Ethics Program Manual
and Employee Reference Guide

2245 Lawrence Ave. W.
Etobicoke, Ontario M9P 3W3

(T) 416-243-0127 (F) 416-243-7987

agency@esssupportservices.ca

www.esssupportservice.ca

Etobicoke Services for Seniors is a not-for-profit agency committed to supporting seniors in their desire to remain in their own homes and community.

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SECTION 1: DEFINITIONS

1.0   Ethics, Morals and Values

Ethics

Ethics is a branch of philosophy which seeks to address questions about morality. It is also at times defined as a code of conduct by which someone lives. According to this definition, ethics can be one of two things: it can be something that you study and think about, or it can be a code that you follow and live by. In the real world, ethics is frequently both. Ethics as a study is often broken down into different branches; i.e. meta-ethics, clinical ethics, business ethics, bioethics, descriptive ethics, and applied ethics. As a code of conduct you might refer to a religious system; i.e. Buddhism or Christianity or reference the law or perhaps even allude to a more general concept such as Modern versus Traditional.

Morals

Morals come from the Latin *moralis,* meaning "customs or manners". How people act. Morals is a sense of behavioral conduct that differentiates intentions, decisions, and actions between those that are good (or right) and bad (or wrong). A *moral code* is a system of morality (for example, according to a particular philosophy, religion, culture, etc.) and a *moral* is any one practice or teaching within a moral code.

Values

Values are those things that are important to or valued by someone; that someone can be an individual or, collectively, an organization. The core beliefs we hold regarding what is right and fair in terms of our actions and our interactions with others. Another way to characterize values is that they are what an individual believes to be of worth and importance to their life (valuable).

1.1 Organizational Ethics

Organizational ethics includes the code of ethics adopted by an organization and how an organization ethically responds to an internal or external stimulus. The intentional use of values guides the decisions of a system.

1.2 Community / Home Care Ethics

Community / homecare ethics make an effort to promote the community health care and support services sectors' philosophy of supporting clients' independence and ongoing integration in their communities. Community ethics are sensitive to how clients' self-determination may be affected by the supports they receive and the settings they are provided in.

1.3 Research Ethics

Research ethics involve the application of fundamental ethical principles to a variety of topics involving scientific research. These include the design and implementation of research involving human experimentation, animal experimentation, etc. In the field of gerontology research this may translate to the need for researchers to be aware that they must secure the actual permission and interests of all those involved in the study. They should not misuse any of the information discovered. There is a duty to protect the rights of people in the study as well as their privacy and sensitivity.

1.4 Clinical Ethics

Clinical ethics is the field of activities that investigate what medical staff as professional should do or how they should behave concerning a certain individual case, especially in the process of decision making. It is primarily a field of applied ethics, the study of moral values and judgments as they apply to medicine.

1.5 Bioethics

Bioethics is the philosophical study of the ethical controversies brought about by advances in biology and medicine. Bioethicists are concerned with the ethical questions that arise in the relationships among life sciences, biotechnology, medicine, politics, law, philosophy and theology.

1.6 Ethics and the Law

A relationship exists between law and ethics. In some instances law and ethics overlap and what is perceived as unethical is also illegal. In other situations, they do not overlap. In some cases what is perceived as unethical is still legal and in others, what is illegal is perceived as ethical. Behaviour may be perceived as ethical to one person or group but might not be perceived as ethical by another. Further complicating this dichotomy of behaviour, laws may have been legislated, effectively stating the government's position, and presumably the majority opinion, on the behaviour. As a result, in today's diverse business environment, one must consider laws and ethics are not necessarily the same thing.

1.7 Business / Financial Ethics

Business or financial ethics is a form of applied ethics or professional ethics that examines ethical principles and moral or ethical problems that arise in a business environment. It applies to all aspects of business conduct and is relevant to the conduct of individuals and entire organizations. This branch of ethics is also known as corporate ethics.

1.8 Glossary of Terms commonly used in Community Ethics

Accountability – the principle that the individual/agency is obligated to demonstrate and take responsibility for its actions, decisions and policies and that the agency is answerable to the public at large.

Altruism – derived from the Greek words meaning "self-ruled" is a theory of conduct whereby an individual is concerned primarily with the well-being of others rather than one's own self-interest.

Autonomy – the view that one's actions are independent from the will of others. Moral autonomy is the freedom to reach one's own values about what is right and wrong.

Advocacy – the act of pleading or arguing in favour of something, such as a cause, idea, policy or active support for a client.

Beliefs – a person's opinions or convictions.

Beneficence – performance of an act which is good or which brings about good effects.

Capacity – an ability to do something; in the context of consent, the cognitive abilities to understand relevant information and to appreciate the consequences of alternative options.

Common Good – a specific "good" that is shared and beneficial for all (or most) members of a given community.

