

Employee Handbook

Collingwood General & Marine Hospital
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COLLINGWOOD
G&M HOSPITAL

WELCOME TO THE TEAM!

New employees of CGMH:

I would like to welcome you to the Collingwood General & Marine Hospital. You are now part of a team that provides the most important kind of service – caring for people.

Dedicated staff members have helped the Hospital become what it is today – a provider of quality health care. Our success will always depend on the contribution that each employee makes to the Hospital.

This is your organization. As it grows, we want you to grow with it. And by sharing your special skills, you play an important part in providing leadership to others in the field of healthcare.

We are proud of how the Hospital has progressed, pleased that you have chosen to join us, and anticipate that soon, you too, will embrace our values and feel the pride that comes with being a Collingwood General & Marine Hospital employee.

We realize that the next few weeks will probably prove to be somewhat overwhelming as you become familiar with your new job and surroundings. Always feel free to ask questions and discuss any concerns you may have with your Manager.

We hope that the information shared with you during this orientation experience will help boost your confidence and speed your personal sense of belonging.

Again, welcome to our team and I look forward to meeting you personally in the very near future.

Sincerely,



Mike Lacroix
President & Chief Executive Officer

COLLINGWOOD G&M HOSPITAL

At Collingwood General and Marine Hospital we are anchored by our vision, mission and values and guided by our strategic directions.



VISION

OUTSTANDING CARE - FOR LIFE.

MISSION

Advancing community health through compassionate, innovative and collaborative care.

VALUES

I - INCLUSIVE

C - CARING
A - ACCOUNTABLE
R - RESPECTFUL
E - EXCELLENCE

A - ADAPTABLE
T - TEAMWORK

CGMH

Doug Burlock Photography

COLLINGWOOD GENERAL AND MARINE HOSPITAL 2022-2024 STRATEGIC PLAN

COLLINGWOOD G&M HOSPITAL

COLLINGWOOD GENERAL AND MARINE HOSPITAL STRATEGIC PLAN

PATIENT EXPERIENCE

We focus on the ongoing evolving needs of our patients and families.

We will provide compassionate patient and family-centered care of the highest standard to deliver an exceptional experience. Within a best practice environment, key drivers will include the patient/family voice, and a culture of innovation and safety.

WE WILL:

- improve access to care closer to home.
- enhance capacity and coordination of services for frail seniors, and individuals with complex mental health needs.

OUR PEOPLE

We deeply value our skilled and dedicated staff, physicians and volunteers.

We will ensure a healthy, safe and inclusive workplace which embraces our organizational values. Building upon a culture of engagement in an interprofessional setting, our people will be empowered and encouraged to contribute their input and expertise to enrich the patient experience today and introduce new ideas tomorrow. We are committed to safety, diversity, open dialogue, continuous learning/development and the education of the next generation of our people.

WE WILL:

- retain, develop and recruit highly skilled people.
- continue to build a CGMH team that reflects equity, inclusion and the diversity of our community.
- listen, focus and act to support the health and wellness of our people.



PARTNERSHIPS

We collaborate with our community and across the health system for patients to receive a seamless, integrated experience within and beyond our hospital.

We will contribute to the development of a care delivery system that builds upon and significantly advances the health of our community. We will continue to work with our many partners so that patients receive care in the most appropriate setting and find it easier to navigate the health "system". We align with provincial and community priorities to transform and integrate the healthcare system.

WE WILL:

- improve health outcomes of our local population as a member of the South Georgian Bay Ontario Health Team.
- collaborate with patients, families, caregivers and community partners to co-design the right care in the most appropriate setting.

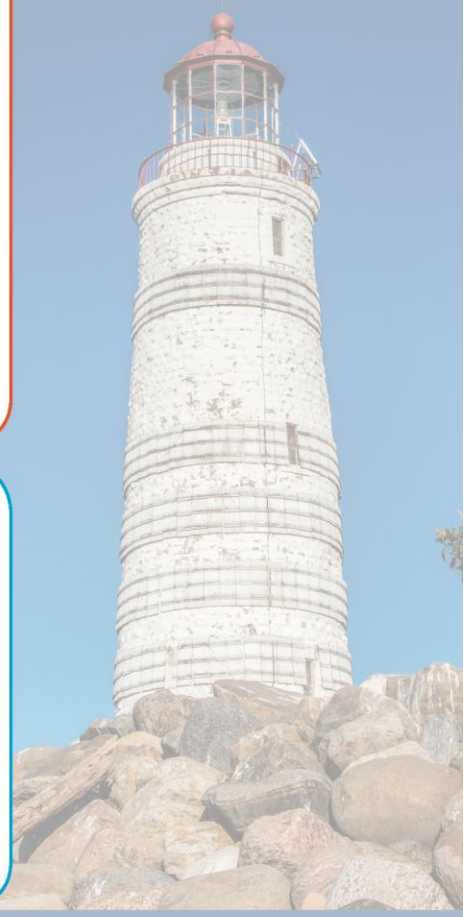
INNOVATION

We innovate continuously and successfully in all that we do.

We will seek innovative solutions to enhance the patient experience, health outcomes for our community, and hospital sustainability while strengthening existing and building new partnerships.

WE WILL:

- seek and share innovative ideas to improve service, environmental sustainability and value across the health system.
- use technology to advance safety, quality of care and efficiency.
- plan a state-of-the-art hospital with our people, community and partners.



I CARE AT - Commitment to Excellence

At Collingwood General and Marine Hospital, our I CARE AT values are the beacon that shine from within each employee, credentialled staff and volunteer.

These standards which represent the hospital's commitment to our community and to each other, were developed in consultation with employees, credentialled staff, volunteers, board members and patients, along with their families and caregivers, from their unique an diverse experiences.

Everyone at CGMH contributes daily through their words and actions to realizing our vision of providing Outstanding Care – For Life.

I INCLUSIVE



- We recognize that our diversity is a strength. We treat each other with dignity and compassion.
- We strive to create a safe place for all members of our community.
- We empower patients and their families, putting them at the centre of decision-making. They are experts in their care.

C CARING



- We listen actively with empathy and seek to reassure and support.
- We demonstrate compassion to all patients and care without judgement based on their needs.
- We greet each other with a smile, a hello, and use each other's first name.

A ACCOUNTABLE



- We feel a sense of ownership for CGMH and take pride in the quality of care that we provide.
- We help out whenever possible. We do not wait to be asked, we step up and take the initiative.
- We own our actions and recognize the impact of our (in)actions on others.

R RESPECTFUL



- We choose a kind tone of voice and respectful body language in our interactions with others.
- We prioritize the protection of our patient's confidentiality and modesty at all times.
- We challenge statements and behaviours that are inappropriate, disrespectful, discriminatory, or harassing.

E EXCELLENCE



- When appropriate, we go above and beyond ordinary expectations. The smallest gestures can provide great comfort, safety, and reassurance.
- We present ourselves and our workplace professionally to show respect for our patients and create confidence in our ability to care for them.
- We believe safety is everyone's responsibility and do our part to create a safe work environment.

A ADAPTABLE



- We encourage innovation and continuous improvement to quality, efficiency, and safety of care.
- We know that great hospitals are dynamic and always moving forward. We are open to and prepared for change.
- We prioritize our patients and the best outcome over our own interest.

T TEAMWORK



- We recognize that many hands make light work and offer to help one another whenever possible.
- We are all in this together. When we face challenges, we do not take a stance against one another.
- We recognize, support, and celebrate each other.

About Collingwood General & Marine Hospital

Overview

Collingwood General and Marine Hospital was founded in 1887 as an eight-bed facility in the community of Collingwood, Ontario. In addition to caring for the people in the Collingwood, it was also one of the few Hospitals, because of the prevalence of communicable diseases, that would accept sailors of the Great Lakes shipping industry during this period as patients. Hence the "General and Marine" in our name.

Collingwood from the 1850's was a significant centre for shipping and shipbuilding and in addition to the needs of local residents, sailors would arrive in town with injuries and diseases such as smallpox, and cholera and have to receive treatment in local hotels.



Today the Collingwood General & Marine Hospital is a 74-bed facility serving more than 60,000 permanent residents and 3.5 Million annual visitors to the communities of Wasaga Beach, Collingwood, Clearview and the Blue Mountains.

Programs & Services at CGMH

Medical
CGMH patients in the Medical Unit are most commonly treated for problems such as cardiac, respiratory, stroke and palliative care. Family involvement in care, healthcare teaching, and discharge planning is encouraged in all areas of the hospital. The Medical Unit has a 35 bed capacity.

Surgical Services
CGMH provides surgical service to inpatients and outpatients in orthopaedics, general surgery, obstetrics and gynaecology. The Surgical Unit is comprised of 3 Recovery Room bays and a 5 bed Surgical Daycare Unit. CGMH uses three full operating rooms for surgery and a separate Endoscopy Unit with one scope room for endoscopic procedures.

Inpatient Surgical Unit
In additional to the surgical services listed above, CGMH has capacity for patients to be admitted after surgery to the inpatient surgical floor, which has a 28 bed capacity.

Emergency
CGMH's Emergency Department (ED) operates 24 hours per day, seven days per week and is staffed by five full-time emergency physicians and fourteen general practitioners on a rotating basis.
As the major trauma centre for the Georgian Triangle Area, the ED has modern, well-equipped facilities for triage, resuscitation, trauma, surgical and medical care. Emergency visits to the G&M average over 35,000 annually.

Intensive Care
The G&M's Intensive Care Unit (ICU) is well equipped to handle emergency events. Over 80% of admissions to the ICU are cardiac in nature. Highly skilled critical care nurses assist the family physicians in the care and treatment of the patients.

Dialysis
CGMH's Dialysis Unit has eight stations and operates six days per week. Three shifts of patients are dialysed daily. The unit's maximum capacity is 48 patients. From time to time there is space available to accommodate transient patients.

Laboratory
The Laboratory is staffed 24 hours per day, seven days per week. The Laboratory departments include Biochemistry, Haematology, and Transfusion Medicine. CGMH is a fast-paced and innovative facility and the Laboratory serves the hospital areas of medicine, surgery, obstetrics, orthopaedics and intensive care as well as outpatient care including dialysis and a wide range of clinics including mental health and rehabilitation services.

Obstetrics
As a Level I unit, CGMH's Obstetrics Department is able to look after most routine deliveries. CGMH provides same room maternity care - labour and delivery, and baby and mother care is provided in the same large, comfortable room. These five private rooms are equipped to handle routine labours and births.

Mental Health
The program includes provisions for Adult Mental Health, Psycho-geriatrics, Intense Case Management and Homelessness (for those with mental illness). The clinic also operates Quick Response (crisis coverage) to the G&M Hospital Emergency Department. In addition to direct treatment and consultation, Mental Health Services sponsors Psycho-geriatric Resource Consultants for Simcoe County.

Physiotherapy
The Physiotherapy Clinic, located on the lower level of the G&M Hospital, provides quality, comprehensive physiotherapy services to both inpatients (admitted) and outpatients (those individuals who can come into the Hospital for services) for the G&M Hospital community. The goal is to help people reach their highest potential following an injury, surgery or a decline in their health.

Cardio Respiratory
Cardio Respiratory Services provides cardiac and respiratory consultation and testing on both an inpatient and outpatient basis.

Ambulatory Care
A wide variety of health care services are available on an outpatient (non-admitted patients) basis, which means patients can go home after their test or treatment.

Our Dedicated Team

Employees:

Over 650 CGMH employees comprise of 4 union groups and a non-union group: Union groups are:

ONA (Ontario Nurses' Association)
OPSEU (Ontario Public Service Employees' Union)
SEIU – Clerical (Service Employees International Union)
SEIU – Service (Service Employees International Union)

Medical Staff:

The Medical staff consists of, Active staff, Associate staff, Courtesy staff, Locum staff, Regional Affiliates, Dentists and Midwives. Names of medical staff and contact information is available on the Pulse.

