

**PATIENT POLICIES
AND PROCEDURES**
MANUAL

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Date of Most Recent Revision: June 2022

**POLICIES ON
CLINIC PROCEDURES**
PATIENT

C1.1 RESPONSIBILITIES OF PATIENTS AND STUDENTS

Members of the public are welcomed into the student clinic, as they are essential part of the student learning process. While the college is very appreciative of patients assisting the learning of our students, patients are required to adhere to policies and procedures to ensure high quality treatment is delivered in a safe, educational and effective learning environment permitting students enhance their learning by practicing their clinical skills.

Patients enter into a patient-therapist relationship, as similar as possible to the healthcare relationship of a Regulated Health Care Practitioner and their patients. This relationship is accompanied by a set of expectations designed to respect and uphold the integrity of this relationship.

Patients are responsible for:

- (1) Arriving to their appointment on time
- (2) Calling the front desk if they need to cancel an appointment or will be late for an appointment
- (3) Completing required documentation appropriately (health history intake form, consent forms as needed, student evaluation forms, clinic policies)
- (4) Providing prompt payment for services when they are rendered
- (5) Informing the therapist of any health history changes
- (6) Allowing appropriate time for the health history intake interview and assessment as determined by the student
- (7) Maintaining professional boundaries and avoiding inappropriate behaviour.
- (8) Dressing appropriately for treatment in this environment, which means if the patient is getting undressed for treatment, underwear **MUST** remain on. This is ensuring adherence to health and safety regulations.
- (9) Acting respectful of all students, faculty and staff at the college, which includes avoiding the use of aggressive, abusive or condescending remarks and insults

It is imperative that students are respectful at all times to their patient, other patients, their classmates, and any faculty and other staff present at clinic. Examples of unprofessional student behaviour, include but are not limited to:

- (a) Students divulging excess personal information to patients
- (b) Students talking to other students while treating their patient
- (c) Students speaking about patients in a negative manner
- (d) Students showing disregard for patient confidentiality by speaking too loud in the communal clinical environment
- (e) Students carrying on conversations with other students while patients are being treated by other students
- (f) Students eating food with a strong odour while patients are being treated in the clinic

If a patient feels a student has acted inappropriately, based on the above definition and examples, the patient should take one of the following courses of action:

- (a) Speak with the clinic supervisor
- (b) Speak with the front desk staff
- (c) Request to speak with or meet with the Massage Therapy Program Coordinator
- (d) Request to speak with or meet with the Director of Academics

An incident report will be completed, and the Program Board will meet to determine if further action is required. The incident report will be added to the student file, maintained by the Massage Therapy Program Coordinator.

C1.2 POLICY ON PREVENTION OF SEXUAL HARASSMENT OF PATIENTS AND STUDENTS

Students are entitled to work in an environment free of sexual harassment, and patients are entitled to be treated in an environment free of sexual harassment. The college shall make every reasonable effort to ensure that no student is subject to sexual harassment by a patient in the clinic, and that no patient is subject to sexual harassment by a student or member of OCHT staff or faculty.

According to the Canadian Labour Code, Sexual Harassment is defined as “any conduct, comment, gesture or contact of a sexual nature: that is likely to cause offence or humiliation to any employee”. This definition is used by Ontario College of Health and Technology to protect students from harm while in the student clinic. Examples of patient behaviour that would constitute sexual harassment include but are not limited to:

- (a) Acting in an overtly sexual manner
- (b) Asking a student/patient on a date
- (c) Grabbing or touching the student/patient in a manner that is deemed inappropriate or unnecessary
- (d) Making unnecessary comments about a student’s/patient’s body parts
- (e) Flirtatious behaviour
- (f) Asking the student/patient about sexual habits or preferences
- (g) Propositioning a student/patient for sex
- (h) Grabbing body parts of their own, inappropriately
- (i) Patients insisting on removing all clothing for treatment, including underwear

If a student feels that a patient has acted inappropriately towards them, based on the above definition and examples, the appropriate steps to take are as follows:

- (a) The student therapist must remove their hands from the patient, thus stopping treatment.
- (b) The student informs the patient that the words/behaviour is not appropriate. They inform the patient that they can A. change their behaviour immediately and continue the treatment or B. stop the treatment immediately OR
- (c) The student may not feel comfortable with the above option and they can explain to the patient that they are leaving the cubicle to speak with the clinic supervisor. The supervisor will return to the cubicle with or without the student and explain the situation to the patient.

The incident is documented. If the situation is resolved by the student or by the supervisor, the outcome may be that the patient is permitted to continue receiving treatments in the clinic. An incident report will be completed, and a record will be kept in the patient’s clinical file. Depending on the outcome of the situation, follow-up may be necessary by the administration of the college to inform the patient they are not following the clinic policies. Outcomes will vary depending upon the nature of the incident. The patient may be informed that they are no longer welcome at the OCHT student clinic.

If a patient feels that a student has acted inappropriately towards them, based on the above definition and examples, the appropriate steps to take are as follows:

- (a) The patient must inform the student of their discomfort and to instruct them to stop treatment.
- (b) The patient informs reception of the incident. The Director of Academics will contact the patient to follow up as soon as possible.

According to OCHT Policies and Procedures relating to Violations of the Student Code of Conduct, actions will be taken to investigate the matter.

C1.3 POLICY ON SEXUAL ABUSE OF PATIENTS

Ontario College of Health and Technology has a strict policy pertaining to sexual abuse of patients by therapists, following exactly the regulations of the profession of Massage Therapy and all other Regulated Health Professions. The Regulated Health Professions Act defines sexual abuse as follows: “sexual abuse” of a client by a registrant means,

- (a) sexual intercourse or other forms of physical sexual relations between the registrant and the client,
- (b) touching, of a sexual nature, of the client by the registrant, or
- (c) behaviour or remarks of a sexual nature by the registrant towards the client.

“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Furthermore, the CMTO has a policy **Zero Tolerance Policy of All Forms of Abuse**. Ontario College of Health & Technology recognizes the seriousness and extent of injury that sexual abuse and other forms of abuse cause the patient and others related to the patient and therefore supports zero tolerance of any form of abuse: verbal, physical, emotional, or sexual, by a massage therapy student.

The college accepts responsibility to protect the public interest by addressing patient abuse openly, striving to provide accessible and sensitive reporting process, and establishing deterrents through the administration of a disciplines process reflecting the serious nature of the violation. This policy has been created to advise students that OCHT endorses the principle of zero tolerance for any form of abuse of a patient and to ensure students understand that abuse in any form is unacceptable and will not be tolerated.

In defining abuse, it is important for the student therapist to be cognizant of the imbalance of power that exists in the patient/professional relationship. Patients often seek professional services when they are vulnerable or in a state of pain. A student therapist has the ‘power’ by virtue of their authority, knowledge, access to privileged information and the influence they potentially hold over the patient, to exploit. It is expected, therefore, that the student will address the patient’s needs in a sensitive and caring manner in accordance with the Standards of Practice and the Code of Ethics for the profession.

Abuse Can be Defined as:

Verbal: Verbal abuse may include rude, sarcastic, demeaning or seductive remarks. It is also important to note that the tone of verbal communications will also characterize how words are perceived. members of the profession must be aware that age, culture, socio-economic status and particular sensitivities affect how a client may perceive communications with a member.

Physical: Using unnecessary force in the course of providing treatment.

Emotional: Where a student therapist uses the position of power to intimidate or show insensitivity toward the client. Emotional abuse demeans patients in such a way as to lower their sense of personal worth.

