

Respectful Workplace & Human Rights Policy

1. Introduction

“A respectful workplace - one in which people work-together collaboratively, efficiently and effectively to meet organizational goals - is a critical ingredient for VCH’s success in delivering excellent care, services and health promotion. A respectful workplace is foundational for a healthy culture that nurtures staff’s physical and psychological well-being, engagement and performance.”(VCH Senior Executive Team)

Scope

This policy applies to all staff including employees (unionized staff, administrative, and management), Medical Staff Members (including physicians, Division & Department Heads) midwives, dentists, nurse practitioners, residents, fellows and trainees, students, volunteers, contractors and other service providers engaged by VCH.

2. Policy

2.1. Behavioral Expectations

All persons associated with VCH are accountable for their own behavior and must conduct themselves in a civil, respectful, cooperative and non-discriminatory manner in the workplace and at work-related gatherings. English shall be used during work unless patient/client/resident requires different language or staff member is on approved break.

Regardless of position, showing mutual respect is a core “People First” value and work expectation. Think before you speak and do not talk or behave in a way that might intimidate, embarrass, offend or otherwise bother someone.

VCH does not tolerate bullying, harassment or other inappropriate comment or conduct towards a person that reasonably causes humiliation, intimidation or embarrassment. Nor will VCH tolerate any reprisals for persons who report a concern or file a complaint.

A Human Resources Advisor will contact the employee or physician within 3 business days where:

- the employee or physician reports a concern/complaint to their Supervisor, Manager or Department Head regarding the behavior of other(s); or
- the employee or physician contacts the VCH No-Bully line requesting advice for coaching or wishing to file a complaint regarding the behavior of other(s).

The HR Advisor will update the parties every 10 business days until the complaint investigation is completed.

VCH reserves the right to investigate incident(s), with or without the person’s consent, if there are concerns about serious harm.

2.2 Definition

Bullying & harassment is defined as inappropriate comment or conduct targeted towards or about a staff member which the person knew or reasonably ought to have known would cause the staff member to be humiliated or intimidated.

Inappropriate comment or conduct can occur in many different settings, including one to one; group communication, or through electronic means i.e. email, social media, (Facebook/Twitter/Instagram/Pinterest etc).

Inappropriate comment and conduct include:

- actions (e.g. touching, pushing), comments (e.g. jokes, name-calling), or displays (e.g. offensive posters, cartoons);
- workplace incivility which includes rude or discourteous comments that display a lack of regard for others;
- overloading a particular person an unreasonable share of unpleasant jobs; deliberately withholding information or support necessary for a person to be able to perform work;
- humiliating a person through criticism or insults especially in front of colleagues or patients; shouting or yelling at individuals;
- recording staff members or managers/supervisors without their knowledge (consent to record the individual must always be requested and, while requests to be recorded should be thoughtfully considered, refusals to be recorded must be respected);
- gossiping, back-stabbing behavior, cyber-bullying;
- ignoring or excluding a particular person; rolling eyes, glaring or other non-verbal behavior intended to intimidate; and discriminating or harassing behavior based on a protected ground per the Human Rights Code.

Management initiatives communicated respectfully **are not** considered bullying and harassment, such as:

- expressing a difference of opinion in a calm manner;
- assigning work duties, setting workloads and deadlines;
- work instruction, correction or supervision;
- work performance evaluation; imposition of discipline; and
- transfers, lay-offs and reorganizations.

2.2. Witnesses Responsibility: Take a Stand – Lend a Hand

We all have a part to play in creating a safe and healthy work environment. VCH expects anyone who witnesses inappropriate comment or conduct, to support their colleague(s), intervene where appropriate (e.g. speak up and say the other person's behavior is not acceptable) and report the incident to the Supervisor, Managers or Department Head who are accountable to act upon any situation involving inappropriate comment or conduct in accordance with this policy.

2.3. *Options to Reporting and Resolving Inappropriate Conduct and Comment*

2.3.1 Having the Conversation

If someone (including your Supervisor, Manager, Division or Department Head) behaves in a way that you feel is offensive do not assume the problem will go away. Sometimes the person may not be aware their behavior is offensive, and many individuals will change their behavior once they are made aware of the problem.

If you are comfortable, have an informal conversation by approaching the other person(s), explain how the behavior impacts you and ask them to stop. Do this calmly in a private setting.

2.3.2 Reporting the Incident(s) to Your Manager or Department Head

If you are not comfortable having the conversation directly with the person(s), then please contact your Supervisor, Manager or Department Head or call VCH's No-bully telephone line below. If you report your concern/complaint to your Supervisor, Manager or Department Head, they will contact an HR Advisor and the Advisor will follow up with you within 3 business days.

2.3.3 Call VCH No-Bully (1-844-662-8559) Telephone Line

You can phone VCH's No Bully telephone line (1-844-662-8559) regarding any concerns about inappropriate conduct or comment. During the call an Employee Engagement Associate will provide you with the opportunity to confidentially debrief your experience and ask whether you wish to: access counselling through EFAP and/or have an HR Advisor contact you to review your options for coaching or filing a complaint.

Counselling

Confidential EFAP counselling and wellness services will be offered to assist you in dealing with the effects of bullying or other inappropriate behavior and if you are unsure about proceeding, help you to determine how you would like to resolve the conflict.

Coaching

If you choose, an HR Advisor will contact you within 3 business days to discuss options to resolve the conflict/behavior including coaching advice on how to have a difficult conversation with the other person(s) in order to maintain the working relationship,

Verbal Complaint

You will also be given the option for the HR Advisor to speak with your Manager or Department Head and arrange a meeting with the parties involved to resolve the behavior.

Written Complaint

If you wish to file a complaint, an HR Advisor will call you and summarize your concerns on a complaint form which they will send to you for confirmation and signature. You will be updated by an HR Advisor every 10 business days of the progress until the investigation of the complaint is completed.