Volunteers:

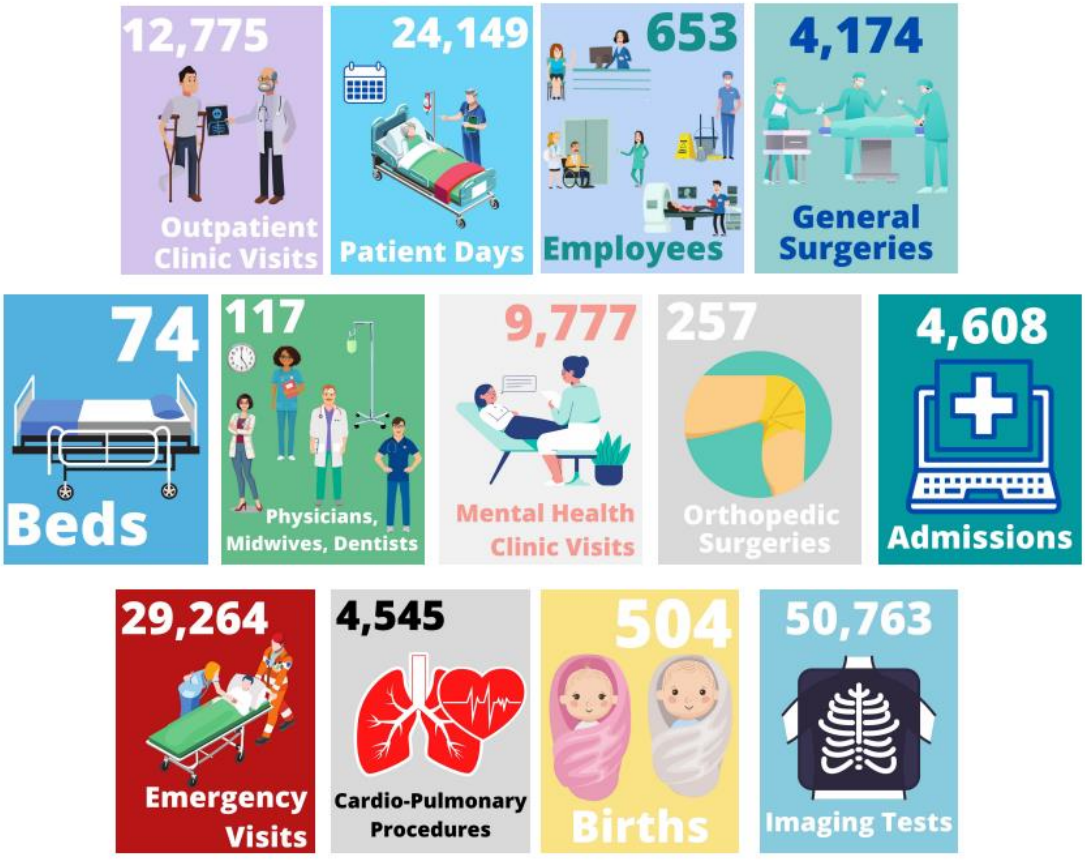
More than 300 volunteers work in almost every area of CGMH.

Board of Trustees:

The CEO reports to the Board of trustees, which consists of 12 community representatives. Board member names are available for viewing on the CGMH web site.

Foundation Board Members:

The ultimate responsibility for the Foundation lies with its 18 volunteer Board Members. Information regarding board members is available on the Pulse.



Respectful Workplace

Human Rights Code
The Human Rights code was written in 1980 and has been amended in 1981, 1985, and 2006. It is a provincial law that gives everybody equal rights and opportunities without discrimination in specific areas such as jobs, housing and services. The Code's goal is to prevent discrimination and harassment.

Patients, volunteers, learners and contracted service providers have the right to be treated with respect and dignity at all times and to be protected from any form of abuse.

Workplace abuse/harassment is unpleasant and intimidating. Fear of retaliation or embarrassment may prevent you from making a complaint. However, if you experience ongoing abuse/harassment, without being able to resolve it yourself, it is essential that you file a complaint to begin the process of resolving the issue.

Every person has a right to equal treatment in employment without discrimination or harassment because of one or more of the following prohibited grounds:

- Age
- Ancestry
- Citizenship
- Colour
- Creed
- Disability
- Employment Status*
- Ethnic Origin
- Family Status
- Gender Expression**
- Gender Identity**
- Level of Literacy*
- Marital Status
- Membership in a Union*
- Place of Origin
- Political Affiliation*
- Race
- Record of Offences
- Sexual Orientation
- Sex** (including pregnancy & breast feeding)

*These grounds are included in CGMH's policy but are not explicitly covered by the Ontario Human Rights Code

**Workplace harassment as defined in the Occupational Health and Safety Act includes harassment based on sex, gender identity, gender expression, sexual orientation and non-Code harassment (i.e., harassment that is not based on a prohibited ground listed above.)

All members of CGMH's workplace community, will be treated with, and will treat each other, with dignity and respect at all times. Through individual efforts and the consistent application of this policy and procedure, CGMH will have a safe, healthy and respectable environment in which to work, visit and heal.

To read further on what type of harassment, copy of policy, process See policy:

https://thepulse.collingwood.cgmh.on.ca/apps/files5019/Harassment%20Discrimination%20and%20Code%20Complaint%20Procedure.pdf

General Employee Information

Staff Identification
All employees, medical staff, learners and volunteers shall, while working in the Hospital, wear a photo identification badge as provided in order to assist in maximizing security and to facilitate easy identification of CGMH staff to patients and visitors. You will need your badge to access all the back entrance doors and both front and back parking lot gates. The basement corridor doors lock at 5 pm every day and your badge is required to access this area.

The I.D. badge is provided by Security Services. Please contact ext. 8195 to report a lost or stolen badge. Your initial badge for employees and medical staff is free, however, should you lose or damage your badge, the replacement cost is $15. In the event of a name or classification change, a new badge will be issued at no charge.

Parking
Your I.D. badge will be activated for parking access should you choose this option. The cost for staff parking is $20.00 per pay for full-time staff and $0.27 per hour worked for part-time staff and is deducted from the employee's pay. Employees are required to park in the rear parking lot.

Food Services – Cafeteria
The Cafeteria is open 24 hours-a-day featuring snack, Entrée, Cold and Hot beverage vending machine options. All fresh items are prepared by Food Services and restocked daily. The Cafeteria also has several microwaves within which entrées can be heated. Freshly prepared food is available Mon - Fri for breakfast and lunch.

Mask fit Tests
All staff at CGMH are required to be fitted with an N95 mask every 2 years. Upon hire, please provide proof of having a mask fit test conducted within the past 2 years. If you have not had a mask fit done, please use our online booking system to book a mask fit. You can check for available times and book a mask fit by accessing the links on the Pulse in the following locations: Quick Links, Events Calendar and Staff News. If you have any questions, you can contact the Health and Safety Advisor. As a CGMH staff member, it is your responsibility to ensure your mask fit is valid. At CGMH, we stock the following sizes: 1870+, 8210, 1860S, 1804, 1804S, 9205+. We may have other masks available but they are subject to the supply chain.

No-Scents Environment
In support of our commitment to health promotion and a healthy and safe environment, CGMH will maintain a fragrance-free policy in all areas of the building, and wherever possible, eliminate the use of scented products. Scented products contain chemicals which can cause serious problems for people with asthma, allergies, migraines and environmental illness.

Employees, medical staff, volunteers and learners are asked to refrain from using any perfumed personal products (i.e. scented lotions, scented deodorant, scented hair sprays, etc) while at work. Everyone has a responsibility to support this policy.

Lockers
Staff will be issued lockers as requested. The lockers will be equipped with Hospital-owned locks that can be obtained from Security and are to remain on the locker at all times.

Wellness Working Group
Collingwood General & Marine Hospital is committed to providing a safe and healthy working environment for all employees. CGMH has developed a Wellness Working Group to create and support a healthier workplace for Our People through planning, promoting, and implementing positive physical, psychological, health and wellness strategies in the workplace and beyond.

Key Responsibilities:
The objectives and responsibilities of the Wellness Committee are:
1. To develop, implement and evaluate a wellness activity plan for the CGMH team.
2. To foster participation in the wellness resources and tools offered through the organization.
3. To highlight the importance of a healthy lifestyle.
4. To encourage the building of working and social relationships across the hospital by building connections at work.

To assist the organization in ensuring a positive, healthy, and safe workplace culture.
If you are interested in joining the Wellness Working Group, please contact nixons@cgmh.on.ca

Inclusivity Working Group
In support of the Collingwood General & Marine Hospital (CGMH) corporate values of Inclusivity, Caring and Respect, the purpose of the Inclusivity Working Group (IWG) is to raise awareness to the needs of the marginalized patient and employee populations by identifying education and reviewing practices. Through education and policy development the Inclusivity Working Group endeavors to create a generation of competent, and culturally informed health care providers and a welcoming, safe, nurturing, and accepting organization for all members of the SGB community.

Key Responsibilities:
the working group seeks to:
• Raise awareness and a deeper understanding of health inequities and disparities for marginalized populations.
• To identify and distribute resources and education regarding health disparities and inclusive health resources.
• To engage individuals with lived experiences to collaborate on health care needs within the region.
• To identify process and general systemic improvements needed to remove systemic barriers.
• To monitor the patient and employee experience within the organization and region for improvements in the delivery of services.
• Providing recommendation to OLT on best practices and procedures.
If you are interested in joining the Inclusivity Working Group, please contact griffink@cgmh.on.ca

Continuing Education
The Collingwood General and Marine Hospital recognizes the importance of continuing education of its employees in order that they enhance their knowledge and remain current with the advancements in the hospital industry which directly relates to the quality of care/service they deliver.

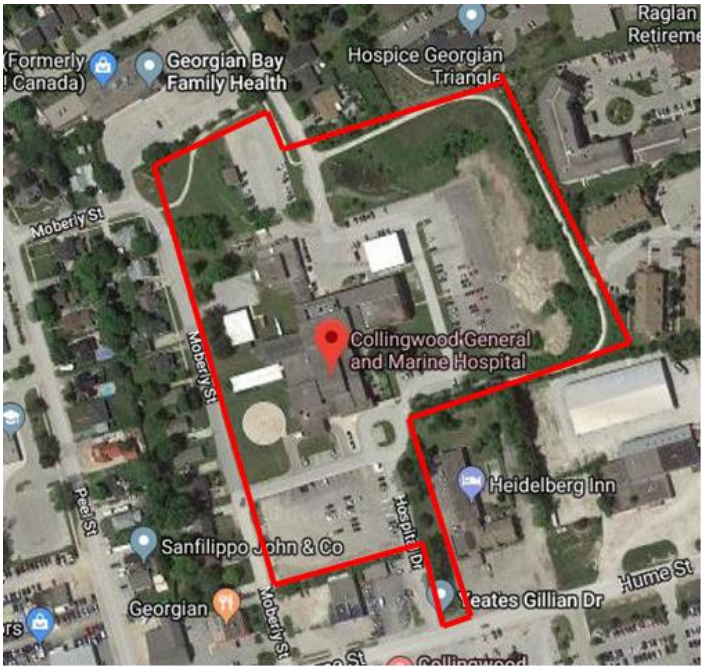
It is the policy of CGMH to reimburse employees for training and education expenses that have been appropriately approved, based on the criteria outlined in the Education Funding Framework policy located on the Pulse, HR section. Through Hospital Funding and Bursary Programs, you have the opportunity to apply for financial support towards your educational expenses.

For further information, please see the education policies on the Pulse, under HR or contact the Integrated Talent Management Coordinator at ext. 8197.

Employee Immunizations
At time of hire, employees are required to complete an Immunization Record, which can be completed by yourself or your physician. The completed record is to be returned to Human Resources within a month from your hire date. The Infection Control Coordinator will review your records and contact you if you need to update or complete any required immunizations

Skin Care for Health Care Providers
Attention to skin care is an essential part of hand hygiene. You will be provided with a skin care pamphlet to review and a “Hand Skin Assessment Form” to complete. Please return this to your Manager when you have completed this form along with your completed Immunization form.

Smoke Free Policy
Collingwood General and Marine Hospital took important steps towards preserving the health of its patients, visitors, staff, physicians, learners, volunteers and the community by becoming 100% smoke free as of May 31, 2008, when the Smoke Free Ontario Act was first introduced.