Sexual: The RHPA defines sexual abuse to include:

- (a) sexual intercourse or other forms of physical sexual relations between the member and the patient.
by touching of a sexual nature, of the patient by a member, or;
- (b) behaviour or remarks of a sexual nature by the member towards the patient.

Exception: “sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

If a patient feels a student has committed an act of abuse, based on the above definition and examples, the patient should take one of the following courses of action:

- (a) Speak with the clinic supervisor or front desk staff
- (b) Request to speak with or meet with the Massage Therapy Program Coordinator or Director of Academics

An incident report will be completed, and the Program Board will meet to determine if further action is required. The incident report will be added to the student file, maintained by the Massage Therapy Program Coordinator

C1-S.1 FORM SENSITIVE AREAS CONSENT

CP1-S.1

DATE OF CURRENT REVISION OR CREATION- AUG 2019

Following a discussion and review of assessment findings, I have requested treatment by;

_____ for treatment of the areas identified below (*please initial*);
(*Massage Therapy Student*)

_____ Gluteal muscles (Buttocks) _____ Chest Wall Muscles _____ Upper Inner Thigh(s)
_____ Breast(s) _____ Other

The Massage Therapy Student has explained the following to me and I fully understand the proposed treatment including:

1. The nature of the assessment, including the clinical reason(s) for treatment of the above area(s) and the draping methods to be used
2. The expected benefits of the treatment
3. The potential risks of the treatment
4. The potential side effects of the treatment
5. That consent is voluntary
6. That I can withdraw or alter my consent at any time.

I _____ voluntarily consent to treatment for the sensitive areas identified above as indicated as part of the proposed treatment plan for my clinical condition.

Patient Signature

Date

Massage Therapy Student Signature

Date

C1-S.2 FORM RESPONSIBILITIES OF PATIENTS

CP1-S.2

DATE OF CURRENT REVISION OR CREATION- JUNE 2022

The following form is delivered to each patient electronically as an "Agreement" via Noterro.

Please read carefully the policy below and sign and date the form

Members of the public are welcomed into the student clinic, as they are an essential part of the student learning process. While the college is very appreciative of patients assisting the learning of our students, patients are required to adhere to policies and procedures to ensure high quality treatment is delivered in a safe, educational and effective learning environment permitting students enhance their learning by practicing their clinical skills.

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- (2) Calling the front desk if you need to cancel an appointment or will be late for an appointment
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- (4) Providing prompt payment for services when they are rendered
- (5) Informing the therapist of any health history changes
- (6) Allowing appropriate time for the health history intake interview and assessment as determined by the student
- (7) Maintaining professional boundaries and avoiding inappropriate behaviour.
- (8) Dressing appropriately for treatment in this environment, which means if the patient is getting undressed for treatment, underwear **MUST** remain on. This is ensuring adherence to health and safety regulations.
- (9) Acting respectful of all students, faculty and staff at the college, which includes avoiding the use of aggressive, abusive or condescending remarks and insults

I _____ have:

Read the above policy on *Responsibilities of Patients*, and am in agreement of this policy.

Patient Signature

Date

Staff/Faculty Signature

Date

C1-S.4 INCIDENT FORM FOR REPORTING SEXUAL HARASSMENT ALLEGATIONS: PATIENT C1-S.4

DATE OF CURRENT REVISION OR CREATION - AUG 2019

CONFIDENTIAL

PERSON REPORTING INCIDENT DETAILS

Individual Involved is a <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> other			
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
Email Address	Telephone Number(s) Day	Telephone Number(s) Evening	

PATIENT BEING REPORTED (IF PERSON UNKNOWN - NOTE DOWN DESCRIPTION)

Last Name	First Name	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
Description (if person is unknown)		

BEHAVIOUR OR INCIDENT(S) DETAILS

Description of Behaviour or Incident(s) – including date, location and names of other individuals directly involved:	
Witnesses or other people aware of the behaviour or incident(s):	
Summary of any relevant conversations and/or action you have taken:	
How would you rate this person's behaviour in terms of risk to the others? (Your Judgment)	<input type="checkbox"/> Low risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> High risk <input type="checkbox"/> Unsure

This form can be used to report any of the following behaviours that are inappropriate, concerning or threatening, including:

- angry, aggressive communications (verbal or written)
- unwanted attention
- written material (assignments, exams, emails or letters) that suggest a student may be unstable or have mental health issues
- a statement about self-harm or suicide
- sexual harassment (unwelcome sexual conduct of any kind)
- a notable change in a student's behaviour that is cause for concern
- stalking (repeated attempts to impose unwanted communication or contact)
- an uttered threat to harm another or damage property
- pornography use that contravenes the University IT Policy and/or affects others
- bullying (repeated, unreasonable conduct in the workplace)
- any act of physical violence, property damage, or production of a weapon *
- violent critical incident on campus*

CONFIDENTIAL

C1-S.5 INCIDENT FORM FOR REPORTING SEXUAL HARASSMENT ALLEGATIONS: STUDENT C1-S.5

DATE OF CURRENT REVISION OR CREATION - AUG 2019

CONFIDENTIAL

PERSON REPORTING INCIDENT DETAILS_

Individual Involved is a <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> other			
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
Email Address	Telephone Number(s) Day	Telephone Number(s) Evening	

STUDENT BEING REPORTED (IF PERSON UNKNOWN - NOTE DOWN DESCRIPTION)

Last Name	First Name	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
Description (if person is unknown)		

BEHAVIOUR OR INCIDENT(S) DETAILS_

Description of Behaviour or Incident(s) – including date, location and names of other individuals directly involved:	
Witnesses or other people aware of the behaviour or incident(s):	
Summary of any relevant conversations and/or action you have taken:	
How would you rate this person's behaviour in terms of risk to the others? (Your Judgment)	<input type="checkbox"/> Low risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> High risk <input type="checkbox"/> Unsure

This form can be used to report any of the following behaviours that are inappropriate, concerning or threatening, including:

- angry, aggressive communications (verbal or written)
- unwanted attention
- written material (assignments, exams, emails or letters) that suggest a student may be unstable or have mental health issues
- a statement about self-harm or suicide
- sexual harassment (unwelcome sexual conduct of any kind)
- a notable change in a student's behaviour that is cause for concern
- stalking (repeated attempts to impose unwanted communication or contact)
- an uttered threat to harm another or damage property
- pornography use that contravenes the University IT Policy and/or affects others
- bullying (repeated, unreasonable conduct in the workplace)
- any act of physical violence, property damage, or production of a weapon *
- violent critical incident on campus*

CONFIDENTIAL

C5 POLICY ON DRAPING AND PRIVACY IN CLINICS AND LABS / PRACTICAL CLASSES

CP2

DATE OF CURRENT REVISION OR CREATION- AUG 2019

Students are required to adhere to all Standards of Practice and Policies of the College of Massage Therapists of Ontario at all applicable times. During in-house clinics, prior to treatment, students are required to allow their patient to disrobe in private and must ask permission prior to entering the curtained cubicle. Following treatment, students are required to allow their patient to get dressed in private and must ask permission prior to entering the curtained cubicle. During assessment and treatment, the curtain must remain closed, unless the patient has requested otherwise. During practical classes and labs, when students are comfortable with the curtain being opened following disrobing, the curtains may be opened and remain open until the student on the table wishes for the curtain to be closed. At all times during disrobing and dressing, the curtain must remain closed.