2.4. Other Resolution and Appeal Process

If you are dissatisfied or otherwise disagree with the results of an investigation conducted pursuant to this policy, you are not precluded from advancing complaints through the applicable collective agreement, relevant professional bodies, WorkSafe BC, or the BC Human Rights Tribunal. In the event you file a complaint outside of this policy, VCH reserves the right to not proceed if you filed a second complaint under this policy.

Your union representative may participate at any point under this policy.

2.5. Consequences for Violating the Policy and Confidentiality

Any staff member (including physicians) found engaging in inappropriate comment or conduct (such as bullying or discrimination) or who retaliates against the complainant, will be subject to remedial and/or disciplinary action such as: a warning, direction to issue a written apology, a behavior agreement, transfer, counselling, demotion, dismissal, cancellation of contract and/or revocation of privileges pursuant to applicable Health Authority processes. Staff filing complaints in bad faith may be subject to disciplinary action.

No information will be disclosed by any person during an investigation or resolution of a complaint under this policy except as necessary to enable due process.

3. References

“Nurses treat each other, colleagues, students and other health care workers in a respectful manner recognizing the power differentials among those in formal leadership positions, staff and students. They work with others to resolve differences in a constructive way.”

College of Registered Nurses of British Columbia

“Collaborate with other physicians and health professionals in the care of patients and the functioning and improvement of health services. Treat your colleagues with dignity and as persons worthy of respect.”

Canadian Medical Association Code of Ethics

Other health professionals have guidelines for respectful and collaborative work behavior outlined by their colleges and professional associations. Links to colleges and associations are available on the Health Sciences Association website at www.hsabc.org

Related Policies

- [Social Media, Websites and Online Communication](#)
- [Information Privacy & Confidentiality](#)
- [VCH Partners in Care](#)

Issued by:		
Name: <u>Anne Harvey</u>	Title: <u>VP, Employee Engagement</u>	Date: <u>April 30, 2015</u>
Signature of issuing official		

Information Privacy & Confidentiality

1. Introduction

Description

Vancouver Coastal Health Authority (“VCH”) has ethical and legal obligations to protect Personal Information about its Clients and Staff. VCH may also be obliged under contract or other circumstances to protect Confidential Information.

The purpose of this Information Privacy & Confidentiality Policy (“Policy”) is to establish the guiding principles and framework by which VCH and its Staff will comply with these obligations, demonstrate accountability for managing Personal Information and Confidential Information and maintain its trust-based relationship with Clients, Staff, business and healthcare partners (including Lower Mainland Consolidation parties) and the public.

Scope

This Policy applies to all Staff and all Personal Information and Confidential Information in the custody or control of VCH regardless of format and how it is stored or recorded.

2. Policy

2.1. Privacy legislation and Policies

VCH and its Staff are governed by the *B.C. Freedom of Information and Protection of Privacy Act* (“FIPPA”), the *E-Health (Personal Health Information Access and Protection of Privacy) Act* and other legislation, professional codes of ethics and standards of practice.

VCH will comply with FIPPA when collecting, using and disclosing Personal Information.

All Staff must ensure that their practices in collecting, accessing, using or disclosing Personal Information and Confidential Information comply with this Policy as well as applicable laws, professional codes of practice and contractual obligations. These obligations for ensuring privacy and confidentiality continue after the employment, contract or other affiliation between VCH and its Staff comes to an end.

2.2. Confidentiality Undertaking

All Staff must complete the VCH Confidentiality Undertaking and Information Privacy Online course as required by the [Mandatory Education](#) Policy.

2.3. Collection of Personal Information

Staff may collect Personal Information as needed to operate VCH programs or activities and will not collect more Personal Information than is required to fulfill those purposes.

2.4. Direct Collection

Where possible, VCH will collect Personal Information directly from the individual the information is about.

When Staff collects Personal Information directly from an individual, the individual should be informed of:

- the purpose for the collection;
- the legal authority for the collection; and
- the contact person if the individual has any questions about the collection.

VCH uses the [VCH Client Notification Sign](#) and other materials to inform Clients of the above. Notification Signs should be posted at all registration, intake and admission sites, including community centers and clinics.

2.5. Indirect Collection

Staff may collect Personal Information indirectly (from sources other than the Client):

- with the consent of the Client;
- where the information is required to provide health care and it is not possible to collect the information directly from the Client (Client consent is not required);
- where another public body is authorized to disclose the information to VCH; or
- as otherwise permitted by FIPPA

For example, where the Client is incapable of providing information or does not have the information, Staff may collect Personal Information necessary to provide care from another Health Authority, other health care providers, family members or friends.

2.6. Accuracy of Personal Information

VCH and its Staff will take all reasonable steps to ensure the accuracy and completeness of any Personal Information VCH collects or records. Staff will exercise diligence to protect against errors due to carelessness or oversight.

Health Information Management (Health Records) is responsible for updating and maintaining the accuracy of health records of Clients. Staff should direct any Clients requesting correction or amendment of information in their medical records to Health Information Management.

2.7. Use of Personal Information

Staff may only access and use Personal Information for legitimate purposes based on a “need to know” in order to perform job functions and responsibilities.

Primary Use

VCH primarily collects Personal Information about Clients to provide health care services to Clients. Staff may use Personal Information for the provision of care to Clients and for administrative and other support functions related to direct care.

Secondary Use

Staff may use Personal Information for purposes related to the provision of care (“Secondary Purposes”) only if the purpose has a reasonable and direct connection to the provision of health care services and is required for an operating program of VCH. For example, Staff may use Client Personal Information for the following Secondary Purposes:

- program planning, evaluation and monitoring, including quality improvement;
- system administration;
- privacy and security audits;
- medical education and training related to VCH programs;
- analysis, management and control of disease outbreaks and population health; and
- as otherwise authorized by FIPPA.