Smoking is not permitted anywhere on hospital grounds, including in cars parked on Hospital property.

Smoking is currently permitted on public sidewalks off hospital property. Nicotine replacement therapy is available for inpatients to help manage their nicotine withdrawal during their hospital stay. Anyone wishing to smoke, despite the supports in place, is allowed to do so off hospital property: This includes:

• Halfway down the sidewalk outside the back gates.
• Along Moberly Street to the south (but not within 9 meters of any hospital entrance, such as the doors to Community Mental Health).
• Along Hume Street (on the sidewalk portion) at the front of the hospital.

Smoking is not permitted along the path, past the physicians' lot or down the entranceway to the hospital. All staff members, physicians and volunteers are encouraged to communicate with any internal or external community member that is not in compliance with The Act and are welcome to contact Security for additional support. SMDHU Tobacco Enforcement officers will be patrolling the area on occasion and could issue fines of up to $305.

For any staff member or volunteer who is attempting to quit smoking and looking for help and resources, please reach out to our Occupational Health and Safety Coordinator at ext. 8194.

Do patients have to leave hospital property to smoke?
Yes. All patients, visitors, staff, physicians, volunteers and learners must leave the premises if they wish to smoke. Smoking is not permitted anywhere at any time on CGMH property. For inpatients who normally smoke and do not want to leave hospital property, Nicotine Replacement Therapy (NRT) is available free of charge to help them feel more comfortable. NRT comes in many forms, including the patch, gum, lozenges and inhaler. If a patient declines NRT and wishes to smoke, they will have to leave hospital property. Any patient leaving their hospital unit during their stay must sign a waiver stating they are leaving the hospital against medical advice and may not take electronic hospital equipment with them.

Certificate of Registration – Regulated Health Care Professions
Staff employed in a regulated Health Care Profession capacity are required at the time of hire to provide proof of registration to People Services.
Staff are expected to remain in good standing with their respective college at all times are required to notify their manager immediately if their registration status is altered or revoked. Failure to renew registrations may result in restriction of duties performed, suspension or termination of employment.

Registered Nurses and Registered Practical Nurses:
CGMH utilizes the A*utomated Annual Validation of Member Renewal* service with the College of Nurses of Ontario annually. This process entails e-mailing our current nursing registration information (from our Human Resources Information System database) to the CNO for verification of registration renewal. This takes place the first week of February each year. The CNO then reports back to CGMH detailing the registration status and limitations.

All other Regulated Health Care Professions:
All other regulated health care professions are required to provide a photocopy of their renewed Certificate of Registration to their manager by January 31 of each year.

Any questions can be directed to your department manager or to People Services.

Probationary Period

The probationary period for new employees shall be in accordance with the applicable collective agreement (union), or People Services policy (non-union). You may, therefore be subject to termination without recourse if you do not meet the requirements of your position. Where performance problems are evident and correctable, the manager will ensure that the employee is aware of any problems and is given a chance to rectify them. A Probationary Employee Evaluation will be conducted on two (2) occasions by the Manager during the employee's probationary period as follows:

	Status	Evaluation Reports Due: 1st	2nd	Probationary Period Ends:
Non-Union	Full Time	1 Month	2 Months	3 Months
	Part Time	150 Hours	300 Hours	487 Hours
OPSEU	Full Time	150 Hours	300 Hours	450 Hours
	Part Time	150 Hours	300 Hours	450 Hours
SEIU Service	Full Time	15 days	30 days	60 Days
	Part Time	112 hours	224 hours	450 hours
ONA R.N.	Full Time	175 Hours	350 Hours	525 Hours
	Part Time	175 Hours	350 Hours	525 Hours
SEIU Clerical	Full Time	1 Month	2 Months	60 Days
	Part Time	20 days	40 days	450 Hours

Performance Conversations

Performance Reviews are conducted with all staff to ensure mutual understanding and commitment to the expectations surrounding one's work. This constructive, two-way dialogue must produce a common understanding of performance expectations and goals that support the hospital's mission and values. Managers complete a "performance conversation" with each staff member twice a year. Newly hired employees are required to be followed up with within 90 days from date of hire. The policy for Employee Performance Conversations can be viewed on the Intranet (HR section) or contact People Services for further information.

Conflict Resolution

Job-Related Complaint Resolution Policy

It is the objective of the CGMH to encourage, whenever possible, the prompt informal resolution of job related complaints as they arise, and to provide recourse to orderly formal procedures for the resolution of complaints which cannot be informally resolved.

All employees are encouraged to express their concerns relating to the work environment to their immediate Supervisor. Should this action not resolve the complaint, the complaint should be submitted in writing to the Manager, People Services.

Work-related dissatisfaction is frequently caused by either a lack of communication between an employee and the immediate supervisor or from an employee's misunderstanding of the duties and responsibilities of employment.

Grievance Procedures for union employees

For union staff - Disputes involving interpretation, application, administration or alleged violation of the Collective Agreement can be dealt with through the grievance process. Employees can refer to their specific Collective Agreement for guidance.

Dispute Resolution Policy

With respect to Dispute Resolution, all stakeholders must be committed to working together harmoniously in pursuit of the Hospital's vision and its mission of providing our patients and the community with the best health care possible.

A dispute is defined as an unresolved or unmanageable disagreement that has discernable and measurable negative consequences to the hospital, its mission and/or its strategic direction. A dispute of this nature requires facilitation, mediation or arbitration as a means of resolving the issue.

For further information regarding conflict resolution, please contact People Services.
Complete versions of the above policies can be viewed in the Administrative Policy Binder or on the Pulse, HR Section.

Canadian Standards Association Model Code for the Protection of Personal Information

1. **Accountability:** Organizations are responsible for all personal information under their control and remain responsible when personal information is processed by third parties on their behalf.
2. **Identifying purpose:** Organizations are required to document purposes before they can collect and use personal information.
3. **Consent:** Knowledge and consent of the individual are required to collect, use or disclose personal information.
4. **Limiting collection:** The amount and type of information is limited to what is necessary for identified purpose.
5. **Limiting use, disclosure and retention of personal information:** Information can only be disclosed or used for the purposes for which it was collected.
6. **Accuracy:** Personal information has to be accurate, complete and as up to date as is necessary for the purposes for which it is to be used.
7. **Safeguards:** Organizations must take steps to protect personal information from theft and loss, as well as unauthorized access, disclosure, copying or use.
8. **Openness:** Organizations must provide the public with general information on their personal information protection policies and practices and must make it easy to identify and contact the persona responsible for personal information protection.
9. **Individual access:** Upon request, individuals must be informed of the existence, use and disclosure of all their personal information and be given access to that information. An individual has the right to challenge the accuracy and completeness of the information and have it amended as appropriate.
10. **Challenging compliance:** An individual can challenge and organization's compliance to the code, and an organization must develop procedures to handle complaints.

CANADIAN STANDARDS ASSOCIATION















THE CGMH FOUNDATION CELEBRATES AND GIVES THANKS TO ALL EMPLOYEES.

WELCOME TO CGMH!

COLLINGWOOD G&M HOSPITAL FOUNDATION



Dr. Carola Elkhuizen



OUTSTANDING CARE FOR LIFE.

"This statement is not just a slogan, it is a covenant against which we measure all decisions made at the Collingwood G&M Hospital. After all, our teams don't just work in Collingwood, they live and thrive in South Georgian Bay (SGB). This is home to our families and friends. It's a community which we want to help prosper and there is no better way to help SGB flourish then by providing the very best care both within the hospital walls and with partners in our community."

Jory Pritchard-Kerr
Foundation President & CEO

G&M HOSPITAL FOUNDATION

The CGMH Foundation inspires the communities of South Georgian Bay to invest in the facilities, equipment, programs, and services for CGMH.

With 90% of all the Equipment and Technology at CGMH funded by community support, the Foundation successfully carries out many large fundraising initiatives to fund the hospital's most critical needs.

Donations fund not just equipment & technology, but also improvements to facilities, programs, and services at CGMH. Funding priorities are established by the Hospital through its annual capital budget process. The Foundation's role is then to fundraise to meet the Hospital's priority needs.

The Foundation is governed by a volunteer Board of Directors and maintains a separate budget from the Hospital. All costs of fundraising, programs and Foundation staff salaries and benefits are paid by the Foundation.

Find us here:
CGMHFOUNDATION.COM



CGMH **FOUNDATION**



YOU PLAY A VITAL ROLE IN OUR CULTURE OF PHILANTHROPY

gratitude IN action

Going Beyond a Thank you.

Grateful patients and their families often express thanks by making a donation in support of the healthcare team. These donations play a crucial role in their healing process and in knowing they are paying it forward. Patients frequently ask how to show appreciation and are pleased to learn that donations can benefit your department.

Accept the thanks.

Things to keep in mind when accepting the thank you:

- **Community support funds our hospital equipment**
- **Giving back pays it forward**
- **Direct them to the Foundation**

Patient confidentiality must be maintained, so only report patient names to the Foundation Office once you have received the patient's permission. A Foundation staff member can also come to the patient room to speak to the patient in private. Call extension #8645 to speak to the Foundation staff.





The Employee Giving Club is just another way we help each other; by getting the equipment we need to deliver outstanding care.

90% of all hospital equipment is funded by community donations.
Members of the Employee Giving Club make small monthly donations to the Foundation through payroll deductions. It is amazing the difference $1, $2 a paycheque can make.
Because the Employee Giving Club funds equipment in different departments each year, your donations impact the work done by our teammates across the hospital. Since its start in 2000 the Employee Giving Club has raised over $380,000 for CGMH.

This is what this club has funded in the last few years:
2020: 4 Stretchers for the Medical Department
2021: Unit Dose Packaging System for the Pharmacy
2022: Radio & Communications for Security Department
2023: Helped fund the MRI for the Diagnostic Imaging Department
2024: Chemistry Reagent Freezer for the Lab

"I've been involved in Emergency / trauma work for the past 25 years and have seen the impact on patient care not having the equipment to provide critically required care. I also work in remote communities and have experienced the struggles of not having the tools we know would better someone's life and outcome."
- Anonymous EGC Member

Join here.

CGMH Employee GIVING Club

We get asked these questions...a lot.

Who determines what will be funded?
Each year, the CGMH Foundation provides the Hospital with a guaranteed funding total. This is made up of current fundraising programs as well as income generated by the Foundation's endowment funds. The Hospital's management, staff and physicians determine exactly what the Hospital needs. Equipment requests are prioritized by the Capital Planning Committee and reviewed quarterly. Decisions on what will be funded are based on the amount of money the Foundation can provide in any year.The Foundation's primary role in this process is to operate fundraising programs that will meet the funding targets in any given year and to work with the Hospital to ensure our donor's money is spent on its intended use.

Can donors decide where their money will be used?
Yes, donors can designate their donation to a certain department or piece of equipment if they are within CGMH's current areas of need. The Foundation or Hospital cannot reallocate designated funds without the prior consent of the donor.

How do we know where the money is being spent?
The Foundation reports regularly to donors through local media, our Annual Impact Report to the Community, social media, donor newsletters and private donor consultations. Our goal is to ensure that every donor knows exactly how their gift has been spent.

How much does the CGMH Foundation spend on fundraising?
Fundraising costs can vary from year to year. The Canada Revenue Agency (CRA) stipulates that "acceptable" fundraising costs are $0.35 for every dollar raised. The Foundation calculates its Cost to Raise a Dollar (CTRD) over a five-year rolling average because costs and ratios are significantly impacted by capital campaigns. Our aim is to keep CTRD around $0.25. The 5-year average for 2023 was $0.19.

We measure our fundraising costs and productivity ratios against other hospital foundations across North America and have been consistently at or below the benchmark average.

How is the CGMH Foundation regulated?
The Foundation operates under regulations established by the Canada Revenue Agency (CRA) and is required to report annually to CRA on dollars raised, expenses and funds provided to the Hospital. Investment policies are regulated by the Public Trustees Act. The Foundation is audited annually, and our audited financial statements are made available to the public on our website cgmhfoundation.com. The Foundation belongs to the Canadian Association for Healthcare Philanthropy and has adopted these associations' Donor Bill of Rights as our code of conduct.