Students are also required to adhere to the CMTO standards regarding draping:

When applying draping techniques, Massage Therapists must:

1. Ensure they have properly informed the client of the draping requirements associated with assessment and treatment prior to beginning assessment or treatment processes.
2. Explain clearly to the client the regions of the body to which the MT will be applying manual assessment or treatment applications, and whether the applications will be directly on skin or through clothing.
3. Explain to the client how to prepare for assessment and treatment, including the option to remove clothing as well as the option to remain clothed – and how to position themselves for assessment/treatment.
4. Confirm client comfort when treatment is performed over clothing.
5. Provide opportunities for clients to ask questions.
6. Apply necessary draping measures securely to engage in setting clear physical boundaries that separate the areas of treatment and the areas where no touch will be applied throughout the assessment and treatment.
7. Verify client safety, sense of security and comfort level with draping/positioning measures.
8. Ensure that only the area of the client's body that is actively receiving assessment or treatment is uncovered, with the exception of the face and head.
9. At the request of the client, expose areas of the body that are not considered sensitive areas when not receiving treatment for the purposes of temperature regulation or client preference (e.g. arms, feet or back).
10. Ensure client informed consent is obtained where treatment requires bilateral undraping (e.g. lymphedema treatment).
11. Ensure that the therapist does not reach underneath the draping.

Our Massage Therapy program is continuously evolving, to deliver our students the highest quality of massage therapy education possible. To engage in continuous quality improvement, we use regular evaluations that are completed by students, graduates, faculty and patients.

Various evaluations are conducted on a scheduled and on-going basis. Data is collected and analyzed and used for program improvements. Feedback is welcomed on an on-going basis from students, faculty, staff, clinic patients and members of the public. Students, faculty and clinic patients are aware of how to contact the Massage Therapy Program Coordinator (leigh@ocht.ca), as this information is included in the respective policy manuals.

Data and feedback are collected from all evaluation forms. Results are discussed with the appropriate person, who was the subject of the evaluation (faculty, staff member, student, administration). All evaluations are discussed at the following Program Board Meeting. Feedback is considered and where necessary, changes are implemented. If changes require further consultation, a meeting may be arranged with the Director of Academics. Feedback and program improvements as a result, is made public.

If an individual wishes to discuss feedback with the program coordinator, this is arranged (leigh@ocht.ca). Results are also delivered to the subject of each evaluation in the form of a written summary of the evaluation. Elements leading to potential program changes are discussed and added to the agenda for the following Program Board Meeting

The Program Board discusses the data and feedback from each evaluation and takes one of the following courses of action:

1. No action required
2. Feedback discussed at upcoming program board meeting, program is improved
3. An email is sent to the individual who was the subject of the evaluation. This is for matters not considered urgent, or for matters easily and quickly corrected.
4. A meeting is arranged with a specific individual to discuss feedback (where minor adjustments are required). This meeting is for situations/feedback not considered urgent.
5. An immediate meeting is arranged with a specific individual. This is for matters that are urgent and require immediate action.

C6.1 POLICY ON PATIENT CLINICAL EVALUATION

Clinic patients are requested to complete an evaluation on the OCHT Student Clinic once per semester. The evaluation is completed electronically using a link delivered via email following a clinic appointment. Patients can also locate a link to the evaluation at www.ocht.ca. The evaluation form does not require the name of the individual completing the evaluation. The evaluation provides an opportunity for patients to comment on all aspects of the clinic: quality of techniques, quality of interactions with students, effectiveness of treatments, efficiency and completeness of the entire therapeutic process, administration of clinic, administrative staff and the facility. The results of the evaluation are used as a means of program improvement. Feedback provided will in no way have a bearing on any student's academic standing or progress in the program.

C6.2 POLICY ON EVALUATION TABULATION

All evaluations are tabulated by a member of the Program Board. A report is prepared based on the evaluation. Evaluation data is made public via Notion for students, staff, and faculty. Patients and members of the public will be updated via newsletters (once per semester), of changes and improvements based on evaluation and feedback.

POLICIES ON RECORDS

R2 POLICY ON PROTECTION OF PERSONAL HEALTH INFORMATION

R1

DATE OF CURRENT REVISION OR CREATION- JUNE 2022

Ontario College of Health & Technology is committed to respecting your privacy and protecting your personal health information in compliance with the Personal Health Information Protection Act, 2004 (PHIPA). PHIPA establishes rules for the collection, use and disclosure of personal health information (PHI), in order to protect the confidentiality and privacy of individuals with respect to that information while also facilitating the effective provision of health care. PHIPA also provides individuals with the right to access their PHI and correct or amend their PHI.

Students and members of the public accessing services in OCHT's student clinic may be asked to provide personal and personal health information, and personal health information may be collected and maintained as part of its service delivery practices.

Your PHI is confidential and kept securely and in accordance with PHIPA. PHIPA establishes certain privacy rights and imposes specific obligations on health-care services in protecting PHI.

This statement outlines OCHT's information practices with respect to your PHI.

R2.1 WHAT IS PERSONAL HEALTH INFORMATION (PHI)?

Personal Health Information (PHI) is information in any form that identifies you and that relates to your health and health care including, physical or mental health, including family health history, care provided, health care programs and services, health care providers, health card number and the name of your substitute decision-maker.

R2.2 WHO ACTS AS A HEALTH INFORMATION CUSTODIAN AT OCHT?

Ontario College of Health & Technology. includes at the time of writing about 12 massage therapists, receptionists, executive, and other staff. We use a number of consultants and agencies that may, in the course of their duties, have limited access to personal health information we hold. These include file clerks, data entry personnel, couriers, computer consultants, office security and maintenance, bookkeepers and accountants, lawyers, credit card companies, website managers and cleaners. We restrict their access to any personal information we hold as much as is reasonably possible. We also have their assurance that they follow appropriate privacy principles. OCHT has a few individuals who act as Health Information Custodians within the context of Personal Health Information Protection Act (PHIPA):

Message Therapy Program Coordinator

Executive Assistant to the Director of Academics

In accordance with PHIPA, each Health Information Custodian is responsible to ensure that your personal health information is collected, used, stored and shared in a manner that protects your confidentiality and privacy, while facilitating the effective provision of health care.

R2.3 COLLECTION

When we collect your Personal Health Information (PHI);

We only collect your Personal Health Information (PHI) with your consent, or as permitted or required by law and only to the extent as is reasonably necessary or required by law.

Your PHI may be collected over the phone, or through paper or electronic documents. The kind of personal health information collected may include:

- (a) name, address, date of birth
- (b) facts about health, health care and history related to exposures to disease
- (c) information about payment for health care

Your information is collected for the purpose of providing health care services to you.

Why We Collect Personal Health Information

We collect, use and disclose personal information in order to serve our clients. For our clients, the primary purpose for collecting personal health information is to provide massage therapy. For example, we collect information about a client's health history, including their family history, physical condition and function and social situation in order to help us assess what their health needs are, to advise them of their options and then to provide the health care they choose to have. A second primary purpose is to obtain a baseline of health and social information so that in providing ongoing health services we can identify changes that are occurring over time. It would be rare for us to collect such information without the client's express consent, but this might occur in an emergency (e.g. the client is unconscious) or where we believe the client would consent if asked and it is impractical to obtain consent (e.g. a family member passing a message on from our client and we have no reason to believe that the message is not genuine).