Competence – a client's capacity to make decisions about the provision of services from him or herself (see also: decision making capacity). Competence is also considered to be the legal capacity to make decisions in contrast to capacity/decision making capacity.

Conflict of interest – occurs when one's obligations to a particular person or group conflict with one's self-interest.

Consent - a voluntary act by which one person agrees to allow another to do something.

Decision Making Capacity – refers to a client's ability to make decisions about the provision of services for him or herself. This is a clinical determination which is specific to the decision at hand. As such, it may vary from time to time, or from decision to decision.

Duty – a moral action that is demanded or required.

Duty to Care – is a legal term used to describe the obligation imposed on individuals requiring that they exercise a reasonable standard of care (i.e. safe, competent and ethical) at all times including during an emergency or disaster.

Ethical Absolutism – the theory that morality is absolute rather than relative: there are moral truths that must be obeyed at all times, in all situations.

Ethical Relativism – the theory that acts are determined to be right or wrong depending upon the society in which one lives. "When in Rome, do as the Romans do."

Fiduciary – is a legal or ethical relationship of trust between two or more parties whereby power is entrusted to a person or organization to act on behalf of someone else.

Informed Consent – is usually comprised of a formal written consent given by clients allowing care professionals to provide services to said clients with their complete understanding and agreement.

Morality – is derived from the Latin 'moralis' meaning customs or manners. Morality involves how people act. Ethics is the study of morality.

Moral Distress - is the psychological disequilibrium (sense of unrest or emotional imbalance) that occurs when a person believes he or she knows the right course of action to take, but cannot carry out that action because of some obstacle, such as institutional constraints or lack of power.

Non-abandonment – not leaving a person alone who needs help or support.

Non-maleficience – is an obligation not to inflict harm intentionally; also not performing an action that would cause harm to a client. "Above all, first do no harm".

Obligations – responsibilities human beings have toward one another by law, morality, custom or tradition.

Prima Facie Duty – is a Latin phrase meaning "At first sight; on the face of it" (at face value) that requires care providers to respond to any client circumstance requiring support. Action taken is usually rooted in policy and staff must accept the duty to provide assistance unless there is good reason to question it or examine it further (e.g. staff safety).

Quality of Life – the nature of a person's daily life as experienced by him or her.

Self Determination - Self determination means the personal decision to do something or think a certain way. An example of self determination is making the decision to spend your money on buying a new sofa without asking anyone's opinion.

Transparency – the principle that business will be conducted in an accessible, clear and visible manner and that organizational activity is open to examination by its stakeholders.

SECTION 2: POLICIES AND PROCEDURES

2.0   Role and Responsibility of Staff, Volunteers and Students

All ESS Support Services staff, volunteers and students are expected to uphold the highest standards of ethics in all actions they carry out in association with the agency, its clients and caregivers (reference: Code of Ethics for the Community Health and Support Sector). All staff, volunteers and students are responsible to review, be familiar with, and practice the Ethics policies and procedures of the agency. (See Section 7)

2.1   Code of Ethics

POLICY:

ESS Support Services is committed to being an integral part of the communities we serve. We hold our self responsible for acting in a professional and client-centered manner; for upholding the dignity and honour of our clients; and to practice in accordance with ethical principles.

PURPOSE:

This code of Ethics is intended to provide specific ethical principles to address situations we may encounter and to guide us in our relationships with clients, family members, others on the support team, health care professionals and the public. This code is intended to complement laws, codes and standards of professional practice.

PRINCIPLES:

Advocacy
(Also Reference Mission, Vision, Values Statements; DS 5.1 Client Service Plans)
We are responsible to help raise awareness, improve accessibility and the quality of our services and to advocate with and on behalf of clients. Where an ethical question exists, we will seek guidance both internally and externally, as appropriate.

Client and Employee Safety
(Also Reference HR 3.01 Harassment & Discrimination; HR 7.01 Occupational Health & Safety Program; HR 7.02 Reporting Accidents; DS Section 3 Working Conditions; DS 4.7 Services during poor weather/emergencies; DS 5.1 Client Service Plans; DS 6.3 Occurrence Reports; DS Section 7 Health and Safety; DS Section 8 Client Care)
We recognize that the community setting represents a unique environment for community and health sector employees. We will take available steps to assess and minimize risk to clients, while being sensitive to their wishes. We will also take necessary measures to ensure the personal safety of employees. Safety

concerns of both clients and employees will be reported and addressed in a supportive and non-threatening way. After all options have been considered, we may withdraw services if employee safety is compromised.

Commitment to Quality Services
(Also Reference Mission, Vision, Values Statement; HR 3.06 Code of Conduct; DS Section 2 Code of Conduct; DS Section 8 Client Care; DS Section 10.3 Complaints Policy; DS Section 10.4 Satisfaction Policy)
We are committed to providing the highest quality services that will benefit our clients within the limits of available resources.