Client identifying information is not always required where information is used for Secondary Purposes. As a general rule, Staff should only use Personal Information that is necessary to achieve the Secondary Purposes. Where possible, personal identifiers (e.g., name, birth date, photograph, PHN, MRN, home address, postal code, personal telephone number, social insurance number, driver’s license number, employee ID number, and other identity numbers) should be removed from records and documents, such as statistical management reports or sample electronic health records used for system usage training.

Research

Staff may use Personal Information for research only in compliance with VCH policies and procedures related to research, including approval from the VCH Research Institute and the Information Privacy Office, and any Research Ethics Board conditions.

2.8. Disclosure of Personal Information

Set out below are examples where Personal Information may be disclosed. Staff may consult with the Information Privacy Office for questions about disclosure.

Disclosure for Continuity of Care

Staff may disclose Personal Information on a “need-to-know” basis to other health care providers or members of the care team, both within and outside VCH, including to family members who are providing care (i.e., within the “circle of care” or for “continuity of care”). Disclosures within the circle of care do not require consent, although Staff may wish to discuss such disclosures with the Client.

Disclosure for Safety Purposes

Staff may, without requiring Client consent, disclose Personal Information necessary to provide warning or to avert the risk:

- where compelling circumstances exist that affect the health or safety any person;

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- to protect the public in circumstances where there is a risk of significant harm to the environment or to the health or safety of the public or a group of people; or
- to reduce the risk that anyone will be a victim of domestic violence, if Staff believe that domestic violence is reasonably likely to occur.

Staff should seek approval from a Staff member in charge, supervisor or manager. If in doubt Staff should consult with the Information Privacy Office or Client Relations and Risk Management in deciding whether to disclose information. Examples of compelling circumstances include:

- an intent expressed by the Client, which Staff believe, to cause serious harm to self or others, such as specific threats of assault or death; and
- a Client who is incapable of driving and indicates intention to drive.

Good-faith decision-making

VCH will not dismiss, suspend, demote, discipline or otherwise disadvantage a Staff member who, acting in good faith and upon a reasonable belief, discloses Personal Information necessary to provide warning or to avert risk where immediate action is required to prevent harm to any person's health or safety.

Disclosure to Law Enforcement

For disclosures of Personal Information to law enforcement (e.g., mandatory demands such as court orders or search warrants, requests by law enforcement, or VCH-initiated reporting to law enforcement) see the [Release of Information or Belongings to Law Enforcement](#) Policy.

Disclosure with Consent

Besides the disclosures described above and other disclosures authorized by FIPPA, Staff may disclose Personal Information with Client consent. Client consent should be in writing or may be documented by Staff on the health record.

Disclosures Outside of Canada

Staff will not access, transfer or store Personal Information outside of Canada, except with the consent of the individual the information is about or as otherwise permitted by FIPPA (eg. while temporarily travelling outside Canada, or temporary access for systems support). Staff will consult the Information Privacy Office before implementing a program where Personal Information will be transferred, stored or accessed from outside of Canada.

Obligation to Report Foreign Demand

Staff who receive or learn of a foreign demand for the disclosure of Personal Information or about the unauthorized disclosure of Personal Information in response to a foreign demand must report it to Legal Services. "Foreign demands" include subpoenas, warrants, orders or requests from courts or agencies outside Canada.

Requirements for Third Party Access to Personal Information

Where Personal Information is shared with, accessed or stored by a third party vendor, contractor, agency or other organization, a written agreement or other legal documentation may be required. Staff must consult with Legal Services or the Information Privacy Office to determine what documentation is required. Examples where legal documentation may be required are as follows:

- access by a third party organization to VCH clinical information systems
- services provided by a vendor who will have access to Personal Information
- program that requires Personal Information to be shared with another agency

Personal Information may be disclosed to third parties for research only in compliance with VCH policies and procedures related to research, including approval from the VCH Research Institute and the Information Privacy Office, the requirement to sign an Information Sharing Agreement and Research Ethics Board approval.

Release of Information Requests

Health Records: Staff may provide Client with a copy of a document if it was completed with the Client present (e.g. client assessment, care plan). Staff may also provide Client with a copy of a single lab or radiology report if they request. If Client requests a copy of their entire health record or health records narrative in nature (e.g. progress notes, transcribed reports), please direct the request to Health Information Management (Health Records Department).

Corporate/Non-Health Records: Refer requests to the Freedom of Information Office.

Employee Information

Requests for employee information from legal firms, financial institutions, insurance companies, credit bureaus, etc. should be directed to Employee Engagement/Payroll.

2.9. Safeguards

VCH must take reasonable security precautions to protect Personal Information and Confidential Information against unauthorized access, collection, use, disclosure or disposal. Personal Information must be protected by appropriate safeguards according to the sensitivity of the information, regardless of the format in which it is held.

Physical Measures and Safeguards

Staff will comply with VCH physical security requirements and will take all reasonable steps to protect Personal Information and Confidential Information against unauthorized access, collection, use, disclosure or disposal, including:

- keeping hard copies of files and records containing Personal Information or Confidential Information in a secure location, such as locked storage rooms or locked filing cabinets, with controls over distribution of keys or lock combinations;

- protecting mobile electronic devices and storage media containing Personal Information or Confidential Information against theft, loss or unauthorized access;
- using available security systems (e.g., locking offices when not in use, activating alarm systems);
- refraining from disclosing and discussing Personal Information or Confidential Information in public areas where third parties may overhear or view records containing Personal Information or Confidential Information;
- following VCH guidelines and procedures for the secure destruction or disposal of Personal Information or Confidential Information that is no longer required to ensure the Personal Information or Confidential Information is destroyed, erased or made anonymous;
- prohibiting removal of records containing Personal Information or Confidential Information from VCH premises except as necessary, and, in such cases ensuring they are kept in a secure location and not exposed to risk of loss, theft or unauthorized access.

Technical Measures and Safeguards

Staff will comply with VCH technical security requirements and will take all reasonable steps to maintain the integrity of electronic systems, including:

- protecting the integrity of passwords, user-id's and other security access measures;
- logging-off computers when not in attendance;
- using encryption and password protection for mobile electronic devices and storage media.