We also collect, use and disclose personal health information for purposes related to or secondary to our primary purposes. The most common examples of our related and secondary purposes are as follows:

- (a) Related Purpose #1: To obtain payment for services or goods provided.
- (b) Related Purpose #2: To conduct quality improvement and risk management activities. We review client files to ensure that we provide high quality services, including assessing the performance of our staff. External consultants (e.g. auditors, lawyers, practice consultants, voluntary accreditation programs) may conduct audits and quality improvement reviews on our behalf.
- (c) Related Purpose #3: To promote our clinic, new services, special events and opportunities (e.g. a seminar or conference) that we have available. We will always obtain express consent from the client prior to collecting or handling personal health information for this purpose.
- (d) Related Purpose #4: To comply with external regulators. Our professionals are regulated by the College of Massage Therapists of Ontario (CMTO) who may inspect our records and interview our staff as a part of its regulatory activities in the public interest. The CMTO has its own strict confidentiality and privacy obligations. In addition, as professionals, we will report serious misconduct, incompetence or incapacity of other practitioners, whether they belong to other organizations or our own. Also, our organization believes that it should report information suggesting illegal behaviour to the authorities. In addition, we may be required by law to disclose personal health information to various government agencies (e.g. Ministry of Health, children's aid societies, Canada Customs and Revenue Agency, Information and Privacy Commissioner, etc.).
- (e) Related Purpose #5: To educate our contractors and staff. We value the education and development of our professionals. We will review client records in order to educate our contractors and staff about the provision of health care.
- (f) Related Purpose #6: To facilitate the sale of our organization. If the organization or its assets were to be sold, the potential purchaser would want to conduct a "due diligence" review of the organization's records to ensure that it is a viable business that has been honestly portrayed. The potential purchaser must first enter into an agreement with the organization to keep the information confidential and secure and not to retain any of the information longer than necessary to conduct the due diligence. Once a sale has been finalized, the organization may transfer records to the purchaser, but it will make reasonable efforts to provide notice to the individual before doing so.

You can choose not to be part of some of these related or secondary purposes (e.g. by declining to receive notice of special events or opportunities, by paying for your services at date of service). We do not, however, have much choice about some of these related or secondary purposes (e.g. external regulations).

R2.4 USE**How we use your Personal Health Information (PHI)**

The student massage clinic may use your PHI with your consent, for the purpose as specified in the consent, or as permitted by law and only to the extent as is reasonably necessary or required by law. This includes for the purpose of maintaining or improving the quality and efficiency of health care rendered or health care programs provided, for obtaining payment for health care rendered or related goods and service provided and for the other uses permitted or required by law.

You may withdraw your consent at any time for the collection, use or disclosure of your PHI by providing notice to the clinic's listed contact. A withdrawal of consent is not retroactive, and therefore the College is not required to retrieve the information that has already been disclosed.

Access to your PHI is limited to only those who need access to do their job when they are directly involved in your care or as otherwise indicated under PHIPA.

R2.5 DISCLOSURE**When we disclose your PHI**

We only disclose your PHI with your consent, or as permitted by law. In accordance with PHIPA, we do not disclose your PHI if other information will serve the purpose of the disclosure, and only disclose as much information as is necessary to meet the purpose.

Non-identifying information related to your care and services is used for administration, management, strategic planning, decision-making, research and allocation of resources.

PHIPA allows the disclosure of personal health information without patient consent under certain circumstances, for example in a medical emergency to eliminate or reduce a significant risk of serious bodily harm to a person or group of persons. However, we make every reasonable effort to obtain your consent before disclosing your information.

We are requested at times to supply a photocopy of a client's file to lawyers or insurance companies. This request is only granted when a formal request is accompanied by the client's signature in person agreeing to the release of their information to that particular lawyer/insurance company. The following are the rare exception to the above:

- (a) To the organization's lawyer;
- (b) For debt collection purposes;
- (c) To comply with a subpoena, warrant or court order;
- (d) At the request of a government institution for national security, law enforcement or administration;
- (e) At the initiative of the organization, to provide information to a government institution or a specified investigative body relation to law enforcement or national security;
- (f) At the initiative of a specified investigative body relating to law enforcement;
- (g) Where disclosure is required by law.

R2.6 PROTECTION**How we secure your PHI**

The protection of your privacy is integral to the delivery of health care and embedded into the culture of the college. Consequently, we have implemented a comprehensive approach to safeguard your PHI, including the implementation of privacy policies, and procedures to minimize the risk of unauthorized access to your PHI.

How we store your PHI

Currently, most records are stored in an electronic medical record, however there are some paper records that still exist (e.g. paper documents you provide, archival records). Both paper and electronic records are under supervision or secured in a locked or restricted area at all times.

The electronic records system has additional specific security and privacy features. Your PHI should only be accessed by a those who need access to do their job when they are directly involved in your care or as otherwise indicated under PHIPA.

How long we retain your PHI

The student clinic retains your PHI for a minimum of 10 years from the date of last entry or discharge, or longer in the case of individuals under the age of 18.

R2.7 ACCESS

How to obtain access to your PHI

If you wish to access or correct your PHI, or have questions about how it is collected, maintained, used or disclosed, you may contact the listed health care service contact.

Step 1: You may request access to your PHI by making a written request for access to the contact listed below.

Step 2: When making a formal written request, include your name, address and day-time telephone number, and identify the specific record(s) or personal information to which you seek access. Also, specify dates or a time period for the record(s)/personal information you request.

Step 3: If it is determined that access is not permissible or appropriate due to PHIPA exceptions, customs or limitations, you will be notified you within 30 days of submitting your request.

Step 4: If you disagree with the College's decision, you may appeal the decision to the Information and Privacy Commissioner/Ontario (IPC).

R2.8 HOW TO REQUEST A CORRECTION TO YOUR PHI

You have the right to require the correction of your PHI where you believe the record is inaccurate or incomplete by making a written request to the contact listed below that you believe to have your information.

To request access or correction to your PI or PHI, please complete the following form. Please submit your completed form to the Director of Academics.

R2.9 PRIVACY BREACH NOTIFICATIONS

Please be assured we do the utmost to protect your information. In the event of a breach of privacy in accordance with PHIPA, we will notify any affected individual unless PHIPA provides that notice is not required.

R2 POLICY ON PROTECTION OF PERSONAL HEALTH INFORMATION

R2

DATE OF CURRENT REVISION OR CREATION- JUNE 2022

While we will take precautions to avoid any breach of your privacy, if there is a loss, theft or unauthorized access of your personal health information we will notify you.

Upon learning of a possible or known breach, we will take the following steps. We will contain the breach to the best of our ability, including by taking the following steps:

- (h) Retrieving hard copies of personal health information that have been disclosed
- (i) Ensuring no copies have been made
- (j) Taking steps to prevent unauthorized access to electronic information (e.g., change passwords, restrict access, temporarily shut down system)
- (k) We will notify affected individuals
- (l) We will provide our contact information in case the individual has further questions
- (m) We will investigate and remediate the problem, by:
 - i. Conducting an internal investigation
 - ii. Determining what steps should be taken to prevent future breaches (e.g. changes to policies, additional safeguards)
 - iii. Ensuring staff is appropriately trained and conduct further training if required
 - iv. Depending on the circumstances of the breach, we may notify and work with the Information and Privacy Commissioner of Ontario. In addition, we may report the breach to the relevant regulatory college if we believe that it was the result of professional misconduct, incompetence or incapacity.

R2 POLICY ON PROTECTION OF PERSONAL HEALTH INFORMATION

R2

DATE OF CURRENT REVISION OR CREATION- JUNE 2022

Do You Have Questions or Concerns?

Our Information Officer, Penny Postma, can be reached at:

Ontario College of Health & Technology
1040 South Service Rd, Stoney Creek, ON L8E 6G3 Tel. (905) 643-8778
Email: reception@ocht.ca

She will attempt to answer any questions or concerns you might have.

If you wish to make a formal complaint about our privacy practices, you may make it in writing to our Information Officer. She will acknowledge receipt of your complaint and ensure that it is investigated promptly and that you are provided with a formal decision and reasons in writing.