Confidentiality
(Also Reference HR 3.07 Email & Internet Use; HR 3.08 Information Management; DS Section 8.19 Confidentiality)
Client information is confidential; we will ensure that clients and/or their SDM (substitute decision maker) are informed of their right to consent to the sharing of necessary information with individuals and organizations directly involved in the client's care in compliance with PHIPA (personal health information protection act).

Conflict of Interest
(Also Reference HR 3.02 Conflict of Interest)
We will not compromise services to our clients for our own personal benefit.

Dignity
(Also Reference HR 2.04 Equal Opportunity Employment; HR 3.01 Harassment & Discrimination; Multicultural/Antiracism Policy Statement; HR 3.06 Code of Conduct; DS Section 2 Code of Conduct; DS Section 8 Client Care)
In all our interactions we will demonstrate profound respect for human dignity. We will be responsive and sensitive to the diversity among our clients and staff groups and volunteers.

Fair and Equitable Access
(Also Refernce HR 3.01 Harassment & Discrimination; Multiculturalism/Antiracism Policy Statement; DS Section 5 Service Plans)
We believe that each individual is entitled to an assessment. We will ensure that services are based on clients' needs, regardless of their income, age, gender, ethnicity or race, physical or mental ability, sexual orientation and any other factors such as diverse behaviours or lifestyle.

Health and Well Being
(Also Reference DS Section 5 Service Plans; DS Section 8 Client Care)
We will use a holistic approach to client's health care needs by acknowledging all things important to them in their community.

Informed Choice and Empowerment
(Also Reference DS Section 5 Service Plans; DS Section 6.4 Complaint/Appeal Process; DS Section 10.2 Client Choice Policy)
We believe that most individuals have the ability and the right to make decisions about their health. We will assist clients to make care plans and life choices in

keeping with the client's values, beliefs and health care goals. We will ensure that clients are fully informed of their options and have all the information they need to make informed decisions about their health. Following due process, if the client is determined to be incapable of making these decisions, we will take direction from the client's SDM.

Relationships among Community Agencies
(Also Reference HR 3.02 Conflict of Interest; HR 3.06 Code of Conduct; DS Section 10.1 Continuous Quality Improvement)
We recognize there may be a competitive element in our working relationships; however we agree to respect one another's roles and to work together in the spirit of collaboration to maximize the effectiveness of client services.

2.2 - Ethics Framework

POLICY:

ESS Support Services will follow the organization's approved Ethical Framework when addressing ethical issues in relation to all operations and services provided by the agency, its staff, volunteers, board members or others.

PURPOSE:

The ESS Support Services Ethical Framework provides staff, volunteers, board members and others with a formal process for addressing ethical issues. The Ethical Framework will be applied in accordance with the ESS Support Services Code of Ethics and any other related policies.

PROCEDURE:

1. The agency, its staff, volunteers, board members and others shall use the Ethics Worksheet - IDEA Framework developed by the Toronto Community Ethics Network when approaching an ethical issue or dilemma to: identify the facts, determine the ethical principles in conflict, explore the options, act on decisions and evaluate the results.

    i.   All staff, volunteers, board members and others shall be provided with training on the use and benefit of the Ethical Decision Making Worksheet.

    ii.   Documentation of all ethical issues shall follow all agency guidelines and policies *(Ref. Direct Service Manual 8.24)* but may also include completion of the worksheet to be filed as appropriate.

2. The agency shall maintain and support an internal Ethics Committee to serve as a resource to clients, families, caregivers and service providers when issues of an ethical nature arise. (see Section 3)

3. The CEO shall appoint a staff representative(s) to monitor the ethics framework and the processes that address ethics-related issues. This staff person shall be responsible for:

   i.   Representing the agency on any external Ethics Committees (e.g. the Community Ethics Network- CEN)

   ii.   Chairing or co-chairing any internal ESS Ethics Committee(s)

   iii.   Informing the CEO (and agency) of any ethics related research findings as communicated through the CEN

   iv.   Collaborating with staff as appropriate, to disseminate information and ethics education and training and to staff, volunteers, board members and others

   v.   Collaborating with the ESS Ethics Committee to develop, review, and maintain relevant ethics policies, procedures and guidance tools

2.3 - Research Ethics

POLICY:

ESS Support Services Ethical Research guidelines resolve that all research projects will comply with Ontario's Personal Health Information Protection Act, all relevant sections of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and all other applicable Federal, Provincial or Territorial legislation and/or regulation.

ESS Support Services staff, students, volunteers, board members and others, and all research activities undertaken, participated in and/or otherwise associated with the agency are subject to the agencies established guidelines regarding research ethics.

PURPOSE:

To ensure that all research activities engaged in by the agency and/or involving any of its clients, caregivers, volunteers, students, staff and board members meet the highest ethical standards, afford the greatest protection to the research participants and comply with all agency policies and practices.