2.10. Privacy Impact Assessment

A Privacy Impact Assessment (“PIA”) must be completed before implementing or significantly changing any program or system that requires the collection, use, disclosure or sharing of Personal Information.

Before undertaking any new initiative, program or activity that involves Personal Information, VCH departments must contact the Information Privacy Office to determine whether a PIA is required. Completion of a PIA is the responsibility of the department undertaking the program or activity, with support from the Information Privacy Office.

2.11. Privacy Training

VCH will ensure that Staff who manage, access or use Personal Information receive privacy and information management training when initially hired and as required on an ongoing basis. The Information Privacy Office will develop privacy education programs in conjunction with Employee Engagement and other operational areas to educate all Staff and users of Personal Information about VCH's privacy obligations.

2.12. Retention of Personal Information

VCH must retain for a minimum of one year Personal Information that is used to make a decision that directly affects the individual the information is about. Currently, VCH retains health records for longer periods to comply with Ministry of Health directives.

Staff and their respective departments must adhere to regional or departmental policies on the retention of records containing non-health-related Personal Information.

2.13. Whistleblower Protection

VCH will not dismiss, suspend, demote, discipline, harass or otherwise disadvantage a Staff member who, acting in good faith and upon a reasonable belief, has done or intends to do the following:

- make a report to the appropriate authority about a foreign demand for Personal Information;
- disclose to the BC Office of the Information and Privacy Commissioner that VCH or another individual has contravened FIPPA;
- do something required to avoid contravention of FIPPA or refuse to contravene FIPPA; or
- inform VCH about a breach of or violation of this Policy.

2.14. Challenging Compliance

The Information Privacy Office will investigate all complaints concerning compliance with this Policy, and, if a complaint is found to be justified, will take appropriate measures including amending policies and procedures where required. The complainant will be informed of the outcome of the investigation regarding the complaint.

2.15. Reporting Privacy Breaches

Staff must immediately report to the Information Privacy Office any actual or suspected Privacy Breaches or violations of this Policy, including the theft or loss of Personal Information, devices or paper records. Privacy Breaches will be dealt with in accordance with the [Reporting and Management of Information Privacy Breaches](#) Policy.

2.16. Responsibilities

2.16.1. Chief Executive Officer / Senior Executive Team / Chief Privacy Officer

The Chief Executive Officer of VCH is the appointed head of VCH for the purposes of exercising the powers of the head and ensuring compliance with FIPPA. The authority of the head is delegated to the members of the Senior Executive Team and to the Chief Privacy Officer.

2.16.2. Information Privacy Office / Legal Services

The Information Privacy Office / Legal Services is responsible for:

- general oversight of privacy practices and policies within VCH;
- providing privacy education to Staff and promoting good privacy practices throughout the organization;
- responding to questions from Staff, Clients, and members of the public concerning collection, access, use and disclosure of Personal Information;
- investigating potential and actual breaches of this Policy brought to its attention and reporting Privacy Breaches in accordance with VCH breach policies.

2.16.3. Employee Engagement

Employee Engagement is responsible for:

- in consultation with the Information Privacy Office, developing and maintaining policies in respect of disciplinary actions to be taken for Staff who have been determined to have breached this Policy;
- cooperating with and assisting in Information Privacy Office investigations into compliance with this Policy; and
- in consultation with the Information Privacy Office, ensuring that disciplinary action for a breach of this Policy or FIPPA is carried out in accordance with Employee Engagement policies.

2.16.4. Staff

All Staff who have access to Personal Information or Confidential Information are responsible for complying with this Policy and FIPPA. Staff are required to:

- ensure that access to and disclosure of Personal Information or Confidential Information is only made by or to authorized individuals;
- ensure that reasonable measures are taken to prevent any unauthorized access, disclosure, loss or theft of information;
- comply with terms of use and security requirements for electronic systems;
- report to the Information Privacy Office any actual or suspected Breaches of privacy or this Policy and cooperate with the Information Privacy Office and Employee Engagement for the purposes of any investigation.

2.17. **Compliance**

Failure to comply with this Policy may result in disciplinary action including, but not limited to, the termination of employment, the termination of the contractual agreement, loss of computing privileges, loss of privileges as a student placement or volunteer role, prosecution and restitution for damages.

VCH will not take disciplinary action against a Staff member who, acting in good faith and upon a reasonable belief, discloses Personal Information necessary to provide warning or to avert risk where immediate action is required to prevent harm to any person's health or safety.

3. References

Tools, Forms and Guidelines

The Information Privacy Office [webpage](#) has a complete list of privacy-related policies, tools, forms and guidelines.

Keywords

Privacy, Breach, Confidentiality, Personal Information, Confidential Information, Freedom of Information and Protection of Privacy Act, FIPPA, Security, Lower Mainland Consolidation

Definitions

“**Clients**” means all people receiving care or services from VCH and includes patients and residents.

“**Confidential Information**” means all information, other than Personal Information, that is specifically identified as confidential or is reasonably understood to be of a confidential nature, that Staff receive or have access to through VCH or through other Lower Mainland Consolidation parties, including vendor contracts and other proprietary information that a Lower Mainland Consolidation party may have received from a third party.

“**FIPPA**” means the BC *Freedom of Information and Protection of Privacy Act*, as amended from time to time.

“**Lower Mainland Consolidation**” means the consolidation of certain corporate and clinical support functions amongst Vancouver Coastal Health Authority, Fraser Health Authority, Provincial Health Services Authority and Providence Health Care Society as more fully set out in a Master Services Agreement amongst the parties dated January 1, 2011.

“**Personal Information**” means any information about an identifiable individual, but does not include business contact information (eg. individual’s title, business telephone number, business address, business email or facsimile number).