If you have a concern about the professionalism or competence of our services or the mental or physical capacity of any of our professional staff we would ask you to discuss those concerns with us. However, if we cannot satisfy your concerns, you are entitled to complain to our regulatory body:

College of Massage Therapists of Ontario
1867 Yonge Street, Suite 810, Toronto, ON M4S 1Y5
Tel. (416) 489-2626, Toll Free 1 (800) 465-1933, Fax (416) 489-2625
cmto@cmto.com, www.cmto.com

You also have the right to complain to the Information and Privacy Commissioner of Ontario if you have concerns about our privacy practices or how your personal health information has been handled, by contacting:

Information and Privacy Commissioner/Ontario
2 Bloor Street East, Suite 1400
Toronto, Ontario M4W 1A8
Tel. Toronto Area (416/local 905): (416) 326-3333
Toll Free 1 (800) 387-0073 (within Ontario)
TDD/TTY (416) 325-7539
Fax (416) 325-9195
www.ipc.on.ca

This policy is made under the Personal Health Information Protection Act, 2004, S.O. 2004, c. 3. It is a complex statute and provides some additional exceptions to the privacy principles that are too detailed to set out here.

R2-S.1 FORM REQUEST FOR ACCESS TO OR CORRECTION OF PI-PHI

R1-S.2

DATE OF CURRENT REVISION OR CREATION- FEB 2019

The following request for access to or correction to personal information or personal health information is made under the Freedom of Information and Protection of Privacy Act (FIPPA) or the Personal Health Information Protection Act (PHIPA), respectively. Processing fees may apply.

Request for: <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Health Information			
<input type="checkbox"/> Correction of Own Personal Information		<input type="checkbox"/> Access to General Records	
<input type="checkbox"/> Access to Own Personal Health Information			
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
Address (Street/Apt. No./P.O. Box/R.R. No.)	City/Town	Province	Postal Code
Email Address	Telephone Number(s) Day	Telephone Number(s) Evening	
Detailed description of requested records, personal information records, or personal information to be corrected, including the time period of the records, if known. Please attach additional pages if more space is required.			
Note If you are requesting access to, or correction of, your personal information, please identify the record, if known. If you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach any supporting documentation. If you are requesting personal information on another person's behalf, please attach proof that you have the authority to act for that person.			
Preferred method of access to records <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy		Signature	Date (dd/mm/yyyy)
Information released by (staff member name):			
For Institution Use Only			
Date Received (dd/mm/yyyy)	Request Number	Fees Charged (if any):	

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. If you have any questions about the collection, use and disclosure of your personal information by the college, please contact the Director of Academics, 1040 South Service Road, Stoney Creek ON L8E 6G3, (905) 643-8778, or mel@ocht.ca

R2-S.1 FORM REQUEST FOR ACCESS TO OR CORRECTION OF PI-PHI

R1-S.2

DATE OF CURRENT REVISION OR CREATION- FEB 2019

The following request for access to or correction to personal information or personal health information is made under the Freedom of Information and Protection of Privacy Act (FIPPA) or the Personal Health Information Protection Act (PHIPA), respectively. Processing fees may apply.

PERSONAL HEALTH INFORMATION (PHI)

Personally identifiable information about an individual (whether living or deceased) and whether oral or recorded, if the information:

- (a) relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family,
- (b) relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual,
- (c) relates to payments or eligibility for health care in respect of the individual,
- (d) is the individual's health number, or

Eg. Records from any of the Ontario College Clinics and or Outreaches will constitute personal health

PERSONAL INFORMATION (PI)

Recorded information about an identifiable individual, including:

- (a) Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the
- (b) individual, Information relating to the education, criminal or employment history of the individual or information related to financial transactions in which the individual has been involved,
- (c) Any identifying number, symbol or other particular assigned to the individual,
- (d) The personal opinions or views of the individual except where they relate to another individual,
- (e) Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence, and
- (f) The view or opinions of another individual about the individual,

Eg. Records existing in an academic area will constitute personal information.

ACCESS TO PERSONAL INFORMATION FEE SCHEDULE-1

	Quantity	Fee	Total	Waived
Application Fee		\$5 fee to accompany formal request		
Search for Records		\$30.00 per hour		
Photocopies or print outs		\$0.20 per page		
Preparing a record for disclosure		\$30.00 per hour		
Other costs (i.e. shipping)		Actual costs		
TOTAL				

Fees shall not exceed the prescribed amount or the amount of reasonable cost recovery, if no amount is prescribed. The College will follow the same fee schedule as outlined in the Freedom of Information and Protection of Privacy Act (FIPPA) for consistency until such time a fee schedule is set for PHIPA.

Requests for access to or correction of personal information and personal health information will be processed within 30 calendar days. If an extension is required it is a onetime extension, must be for the reasons specified under PHIPA and you must be notified in writing

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. If you have any questions about the collection, use and disclosure of your personal information by the college, please contact the Director of Academics, 1040 South Service Road, Stoney Creek ON L8E 6G3, (905) 643-8778, or mel@ocht.ca

POLICIES ON HEALTH AND SAFETY

HS1.1 POLICY ON GUIDING PRINCIPLES FOR INFECTION CONTROL

HS1.1

DATE OF CURRENT REVISION OR CREATION- MAY 2019

As a private healthcare learning institution OCHT is responsible for providing a safe and healthy environment for its students, faculty, staff and clinic patients. A critical part of providing a safe and healthy environment involves ensuring that we have effective infection control practices in place.

HS1.1.1 GENERAL COLLEGE RESPONSIBILITY WITH RESPECT TO INFECTION CONTROL:

- (a) Knowing what the current infection control guidelines are for your practice setting.
- (b) Assessing risks and knowing how to use/apply the infection control guidelines in your practice
- (c) Adhering to the “current” infection control programs.
- (d) Educating and modelling infection control practices for others.
- (e) Being aware of what your infection control resources are and where to find out more.
- (f) Advocating for best practices in infection control.
- (g) Ensuring ongoing quality of infection control practices.
- (h) Monitoring changes to infection control practices (health alerts) and updating your practice accordingly.

HS1.1.2 EVERYBODY IS RESPONSIBLE FOR INFECTION PREVENTION

Infection prevention begins with self-awareness and personal responsibility. This means that every individual should protect their personal safety by protecting themselves by:

- (a) Ensuring that they have appropriate immunization.
- (b) Ensuring that they prevent disease spread.
- (c) Being mindful of the patients we need to take special precautions for.
- (d) Being mindful of the jobs and tasks that place us at increased risk of exposure to infection.
- (e) Being mindful of infection prevention by looking at the equipment we use and even our facilities and resources such as telephones and computers and their potential for spreading infection.
- (f) Being aware and practice cleaning, disinfecting sterilizing, and disposing of equipment and resources.
- (g) Ensuring that we follow proper disinfection and sterilizing procedures.

HS1.1.2 ROUTINE PRECAUTIONS

Routine precautions must be applied to all patients at all times, regardless of diagnosis or infectious status. The basics of Routine Precautions are:

Routine precautions consist of the following;

- (a) Hand washing (hand hygiene);
- (b) The use of personal protective equipment (e.g. gloves) when handling blood, body substances, excretions and secretions;
- (c) Appropriate handling of patient care equipment and soiled linen;
- (d) The prevention of needle stick/sharp injuries;
- (e) Environmental cleaning
- (f) Appropriate handling of waste and
- (g) Taking care of yourself (e.g. immunization)

HS1.6 HYGIENE AND SANITATION PROCEDURES

HS1.6

DATE OF CURRENT REVISION OR CREATION- MAY 2019

All Massage Therapy students must diligently comply with the following hygiene and sanitation requirements at all times. The College's Clinic Hygiene and Sanitation practices are set in accordance with the College's health and safety policies and practices.