Want more info?

Head to cgmhfoundation.com, visit the Foundation Office or email foundation@cgmh.on.ca. We will be pleased to answer any question you may have.

CGMH Occupational Health & Safety

The Collingwood General & Marine Hospital (CGMH) is committed to the prevention of occupational illness and injury. Each management member, supervisor, employee, physician, volunteer and constructor has primary responsibility for their own safety and actions, and for others affected by their actions. Management, supervisors and other persons in authority must take every reasonable precaution in maintaining the health and safety of those under their authority, including training in specific work tasks, ongoing hazard recognition and administering discipline procedures when required.

The Hospital is committed to providing a healthy and safe work environment for patients, employees, volunteers, medical staff and visitors. The Hospital will comply with the *Occupational Health and Safety Act* and all related federal, provincial and local by-law legislation and applicable regulations.

It is the policy of CGMH to meet its obligation under the *Occupational Health and Safety Act* and the *Public Hospitals Act* by providing and maintaining a safe and healthy work environment for employees, volunteers, patients and visitors to the Hospital.

Responsibility for Occupational Health and Safety is shared by the Hospital and its employees. Both must actively seek to identify hazards and develop responses, which protect employees, volunteers, patients and visitors.

The Internal Responsibility System (IRS*)*

The IRS **gives everyone within an organization direct responsibility for health and safety** as an essential part of their job. It does not matter who or where the person is in the organization, they achieve health and safety in a way that suits the kind of work they do. **Each person must take initiative on health and safety issues** and works to solve problems and make improvements on an ongoing basis. In order to work safely to reduce the risk of injury to yourself and others, ensure you are being mindful and considering how your actions may affect your environment and those around you.

Here are some ways you can report hazards or health and safety concerns: discuss with your manager, submit an incident report on Meditech, notify Health and Safety Advisor, bring forward to a JHSC member at any time or during an inspection, submit a Maintenance work order, or discuss during rounding or huddles.

Safety issues not resolved at the department level are communicated to the Joint Health & Safety Committee (JHSC) from hospital departments through their respective JHSC Representative. JHSC Representatives are members of the JHS comprised of union, non-union and management employees.

The JHSC will identify action needed, prioritize issues, establish timelines and make recommendations to the appropriate forum, i.e. departments, senior leaders or specific committees. The JHSC will follow up on recommendations and resolutions will be communicated back to the department and staff.

You, as the employee, are expected to report any unsafe conditions to the appropriate supervisor for corrective action. The JHSC meets every month. Further information about the JHSC, including a list of the current JHSC members, can be located on *the Pulse* → Committees→Joint Health & Safety section.

Occupational Health and Safety Responsibilities

The Employer shall:

- establish and maintain a joint health and safety committee, or cause workers to select at least one health and safety representative
- take every reasonable precaution to ensure the workplace is safe
- train employees about any potential hazards and in how to safely use, handle, store and dispose of hazardous substances and how to handle emergencies
- supply personal protective equipment and ensure workers know how to use the equipment safely and properly
- immediately report all critical injuries to the government department responsible for OH&S
- appoint a competent supervisor who sets the standards for performance, and who ensures safe working conditions are always observed.

The Supervisor shall:

- ensure all workers work in a manner and with the protective devices, measures and procedures required by the Occupational Health and Safety Act and the regulations;
- ensure all workers use or wear the equipment, protective devices or clothing that Collingwood General & Marine requires to be used or worn.
- advise a worker of the existence of any potential or actual danger to the health or safety of the worker of which he/she is aware
- where so prescribed, provide a worker with written instructions as to the measures and procedures to be taken for protection of the worker;
- take every reasonable precaution in the circumstances for the protection of workers;
- be familiar with all Collingwood General & Marine and departmental safety policies and procedures;
- inspect safety equipment on an ongoing basis to ensure equipment is functioning properly; and
- continuously monitor staff work habits to ensure work is being completed in a safe manner.

All Employees shall:

- be aware of and work in compliance with Collingwood General & Marine and departmental safety policies and procedures and specific safety requirements under the *Occupational Health and Safety Act* and application regulations
- avoid accidents by eliminating hazards;
- report any contravention of the Act or Regulations and any unsafe conditions to the appropriate supervisor immediately e.g.: a) wet slippery floors; b) equipment left in the halls, stairwells, walkways, etc.; c) defective equipment; d) careless handling of equipment; and e) use and storage of combustible material near open flames, etc.;
- always be alert to safety issues with wheelchairs, beds, and other equipment used by the patient;
- never place any pressurized containers, needles or glass containers in regular garbage. Carelessness in this respect may result in serious injury to one of your fellow employees;
- use or wear required safety equipment as directed; and
- report all accidents and potential hazards in your work area to your supervisor immediately.

1. The Right to Participate

Workers have the right to be part of the process of identifying and resolving workplace health and safety concerns. One way this right is expressed is through membership on the JHSC.

2. The Right to Know

Workers have the right to know about any potential hazards to which they may be exposed. This means the right to be trained and to have information on machinery, equipment, working conditions, processes and hazardous substances.

3. The Right to Refuse

Workers have the right to refuse work that they believe is dangerous to either their own health and safety or that of another worker. The *Act* describes the exact process for refusing dangerous work and the responsibilities of the employer in responding to such a refusal. *Please note that this right of refusal does not apply where the hazard is "inherent" in the work, or is a "normal condition" of employment or where the refusal would directly endanger the life, health or safety of another person.

Health and Safety Checklist

At orientation, you will be provided with a Health and Safety Checklist. This checklist is to be completed with a mentor or experienced coworker to review health and safety protocols and procedures specific to your department. If you do not receive this checklist, please reach out to your manager or Health and Safety Advisor.

Safety Data Sheets (SDS)

A Safety Data Sheet (also known as a Material Safety Data Sheet) is a document that contains information on the potential hazards (health, fire, environmental) and how to work safely with the chemical product. The SDS contains much more information about the material than the label. SDSs are prepared by the supplier or manufacturer of the material. It is intended to tell what the hazards of the product are, how to use the product safely, what to do if accidents occur, how to recognize symptoms of overexposure, and what to do if such incidents occur.

In Canada, every material that is controlled by WHMIS (Workplace Hazardous Materials Information System) must have an accompanying SDS that is specific to each individual product or material (both the product name and supplier on the SDS must match the material in use).

Where can you find a Safety Data Sheets at the Collingwood General & Marine Hospital?

All of our Safety Data Sheets can be found online on the home page on the Pulse. Your department may have printed copies of Safety Data Sheets for products that are frequently used in your area.

A **supplier label** must be on every WHMIS governed product that enters the workplace. A supplier label must include the product identifier (name of product), supplier identifier (name of company that sold it), a statement that an SDS is available, hazard symbols [the pictures of the classification(s)], risk phrases (words that describe the main hazards of the product), precautionary measures (how to work with the product safely), and first aid measures (what to do in an emergency), have all text in English and French, and have the WHMIS hatched border.

ALWAYS be familiar with the hazards of a product **BEFORE** you start using it by reading the Safety Data Sheet associated with the product. If you are unsure, contact your manager or designate and do not use the product.

Never use a product that does not have a label on it. Once a product is transferred to a new container, it is the employer's responsibility to ensure a **workplace label** is placed on the new container detailing the product identifier (product name), information for the safe handling of the product, statement that the SDS is available, and may contain the WHMIS hazard symbols or other pictograms.

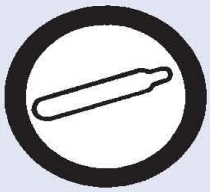
Health Canada Santé Canada

Canada

Do You Know These Vital Signs?

THE HAZARD SYMBOLS OF WHMIS

CLASS A
Compressed Gas



CLASS B
Flammable and Combustible Material



CLASS C
Oxidizing Material



CLASS D-1
Poisonous and Infectious Material (material causing immediate and serious effects)





CLASS D-2
Poisonous and Infectious Material (material causing other toxic effects)



CLASS D-3
Poisonous and Infectious Material (Biohazardous Infectious Material)



CLASS E
Corrosive Material



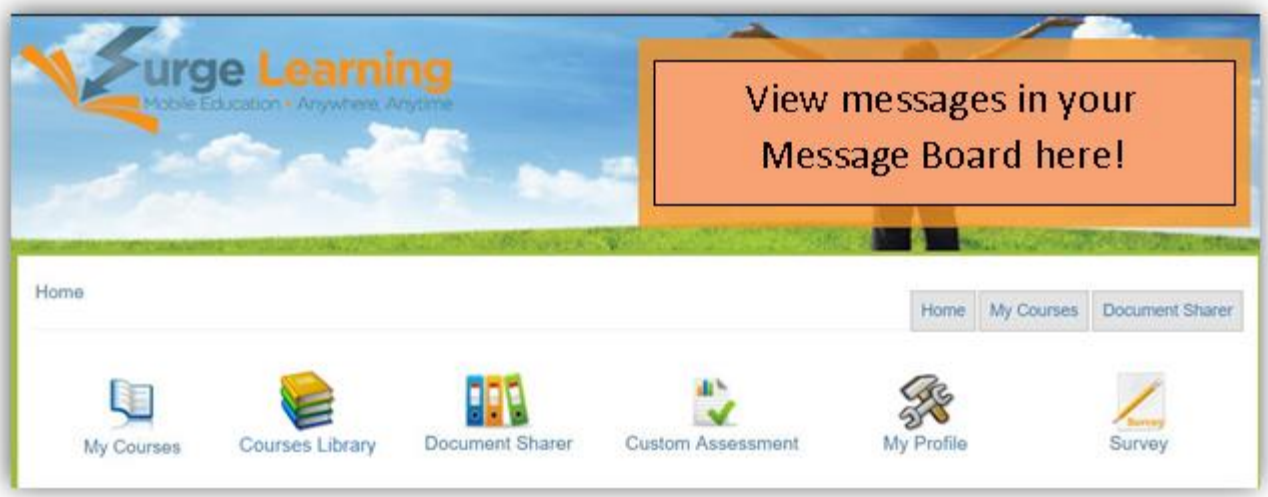
CLASS F
Dangerously Reactive Material

WHMIS provides you with information on the safe use, storage, handling and disposal of hazardous materials at Canadian workplaces.

Workplace Hazardous Materials Information System

For more information, consult the MSDS, and visit the Health Canada WHMIS Web site:
http://www.hc-sc.gc.ca/whmis

Welcome to Your Surge Learning Home Page!



FUNCTION	WHAT IS IT FOR …
My Courses	Courses that have been **ASSIGNED** to you by CGMH. Assigned courses are mandatory and have Due Dates. *Recommended* courses are not mandatory, but are deemed beneficial for your specific role.
Course Library	Provides a number of courses that are relevant in the healthcare industry. These courses are not mandatory, but are available to you for your continued learning.
Document Sharer (Manuals)	Resources that you can read at your own pace (ie: Policies and Procedures)
Custom Assessment	Identifies your learning goals and provides an evaluation of your organization's staff development program
My Profile	NEW to CGMH: Allows you to manage your own skills and credentials required for your job.
Survey	Allows the organization to invite staff to take an **anonymous** survey to collect feedback and data

Employee & Family Assistance Program

An Employee & Family Assistance Program (EFAP) is a service program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees and their family members who have personal and/or work-related problems.

ComPsych®
GuidanceResources® Worldwide

ComPsych's Guidance Resource is the pioneer and world's largest provider of employee assistance programs.



Emergency Codes

The Emergency Codes system effectively and efficiently enables staff to respond to various situations such as fire, trauma cases, etc.

A “code” will be announced over the paging system when necessary. Staff members are to respond according to the code procedures for their department and classifications.

All employees should be well versed in their specific responsibilities in order to ensure patient and personal safety is not jeopardized. Reference to specific responsibilities can be found in the CGMH Emergency Codes Manual.

Call the **CODE PHONE 5555** for all codes

Each code has a policy which indicates the type of emergency, who responds, roles of various staff, and processes that need to be followed.