“**Privacy Breach**” or “**Breach**” occurs when there is unauthorized access to or collection, use, disclosure or disposal of Personal Information. Such activity is “unauthorized” if it occurs in contravention of Part 3 of the [Freedom of Information and Protection of Privacy Act](#)¹.

“**Staff**” means all employees (including management and leadership), Medical Staff Members (including physicians, midwives, dentists and Nurse Practitioners), residents, fellows and trainees, health care professionals, students, volunteers, contractors and other service providers engaged by VCH.

Questions

Contact: Information Privacy Office at privacy@vch.ca

Issued by:		
Name: <u>Glen Copping</u>	Title: <u>CFO & VP, Systems Development & Performance</u>	Date: <u>March 7, 2014</u>
Signature of issuing official		

¹ Privacy Breaches: Tools & Resources. Office of the Information & Privacy Commissioner for British Columbia. <https://www.oipc.bc.ca/guidance-documents/1428> accessed March 2016.

Conflict of Interest Policy

1. Introduction

Description

Vancouver Coastal Health Authority (“VCH”) is committed to promoting a standard of conduct that preserves and enhances public confidence in the integrity, objectivity, and impartiality of its clinical and business activities. Accordingly, Staff must fulfill their responsibilities in a manner that avoids involvement in any real, perceived, or potential conflicts of interest, and must promptly disclose and address any such conflicts as they arise.

This policy is designed to help identify conflicts of interest and to provide a procedure to appropriately manage conflicts in accordance with legal requirements and the goals of accountability and transparency in VCH’s operations.

Scope

This policy applies to all Staff.

This policy is in addition to any legal obligation and professional code(s) of ethics or standards of conduct that may apply to Staff.

2. Policy

2.1. Definition and General Principles

A conflict of interest occurs when a member of Staff’s private or financial interests conflict, or appear to conflict, with their work responsibilities in such a way that the Staff member’s:

- ability to act in the interests of VCH may be impaired;
- conduct may undermine or compromise public confidence in the ability of that Staff member to discharge work responsibilities; or
- conduct may undermine or compromise public trust in VCH.

A conflict of interest can arise in a variety of situations (see the [Conflicts Examples and Guidance Document](#) for a non-exhaustive list of examples).

While VCH recognizes the right of every member of Staff to be involved in activities as citizens of the community, conflicts must not exist between a Staff member’s private interests and the discharge of their duties at VCH.

In practice, to ensure that the personal interests of Staff do not conflict or appear to conflict with VCH decision making, Staff must arrange their private affairs in a manner that will prevent conflicts of interest, or the perception of conflicts of interest, from arising.

In particular, a conflict of interest will exist where a member of Staff:

- benefits personally, whether directly or indirectly, from any business transaction which accrues from or is based on their official position or authority;
- benefits personally, whether directly or indirectly, from confidential or non-public information which they gain by reason of their official position or authority;
- accepts “educational grants” (e.g. paid attendance at a conference) from an Individual or Industry, unless the payment is explicitly part of an existing contract for goods or services between VCH and that Individual or Industry;
- accepts travel or other subsidies for presentations, education, or studies unless part of a formal contract negotiated by VCH or its agents; or
- participates in any VCH decision when their objectivity may be compromised for any reason (e.g. an employment selection decision involving a family member).

2.2. Working Relationships

2.2.1. Relationships amongst Staff

Staff members who are Related must not be employed in a situation where:

- a reporting relationship exists between the two Staff members and the ranking Staff member has influence, input, or decision-making power over the other Staff member’s performance evaluations, salary or premiums, special permissions, potential for promotion, working conditions or other similar matters; or
- the relationship affords an opportunity for collusion between the two Staff members which could detrimentally affect VCH.

The above may be waived where it is essential to do so in order to meet operational needs and there are sufficient safeguards are in place to ensure that VCH’s interests are not compromised.

2.2.2. Relationships between Staff members and Clients

Staff members must conduct themselves in a professional manner with Clients and are prohibited from:

- participating in an intimate, personal, or sexual relationship with any Client, whether during or outside work hours; or
- providing medical treatment or rendering other VCH services to Clients with whom they are or were previously Related.

2.3. *Outside Remuneration and Volunteer Work*

Staff may engage in remunerative employment with another employer, carry on a business, receive remuneration from public funds for activities outside their position with VCH or engage in volunteer activities outside of VCH only if such activities do not:

- interfere with the performance of their VCH duties;
- negatively affect VCH's reputation in the community;
- appear to be an official VCH act or appear to represent VCH opinion or policy; or
- involve the unauthorized use of work time or VCH premises, services, equipment or supplies.

2.4. *Gifts*

A member of Staff must not demand, solicit, or accept any gift, favour, or service from any Client, Individual or Industry unless the gift:

- has no more than nominal value (e.g. a box of chocolates) and where it may reasonably be expected that VCH would approve a reciprocal expense for a legitimate business purpose;
- is a normal exchange of hospitality or a customary gesture of courtesy between persons doing business together;
- is a token exchanged as part of established protocol;
- is the normal presentation of a gift to Staff participating in a public function, presentation, workshop, or conference; or
- is a normal exchange of gifts between friends.

A member of Staff must report any fee or honorarium received when participating in a function held or sponsored by an Individual or Industry. VCH may require the Staff member to return such fee or honorarium or to remit the sum to VCH if, in VCH's sole discretion, retention of the fee or honorarium by the Staff member would present a real or perceived conflict of interest.

2.5. *Procurement*

A member of Staff must not participate in the procurement evaluation or decision making relating to potential vendors of goods or services to VCH where the Staff member has an actual or perceived conflict of interest with any of the potential vendors. Actual or perceived conflicts of interest in such circumstances may include:

- business or personal relationships (present or past) that the Staff member has with any potential vendor (or its employees) or any other person related to any potential vendor; and

- any financial or business interest (present or past) that the Staff member has with or related to any potential vendor.