HS1.6.1 HYGIENE PRACTICES

- (a) Hands & forearms must be washed before and after every massage. Utilize a combination of lukewarm water and antibacterial soap which is provided at all sinks for a minimum of 1 minute.
- (b) Hands and forearms must be thoroughly washed including between the fingers, and under and around fingernails.
- (c) Fingernails must be maintained short and clean.
- (d) Use paper towels, towel or tissue on doorknobs when entering and leaving the treatment room during a clinic shift to prevent spreading of pathogens.
- (e) Do not use perfumes, essential oils, aftershave, colognes or other strongly scented compounds while in clinic.
- (f) Make sure your hair is tied back, nails are groomed and clean at all times and jewelry is removed prior to commencing any patient treatments.
- (g) Each student must dress appropriately according to the College's clinic Dress Code Policy. No sandals are permitted. Socks must be worn at all times.
- (h) Never touch a patient's open cut or open wound; always use gloves or cover and avoid working in that area.
- (i) If the student therapist has any cuts or abrasions on their hands, finger cots or gloves must be utilized.
- (j) If you are exhibiting signs and symptoms associated with the Flu and Colds, please check with Clinic supervisor prior to commencing patient treatments.
- (k) Please be aware of and familiar with the contents and location of College's first-aid kits:
 - (i) At the front desk
 - (ii) In the Academic Director's office
 - (iii) In the cupboard under the sink in Massage Clinic 2

In the event of accidents, illness, or injuries, please complete an Accident-Injury-Incident report form and contact the clinic supervisor on duty immediately.

HS1.6.2 SANITATION PRACTICES

- (a) Ensure that linens are laundered after every use.
- (b) Ensure laundry bins and hampers are cleaned with disinfectant to avoid mold and mildew build up.
- (c) Ensure all tables and surfaces are disinfected with Peroxide Multi Surface Disinfectant and Cleaner prior to and after each treatment.
- (d) Ensure all pillows in your room are wiped down with Peroxide Multi Surface Disinfectant and Cleaner at the end of your shift.
- (e) Ensure all reusable implements are washed, immersed in water, disinfected and allowed
- (f) to soak for at least 30 minutes following usage.
- (g) Ensure all electrical equipment is wiped down with Peroxide Multi Surface Disinfectant and Cleaner

1. If the patient exhibits any signs and symptoms of Communicable Diseases such as: Covid-19, Colds, Flu, or Herpes please inform the clinic supervisor and employ preventative measures prior to commencing the treatment.
2. If the patient presents with a known history or exhibits signs and symptoms of Meningitis, Tuberculosis, Severe Acute Respiratory Syndrome (SARS), Methicillin Resistant Staphylococcus aureus (MRSA), Vancomycin-resistant enterococci (VRE), Measles or Mumps, please inform the clinic supervisor and employ preventative measures prior to commencing the treatment.
3. If the patient presents with a known history or exhibits signs and symptoms of HIV infection (AIDS) or Hepatitis, please inform the clinic supervisor and employ preventative measures prior to commencing the treatment. All known or suspected cases of patients with Hepatitis or HIV infections must be treated with professionalism and confidentiality. Routine Precautions appropriate to Massage Therapy would require the use of gloves, gowns, and/or masks in the unlikely event of coming into contact with bodily fluids. Please remember as massage therapist we DO NOT massage on or around open wounds on any patient of any health status. According to the Canadian Center for Occupational Health and Safety, the known modes of transmission include: unprotected intercourse, contaminated needles, blood transfusions, prenatal infection, and organ transplants. Transmission methods other than those listed above are extremely rare; however, the possibility still exists. The Laboratory Center for Disease Control recommends using “routine precautions specific to massage therapy” to prevent the spread of HIV in the workplace.
4. If the patient presents with a history or exhibits signs or symptoms of dermatological conditions such as: Contact Dermatitis, Eczema, Psoriasis, Severe Acne, Sores & Ulcers, Athlete’s Foot, Sun burns, please inform the clinic supervisor and employ preventative measures prior to commencing the treatment.

HS3 POLICY AND PROCEDURES ON SAFETY AND INCIDENT REPORTING

HS3.1

DATE OF CURRENT REVISION OR CREATION – MAY 2019

Safety incidents that occur on the premises of the Ontario College of Health and Technology or off premises but that are related to program business are investigated, documented, reported and disclosed as appropriate.

HS3.1 GENERAL SAFETY

Safety is everyone's responsibility. One of the best ways to make a work area safe is to be aware of the potential hazards that may be encountered in the work environment. Reporting unsafe conditions and following basic safe work practices can reduce the likelihood of work-related injuries.

HS3.2 CLASSROOM SAFETY

The following guidelines are meant to enhance safety awareness and improve overall safety in the classroom setting. Taking the following measures can help to reduce the risk of slips, trips and falls:

- (a) keep floor surfaces and aisle ways free of clutter
- (b) report damaged floor surfaces (e.g. loose or torn carpet, damaged or missing floor tiles, damaged stair treads) to the Director of Academics for repair
- (c) phone lines, computer cables and power cords should be positioned in such a manner that they do not become a tripping hazard
- (d) be aware of walking surfaces and their condition
- (e) wear footwear appropriate for the area in which you are working
- (f) walk slowly and cautiously up and down steps and use a handrail whenever possible
- (g) avoid carrying large objects that obstruct your view
- (h) use a step stool or stepladder if you must reach materials on a high shelf, bulletin board or other elevated surface - do not use a chair or other convenient object for this purpose

HS3.3 THINK SAFETY WHEN LIFTING OR CARRYING

These safe lifting and carrying techniques can help to reduce the risk of strains, sprains and back injuries:

- (a) Take a moment to size up the load; do not attempt to lift a load alone if there is any doubt of one's ability to do so safely
- (b) If it is possible to divide the load into smaller portions, it may be advisable to make more trips with smaller loads
- (c) Always have a firm footing
- (d) Stand close to the object with your feet spread about shoulder width apart
- (e) Lift with your leg muscles, not your back
- (f) Keep the load close to your body when lifting or carrying
- (g) avoid twisting your body – turn with your feet instead
- (h) get help when items are too large or awkward for individual lifting
- (i) in team lifting, co-operate with your partner when carrying a long object; with a two person carry, both should carry the object from the same side
- (j) when putting down a load, take care and reverse the lifting procedures
- (k) use a trolley or push cart to move objects, whenever possible, rather than carrying them yourself
- (l) use a ladder or a step stool to reach overhead - do not use a chair or other convenient object for this purpose

HS3 POLICY AND PROCEDURES ON SAFETY AND INCIDENT REPORTING

HS3.1

DATE OF CURRENT REVISION OR CREATION- MAY 2019

HS3.4 STORAGE CABINETS AND SHELVING

To prevent unwanted mishaps from occurring around storage cabinets and shelving units:

- (a) do not overload storage cabinets or shelving units; whenever feasible, shelving units should be bolted to the wall or floor, to prevent from tipping
- (b) store heavy or breakable items on lower shelves
- (c) use caution when storing objects on top of filing cabinets or upper shelves - if they can slide or be jarred from such surfaces, these falling objects have the potential to cause head injuries
- (d) keep filing cabinets properly weighted by opening only one drawer at a time; some newer cabinets have this safety feature built in
- (e) keep filing cabinet drawers closed when not actively filing or retrieving materials
- (f) use the drawer handle when closing a drawer to avoid pinching fingers

HS3.5 HOUSEKEEPING

Efforts should be taken to maintain a tidy and clutter-free environment.