Codes are used to activate processes in a timely manner to deal with the Emergency.

Codes are represented by a colour.

Call the **CODE PHONE 5555** for all codes

Emergency Codes

- Every unit or department will have an Emergency Response Manual.
- Information on Emergency Preparedness activities and Codes can also be found under the “Emergency Preparedness” link on the CGMH Intranet home page.



CODE GREEN	Evacuation (Precautionary)	CODE GREEN STAT	Evacuation (Crisis)
CODE YELLOW	Missing Person	CODE AMBER	Missing Child/Child Abduction
CODE ORANGE	Disaster	CODE ORANGE CBRN	CBRN Disaster
CODE RED	Fire		
CODE WHITE	Violent/Behavioural Situation		
CODE PURPLE	Hostage Taking		
CODE BROWN	In-facility Hazardous Spill		
CODE SILVER	Person with a Weapon		
CODE BLACK	Bomb Threat/Suspicious Object		
CODE GREY	Infrastructure Loss or Failure	CODE GREY BUTTON-DOWN	External Air Exclusion
CODE BLUE	Cardiac Arrest/ Medical Emergency - Adult	Cardiac Arrest/Medical Emergency - Child	
CODE PINK	Cardiac Arrest/Medical Emergency - Infant		

CODE BLUE — Cardiac Arrest/ Medical Emergency - Adult — Cardiac Arrest/Medical Emergency - Child

Impending or actual respiratory and/or cardiac arrest

- Code Blue Adult: 16 years of age and over;
- Code Blue Child: >30 days to 15 years old.

CODE PINK — Cardiac Arrest/Medical Emergency - Infant

Impending or actual respiratory and/or cardiac arrest

- Code Pink: Newborn or infant up to the age of 30 days.

CODE RED — Fire

- Code Red – A situation in which the fire alarm system has been triggered into alarm.
- Code Red “All Clear” – Announced overhead when all areas are able to resume normal duties.
- Code Red “In Effect” – Announcement made by telecommunications to alert staff that the facility remains in a Code Red Alert.
- All areas are required to:
    - Implement their area specific Code Red procedures and their relevant contingency plans.
    - Prepare for evacuation in the event Code Green is announced.

REMEMBER = You may be needed to assist with the evacuation!

- Collingwood General and Marine Hospital is equipped with a 2 stage fire alarm system.
- Never assume that the alarm sounding is “just a drill” or a “false alarm”
- **First Stage – Alert Stage**
- The first stage sounds at 20 beats per minute for the first 30 seconds, and will be accompanied by an overhead page; “CODE RED”.... “location”.
- **Second Stage – Evacuation Stage**
- The second stage fire alarm sounds at 120 beats per minute and will be accompanied by an overhead page with evacuation instructions (Code GREEN).

R Rescue all endangered persons

A Activate the alarm pull station and call extension 5555

C Contain the fire. Close all doors and other openings

E Evacuate the area as directed

What to do if the alarm is not in your area…

- Remain where you are to await further instruction over the emergency paging system.
- If in transit and close to your department, return promptly and listen for updated announcements.
- Traffic is to be kept to a minimum but any traffic necessary must be kept to the right hand side of the hallways and staircases.
- Turn on all lights; close all doors, to keep smoke confined to the fire area and out of the halls.

CODE GREEN	Evacuation (Precautionary)	CODE GREEN STAT	Evacuation (Crisis)

- **Code GREEN – Horizontal Evacuation**
  Horizontal move to an adjacent fire zone – behind a set of fire doors on same floor
- **Code GREEN – Vertical Evacuation**
  Evacuation of staff, patients and visitors downstairs to another floor
- Remove people in immediate danger first.
- Remove the easiest patients and visitors.
  1. Ambulatory;
  2. Wheelchair;
  3. Non-Ambulatory;
  4. Resistive or patients in intensive car

NOTE: You MAY be required to assist elsewhere!

CODE YELLOW	Missing Person	CODE AMBER	Missing Child/Child Abduction

Code Yellow
Inpatient/outpatient or potential visitor who cannot be accounted for.

Code Amber
Infants and children up to the age of 18 that cannot be accounted for.

- Call a code and provide assistance as required.
- If you first identified a Code YELLOW or AMBER you will need to complete an online incident report in MEDITECH at the conclusion of your shift.

REMEMBER: SEARCH EVERYWHERE!

CODE WHITE Violent/Behavioural Situation

- A term used to alert staff when a violent or potentially violent patient or visitor who is unmanageable by any other means presents a danger to self or to others.
- *This does not include a hostage situation or where a weapon is involved (Refer to Codes Purple and Silver respectively).*
- *Call 5555 to request Code WHITE and indicate exact location.*
- *Activate your Personal Safety Response System (PSRS Button)*
- Person who first identifies a Code WHITE will complete an electronically incident report by the conclusion of their shift.
- If you are injured, you must follow the Hospital's first aid policy.

When possible call for a Security Assist – FIRST!

CODE PURPLE Hostage Taking

- Code PURPLE may escalate from a pre-existing Code WHITE.
- During a Code PURPLE a person(s) may be armed and/or they maybe be holding one or more hostages.
- Ensure your safety!
- Call 9-911 and provide necessary information.
- Call 5555 and provide location and Switchboard will announce code overhead.

CODE GREY Infrastructure Loss or Failure

CODE GREY BUTTON-DOWN External Air Exclusion

Infrastructure Loss or Failure

- Information Systems
  - Phone System, Computer Network, Desktop Environment
- External Weather

- Food, linen, medical supplies and pharmaceutical deliveries are unlikely to occur while the weather is ongoing. Tornado/Blizzard
- Building Infrastructure
  - Main Power, Emergency Power, Water Systems, Heating, etc.

External Air Exclusion

- Danger of harmful outside air contaminants entering the hospital and causing deterioration of air quality inside the building. *Helicopter exhaust*
- Restrictions must be placed on outside air entering the hospital.
  1. A total shutdown of incoming air and ventilation systems.
  2. All windows and external doors are closed.
  3. Air-conditioning units are turned off.

CODE BLACK Bomb Threat/Suspicious Object

- All bomb threats or suspicious packages shall be considered to be a potential bomb until proven otherwise.
- The greatest safety factor when dealing with a potential explosive device is distance…. and **DO NOT TOUCH IT!!!**
- If a suspected device is found:
  - move all patients, staff and visitors from the immediate vicinity beyond fire doors and close doors.
  - establish a perimeter.
  - no staff member shall approach it or attempt to move it.

ANY person that receives notification of a bomb threat by telephone will:

- Try to remain calm and speak in a normal voice
- Treat the call seriously
- Not interrupt the caller
- Take notes !!!
- Observe the telephone display (if available) and note the number calling you or any other information on the display
- Attempt to ask questions and prolong the conversation. Try to get information about whom or what the threat is directed against
- Call 5555 to initiate a **Code BLACK**

Bomb Threat by Mail/Fax or E-Mail

If letter or parcel

- Handle the item as little as possible.
- Do not allow anyone else to touch it in order to preserve fingerprints or other evidence.
- Call **5555.**
- Isolate the area and prevent anyone from entering the area.

If by E-mail/Fax

- Don’t delete the E-mail/Fax.
- Notify **5555** as above.

CODE BROWN In-facility Hazardous Spill

The term used to alert staff to an unmanageable accidental release of a hazardous or potentially hazardous substance or gas.

- Manageable spill: the release of material, which can be contained, cleaned up and disposed of using standard housekeeping procedures (little to no risk)
- Unmanageable spill: the release of material which, identified by the worker discovering the spill, cannot be immediately identified (clear or immediate hazard

Upon discovering a spill…

S - safely evacuate everyone from the immediate area and secure area
P - prevent the spread of fumes by closing doors
I - Initiate appropriate spill procedure
L - leave all electrical equipment alone. Do not turn on or off
L - locate any information regarding the chemical, if possible, and act accordingly

Call Code Brown at 5555.

Spill Kit Locations :

1)ER - in the dirty utility room
2)OR - in the dirty utility room
3)Lab - basement hallway outside conference room
4)Stores - in the main hallway
5)Maintenance- Industrial sized in the back generator room

Post Event Documentation

- Person who first identifies a Code Brown will complete an electronically incident report within 48 hours.
- If you are injured, you must follow the Hospital's first aid policy.

CODE ORANGE Disaster

CODE ORANGE CBRN CBRN Disaster

- Alerts all staff in hospital that CGMH has been notified of an external disaster that has/may result in mass casualties
- Hospital operations will increase availability of staff and beds to manage number of casualties
- Command Centre will be established as needed that will provide support to families of casualties of external disaster

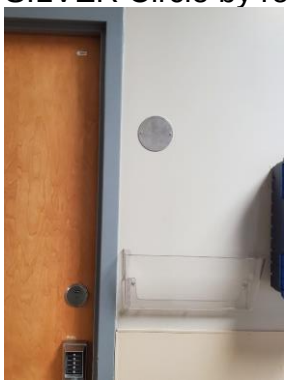
CODE ORANGE Disaster

CODE ORANGE CBRN CBRN Disaster

- CBRN is an acronym for Chemical, Biological, Radiological & Nuclear event.
- CBRN equipment used for screening and decontamination of casualties stored in the Emergency Department garage.

CODE SILVER Person with a Weapon

- A Code SILVER is intended to keep persons *away* from the scene where serious bodily harm could be the result.
- *Do not* expect employees to come to assist.
- Police must be contacted as soon as Code SILVER is called – (9)911
- Anything can be used as a Weapon – Gun, Knife, Broken Bottle, Needle
- Go to a **Safe Room** – Any room in the hospital regardless of size that can be secured from entry by a locking mechanism.
- SILVER Circle by room door



- Barricade the door of the room your in.

RUN – HIDE - DEFEND

THINK – ACTIVE SHOOTER

Infection Prevention and Control

In the Hospital Environment the risk of infection is ever present

The purpose of Infection Prevention and Control at CGMH is to prevent or control the transmission of potentially disease producing organisms in the hospital and prevent all persons who are exposed to the hospital environment from getting or spreading an infection.
.

The 3 main goals of Infection Prevention and Control Program are:

- to protect the patient,
- to protect staff, physicians, volunteers, visitors and others in the hospital environment.
- to accomplish the previous 2 goals in a cost-effective manner, whenever possible.

Infection Prevention and Control (IPAC) Resources

- Infection Control Practitioner - ext 8309 Monday-Friday 0800-1600 or email gordont@cgmh.on.ca
- IPAC Policies - The Pulse » Policies & Procedures » Infection Prevention & Control.
- Public Health Duty Officer on call - After hours/on WE, 1-888-225-7851.

The Infection Prevention and Control Program consists of three main components:

1. Surveillance:

- Process that continually monitors & determines where, how many and what type of infections are occurring.
- IPAC investigates all infection in the hospital through rounds, consultations with/reports from staff & microbiology reports.
- Quarterly reports are shared & posted on departmental Health & Safety boards.

2. Prevention:

- Infection Prevention & Control Manual is accessible to each department on the “PULSE”.
- IPAC Policies & Procedures are reviewed, revised & approved through the Infection Prevention & Control Committee.
- Education occurs at Orientation & department huddles & through packages/ pamphlets developed for staff, patients and families, volunteers, learners, and visitors.

3. Control:

- Staff compliance with IPAC Policies & Procedures is monitored through rounds and audits.
- IPAC attends departmental Huddles and is there to answer questions for staff and provide current information.
- Join Health and Safety Committee members work with IPAC to focus on employee health issues.
- IPAC works with Simcoe Muskoka District Public Health Unit and provides info about reportable diseases or outbreaks.

Infection Prevention and Control is Everybody's Responsibility!