The existence of any such conflict of interest and the involvement of the Staff member in any decision-making relating to the relevant procurement could potentially create a risk that the evaluation of potential vendors and the final decision on the successful vendor is not fair and objective.

Staff asked to participate in the evaluation or decision-making process associated with any procurement must declare to the procurement project lead, any actual or perceived conflict of interest relating to potential vendors involved in the procurement. If the procurement project lead determines that an actual or perceived conflict of interest exists, the relevant Staff member will not be eligible to participate in the evaluation or decision-making process relating to that procurement.

2.6. Responsibilities

2.6.1. Staff

Staff are responsible for complying with this policy and must:

- ensure that their personal interests do not conflict, or appear to conflict, with VCH decision making;
- arrange their private affairs in a manner that will prevent conflicts of interest, or the perception of conflicts of interest, from arising;
- disclose any real or potential conflict of interest to their manager. This disclosure must take place at the time the Staff member becomes aware of the conflict or when the Staff member first anticipates that a conflict may arise. The disclosure must be in writing by filling out a Conflict Disclosure Form; and
- follow any directions from a manager, to prevent or manage a conflict, including directions to immediately discontinue, curtail, or modify involvement in non-VCH activities.

2.6.2. Management (including supervisors, executives and Staff in managerial positions)

Management is required to:

- receive Staff disclosure of conflicts of interest and respond appropriately within the scope of their responsibility, which might include:
 - determining that no conflict exists and recording such finding in the [Conflict Disclosure Form](#);
 - determining what action should be taken to mitigate the conflict, and recording a conflict management plan in the [Conflict Disclosure Form](#); or

- requesting advice regarding a conflict of interest from the [Conflicts Advisory Committee](#) (CAC) at conflicts@vch.ca as required.
- send completed Conflict Disclosure Forms to Employee Engagement or, in the case of medical staff, to Physician Relations and Compensation, and keep a copy of each form in a single binder or secure computer file to be kept onsite at the Staff member or Management's place of work for future reference as required; and
- report to the [CAC](#) at conflicts@vch.ca regarding conflicts management upon request.

2.6.3. Conflicts Advisory Committee (CAC)

The [CAC](#) will consist of Internal Audit Services, Client Relations and Risk Management, and Legal Services, and is accountable to the Board Chair and CEO as appropriate.

[CAC](#) will advise supervisors and managers upon request regarding the management of conflicts of interest.

[CAC](#) may issue guidelines or other information from time to time to assist Staff in identifying when an actual or perceived conflict of interest may arise.

[CAC](#) is responsible for updating the [Conflict Disclosure Form](#) and issuing and maintaining other related guidelines and forms as needed.

2.6.4. Employee Engagement

Employee Engagement will participate in the evaluation of conflicts of interest as appropriate and will support management, Staff and the [CAC](#) where necessary.

Completed [Conflict Disclosure Forms](#) will be filed and kept in the employment file of the Staff member who made the disclosure.

2.6.5. Physician Relations and Compensation

Physician Relations and Compensation will file and keep completed [Conflict Disclosure Forms](#) in the file of the medical staff member who made the disclosure.

2.6.6. Board members

The Chair of the Board is responsible for managing any conflicts of interest that concern a Board member or the CEO.

Conflicts of Interest that concern a member of the Board are governed by the Board Manual's Code of Conduct and Conflict of Interest Guidelines for Directors.

2.7. Compliance

Departure from this policy by Staff without prior written approval may lead to disciplinary action up to and including termination of employment, services, or privileges.

2.8. Post-Employment Restrictions

2.8.1. Confidential information restrictions

After the employment of a Senior Staff member at VCH ends, that person must not disclose or otherwise use confidential information obtained through their employment with VCH without the prior written permission of VCH.

2.8.2. Other restrictions

If a Senior Staff member had a substantial involvement in dealings with an outside entity at any time during the year immediately preceding the end of that person's employment with VCH, then for one year after the end of such employment, that person must not:

- accept an offer of employment, an appointment to the board of directors or a contract to provide services to that outside entity;
- lobby or otherwise make representations for or on behalf of that outside entity to VCH; or
- give counsel to or advise that outside entity, for its commercial purposes, concerning the programs or policies of VCH.

VCH may reduce the one year restriction period, upon written application, after considering the following factors:

- the circumstances under which the Senior Staff member's employment with VCH ended;
- the Senior Staff member's general employment prospects;
- the significance to VCH of information in possession of the Senior Staff member by virtue of his/her position with VCH;
- the desirability of a rapid transfer of the Senior Staff member's skills to an employer other than VCH;
- the degree to which a new employer might gain unfair commercial advantage by hiring the Senior Staff member;
- the authority and influence the Senior Staff member possessed while employed by VCH; and
- the disposition of other cases.

2.8.3. Meaning of Senior Staff

In this section 2.8, Senior Staff means Staff of VCH at Vice-President level (or equivalent) and above.

3. References

Tools, Forms and Guidelines

- [Conflicts Examples and Guidance Document](#)
- [Conflict Disclosure Form](#)

Related Policies

- [Fraud and Theft](#)
- [Information Privacy and Confidentiality](#)
- [Standards of Conduct](#)
- [Whistleblower](#)

Keywords

Conflict of Interest, Conflicts, Standards of Conduct, Gifts, Relationships, Relatives, Procurement, Outside Remuneration, private interests, Business Partners, Post-Employment Restrictions, Confidential Information.

Definitions

“**Client**” means all people receiving care or services from VCH and includes patients and residents.

“**Individual or Industry**” means individual persons, sole proprietorships, partnerships, associations, joint ventures, corporations, firms, franchises, holding companies, joint stock companies, receiverships, businesses, trusts and any other organization or entity that carries on trade or business, including but not limited to subsidiaries and parent organizations.

“**Related**” means related to a Staff member by blood, marriage, common-law partnership, or adoption (e.g. spouse, sibling, parent, child, mother-in-law, father-in-law, daughter-in-law, son-in-law, sister-in-law, brother-in-law, grandparent, or grandchild), an individual residing with the Staff member in the same household, or an individual in a close personal relationship with the Staff member.

