriate under the law and circumstances of the disclosure.
 - g. In the case of disclosure of misconduct involving the Vice President, the disclosure shall be directed to the President or designated committee. In consultation, they shall consider the disclosure and take whatever action he/she determines to be appropriate under the law and circumstances.

3. Preliminary Investigation
 - a. The Manager/Director/President/Board Chair/designate investigating the wrongdoing documents a detailed report describing the situation and including but not limited to:
 - i. What happened
 - ii. Time it happened
 - iii. Who was involved (include witnesses)
 - iv. Interview with those involved as soon as possible noting all responses accurately.
 - v. Take photographs as appropriate.

- vi. If obtainable, written, signed statements from witnesses (any interviews with witnesses are to be conducted privately to protect confidentiality).
- vii. Action taken at all phases of the investigation
- viii. Any other significant information that may have a bearing on the incident

4. Outcome Leadership Team Responsibilities

- a. Leadership Team and/or Human Resources will review all investigations with the reporting Manager/Director/designate to ensure that:
 - i. Immediate protective actions have been taken
 - ii. Follow-up short term action was appropriately instituted
 - iii. A thorough, accurate, impartial investigation of the wrongdoing was carried out
 - iv. Documentation is accurate and complete and may include health record documentation, employee incident reports, anecdotal summaries obtained during the course of the review, log of follow-up actions and any forms, reports or letters sent to external agencies.
- b. All necessary parties have been adequately informed and have had direct communication where so indicated.
- c. Institute formal reporting to Professional Regulator Bodies as appropriate.