DEFINITIONS:

Research - an undertaking intended to extend knowledge through a discipline inquiry or systemic investigation

Subject – a person who, by virtue of his/her involvement in a data-gathering situation or activity, is a source of primary data or information

Principal Researcher – a person designated as the primary representative of a research project by virtue of their involvement

Minimal Risk – occurs when possible harms implied by participation in the research to be no greater than those encountered by the subject in those aspects of his/her everyday life

Competence – the ability of prospective subjects to give informed consent in accord with their own fundamental values

Informed Consent – the dialogue, information sharing, and general processes through which prospective subjects choose to participate in research

REB – Research Ethics Board

GUIDELINES for the approval of research:

1. The CEO maintains final approval for all research activities associated with the agency and may at any time in the research process revoke or suspend previous authorization on the basis of ethical concerns pending continued investigation.

2. Prior to becoming involved in any requested research project involving human subjects from an external agency or organization, ESS Support Services will require:
    i.   A copy of the current approval certificate from the Research Ethics Board (REB) for the university/institution with which the principle investigator is affiliated;
    ii. A copy of all approved documents including the research proposal, consent form, any proposed questionnaires and posters/advertisements;
    iii. Once obtained, the CEO and Ethics Representative(s) will review the proposed research and supporting documents.

Changes may be requested that are relevant to ESS policy and procedures;

    iv.   A discussion of expectations to provide staff support, research space or other assistance to the proposed project.

3.   All research activities undertaken by the agency and involving human subjects whether in partnership with an external organization or internally must have free and informed consent from subject participants and/or their authorized substitute decision makers (SDMs).

    i.   This disclosure must meet all the guidelines as set out in <u>HR XXX Policy on Informed Consent.</u>

    ii.   This disclosure must include a discussion on all known and/or anticipated potential risks to the participant(s).

    iii.   Once given, participants may at any time, withdraw their consent to participate in approved research activities.

4.   All research activities undertaken by the agency whether involving human subjects directly or indirectly must fully disclose how, where and when client identifying information may be used to the CEO prior to the commencement of the research. Identifying information includes, but is not limited to:

    i.   Date of birth

    ii.   Place of residence

    iii.   Unique personal characteristics (age, culture, educational background, employment history, health care, life experiences, religion and social status)

5.   All research activities approved by the agency and all participants who agree to become involved in these activities must be free from any conflict of interest and maintain transparency in all processes and relationships as set out in <u>HR 3.02 Conflict of Interest.</u>

6.   In the course of conducting/facilitating research activities within the agency, the principle Researcher must disclose to the CEO, agency Ethics Representative(s) and participant(s) involved, any adverse event that has occurred whether known to the participant or not.

7.   Research projects not requiring external REB approval forms and/or consultation with the Ethics representative and/or CEN include, but may not be limited to the following (note: CEO approval may still be required):

i. Research that relies exclusively on publicly available information;
    ii. Research involving observation of people in public places that does not allow for the identification of the individual;
    iii. Quality assurance and quality improvement studies, program evaluations, and performance reviews.

2.4 - Whistleblower

POLICY:

ESS Support Services is committed to the highest standards of accountability, ethical practice and probity. Employees, volunteers, students or board members will not be subject to any disciplinary measures in the course of reporting, disclosing, or raising concerns regarding matters of malpractice and/or impropriety they may have knowledge of, as it affects the work of the agency.

 Concerns may include but are not necessarily limited to:
1. Abuse of any persons associated with the agency (client, employee, volunteer, etc.)
2. Financial malpractice, impropriety or fraud
3. Criminal activity; failure to comply with existing laws and/or statutes
4. Violations of the Code of Ethics; acting unethically
5. Violations of the Health and Safety policies of the agency
6. Attempts to conceal any of the above

PURPOSE:

This policy is intended to enable employees, volunteers, students and board members to report/disclose/raise concerns within the agency without the fear of reprisal from those in authority positions within the agency. This policy may not release an employee, volunteer or board member from individual disciplinary action in matters where the employee, volunteer or board member has acted contrary to existing agency policy and procedure.
 (Ref. HR 3.01 Harassment & Discrimination)

DEFINITIONS:

Malpractice – is a dereliction from professional duty or a failure of professional skill that results in injury, loss or damage

Impropriety – is an improper act or remark; especially and unacceptable or inappropriate use of a word or of language

Probity - Uprightness, moral correctness and honesty; involves integrity in ones conduct

PROCEDURE:

1. In any instance or suspicion of malpractice or impropriety agency staff, volunteers, board members and others should report directly to their immediate Manager/Supervisor, Director or CEO as appropriate;

2. Upon receiving a report of alleged malpractice or impropriety the recipient of the report shall advise the CEO immediately and conduct a thorough investigation;

3. The CEO will direct the proceedings of the investigation and possible outcomes as per the appropriate HR Policy;

    (Ref: HR 3.01 – 3.08 Employment Conduct; HR 7.01-7.02 Health and Safety; Ethics 2.1-2.1)

4. The CEO in consultation with the Ethics Representative(s) as appropriate, will ensure that no disciplinary measures are taken against the reporting staff/volunteer/board member for the act of "Whistle blowing"

5. Employees, volunteers or board members who believe that they have been subject to reprisals from those in positions of authority for reporting/disclosing/raising concerns in matters of possible malpractice or impropriety will be informed of the Agency complaints procedure.