“**Staff**” means all employees (including management and leadership), medical staff (including physicians, midwives, dentists and nurses), residents, fellows and trainees, health care

professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH.

Questions

Contact: VCH Legal Services

Issued by:			
Name:	<u>Glen Copping</u>	Title:	<u>Chief Financial Officer and Vice President, Systems Development and Performance</u>
		Date:	<u>October 2, 2015</u>
Signature of issuing official			

This material has been prepared solely for use at Vancouver Coastal Health Authority (VCH). VCH accepts no responsibility for use of this material by any person or organization not associated with VCH. A printed copy of this document may not reflect the current, electronic version on the VCH Intranet.

Social Media, Websites and Online Communication

1. Introduction

1.1. Description

This policy describes responsibilities and expectations for Staff using and developing various Online Sites, including Social Media platforms, websites, apps and intranets. The purpose of the policy is to ensure an efficient and coordinated approach to online communication as members of the public look to online channels for health information, while minimizing privacy and confidentiality risks to Vancouver Coastal Health (VCH) and its Clients. It also offers guidance on how Staff can communicate in a professional manner that upholds the reputation of the organization.

1.2. Scope

This policy applies to all persons associated with VCH, including employees, medical staff with privileges at any VCH facility, contractors and service providers engaged with VCH, students and volunteers. These groups are collectively referred to as “Staff” in this policy.

2. Policy

2.1. Developing and Participating on VCH Sites

2.1.1. Developing a Social Media Channel or Online Site for VCH

Approval Process

Staff interested in creating and managing a Social Media channel or website on behalf of VCH must first present a business case to VCH’s Communications and Public Affairs Department (C&PA). The business case must outline why the channel or site is being created, how it can support and enhance VCH’s brand and reputation, why existing communication channels are not effective, and what resources will be available to support ongoing updates and maintenance.

C&PA must be informed of any major changes in the direction of content or design on existing sites.

Branding

All sites must conform to VCH’s branding guidelines available at: brand.vch.ca. A minisite template and graphics for Social Media accounts are provided by C&PA.

Website Hosting

All VCH websites must be hosted by Information Management Information Technology Services (IMITS) in the provincial data centre or through an external hosting provided approved by IMITS and C&PA. Staff who have created websites (minisites) and Social Media channels not hosted by VCH but directly related to VCH operations must inform

C&PA and provide C&PA with an active login profile. A representative of C&PA will advise on how the sites can appropriately represent VCH.

URL addresses, if approved by C&PA, should follow the convention of <http://program.vch.ca>

Maintenance

Programs must designate at least two Staff members to receive training on the content management system. C&PA will also provide links to online courses they must complete before launch to help them understand best practices for the channel and its content. These Staff will be responsible for maintaining the online content. If the content is not kept up to date, C&PA has the right to decommission the site.

Emails, postings and comments should be replied to when appropriate.

Governance

Public comments and posts that do not adhere with VCH policies must be removed and users who make disrespectful, obscene, libelous or threatening comments will be blocked. This policy also informs the [Guidelines for Public Interactions with VCH Social Media](#), which will be used to moderate public interactions with VCH Social Media channels.

Site managers must ensure that appropriate photo and video waivers are signed.

C&PA retains the right to remove sites, comments, posts or users at any time.

All usernames and passwords must be provided to C&PA. Only those individuals authorized by C&PA can access VCH's Social Media and Online Sites.

2.1.2. Participating on VCH Sites

When participating on VCH Social Media or contributing to websites, Staff must not post content that contains offensive materials or Confidential or Personal Information about VCH, Clients or third parties.

All use of VCH Social Media and Online Sites must conform to VCH policies including [Standards of Conduct](#) and [Acceptable Use of Technology](#).

2.2. Personal Use of Non-VCH Social Media and Online Sites

2.2.1. Identifying as a VCH Staff Member

When publicly identifying as an employee of VCH, Staff must make it clear that their contribution to any non-VCH Social Media or Online Site is as a private individual and not as a representative of VCH. In this case, Staff must include a disclaimer in their "About Me" section or somewhere on their profile, such as:

The views and opinions expressed here are my own and do not necessarily represent those of my employer.

When Staff identify their affiliation with VCH on Social Media, they must be consistent with VCH's image, values and standards of professional conduct.

This material has been prepared solely for use at Vancouver Coastal Health Authority (VCH). VCH accepts no responsibility for use of this material by any person or organization not associated with VCH. A printed copy of this document may not reflect the current, electronic version on the VCH Intranet.

Staff must not speak on behalf of VCH unless authorized by C&PA.

Staff must not use Social Media or Online Sites to provide medical advice online.

Any personal Social Media and Online Sites belonging to Staff (website URL, or Social Media name, handle and URL) must not include VCH's name or logo, or the name or logo of any VCH owned and/or operated facilities or services.

Staff must not use their VCH email address for any personal Social Media or Online accounts.

2.2.2.Using Mobile Devices at Work

This policy is also subject to any ensuing Personal Mobile Device policy which governs the use of personal devices for work-related purposes. Staff must also follow VCH policies including [Standards of Conduct](#) and [Acceptable Use of Technology](#).

2.2.3.Online Privacy and Confidentiality

When sharing information online, Staff must not disclose confidential Client- or business-related information or reference any Identifiers or information that could be used to identify individual Clients receiving care at VCH, as well as fellow Staff members or suppliers.

Staff must not collect Personal Information from Social Media sites or other Online Sites, even if they receive consent to do so.

Staff must not refer to Clients or other Staff in a disparaging manner online, even if the individual is not identified.

Staff must not disclose the name of or other information about other Staff online without their consent.

