



**POLICY: AD-III-13**  
**DEPARTMENT:** Administration  
**CATEGORY:** Support Principles  
**EFFECTIVE DATE:** August 2015  
**SUPERSEDES VERSION DATED:** April 2015  
Page 1 of 3

## **Policy & Procedure Manual**

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# **RIGHTS AND ABUSE AWARENESS AND TRAINING–AD-III-13**

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### **POLICY:**

OPTIONS northwest has zero tolerance for abuse and is committed to providing a safe, nurturing and respectful environment that promotes the rights of persons within our service in accordance with our Vision, Mission, Philosophy, and Service Principles and Statement of Rights. These documents shall be reviewed on an annual basis by Senior Administration and the Board of Directors and revised as required.

Upon hire, or commencement of their involvement with the organization and annually thereafter, these documents will be reviewed with the people supported, persons acting on their behalf, employees, students, volunteers and board members.

People supported, employees, volunteers, and students will also attend a training session upon hire, or commencement of their involvement with the organization and annually thereafter.

### **PURPOSE:**

1. To ensure people supported, persons acting on their behalf, students, volunteers, employees, and board members are educated about OPTIONS', Vision, Mission, Philosophy, Service Principles and Statement of Rights and Abuse Policy.
2. To ensure people supported, students, volunteers, board members and employees, are able to recognize rights violations, and are aware of what constitutes abuse and of the appropriate procedures to follow should they encounter rights violations, or any form of abuse.
3. To ensure OPTIONS Vision, Mission, Philosophy, Service Principles and Statement of Rights, and Abuse Policies are reviewed and revised as required and on an annual basis.

### **PROCEDURE:**

#### **PEOPLE SUPPORTED**

1. Upon commencement of their involvement with OPTIONS and annually thereafter, all people supported will be educated on OPTIONS Vision, Mission, Philosophy, Service Principles and Statement of Rights and Abuse Policies. This information will



Personal Support Services

**POLICY: AD-III-13**  
**DEPARTMENT:** Administration  
**CATEGORY:** Support Principles  
**EFFECTIVE DATE:** August 2015  
**SUPERSEDES VERSION DATED:** April 2015  
Page 2 of 3

be presented in a language and manner and with a level of support that is appropriate to the capacity of each individual.

2. Upon completion of the training, a certificate will be issued to people supported (see Appendix A). A Person Supported Annual Training Signature page will also be completed (see Appendix B) indicating the content and date of the training. A copy of each will be forwarded to reception to upload to the person's CIMS file, and, for those persons supported residentially, the original will be placed in the consent/training section of the individual's support plan binder. Any feedback provided will be forwarded in accordance with Feedback Process Policy AD-III-2.

Note: Where an individual is unable to sign the training signature page, the Rights and Abuse Prevention trainers (RAP) and Support staff shall note this information directly on the form.

### **PERSON'S ACTING ON BEHALF OF PEOPLE SUPPORTED**

1. Annually, OPTIONS northwest's Vision, Mission, Philosophy, Service Principles and Statement of Rights and Abuse Policies will be distributed to person's acting on behalf of all people supported by OPTIONS. These documents will be mailed with a signature page (see Appendix C) for the person to sign and return to OPTIONS. Administrative Staff will upload the returned signature page to the individual's CIMS file, and, for those persons supported residentially, forward the original to the appropriate supervisor for filing in the consent/training section of the individual's support plan binder. Any feedback provided will be forward to the Director of Personal Support Services/Director of Clinical Services for follow up. A tracking sheet will be maintained by administrative staff to record all forms returned.

### **EMPLOYEES, VOLUNTEERS, STUDENTS AND BOARD MEMBERS**

1. Upon commencement of their involvement with OPTIONS and prior to providing support, all employees, volunteers, students and board members will attend a Respecting Rights and Preventing Abuse session. A certificate (see Appendix D) will be issued and placed in Human Resource records.
2. In January of every year, board members will review and revise, as required, the organization's Vision, Mission, Philosophy, and Service Principles and Statement of Rights and Abuse Policies. This review will be documented in the Board of Director's meeting minutes and certificates issued will be kept on file by the Administrative Assistant in Human Resources
3. Following the review and revision of these documents they will be distributed for all employees, volunteers, board of directors, and students to read and sign.



Personal Support Services

**POLICY: AD-III-13**

**DEPARTMENT:** Administration

**CATEGORY:** Support Principles

**EFFECTIVE DATE:** August 2015

**SUPERSEDES VERSION DATED:** April 2015

Page 3 of 3

4. Annually, Human Resources will work with management staff to schedule all employees, volunteers and students to attend Respecting Rights and Preventing Abuse. Once completed an Acknowledgement of Training form (see Appendix E) will be issued and placed on the employee's file.
5. Designated staff are responsible to maintain the currency of their training through scheduled attendance every year at a Respecting Rights and Preventing Abuse session. Failure to maintain current training within 30 days of December 31<sup>st</sup> shall result in:
  - a. The employee being placed on a leave without pay until such time as they are able to attend a session and,
  - b. When the employee does not attend training within a reasonable period of time following expiry, termination of employment or volunteer placement shall occur. Volunteers may also be placed on leave, depending on the volunteer arrangements.
6. Designated staff returning from a leave of absence are responsible to maintain the currency of their training.
  - a. Staff returning from a leave of absence, and who require refresher training, must attend training prior to or within 30 days of their return to work.
  - b. Failure to complete the refresher within the 30 days of return will result in the employee not being scheduled to work and being placed on a leave without pay until such time as they are able to attend a session.
  - c. Where the employee does not attend the training within a reasonable period of time, termination of employment or volunteer placement shall occur.