    (Ref: HR 3.01 Harassment & Discrimination)

2.5 - Living at Risk

POLICY:

ESS Support Services is committed to supporting clients' informed choice regarding the manner in which they live and the care or support services they may receive. ESS will recognize a client's right (or Substitute Decision Maker) to choose to "live at risk" where there are identified risks to client safety, health and/or well-being except when the choice poses an imminent risk of harm to

others or is illegal. In all cases ESS will work with the client/SDM to mitigate the identified risks and provide appropriate support.

PURPOSE:

This policy is intended to ensure individual rights and choices are respected and to provide guidelines for consideration when determining client risk. This policy is consistent with current legislation and is supported by agency policies.

(Ref. DS 1.0 Mission, Vision, Values Statements; DS 10.0 Continuous Quality Improvement Care)

DEFINITIONS:

Risk - the possibility of harm, danger, or loss; as a result of circumstance, poor decision making, and/or inadequate knowledge

Client Autonomy - a client's right to freedom of choice and the right to make decisions regarding their own health, level of care, and living conditions

Informed Decision – is usually a decision that an individual makes following a full discussion and disclosure of all details, options, and alternatives regarding their situation. Furthermore, an informed decision should include a statement of understanding and satisfaction with the information presented and the consequence of their actions or inactions. If a client is determined to lack the capacity required to make such a decision, direction will be taken from the clients appointed substitute decision maker (SDM)

SDM - substitute decision maker

PROCEDURE:

1. Clients considered "living at risk" may be identified through multiple points of contact with the agency (e.g. at initial Intake; at assessment or reassessment; at service delivery times; through key identifiers while attending a program; etc.). All staff and volunteers must immediately report to their direct Supervisor/Manager any real or suspected cases of clients "living at risk".

2. A Case Manager will be assigned to conduct a risk assessment using the ESS Client Assessment format on all identified real or suspected cases of clients "living at risk".

3. The following considerations will be included in the assessment of clients when determining risk:

i. Client's decision making capacity, including client's ability to understand and appreciate risk and possible consequences;
ii. Consequences of client's choice, including probability of harm, the benefits, and risk involved if client's decision is not followed, and potential harm to others;
iii. The risks to the client should the service be removed and the risk to the client and others if "living at risk" choice is supported;
iv. Individuals/organizations available to mitigate case;
v. Client's goals and wishes in comparison to the health provider's recommendations;
vi. Analysis of other viable options that coincide with agency policy and legislation that best support the client choices;
vii. Analysis of existing precedents; if none exist, looking at setting precedent.

4. Should a client's choice of "living at risk" be determined as having a real potential to cause harm to others or be illegal in any way, the agency may take any or all of the following steps as deemed appropriate by the relevant -Senior Director in consultation with the CEO: (i) removal or cessation of services; (ii) seeking legal action or intervention and/or (iii) reporting the case to the existing social service/governmental agencies for appropriate intervention.

5. Should a client's choice of "living at risk" be determined as not causing potential harm to others or being illegal, the agency will work with the client to minimize risks as feasible and appropriate.

2.6 - Informed Consent

POLICY:

ESS Support Services is committed to a client's (SDM's) right to receive all necessary information in order to make informed decisions regarding their consent or refusal of services and programs offered by the agency. Employees will obtain written informed consent from each client/SDM prior to the commencement of programs and/or services to acknowledge that:

1. The client/SDM has been provided information necessary to make an informed decision about a proposed service(s)/program(s), survey, research project, etc.;
2. The employee has discussed the service(s)/program(s) with the client/SDM and answered all of their questions;
3. The client/SDM has consented or refused to participate in the service(s)/program(s) or other engagement.

PURPOSE:

To ensure that clients and/or their substitute decision makers have received all necessary and requested information and had opportunities to discuss their care with employees of the agency prior to the commencement of a program or service. It is expected that all care decisions will be made only after fully informed and shared decision-making discussions have been held between clients/SDM's and employees to include, all known and/or anticipated potential risks to the participant. Informed consent should be considered as a process rather than a one-time information session. The process will begin at intake, involve several different employees and occur over time.

DEFINITIONS:

Consent - is a voluntary act by which one person agrees to allow another to do something. This includes the right to refuse.