- (a) keep everything in its place
- (b) keep floor surfaces and aisle ways free of clutter
- (c) contact the Director for the prompt clean-up of broken glass, coffee, juice and other spills

HS3.6 ELECTRICAL AND EQUIPMENT SAFETY

A variety of electrical equipment may be present in the classroom setting. Therefore, it is important for you to be aware of possible sources of electrical hazards such as overloaded outlets, frayed wires and improper grounding. Know how to reduce the risk:

- (a) do not use electrical equipment with frayed cords or damaged plugs; report these defects to your supervisor so that proper repairs can be arranged
- (b) turn off and unplug machines before making any adjustments and leave repairs for qualified personnel or service persons
- (c) all electrical equipment should be turned off when not in use
- (d) keep cords away from heat and water; these conditions may damage cord insulation and create a shock hazard
- (e) do not attempt to do any electrical work yourself - building electrical repairs and installations are to be done by a qualified electrician
- (f) if you have to use a specialized piece of equipment, take the time to learn how to operate it safely; ask your supervisor for training and read the operating instructions carefully

HS3.7 FIRE SAFETY

It is important to:

- (a) know emergency procedures
- (b) advise your students of fire evacuation procedures
- (c) make note of the emergency exit closest to the classroom in which you are teaching
- (d) turn off small appliances when not in use
- (e) ensure that stored materials do not block emergency exits or prevent access to fire pull stations, portable fire extinguishers or fire hose cabinets

HS3 POLICY AND PROCEDURES ON SAFETY AND INCIDENT REPORTING

HS3.1

DATE OF CURRENT REVISION OR CREATION- MAY 2019

(f) follow the guidelines for electrical safety outlined above to prevent electrical fires

HS3.8 REPORTING WORK-RELATED INJURIES

OCHT is committed to providing a safe work environment for all staff and students and endeavours to reduce workplace risks that may lead to accidents and personal injury.

In the unfortunate circumstance that a work-related injury does occur, it is important to know how to respond. The information below outlines the first steps involved in injury treatment and reporting.

All injuries which occur on OCHT property, or occur during work-related off campus activities, must be reported to the Director of Academics.

HS3.9 INJURY TREATMENT:

If you are injured during the course of your work, obtain medical attention through one of the following options:

Visit the designated staff member who is certified in Standard First Aid and CPR Level HCP who will provide first aid treatment as well as advise whether additional assessment and treatment should be obtained from a doctor or other health care provider.

If emergency medical services (EMS) are required, call 9-1-1 and have someone alert the front desk staff who will contact both the Director of Academics and the Program Coordinator. This will ensure that someone will be there to direct EMS to the location on campus where they are needed.

Off-Campus Locations: If you are at a location where the designated Staff Member is not available, seek care from an outside provider such as a local urgent care clinic or family doctor. Obtain a doctor's note and provide this to your supervisor. If EMS is required, call 911.

HS3.10 INJURY REPORTING:

All injuries which occur on OCHT property or during work-related activities off-campus must be reported to the Program Coordinator.

If you sustain a work-related injury, inform the Program Coordinator as soon as possible.

Once advised of an injury, the Program Coordinator or acting supervisor is to complete a Health & Safety Incident Report and submit it to the Director of Academics within 24 hours.

HS3.11 ONGOING COMMUNICATION:

It is important to maintain ongoing communication during your recovery period. Please inform the Director of Academics of any concerns you may have during your recovery period.

HS3 POLICY AND PROCEDURES ON SAFETY AND INCIDENT REPORTING

HS3

DATE OF CURRENT REVISION OR CREATION- MAY 2019

HS3.12 INSTRUCTIONS AND DEFINITIONS

ALL INJURIES WHICH OCCUR ON OCHT PROPERTY OR OCCUR DURING WORK-RELATED OFF CAMPUS ACTIVITIES, MUST BE REPORTED TO YOUR SUPERVISOR AND TO THE DIRECTOR OF ACADEMICS.

If you sustain a, injury/illness, inform the Program Coordinator or acting supervisor as soon as possible

Once advised of an injury/illness, Supervisors are to complete this Health and Safety Incident Report Form and email it to the Director of Academics at mel@ocht.ca within 24 hours

EMPLOYEE /STUDENT RESPONSIBILITIES:

1. Contact 911 if emergency response is required
2. Report all injuries and illnesses to the Program Coordinator or their acting supervisor
3. Report near miss incidents and workplace hazards to the Program Coordinator
4. Participate in accident investigations upon request
5. Provide information related to an injury, as requested
6. Maintain contact with the Program Coordinator and/or Director of Academics through any recovery period

COORDINATOR/DIRECTOR RESPONSIBILITIES:

1. Contact 911 if emergency response is required
2. Ensure first aid is provided
3. Report and investigate all injuries and near miss incidents
4. Submit completed "Health and Safety Incident Report" to the Director of Academics
5. Preserve the scene of a critical injury until a Ministry of Labour inspector advises otherwise
6. Develop and implement corrective measures based on findings of investigation
7. Monitor corrective measures to determine effectiveness

HS3.13 DEFINITIONS:

Critical Injury: A critical injury as defined by Ontario Regulation 834 under the OHS Act is: "an injury of a serious nature that,

- (a) Places life in jeopardy;
- (b) Produces unconsciousness;
- (c) Results in substantial loss of blood;
- (d) Involves the fracture of a leg or arm but not a finger or a toe;
- (e) Involves the amputation of a leg, arm, hand or foot, but not a finger or toe;
- (f) Consists of burns to a major portion of the body; or
- (g) Causes the loss of sight in an eye."

First Aid Injury: The one-time treatment or care and any follow-up visit(s) for observation purposes only. First aid includes, but is not limited to: cleaning minor cuts, treating a minor burn, applying bandages and/or dressings, applying a cold pack, applying a splint.

Health Care Injury: Work-related injury requiring the professional services of a health care practitioner (e.g. doctor, chiropractor, physiotherapist) with no time lost from work beyond the day of injury.

Lost Time Injury: Work-related injury causing a loss of time from work beyond the day of injury; must be treated by a health care practitioner (e.g. doctor, chiropractor, physiotherapist)

Near Miss Incident: An occurrence that does not result in injury/illness or property damage but which, under slightly different circumstances, could have resulted in harm to people, damage to property or loss to process.

Occupational Illness: An occupational illness as defined under the OHS Act: "a condition that results from the exposure in a workplace to a physical, chemical, or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired thereby and includes an occupational disease for which a worker is entitled to benefits under the Workplace Safety and Insurance Act 1997."

HS3 POLICY AND PROCEDURES ON SAFETY AND INCIDENT REPORTING

HS3

DATE OF CURRENT REVISION OR CREATION- MAY 2019

HS3.14 IN THE EVENT OF A CRITICAL INJURY OR FATALITY:

- (1) The first person on the scene/supervisor or instructor responsible for the area shall report the injury to the Massage Therapy Program Coordinator.
- (2) The supervisor or instructor responsible for the area shall notify the Director of Academics.
- (3) The Program Coordinator or the Director of Academics, or designate, shall notify the injured person's immediate family or other persons as directed by the individual. Where required, the Program Coordinator or the Director of Academics or designate may request the assistance of the College's designated CPR/First Aider or other.
- (4) The Program Coordinator or the Director of Academics will immediately notify the Health and Safety Committee
- (5) The Health and Safety Committee, in cooperation with the Program Coordinator or the Director of Academics, shall coordinate the accident investigation process.
- (6) The Health and Safety committee shall submit a written Accident report, detailing the prescribed information.
- (7) All media inquiries are to be directed to the Program Coordinator or the Director of Academics. Under no circumstances should any member of the OCHT, unless authorized to do so, make any statements to the media.