Staff must not take photos or videos of Clients on personal devices, including mobile phones for posting on Social Media or Online Sites unless it is for business purposes and the appropriate photography consents have been obtained. Refer to the [Cellular Phone and Blackberry Devices](#) policy and [Media Consent Form](#). This policy is also subject to any ensuing Personal Mobile Device policy which governs the use of personal devices for work-related purposes.

2.2.4.Maintaining Professional Relationships

Staff must not engage in any sort of personal relationship with Clients online. This includes initiating or accepting friend requests on various Social Media channels.

2.2.5. Clinical Use of Social Media and Online Sites

Staff must ensure any health resource information obtained from Social Media, apps or the Internet (e.g. medical websites) used for Client care/education is from reliable and credible sources.

2.2.6. Privacy Breaches

Any suspected privacy breach should be immediately reported to your Supervisor or Manager and to the Information Privacy Office who will then initiate an investigation.

2.3. Responsibilities

2.3.1. Staff

Staff must:

- Know and comply with VCH's existing related policies concerning the use of technology for work purposes.
- Comply with professional and ethical obligations as outlined by the respective Professional College or Associations' commonly accepted standards and best practices.
- Provide information about VCH that is informed and factual. Activities on Social Media and Online Sites must not jeopardize the trust and reputation of VCH, the health care profession, Clients or Staff.
- Contact the Information Privacy Office immediately for any privacy and confidentiality breaches.
- Report suspected privacy breaches to management as directed in this policy (see 2.2.6 Privacy Breaches)

2.3.2. Management

Management will:

- Allow Staff in their area to use/manage Social Media and Online Sites on behalf of the department, program, service or organization.
- Must not take disciplinary action against Staff members for opinions and disagreements expressed on VCH Social Media and Online Sites when those contributions align with existing VCH policies such as [Standards of Conduct](#), [Acceptable Use of Technology](#) and [Information Privacy & Confidentiality](#).
- Ensure Staff in their area abide by this policy and all relevant codes of conduct.
- Ensure Staff receive appropriate training and support, as well as regular reminders of privacy and security requirements when using Social Media and Online Sites.
- Refer questions, concerns or issues to C&PA when appropriate. Report suspected privacy breaches as directed in this policy (see 2.2.6 Privacy Breaches)

2.3.3. Communications and Public Affairs

C&PA will:

- Review all requests for developing VCH Social Media channels, websites and other Online Sites and approve requests if appropriate.
- Ensure all Social Media accounts and Online Sites align with VCH's brand, reputation and existing policies.
- Maintain up-to-date records of all approved Social Media and Online Site usernames, passwords and site managers.
- Remove inappropriate sites, comments, posts or users.
- Provide guidance, education and, if necessary, training on the proper use of Social Media and Online Sites.
- Ensure appropriate Staff education and communication processes are provided to promote and increase awareness of policy and guidelines.

2.3.4. Information Privacy Office

The Information Privacy Office will:

- Investigate any reported breach of privacy or confidentiality resulting from improper use of Social Media and Online Sites.
- Ensure that privacy compliance controls are defined for monitoring and auditing Social Media and Online Site usage.

2.4. Compliance

Failure by Staff to comply with this policy (e.g. breach of privacy and confidentiality, inappropriate use of Social Media, websites, the Internet, mobile devices or any other non- work-related activities) may result in disciplinary measures from VCH or regulating Professional College/Association, up to and including, the loss of computing privileges, policy, state them here.

3. Supporting Documents

3.1. Related Policies

- [Acceptable Use of Information Technology](#)
- [Cellular Phone and Blackberry Devices](#)
- [Corporate Identity and Branding](#)
- [Emailing](#)
- [Information Privacy and Confidentiality](#)
- [Internet Access](#)
- [Media Policy and Procedures](#)
- [Respectful Workplace and Human Rights](#)
- [Standards of Conduct](#)
- [Texting](#)

3.2. Guidelines, Procedures and Forms

- [VCH Brand Guidelines](#)
- [Guidelines for Public Interactions with VCH Social Media](#)
- [Media Consent Form for Photo and Video](#)

3.3. Keywords

blogs, Facebook, Flickr, LinkedIn, social media, Twitter, Instagram, minisites, website, YouTube

4. Definitions

“Clients” means all people receiving services from VCH and includes patients and residents.

“Confidential Information” means all information, other than personal information, that is specifically identified as confidential or is reasonably understood to be of a confidential nature, that staff receive or have access to through VCH or through other Lower Mainland Consolidation parties, including vendor contracts and other proprietary information that a Lower Mainland Consolidation party may have received from a third party.

“Identifiers” means any information including, but not limited to the individual’s name, address and telephone number; the individual’s race, national or ethnic origin, colour, or religious or political beliefs or associations; the individual’s age, sex, sexual orientation, marital status or family status; any identifying number, symbol, or other particular assigned to the individual; the individual’s fingerprints, blood type or inheritable characteristics; information about the individual’s health care history, including a physical or mental disability; information about the individual’s educational, financial, criminal or employment history; anyone else’s opinion about the individual; the individual’s personal views or opinions, except if they are about someone else.

“Personal Information” means any information about an identifiable individual including, but not limited to: patients, clients, residents, volunteers, students, staff, physicians, or members of the public. Personal information does not include business contact information, such as a person’s title, business telephone number, business address, email or facsimile number.

“Social Media and Online Sites” mean all types of social networks of communication, including both internal VCH-affiliated and external non-VCH affiliated social media, where the staff member’s relationship to VCH is recognized, identified or assumed. These include, but are not limited to, websites, email, blogs, Twitter, Facebook, Pinterest, LinkedIn, Flickr, YouTube, Google+, Instagram, Snapchat, LinkedIn, online forums, comments, apps (mobile applications), wikis, text messaging, RSS feeds, video sharing, podcasts and other forms of online publishing or discussion.

“Staff” means all employees (including management and leadership), medical staff (including physicians, midwives, dentists and nurse practitioners), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH.

Questions

Contact: [Communications and Public Affairs Team](#)