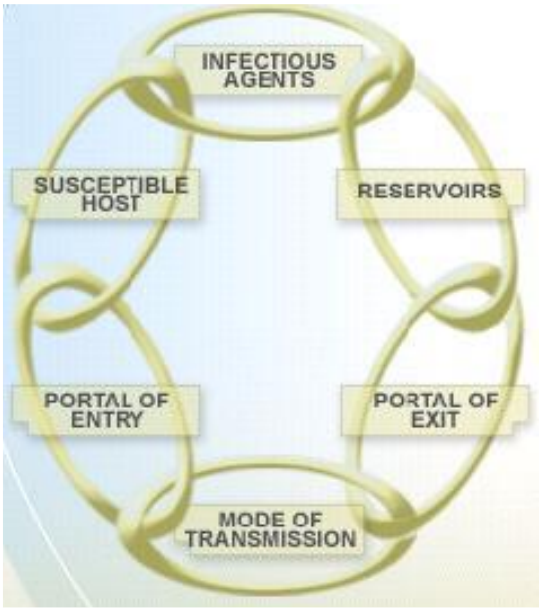
In order for an infection to occur, an organism must enter the body, grow and multiply, and cause a negative response to the body.

The spread of infection requires a chain of events that involves 6 components.

The Chain of Transmission:

1. Infectious Agent:

- Microorganisms are found everywhere
  - in us
  - on us
  - with us (environment)



• For any infection to occur, there must be a microorganism that can cause disease - a "Pathogen"

• Some microorganisms that cause infections:
  - Bacteria
  - Virus
  - Fungus
  - Parasite
  - Prion

2. Reservoir: A place where infectious organism lives, grows and multiplies

- Animals

- People (Patients, Visitors, Employees)
  - Blood
  - Body substances (fluids, secretions, excretions)
  - Body Surfaces

- The Environment
  - Contaminated items or surfaces
  - Air, water, food

3. Portal of Exit: A way out or a route to leave the reservoir

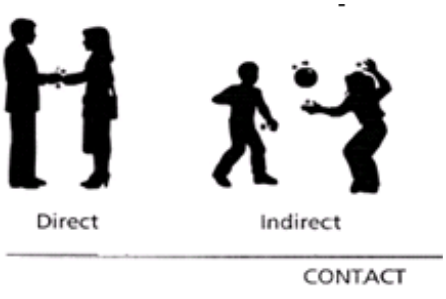
- From human reservoirs
  - Blood stream - open wound, needle puncture
  - Resp. tract - sneezing, coughing, talking
  - GI Tract - saliva, vomit, diarrhea, feces
  - Genital/Urinary Tract - vagina, penis, urine,
  - Skin - non-intact skin, flaking or shedding skin
  - Transplacental

4. Mode of Transmission: The way or method by which the infectious organism moves around in the environment and is transferred from the reservoir to a susceptible host

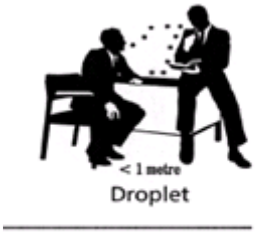
Contact:

Direct
- Transfer by Touch
- Physical Contact

Indirect (MC)

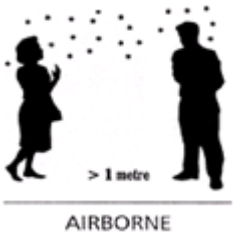


- Contact with an object that has been contaminated by an infected person
- Examples: Scabies, lice, MRSA, C. Difficile, VRE



Droplet:

- Microorganisms travel on droplets > 5 microns in size
- From talking, a cough, a sneeze
- Contact with eyes, nose or mouth
- Need to be close (within 6 feet)
- Examples: Influenza, SARS, whooping cough, meningitis



Airborne:

- Infectious agent carried by small dust or vapor particles in the air
- Spread by air currents
- Inhaled
- Examples: tuberculosis, chickenpox, measles



Parenteral:

- The spread of an infectious agent through intact skin by sharp penetration
- Examples: Needle stick injury, making a surgical incision, inserting and IV

Vehicle:

- A common contaminated source that serves to transmit an infection agent to one or many hosts
- Contaminated food, water, medications etc.



Vector:

- Insects or animals that harbor an infectious agent transfer it to humans through bites
- Malaria
- Rabies
- Lyme Disease

5. Portal of Entry:* *A way in or route by which the infectious organism can enter the susceptible host

Generally same as portal of exit

- Blood
- Mucous membranes (eyes, mouth)
- Break in skin
- Resp. G.I. Urinary tract

6. A Susceptible Host:* *Any Person lacking effective resistance to fight infection

- Newborns
- The Elderly
- Surgical Patients (incisions, invasive devices, open wounds)
- Seriously ill patients (burns, ICU/CCU, Palliative)
- People
    - with poor physical or nutritional health
    - with compromised/impaired immune systems
    - with chronic diseases (diabetes, liver or kidney disease)
    - receiving certain drugs (antibiotics, immunosuppressive)
    - MAYBE YOU!

Routine Practices and Additional Precautions

Infection Prevention and Control means taking measures consistently to interrupt or break the links in the chain of transmission

Routine Practices are specific measures taken by YOU to protect yourself and others from getting an infection in the hospital setting.

Routine Practices assume infectious agents could be present in any person's:

- *body fluids, secretions, excretions*
- *blood*
- *non-intact skin*
- *mucous membranes*

It is important to Follow Routine Practices when in contact with ALL people or caring for ALL patients ALL of the time

You must assess each working situation to determine what practice is needed to minimize the potential of disease transmission.

Routine practices include:

1. Hand Hygiene

- The single most effective means of preventing the spread of infection!
- Refers to **removing or killing microorganisms on the hands** that have been picked up by contact with people, contaminated equipment or the environment as well as **maintaining good skin integrity**

Hand washing with soap and water

- Performed when hands are visibly soiled
- Mechanical action removes transient bacteria
- 15 second minimum
- soap & friction & running water
- turn off tap with paper towel
- Agents - Regular liquid soap or antimicrobial liquid soap
- Bar soap not acceptable in hospital setting, unless personal use

Waterless Hand Rub

- Preferred method for decontaminating hands
- Useful when time for hand washing or access to sinks is limited or water supply interrupted
- Use Routinely when hands are not visibly soiled
- Not effective if hands soiled with organic matter
- Provides rapid kill of most microorganisms
- Minimum 60% alcohol concentration
- 15 second minimum rub
- Hands must be wet completely - friction!
- Allow to air dry - flammable!
- Wash with soap and water after 6-10 uses
- Not effective against C.-Difficile spores

4 Moments for Hand Hygiene:

1. Before patient/patient environment contact

2. Before performing aseptic procedures
3. After exposure to body fluids
4. After patient/patient environment contact

Factors that affect Effectiveness of Hand Hygiene:

1.

- **Skin condition**
  - Dry, cracked skin increases risk of infection (portal of entry, shedding, flaking)
  - Good skin care is essential
  - Warm (not hot) water
  - se thoroughly
  - pat dry instead of rubbing
  - apply lotion

- **Finger Nails**
  - Long nails, chipped nail polish, artificial nails make removal of microorganisms difficult
  - during hand hygiene and may pierce gloves.
  - Associated with serious outbreaks
  - Nails should not exceed beyond fingertips
  - If nail polish worn, should be in good condition
  - Artificial nails/nail enhancements must not be worn in hospital (direct pt care)

- **Jewelry**
  - Microorganisms found on, around, under hand and wrist jewelry and can hinder hand hygiene and contribute to skin irritation from residual hand hygiene products or tear gloves.

2. Personal Protective Equipment

- Clothing or equipment worn for protection when exposure to body fluids, blood, mucous membranes, non-intact skin, body tissues or contaminated equipment/surfaces.
- **If it's icky, sticky, wet and not yours, use a barrier - cover up!**
- Must be available at point of use.
- Each Department or Area is responsible for ensuring adequate supplies are available
- Gloves, Gown, Mask, N95 Masks, Eye Protection or Face shield, Coveralls, Hair Caps, Booties - must be worn and fit appropriately.
- PPE is only removed safely when applied properly.
- Proper application & removal to prevent recontamination.
- Remove PPE immediately after completing task and at patient doorway.

3. Patient Care Equipment

- Equipment that is used by more than one patient must be cleaned and disinfected and/or
- sterilized between patients.
- It is your responsibility to ensure equipment is clean/disinfected or sterile before using it for a
- Patient.

4. Waste Management

- Regular garbage placed in green/black bags
- Biohazardous waste placed in yellow bag waste container
- Sharps placed in Sharps container
- Anatomical or pathological waste place in red bags

5. Handling Needles and Sharps

- Handle needles and sharps with care
- Never recap used needles
- Dispose of used sharps at point of care
- Do not tamper with engineered safety devices
- Be familiar with blood or body fluid exposure protocol

6. Linen and Laundry

- Consider ALL used laundry/linen contaminated
- Handle with a minimum of agitation
- Transport and process to prevent skin and mucous membrane exposure and contamination of clothing

7. Dietary Trays: dishes, glasses, cups, cutlery

- Consider all used trays and contents contaminated
- Handle in manner that prevents transmission of possible pathogens (wash hands, PPE)

8. Laboratory Specimens

- Handle all as if infectious
- Wear PPE as required when collecting and transporting
- Wash hands after dropping off in laboratory

9. Environmental Cleaning and Disinfection

- Daily routine cleaning and disinfection of patient rooms, patient care and office areas
- Emphasis on frequently touched surfaces
- Terminal cleaning of all patient rooms when patient transfers to other room,is taken off isolation or discharged

10. Patient Placement

- Single rooms with dedicated toilet facility use for patients who:
- Visibly soil environment with body fluids
- Cannot maintain appropriate hygiene
- Have suspect or known infections (additional precautions)
- Receiving high risk respiratory procedures

11. Occupational Health and Safety

- Take care of Your Health
- Protect skin and immune system integrity
- Keep up to date with your immunizations
- Stay home when sick
- Contaminated hands spread disease! So avoid the following in the work place:
  - Do not eat, drink, apply cosmetics or lip balm or handle contact lenses
  - Do not touch your nose, mouth or eyes
  - If you have a draining skin wound, cut or sore cover it

Additional Precautions

- Used for patients who are suspected or known to have infections
- Type of Additional Precaution chosen depends on manner in which infectious agent is spread; Types:
  - Contact
  - Droplet and Contact
  - Droplet and Contact Plus
  - Airborne and Contact
  - Protective
  - Green Symbol indicates a patient with C-Diff
  - Blue “B” indicates a patient with Bed Bugs.

Staff Responsibilities

- Each employee is responsible for identifying the infection risks in his/her own work area and the prevention and control measures necessary to protect himself/herself and others
- Get involved - Surveillance and reporting of infection
- Follow IPAC policies and procedures all the time
- Critical thinking and problem-solving while carrying out job-related tasks

- You play a vital role in infection prevention and control strategies which are designed to protect YOU, patient, other health care workers and the community
- Assess the risk of exposure to, and transmission of, infectious agents in every situation and take the necessary measures(s) to prevent transmission.

Infection Prevention and Control is Everyone's Responsibility!

Utilization and Quality Improvement

What is utilization?

- "Doing the **right things** in the **right place** at the **right time** to deliver a **positive health outcome"**

How is this done?

- Explore computerized tools to assist in Utilization Management
- Explore feasibility of setting Expected Date of Discharge - EDD upon admission
- Educate/communicate with staff and physicians re; utilization issues and trends
- Develop utilization reports; Daily Utilization Review, Monthly Utilization Report, Physician Profiles and the MAP Report
- Pathway and Protocol development
- Explore reasons for <24 hour stays and long length of stays
- Comply with Network Idle bed policy



4 Main Areas of Concern:

- Occupancy rates
- Length of Stay - LOS
- Inpatients admitted to the ED
- Pressure of ALC patients on acute care beds

CGMH Facts:

- On average 100% of our beds are full!
- On average patients stay in hospital for 6.0 days
- Many of our patients do not get an in-patient bed when they need one and are cared for in Emergency overflow beds
- Patients wait in the hospital for placement in long term care facility

What is Quality Improvement?