Informed Consent - is the consent that one person gives to another to do something with their complete understanding and agreement, such that the person has no further questions

Proxy Consent - occurs when an individual is provided with the legal right to make decisions on behalf of another. Specifically, a client's SDM, or an individual who has been appointed power of attorney or statutory guardian has the authority to provide proxy consent.

PROCEDURE:

1. Employees should provide clients/SDM's with all current agency forms, literature and verbal information about a proposed program or service at the time of: 1) initial assessment; 2) reassessment; 3) commencement of a new service; and 4) changes to a current service.

2. Employees should provide sufficient time for discussion regarding the information exchanged with a client/SDM such that the client has no further questions.

3. Employees must take reasonable steps to ensure that the client understands the information provided (e.g. Avoiding 'technical jargon'; asking whether they understand; encouraging questions, etc.).

4. It is the responsibility of the Department Director to ensure, via established processes, that the client/SDM has been provided with sufficient information to make informed decisions regarding their care and their

participation in establishing care protocols such as ICCP (interactive client care plan) and in chart audits, annual surveys, research projects, etc.

5. Employees shall obtain a signature from the client/SDM to acknowledge that the process of informed consent has occurred between the client/SDM and employee. Various forms will be used in this regard including, but not limited to: the Assessment; the General Agreement Form; the ICCP / Adult Day Services Care Plan; the Supportive Housing Service Plan Details; the Caring Centre Admission/Discharge Form, the Caring Centre Special Care Summary, etc.

6. Employees shall document, in acceptable agency format(s) all discussions where the informed consent process has occurred but where no signature has been required (e.g. minor changes to a client's current Care/Service Plan).

7. Clients/SDMs may rescind consent at any time either verbally or in writing (also called: withdrawal of service; refusal of service or discharge from program). Employees will document, in acceptable agency format(s) all discussions where consent has been rescinded and following all established processes for decline of service/discharge.

SECTION 3: ESS ETHICS COMMITTEE

3.0   Committee's Role and Responsibilities

The ESS Ethics Committee was created to:

1. address ethics as a key component of quality care
2. build capacity in the ESS community and home care setting for addressing issues of an ethical nature
3. develop, evaluate and promote the use of an ethics framework to guide decision making within the organization
4. comply with Accreditation Canada standards with direction from CEO and Senior Management
5. underline ESS 's commitment to enhancing an ethical culture
6. track and report ethical trends in the Community Health and Support Sector
7. recommend any required policy changes
8. conduct analysis of ethical issues in a timely manner
9. provide service options and recommendations for an action plan on a case by case basis

3.1   Committee Membership- The Committee will have representation from Client Services and Transportation / Community Development departments with the two Client Services Managers serving as Ethics Committee Co-Chairs.

3.2   Terms of Reference

PURPOSE:

The purpose of the ESS Ethics Committee is to serve as a resource to clients, families, caregivers and service providers when issues of an ethical nature arise.

Function: The function of the ESS Ethics Committee includes education, support and dialogue in regards to key ethical issues to include:
1. Client Autonomy, Consent and Capacity
2. Client Safety and Living at Risk
3. Privacy and Confidentiality
4. Advocacy
5. Access to Services
6. Diversity and Cultural Sensitivity

Role:
1. The Ethics committee is a review committee to enhance the ethical client-related policies and practices of ESS and as such is advisory and educational in nature.
2. Where appropriate, the Committee will review cases involving clients in the interest of providing education, dialogue, and reflection on key ethical issues.

The Ethics Committee is not a decision making body in the resolution of ethical dilemmas. Its role will be as a resource and to provide recommendations ONLY to unresolved ethical issues to Senior Management in client or other matters requiring ethical decision-making and interpretation.

Health and Safety - issues are deferred to the *Health and Safety Committee*.

Responsibilities:
1. With input from authorized sources (e.g. Community Ethics Network), the Committee will analyze risks associated with Client policies, practices and cases where ethical issues have been raised.
2. To provide a forum for discussion and synthesis of ideas, problems and resolutions.
3. To ensure that the pertinent Director / Senior Management are apprised of any recommendations derived from any discussions, analyses and conclusions of the aforementioned responsibilities.

Membership:
1. Co-Chair: Manager, Community Support Services, Client Services
2. Co-Chair: Manager, Home Support Services, Client Services
3. Case Manager, Client Services
4. Team Leader, Caring Centre/Supportive Housing, Client Services
5. Senior Program Coordinator, Adult Day Services, Client Services
6. Transportation Services Supervisor, Transportation and Community Development Department

Other internal and external representatives may be invited to participate in the process depending on relevancy.

Terms of Appointment: A minimum of 2-year appointment is recommended. No more than half the membership is replaced in any given year. Members must be committed to participate and be available for meetings with no more than two unjustified absences per year. The need for absences from more than two meetings a year will require review of ability to commit to the committee.