**RECOMMENDED BY:** Administration

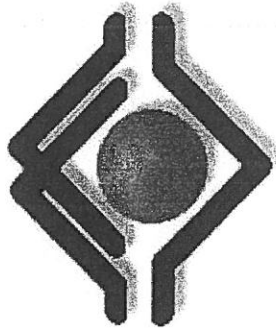
**APPENDICES:** 5

**OPERATIONAL ACCOUNTABILITY:** Administration, Finance, Human Resources, Personal Support Services Administration, Personal Support Services, On Call Schedulers, Community Resource Team

**ORIGINAL POLICY DATE:** April 2015

**AUTHORIZED BY:** Executive Director

**SIGNATURE:**



OPTIONS northwest Personal Support Services

POLICY: AD-III-13  
APPENDIX A

# Certificate of Completion

is hereby granted to \_\_\_\_\_

for attending the training session:

## Respecting Rights & Preventing Abuse

which included review of OPTIONS northwest's

Vision, Mission and Philosophy Statement

Policy AD-III-10- Service Principles and Statement of Rights

Policy AD-III-1 – Abuse

held on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ with the

OPTIONS northwest Abuse Prevention trainers

This session was held in compliance with the requirements of Ontario Regulation 299/10 made under the Supports and Services to Promote the Social Inclusion of Persons with Developmental Disabilities Act (2008).

To maintain compliance, the policies and information provided will be subject to annual review.

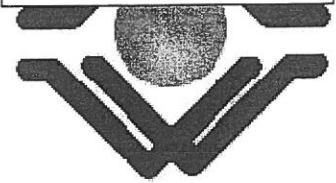
I acknowledge my participation and receipt of the above noted training and policies.

Person Supported (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

# OPTIONS *northwest*

Personal Support Services

POLICY: AD-III-13  
APPENDIX B



## PERSON SUPPORTED ANNUAL TRAINING SIGNATURE PAGE

Date of Training: \_\_\_\_\_

Person Supported: \_\_\_\_\_  
(Please Print)

Support Staff Providing Training: \_\_\_\_\_  
(Please Print)

RAP Trainer Supervising Training: \_\_\_\_\_  
(Please Print)

Review of:

Check items reviewed below:

- Vision, Mission and Philosophy Statement ☐
- Abuse Policy AD-III-1 ☐
- Service Principles and Statement of Rights  
AD-III-10 ☐

Comments/Feedback: \_\_\_\_\_

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Person Supported Signature: \_\_\_\_\_

Support Staff Signature: \_\_\_\_\_

RAP Trainer Signature: \_\_\_\_\_

Copy to Administrative Staff for CIMS file; for those persons supported residentially original will also be filed in appropriate section of person's ISP binder

# OPTIONS *northwest*

Personal Support Services

POLICY: AD-III-13  
APPENDIX C



## PERSON ACTING ON BEHALF OF PEOPLE SUPPORTED ANNUAL REVIEW AND SIGNATURE PAGE

Person Supported: \_\_\_\_\_  
(Please Print)

Person Acting on Behalf of Person Supported: \_\_\_\_\_  
(Please Print)

Review of:

Please check items read below:

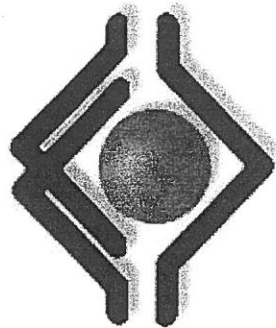
- Vision, Mission and Philosophy Statement ☐
- Abuse Policy AD-III-1 ☐
- Service Principles and Statement of Rights  
AD-III-10 ☐

Comments/Feedback: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to Administrative Staff for CIMS file; for those persons supported residentially original will also be filed in appropriate section of person's ISP binder

AD350/APR 2015



OPTIONS northwest Personal Support Services

POLICY: AD-II-13  
APPENDIX D

# Certificate of Completion

is hereby granted to \_\_\_\_\_

for attending the training session:

## Respecting Rights & Preventing Abuse

which included OPTIONS northwest's

Vision, Mission and Philosophy Statement

Policy AD-II-10 - Service Principles and Statement of Rights

Policy AD-II-1 - Abuse

held on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ with  
the OPTIONS northwest Abuse Prevention trainers

This session was held in compliance with the requirements of Ontario Regulation 299/10 made under the Supports and Services to Promote the Social Inclusion of Persons with Developmental Disabilities Act (2008).

To maintain compliance, the policies and information provided will be subject to annual review.

I acknowledge my participation and receipt of the above noted training and policies.

Name of Participant (Print): \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_ Trainer Signature: \_\_\_\_\_

SD120/APR 2015



**- OPTIONS northwest -**  
**Acknowledgement of Training**

POLICY: AD-III-13  
APPENDIX E

**Respecting Rights and Preventing Abuse**

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I acknowledge that I have participated in a training session on **“Respecting Rights and Preventing Abuse”** on \_\_\_\_\_ which covered the following areas: (date)

- Review of the Rights of People Supported;
- Review of Abuse Awareness, Identifying and Reporting;
- Network Planning and Boundaries; and
- The misuse of power and control.

I acknowledge that I have reviewed and understand the following documents:

- OPTIONS northwest Vision, Mission and Philosophy Statement;
- Policy AD-III-10 – Service Principles and Statement of Rights; and
- Policy AD-III-1 – Abuse.

**Date:** \_\_\_\_\_

**Name of Employee:** \_\_\_\_\_

(Please Print)

**Signature:** \_\_\_\_\_

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**For HR Use Only:**

**Date received by HR:** \_\_\_\_\_

**Date Entered into OHR:** \_\_\_\_\_