- An *organizational philosophy* or belief that involves health care teams in the *continuous improvement of work processes* to achieve better outcomes of patient care.
- A program that strives to *consistently meet or exceed* the needs of those we serve
- A program that strives to *reduce waste, duplication, complexity of work and re-work*
- Uses a *structured process* to continually identify and improve aspects of care and service
- Utilizes an *established tool* to manage QI projects

Quality Improvement at CGMH

- Each clinical team and department is responsible to conduct at least one QI project each year
- A QI project will be managed utilizing a QI tool
- QI projects will be reported on as completed as well as included in an annual report

Quality, Risk and Safety Committee

- Purpose is to promote and ensure excellence in patient experience, quality and safety while supporting an environment of continuous improvement
- Ensures effective quality, risk and safety management systems within the organization to support an organizational structure and philosophy which promotes a positive and

responsible culture and nourishes continuous quality improvement in the delivery of safe patient care

- Reviews trends in patient safety incidents, recommendations arising from quality of care reviews, oversight of quality and risk reports/indicators as mandated by legislation (eg. Quality Improvement Plan, Accreditation, Health Canada Reporting)
- G&M, create a safety culture, and prevent and respond promptly to adverse events

Security Services

The role of Security at CGMH is to provide a safe and secure environment for our patients, staff and visitors. Security Staff are available 24/7. Security can be contacted at extension 8195 and cell number 705 -441 -2441.

If you require a security escort to take you to your car if you are leaving work from an evening shift or night shift, please feel free to contact security.

Please do not bring large amounts of cash or valuables to work.

The Security Team responds to assist all staff in a variety of areas including:



- Form 1 Mental Health Act patients (ER)
- All CODES (except CODE BLUE)
- Assist Calls for managing a variety of issues
- Escorts for Staff, Patients, Visitors, Morgue
- Door access
- Patient Watch (aggression, dementia, wandering, implementing pinel restraints)
- Trespass issues, behavioural visitors or patients

Crisis Procedure

- Call out for “HELP” from staff
- Call Security Officer at extension 8195
- Dial code phone 5555 for switchboard operator. State the crisis and your location or to call “CODE”
- Dial “9911” will get OPP response but no location inside hospital unless you stay on line to specifically state where you are.
- Use “Panic Alarm” pull station.
  - -Familiarize yourself with panic alarm locations in your work area. If unsure contact security who will provide an in-service.
  - - Location is determined but response is relayed by Huronia Alarms Monitoring station to the OPP.
  - Huronia Alarms Monitoring than phones hospital to monitor and relay any additional information to 911 operator and to informa the switchboard that there is an activated alarm.

Security Systems

Patient Wandering System

- Located on Medical / ICU floors
- Alerts staff when an identified patient wearing “alert” breaches doorway to floor
- Alert locks closed doors or sounds alarm if door is exited while opened The HUGZ System

- The HUGZ system was implemented, alongside camera surveillance, to thwart infant abductions. The system has an alarm and the capability to lock doors. Code Pink outlines missing baby procedures

Parking at CGMH

- All staff are instructed to park at the back parking lots
- During evening hours, staff can request a Security escort for safety and peace of mind
- Staff are encouraged to park together and as much as possible be in full view of parking surveillance cameras
- Any issues with parking should be forwarded to the Security or Facilities operations Manager ASAP with as much detail as possible.

Security Measures

- Ensure entrance doors and department doors are locking behind you
- Keep purse/wallets/valuables secured
- Manage aggressive individuals with staff and Security back-up
- Door "propping" is prohibited (you are part of the team regarding security, propping doors breach's part of the protection envelope for patients and staff.)
- Advise staff of your location on breaks
- Utilize Security in any uncomfortable situations

COLLINGWOOD G&M HOSPITAL

Personal Safety Responsibility System

SAFETY BEGINS WITH TEAMWORK

PSRS Device - Quick Facts

What is a PSRS Device?

A **PSRS Device** is a piece of CGMH PPE that can be used to summon immediate assistance when violence occurs or is likely to occur. It is another method of calling a Code White X 5555. **PSRS devices are PPE and are just as important as masks, safety glasses and proper footwear.**

PSRS is a means of communication and actions to manage a potential workplace violence incident.



Why do we have it?

We have PSRS buttons to **keep you safe.** Many hospitals have this in place as an additional measure to keep staff safe from workplace violence. All CGMH employees are expected to have their assigned PSRS devices on their person **at all times while at work** such that a call for immediate assistance can be activated when violence occurs or is likely to occur. CGMH is committed to the development, implementation and maintenance of a sustainable PSRS and all workplace parties are required to follow the PSRS policy, measures and procedures.

How do we use it?

If you feel as though you are in immediate danger, or you see someone else who may be in immediate danger, and require immediate response from the Code White team, **press the blue button twice.** When a PSRS device is activated, a Code White response is initiated a team will immediately respond to the location of the activated PSRS device.

How do we wear it?

Attach to your clothes on the upper body. If attached to your lower half, there is a higher risk of false activation.

Studies show that there are no radiation hazards as a result of wearing the PSRS device, as radiation levels are significantly lower than those of a cell phone.





What are the benefits?

- You are contributing to CGMH's Internal Responsibility System and doing your part in keeping staff safe
- You can use your button on behalf of someone else if they cannot press their button
- If you are not close to a phone, you can initiate a Code White response by simply pressing your button twice

How do we check the battery life of our PSRS Devices?

- You must test your PSRS device to ensure connection & battery life at the beginning of every shift.
  1. Hold PSRS near testing station until you hear it beep
  2. Once the red light on your PSRS device starts flashing, press blue button twice quickly
  3. Your name will show up on the screen with the current status of the device
- **Testing locations**: around the elevators on each floor, at the major egress points to the building, and by the stairs in the basement across from the elevators.

If you accidentally press your PSRS device (activating a code white), you can call 5555 (emergency code phone) to cancel the code white call.

How do we charge our PSRS Devices?

- Battery life should last approximately 2-3 weeks
- Employees will be required to exchange devices when the device shows as low or dead battery
- Devices can be exchanged in the Staffing Office in People Services and the Security Office in the ED

Policies and Legislation

PSRS Policy | Code White | *OHSA 25-28*

Still have questions? Please contact:

Security X 8195

Health and Safety X 8329

Workforce Allocation X 8632

Compensation/Benefits

Pay Administration

Employees are paid every second Thursday. Each pay period covers the two-week period, up to 12:00 midnight of the previous Sunday. In the event that a pay day is a paid holiday, the Hospital will endeavour to pay employees on the preceding business day.



Your pay will be deposited directly to the financial institution of your choice through the Direct Deposit Pay System. Pay stubs are distributed to all departments on pay day.

The Payroll Department must be notified immediately of any changes made regarding your bank account used for direct deposit purposes at ext. 8248. When changing financial institutions or account numbers, it is recommended you do not close your old account until your pay has been successfully transmitted to your new account at least once.

All discrepancies in pay are to be directed to your dep

Compensation

Your starting hourly pay rate is documented in your Offer of Employment letter upon hire. Starting salary rates are paid according to the applicable Collective Agreement / Non-Union Policy. Employees may qualify for experience pay, which will be discussed at time of hire.

Increments

Full-time and reduced full-time employees will receive annual increments on their Job Classification Anniversary Date each year until they reach the top of their wage grid.

Part-Time/Casual employees receive increments once they reach milestone hours for their specific union / non-union policy:

ONA employees qualify after 1500 hours
OPSEU employees qualify after 1650 hours
SEIU employees qualify after 1725 hours
NON-UNION employees qualify after 1500 hours

Once you have reached top rate, only annual contract increases apply. Any compensation specific inquiries can be directed to People Services at x. 8199.

Vacation

Each full-time employee is entitled to paid vacation time, the amount of which is based on the job classification, the length of continuous service of the employee, and the Collective Agreement (where applicable).

Each part-time employee is paid as a percentage of salary in lieu vacation. The amount is determined by group.

Part-time staff will be eligible to take an unpaid leave of absence for vacation purposes equivalent to the applicable vacation entitlement. Such leave for vacation purposes must be scheduled in advance and receive the approval of the immediate supervisor.

Paid Statutory Holidays

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

* Denotes a Public Holiday

Premium Pay Dates and Designated Lieu Days are posted on The Pulse each year (HR section).

Staff required to work on a Paid Holiday will be compensated in accordance with the applicable collective agreement or People Services Policy provision.

Benefits

All detailed benefits information can be found on The Pulse under People Services. For further information please contact the Payroll and Benefits Administrator at extension 8248.

Attendance

Attendance Assistance Program (AAP)

The Collingwood General & Marine Hospital is dedicated to providing the highest quality of care and prompt service to our patients in the most cost-effective manner. This objective can only be realized through the efforts of well-trained and dedicated staff that fulfill the requirements of their jobs on a regular basis. Regular attendance promotes higher staff morale, fair workload allocation, increased efficiency, and improved quality of care to our patients. Regular attendance is an expectation of employment with CGMH and as such, CGMH has an Attendance Assistance Program (AAP) to help ensure that staff maintain regular attendance.

The CGMH AAP addresses non-culpable or innocent absenteeism, meaning these absences are legitimate absences that are not within the employee's control. Other attendance issues are dealt with separately. All employee attendance is reviewed on a quarterly basis, which includes a review of the previous six months. Those who meet or exceed the set thresholds in the six-month period, noted below, may qualify for the AAP:

Full-time Employees: 37.5 hours or four (4) or more incidents in six (6) months)
Part-time Employees: 30 hours or three (3) or more incidents in six (6) months

The intention of placing employees on the AAP is to inform the employee that they have met or exceeded the threshold and to offer assistance as a measure to prevent the employee from continuing to escalate on the AAP. Once on the program, the employee's attendance is reviewed on a bi-weekly basis for the duration they remain on the AAP, which is for six (6) months – should the employee not meet or exceed the threshold while on step one of the program, they will be removed from the program at that time. Should the employee meet or exceed the threshold while on the AAP, they will escalate through the applicable steps of the program with additional intervention and support provided at each step. The final step of the program is step four (4) – should an employee meet or exceed the set threshold while on step four (4), there is risk for the employment relationship to become frustrated and conclude as a result.

Absence Reporting

Employees who are unable to work their shifts must endeavor to report an absence as early as possible and no later than two (2) hours in advance of the start of the shift regardless of the time of day.

When an employee is unable to report to work due to an illness or injury, they shall call the **Employee Absence Reporting Line (EARL Ext 3275)** to report their absence – please see the Hospital's LOA policy for more details re: this process.

When calling into the EARL, employees shall follow the voice prompts to select the applicable department and provide the following information in their voicemail message:

- First & Last Name
- Position & Department
- The shift(s) details (date and time) including expected to return to work date
- Reason for the absence (i.e. illness/injury, personal emergency leave, bereavement)
- The phone number the employee can be reached at on the date of the absence

Managers and/or Hospital Coordinators will be responsible to call the employee within 24 hours from when the employee called in to follow-up.

Early and Safe Return to Work Program

CGMH recognizes the findings of the Canadian Medical Association in that a prolonged absence from one's normal roles, including absence from the workplace, is detrimental to a person's mental, physical, and social well-being. Accordingly, CGMH is committed to providing, where possible, an early and safe return to work plan to all employees following a leave of absence due to injury or illness.

Short-Term Disability (3 or more consecutive days off of work)

Short-term disability commences when an employee is absent for three (3) or more consecutive shifts and can continue for up to 15 weeks. When an employee is confirmed to require an absence from work for three (3) or more scheduled workdays due to illness or injury, a short-term disability (STD) application form must be completed by a qualified healthcare professional and submitted to Occupational Health for review and approval within ten (10) days of the initial date of absence.

For claims approved as STD, Occupational Health requires updated functional ability assessments documented on a functional abilities form (FAF) by the employee's healthcare provider every two (2) weeks while the claim is active, unless otherwise approved by Occupational Health for a longer duration, which shall be based on the type of illness/injury.

Long-Term Disability

Long-Term disability commences 30 weeks after the commencement of a sick-related absence, which requires approval by the Hospital's third-party benefits provider. The 15 weeks following the STD period is unpaid and the employee can apply for applicable employment insurance benefits during that time. The goal is to ensure employees have a smooth transition from short term disability to long term disability, and where possible, return the employee to meaningful work when they are able to do so.