Meeting Frequency: No less than four (4) times/ year

Recording Secretary: A volunteer from the committee members in attendance will be recruited for the role of Recording Secretary.

Minutes: will be circulated to Committee Members, CEO and Senior Management Team

Terms of Reference: will be reviewed annually in January of every year

3.3 Case Review Procedure

PROCEDURE:

1. Cases may be brought forward to the committee for review by any person, through any Committee Member. The Member will be responsible for ensuring that the <u>Case Review Request Form</u> is completed and forwarded to a Committee Co-chair within one business day of receipt.
2. The Committee will at this time, only review cases where the appropriate department policies and procedures have been applied and where the Department Director pertinent to the case and /or Senior Management is aware of the situation.
3. Upon receipt of the Case Review Request Form, the Committee Co-chair will schedule a meeting of the Committee within seven business days.
4. A quorum of four is the minimum number of ethics committee members required for an Ethics Committee Case Review.
5. The Committee will review all cases using the <u>Ethics Worksheet - IDEA Framework</u> and other CEN tools or resources (see Section 4) as necessary. The committee will document the review proceedings and forward a copy of the completed worksheet including committee recommendations to the responsible Director within ten business days of initially being informed of the case.
6. The <u>Case Review Follow up Form</u> will accompany the IDEA worksheet. The follow up form will be completed by the Director to include details such as the intended follow up action plan. The Director will return the completed form to a committee Co-Chair within ten business days of receipt of recommendations.
7. The Committee will retain all case review documentation in the <u>Ethics Committee Binder</u> which will be stored a secured place to maintain confidentiality. Review of this information is restricted to authorized stakeholders only. Authorization for review may be given in writing, by the CEO, the Director Client Services or an Ethics Committee Co-chair.
8. A summary statement of the ethics review will be included in the client file (CIMS narrative) if recommendations result in service or care plan changes. Documentation in the client file is the responsibility of the Director, Client Services or delegate.

PRINCIPLES:

Education, Dialogue, and Reflection

The Ethics Worksheet - IDEA Framework, Case Review Request Form and Case Review Follow Up forms are vehicles for education, dialogue, and reflection and serve as a catalyst for comprehensive care and action plans.

Consultation

Agency staff will consult with each other extensively and all recommendations will be discussed with the Director responsible for the particular program or service relevant to the ethical issue in question.

Discussion / Debrief

The Director or Manager of the program or service involved will ensure that staff who initially submitted the case for review is provided the opportunity for discussion / debrief. Furthermore, staff referring to the Ethics Committee will be informed of any appropriate and relevant recommendations.

SECTION 4: COMMUNITY ETHICS NETWORK (CEN)

4.0   What is the CEN?

The CEN (Community Ethics Network) is a partnership of community health care and support services organizations committed to:
1. Building ethics capacity in the homecare sector
2. Making ethical decisions within and across member
     a. organizations
3. Developing best practices in homecare ethics
          (http://communityethicsnetwork.ca/docs/posters/CHCABanff2009.pdf)

The CEN is not a decision making body in the resolution of ethical dilemmas. Its role will be as a resource and to provide recommendations (only) to members in matters requiring ethical decision-making and interpretation.
          (CEN Terms of Reference http://www.jointcentreforbioethics.ca/partners/documents/tor-cen.pdf)

Goals and Objectives:

The Community Ethics Network's goals and objectives are to:
1.Test a cross-sectoral common approach to ethical decision-making
2.Increase staff awareness and understanding of homecare ethics
3.Enable staff to identify and address an ethical dilemma they are experiencing
4.Provide a process for additional support
          (http://communityethicsnetwork.ca/docs/posters/CHCABanff2009.pdf)

4.1   ESS and the CEN

The CEN helps community health and support service organizations build their capacity for ethical decision-making through continued education, research and development of tools such as educational models and peer review processes.
          (http://www.communityethicsnetwork.ca/docs/newsletter/2012_january.pdf)

ESS has been a CEN member since 2008 and as such agrees to:
1. Adopt the IDEA Ethical Decision-Making Framework and CEN Community Code of Ethics
2. Develop an organizational plan/or strategy to promote the organizational practice of ethics
3. Promote the application of the Toolkit
4. Have a process in place to provide regular case reviews
5. Make available to clients any resources they may need to assist with ethical issues regarding the services they are receiving.

4.2 CEN and other Resources

The CEN website (www.communityethicsnetwork.ca) features more than a hundred resources, including the IDEA Ethical Decision-Making Framework, Community Ethics Toolkit including an ethical Decision-making Worksheet, CEN Terms of Reference, Community Code of Ethics, Quarterly Community Ethics Newsletter, Case Review Collection, articles, book recommendations and specialized educational session for members and workshops.