Modified Work/Return to Work Plans

Should Occupational Health determine that an employee is able to return to work but can't return to their regular duties, the goal will be to review applicable modified work that may be available for the employee

Modified work consist of any hours, job or combination of tasks that an employee, who is unable to work their regular duties/hours, may perform on a temporary basis without risk of re-injury to them or to others. This work may consist of regular tasks that have been changed or redesigned for an employee participating in a modified work program.

Work that meets the physical restrictions of the injured employee will be provided for all employees as soon as possible. This will be done in an effort to help speed up the recovery period for employees on a sick-related LOA.

Every employee is responsible for fully co-operating with the ESRTW process and for ensuring that the Hospital is provided with such medical information and/or functional ability information that will assist in a successful and safe return to work.

Where an employee has been off of work or away from their regular duties due to an injury/illness for less than one month, they shall return to their regular duties and hours once cleared to return to work unless Occupational Health has determined that there is a need for work-hardening and an applicable RTW plan.

Where an employee has been off of work or away from their regular duties for one month or longer, the RTW plan shall be equivalent to one week of work-hardening per month away from work, unless otherwise extended in accordance with Occupational Health.

Incident Reporting / Injuries at Work

When incidents / injuries occur at work, employees are required to following these guidelines:

1. Report the incident to your Manager.
2. Complete an Online Incident Report through Meditech immediately (or as soon as possible). The completed Incident Form must be filed and forwarded to your manager (or designate), before the end of your shift.
3. If medical treatment is required, please report to the Intensive Care Unit immediately, at which time the Nurse will assess your condition and determine whether First Aid is required or if the injury is more serious, requiring the assessment of the Emergency Physician.

If First Aid was administered:

Inform your manager that you received First Aid, and add the information into the Incident Report.

If Health Care was administered (assessed by the Emergency Physician):

Upon assessment, the Emergency Physician will need to complete a Functional Ability Form (FAF) for you. **You are required to provide a copy of the FAF to your Manager immediately after being assessed and to discuss the details of the FAF before you leave the building** (*If your manager is away that day, please meet with the Evening Coordinator*). If modified work can be provided (based on FAF details), **safe and suitable modified work will commence on your next scheduled shift.** Modified work can be arranged in any area of the hospital.

Under no circumstances can an employee decide not to report to work for a scheduled shift as a result of his/her injury without discussing modified work options with his/her Manager (or Evening Coordinator) first.

The "Health Care" info must be added to the Incident Report, i.e. name of physician who treated you.

If the incident occurred during an evening/ night shift, or on the weekend, you are required to notify the Evening Coordinator to discuss the incident and details of the FAF. If the Evening Coordinator is not available, please leave a voicemail message for the Evening Coordinator as well as your manager.

An Evening Coordinator is in the hospital every day and can be reached at pager # 443-6289. Their office is located in the basement across from the Infection Prevention & Control office and can be reached during these hours:

Monday to Friday: 3pm – 11pm
Saturday & Sunday: 1pm – 9pm

Early and Safe Return to Work Program:

As per the Workplace Safety and Insurance Act, employees are required to cooperate fully in an Early and Safe Return to Work program. This means that if modified work can be provided (based on FAF details) following a workplace injury, employees are required to commence modified work on their next scheduled shift. If the employee's next scheduled shift is on the weekend, the Evening Coordinator will arrange modified work until the department Manager and People Services are notified of the incident on Monday morning and continue to manage the case. If cooperation in early and safe return to work procedures are not followed, WSIB benefits may be denied or suspended, pending investigation. *Please review CGMH's Early and Safe Return to Work (RTW) Policy (on the Pulse, under Employee Health & Safety tab) to ensure you understand your responsibilities should an injury occur.*

Leaves of Absence

Unpaid Leaves of Absence

CGMH recognizes that, on occasion, circumstances may result in the need for an employee to request an Unpaid Leave of Absence (ULOA) in order to balance their personal and professional responsibilities

Approval shall be granted for statutory, job protected ULOA's provided under the Ontario Employment Standards Act, 2000 (ESA), provided that the employee makes written application for the ULOA and meets the eligibility criteria for the leave requested as defined in the ESA. Please see the Hospital's Leave of Absence policy for more information re: ESA leaves.

For non-ESA ULOA requests, CGMH provides employees with the opportunity to apply for a Voluntary Leave of Absence Without Pay, which will be considered subject to the operational requirements of the Hospital.

To request an ULOA, an employee shall submit the Application for Unpaid Leave of Absence form available on The Pulse to their Unit/Department Manager. Upon receipt of the employee's application, the Unit/Department Manager will review the nature of the leave requested with the support of People Services. The Manager shall respond to the employee within one (1) week from when the request was submitted and provide an update on status of the request and whether it can be approved or not.

Bereavement Leave

An employee who notifies his/her manager as soon as possible following a bereavement, shall be granted bereavement leave without loss of regular pay from regularly scheduled hours should the employee qualify for such leave. Please see the Hospital's Bereavement Leave policy for more details.

Jury & Witness Duty

The Hospital will grant leave to an employee requested to serve as a juror in any court of law or is required to attend as a witness in a court proceeding in which the Crown is a party, or is required by subpoena to attend a court of law or coroner's inquest in connection with a case arising from the employee's duties at the CGMH. Payment will be made based on the number of hours he or she would otherwise have worked. Payment made by the court, or coroner's inquest, other than travel and meal allowances, is payable to Collingwood General & Marine Hospital.

If required to attend court and/or as noted above, an employee shall:

a) notify their Manager immediately upon notification;
b) present proof of service requiring attendance; and
c) deposit with CGMH the full amount of compensation received, if any, excluding travel and meal allowance from the court

Maternity / Parental Leave

In accordance with the Employment Standards Act, an employee who was hired at least 13 weeks before the baby's expected birth date is eligible for Maternity/ Parental Leave. To be eligible for Employment Insurance benefits, an employee must have worked a minimum of 600 hours in the past 52 weeks or since the start of a previous last claim.

- A maximum of 17 weeks of **maternity leave** is available to those who qualify for a period surrounding the birth of a child.
- A maximum of 61 weeks or **parental leave** is available to those who qualify.

Employees must notify their manager, in writing or via the form available on 'The Pulse', at least 4 weeks in advance of the expected start of maternity and/or parental leave. Such notification will state the commencement and anticipated return dates of the requested leave. Employees must confirm their return-to-work date, at least 4 weeks prior to the return date.

Supplemental Employment Benefit (Top-Up):
Employees who qualify for Maternity / Parental leave shall be paid a Supplemental Employment Benefit up to a period of 27 weeks (up to 15 weeks top-up during Maternity Leave and up to 12 weeks top-up during Parental Leave). Top-up rates are as follows:

NON-UNION: 93% (inclusive of EI payments)
ONA: 84% (inclusive of EI payments)
OPSEU: 84% (inclusive of EI payments)
SEIU: 93% (inclusive of EI payments)

Recruitment

Recruitment and Selection

The Hospital is committed to recruiting practices that ensure the selection of employees with the skills, qualifications, experience and education to fulfill the Hospital's human resources needs. It is also committed to compliance with all government legislation respecting equitable and uniform employment practices and will utilize a coordinated recruiting function to accomplish these objectives. Recruitment and selection shall be managed through a planned process to create a workforce which delivers CGMH programs and services effectively.

Job Postings

Employees are considered to be the first source of applicants for opportunities within the Hospital. All position vacancies are posted for interested and qualified employees to apply in confidence. Job opportunities are posted on the Intranet Job Board for 7 – 9 days. Please visit the Pulse and click the big "apply now" button. You can also access this page externally by going to the Job section of www.cgmh.on.ca/careers and clicking "Current Internal Opportunities" and entering the password **jobs@cgmh**.

If no qualified internal candidates are available, the job opportunity is opened to the public and is posted in the Careers section on the CGMH website at www.cgmh.on.ca/careers Current Career Opportunities and other employment websites and media.

Job Transfer Requests

Only Registered Nurses may complete a "Job Transfer Request" form to be kept on file in People Services. In the event that you are not able to apply for any posted job(s) within the allotted time (i.e. if you work part-time or casual and may not be aware of the job posting), a copy of your application will be submitted for the posted job automatically. This JTR form remains on file until Dec. 31 of that year and must be renewed the following January if it is to remain on file.
When applying for jobs, please remember…..an updated resume and a RN Education / Skills form must be submitted with your Job Transfer / Application form. All of these forms can be printed off from "The Pulse" (HR Section)

Rewards and Recognition

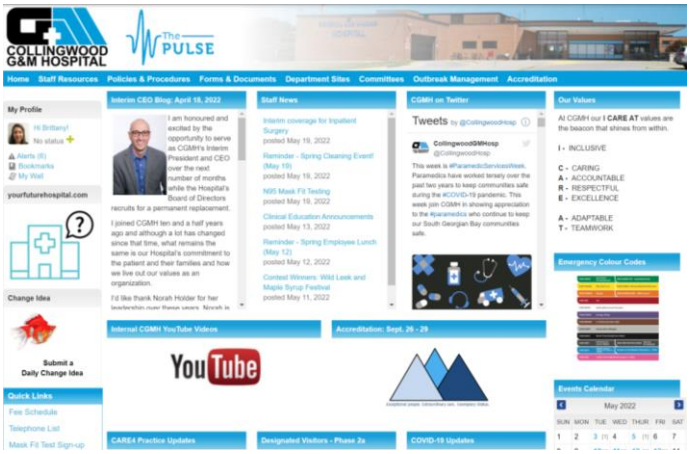
I CARE AT Awards
We take pride in the fact that so many employees choose to stay with our organization for many years. The CARE AT Awards recognize and celebrate milestones of service for 5, 10, 15, 20, 25, 30, 35 and 40 years. In recognition of years of service and valued contribution to the hospital team, an annual off-site celebration will be held to formally recognize the service milestones of employees, physicians and volunteers.

"Our People Inspire" Award
The "Our People Inspire" award is a way for staff, physicians and volunteers to recognize and acknowledge the people who we see going the extra distance for our patients, their families and fellow staff members. Awards are presented quarterly. If you would like to nominate someone from CGMH who has gone beyond the call of duty, you can find the nomination form and guidelines under the Staff Resources>Our People Inspire link on The Pulse.

Board Award of Excellence
The Board of Trustees' Award of Excellence Program is designed to provide the Board with an opportunity to recognize and honor the outstanding performance and achievements of staff, physicians, volunteers and teams within our organization with achievements that specifically demonstrate the values of Collingwood General & Marine Hospital (CGMH) and our Strategic Goals and Plans. Information on the nomination process can be found on the Pulse under Policies & Procedures.

Communication

CGMH Intranet
Our intranet, The Pulse, is our primary communication vehicle within the hospital. It contains information about CGMH's news, announcements, resources, policies, programs and departments, which is updated daily. It is the responsibility of all employees to read the Pulse regularly to remain informed of all current Hospital news and events (this is the first screen that appears when you log into your computer):



Should you experience technical difficulty in accessing the Pulse, please contact the I.T. department at x. 8257 or 8261.

Information and news articles for the Pulse are to be posted by a designated person within your department.

CGMH External Web Site:
CGMH's external web site, **www.cgmh.on.ca ,** includes a variety of information about the hospital's history, the services we provide, patient and visitor information, hospital news and current events, as well as employment opportunities that are available.

Department Huddle Boards
Each department at CGHM houses a huddle board as a means to promote communication and raise awareness regarding important issues on the unit. At pre determined times

Communication Boards
There are a number of Communication Boards located in the basement of the hospital. Outside the cafeteria and Lab there are bulletin boards by union or subject and typically display the following information:

- Union information
- Occupational Health and Safety Information
- General Information

There are also Employee Communication boards that display information relative to CGHM Team members. They typically display posters for Wellness events, learning opportunities, promotions, special offers, etc. Any notices to be posted on the lock display boards must be submitting to People Services to be reviewed prior to posting.

Coffee and Conversation
Open staff forums are held with senior management and other CGMH staff as needed to communicate about various issues within the organization and to give employees a chance to ask questions. Staff is notified of upcoming open staff forums. Forums are arranged in the morning so that all staff can participate during morning break – 2 sessions)