Other resources:
University of Toronto Joint Centre for Bioethics   www.jointcentreforbiothics.ca
Canadian Bioethics Society   www.bioethics.ca
Provincial Health Ethics Network (Alberta)   www.phen.ab.ca

SECTION 5: ETHICS TOOLKIT

5.0   What is the Ethics Toolkit?

The Community Ethics Toolkit supports ethical decision making in the community health and support sector. The toolkit consists of the following components:
1. Code of Ethics for Community Health and Support Sector
2. Decision-making worksheet
3. Guidelines for using the decision-making worksheet
4. Guidelines for conducting case reviews
5. Additional resources

The toolkit is available electronically at -
http://www.jointcentreforbioethics.ca/partners/documents/cen_toolkit2008.pdf

The toolkit is available in hardcopy in –
Appendix 8.0

5.1   Step by step guide to using the toolkit

When we encounter an ethical dilemma, using the Toolkit may help us to open a discussion amongst each other, clarify facts and feelings as well as assist us to make balanced, ethical decisions. An easy way to approach any ethical problem is to remember the acronym: IDEA.

I D E A - Guidelines for using the ethical decision-making worksheet:
1. Identify the facts
2. determine the ethical principles in conflict
3. explore the options
4. act on the decision and evaluate

SECTION 6: COMMON ETHICAL ISSUES IN THE COMMUNITY SETTING

6.0   Introduction

Working in the Community Sector involves making decisions and choices everyday that necessarily include personal values, ethical principles and standards. One might ask whether it is acceptable that a client live alone in conditions of risk. Also, what are a worker's obligations when providing care to a client who holds different religious beliefs or personal morals that are different from the direct service staff? ESS Support Services is committed to providing our clients with the highest degree of ethical care. It is imperative therefore that all staff, students and volunteers understand the most common ethical issues facing community care settings: 1. How to identify an ethical issue when it arises. 2. What tools and resources are available to assist care providers in dealing with these issues?

6.1   Identifying an Ethical Issue

An issue is an ethical issue when:
- We meet with conflicting values, beliefs and goals, or difficult alternatives
- We have conflicting obligations or responsibilities
- We are concerned that rights are being violated or persons are not being respected
- We are concerned with fairness or justice
- We are unsure what we should do or why we should do it
- There are no easy answers or no right answers to the problem

My co-workers might say,
- "my gut tells me something is wrong"
- "I can't sleep at night or I take my anxiety about work home"
- "I just don't feel right about this"

A true ethical dilemma involves a situation where there is no clear or obvious right or wrong answer, or where the choice may be between two evils or two goods. Key issues identified by front-line workers in Community Care settings include:
- Making choices
- Priority setting and allocation of financial resources or other resources
- Increased case loads and complexities
- Environmental factors
- Client Safety

- Worker Safety
- Consent and decision making capacity
- Conflict over service decisions
- Moral distress

6.2 Dealing with an Ethical Issue

The first and most important thing to remember is to not remain silent! Once you have decided that an issue may be an ethical one, you must speak to your colleague, Team Leader, Senior Coordinator, Manager, Director or member of the Ethics Committee. The only issues that can be dealt with are those we openly discuss. Once an issue has been brought forward all agency policies and procedures will be followed. If an ethical issue remains unresolved, staff may request that the case be reviewed by the Ethics Committee (see Section 3).

What is Ethical decision making?
> It is deciding <u>what</u> we should do,
> Explaining <u>why</u> we should do it,   and
> Describing <u>how</u> we should do it.

These key questions will be addressed when using the Ethical Decision Making Toolkit (see Section 5).

SECTION 7: ESS ETHICS ORIENTATION, EDUCATION AND TRAINING

7.0   Ethics Orientation, Education and Training Program

ESS is committed to providing Ethics orientation, training and education to all staff and volunteers through both formal and informal education workshops, seminars, literature, discussion groups and any other identified sources. The Ethics Committee working in collaboration with the Director of Education and Training and Senior Management will identify key areas of opportunity for Ethics training/education on an annual basis or as required. In addition, agency staff should engage in self directed learning and are responsible to be familiar with the IDEA Ethical Decision-Making Framework adopted and used by the agency.

ESS Ethics Manual:

Is accessible to staff electronically and printed copies are available at each service location.

ESS Ethics Committee:

The co-chairs are available to any staff member or volunteer to discuss informally and/or formally, issues of an ethical nature and/or to answer questions regarding the policies and procedures of the agency.

Staff & Volunteer Orientation:

The ESS Ethics Manual will be introduced to new staff and volunteers at the time of their general orientation.

Annual Training:

The Director of Education and Training in collaboration with the ESS Ethics Committee will identify key areas of formal training for staff and volunteers within each calendar year. Opportunities will be available for both external and internal ethics learning.

Beyond Lunch and Learns'

The ESS Ethics Committee will organize several less-formal opportunities, including published case reviews, focused topic discussion groups, etc. for ethics learning with staff and volunteers throughout each calendar year.

SECTION 8

APPENDIX