HS3-S.1 FORM HEALTH AND SAFETY INCIDENT REPORT

HS3-S.1

DATE OF CURRENT REVISION OR CREATION- MAY 2019

INSTRUCTIONS: THIS FORM MUST BE COMPLETED WITHIN 24 HOURS OF THE INCIDENT/ILLNESS AND EMAILED TO THE DIRECTOR AT MEL@OCHT.CA THIS FORM IS TO BE COMPLETED BY THE PROGRAM COORDINATOR OR ACTING SUPERVISOR

PERSONAL INFORMATION

Individual Involved is a <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Client <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor			
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
Date of Birth	Telephone Number(s) Day	Telephone Number(s) Evening	
Address (Street/Apt. No./P.O. Box/R.R. No.)	City/Town	Province	Postal Code
Email Address	Supervisor		

INCIDENT DETAILS

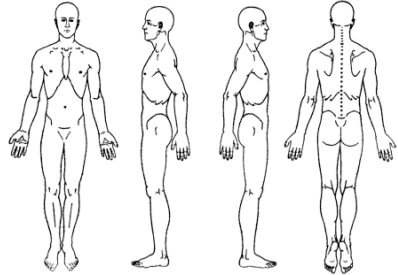
Incident Type (check all that apply):		Nature of the Injury (if applicable):	
<input type="checkbox"/> First Aid	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Cut/laceration	<input type="checkbox"/> Burn
<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Environmental	<input type="checkbox"/> Bruise/contusion	<input type="checkbox"/> Fracture
<input type="checkbox"/> Workplace Harassment	<input type="checkbox"/> Fire	<input type="checkbox"/> Sprain/strain	<input type="checkbox"/> Loss of consciousness
<input type="checkbox"/> Critical Injury	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Soreness/pain	<input type="checkbox"/> Psychological
		<input type="checkbox"/> Amputation	<input type="checkbox"/> Other: _____
Where did the Incident Occur?	Room Number:	Additional Location Information:	
Who was the incident/illness Reported to?			
Name	Position	Date and Hour of the Incident/Illness:	
Telephone Number	Date and Hour Incident/Illness was Reported:		
Were there any Witnesses or other persons involved with the incident/illness? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, Provide Names and Phone Number(s):			
1.			
2.			
3.			
Description of how the incident/illness occurred (include people, equipment, materials and/or processes involved):			

HS3-S.1 FORM HEALTH AND SAFETY INCIDENT REPORT

HS3-S.1

DATE OF CURRENT REVISION OR CREATION- MAY 2019

INCIDENT DETAILS CONTINUED

Check all areas that apply:	LEFT	LEFT	LEFT	LEFT	
<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye(s) <input type="checkbox"/> Ear(s) <input type="checkbox"/> Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Chest	<input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Fingers	<input type="checkbox"/> Abdomen <input type="checkbox"/> Upper back <input type="checkbox"/> Lower back <input type="checkbox"/> Pelvis <input type="checkbox"/> Other: _____	<input type="checkbox"/> hip <input type="checkbox"/> thigh <input type="checkbox"/> knee <input type="checkbox"/> Lower Leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toes	<input type="checkbox"/>	

TREATMENT OF INJURY

Did the Individual receive first aid treatment <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, check provider:	<input type="checkbox"/> OCHT Staff Member <input type="checkbox"/> Ambulance <input type="checkbox"/> Hospital <input type="checkbox"/> Walk-in Clinic <input type="checkbox"/> Family Doctor <input type="checkbox"/> Other: _____
--	---

INVESTIGATION

Description of potential causes based on your investigation:	<input type="checkbox"/> Unsafe Equipment <input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> High/Low Temperature Exposures <input type="checkbox"/> Inadequate Illumination <input type="checkbox"/> Hazardous Environmental Condition <input type="checkbox"/> Excessive noise levels <input type="checkbox"/> Unsafe Work Practice <input type="checkbox"/> Failure to use PPE <input type="checkbox"/> Improper Technique <input type="checkbox"/> Other: _____	
Details of Property Damage (if applicable):		
Description of corrective measures:	<input type="checkbox"/> Equipment repair/replacement <input type="checkbox"/> Install Safety devices <input type="checkbox"/> Check with manufacturer <input type="checkbox"/> Improve work procedure <input type="checkbox"/> On the job training <input type="checkbox"/> Perform housekeeping <input type="checkbox"/> Review PPE <input type="checkbox"/> Inform all Staff <input type="checkbox"/> Other: _____	
Report Completed by Name (please print):	Signature	Date
Director	Signature	Date

HS4 FIRE SAFETY PLAN PROCEDURES FOR OCCUPANTS

HS4

DATE OF CURRENT REVISION OR CREATION- MAY 2019

IN CASE OF FIRE:

- (1) Calmly notify all occupants in the immediate area of a fire condition.
- (2) Sound the alarm by activating a manual pull station
- (3) If safe to do so, leave the building immediately by the nearest and safest exit, taking your keys and closing doors behind you.
- (4) Call the Fire Department from a safe location by dialling 911, giving your name and say there is a fire at:

Ontario College of Health & Technology
1040 South Service Road, Stoney Creek

IF YOU HEAR AN ALARM OR ARE NOTIFIED OF A FIRE:

- (1) If it is safe to do so, leave the building immediately by the nearest and safest exit, taking your keys and closing all doors behind you.
- (2) Call the Fire Department from a safe location by dialling 911, giving your name and say there is a fire at:

Ontario College of Health & Technology
1040 South Service Road, Stoney Creek

IF YOU REMAIN IN THE BUILDING:

- (1) If you cannot exit the building due to excessive smoke, heat, or fire, you should seek refuge in a safe location, preferably a room as far away from the fire.
- (2) If possible open a window for fresh air.
- (3) To keep smoke from entering the room close all doors and, if available, place wet towels at the bottom of the door to seal the crack. Attempt to seal any vents or air ducts in a similar way.
- (4) Keep low to the floor where the air is cleaner.
- (5) Call the Fire Department from a safe location by dialling 911, giving your name and say there is a fire at:

Ontario College of Health & Technology
1040 South Service Road, Stoney Creek

- (6) Listen for instructions from authorities.

RIGHTS AND RESPONSIBILITIES

RR1.1 STATEMENT OF POLICY

Ontario College of Health and Technology (“OCHT” hereafter) is committed to excellence in education by supporting the equal opportunity for success for all students. This includes the commitment of administration and staff to anti-oppression practices through the identification and elimination of all types of discrimination as outlined in Ontario’s Equity and Inclusive Education Strategy (2009), (“the Strategy” hereafter), Developing and Implementing Equity and Inclusive Education Policies in Ontario Schools (2013), Ontario’s Education Equity Action Plan (2017) and the Anti-Racism Directorate’s three year anti-racism strategic plan, A Better Way Forward (2017).

RR1.2 BACKGROUND

OCHT’s goals reflect a commitment to providing equity of access and opportunity for all students and staff to learn, work and develop in a climate that is safe, positive, healthy, accessible and inclusive.

OCHT is committed to ensuring a learning and working environment, through inclusive programs, curriculum, services, and operations, in which everyone is treated with respect, and no one is subject to discrimination. This commitment confirms and upholds the principles enshrined in the Canadian Charter of Rights and Freedoms, the Constitution Act, 1982, the Ontario Human Rights Code (“the Code” hereafter) and the Education Act.

This policy sets out OCHT’s vision and goals for equity and inclusive education for all students, with reference to the eight areas of focus as identified by Ontario’s Equity and Inclusive Education Strategy (2009).

- (1) Policies, Programs, Guidelines and Practices
- (2) Shared and Committed Leadership
- (3) School-Community Relationships
- (4) Inclusive Curriculum and Assessment Practices
- (5) Religious Accommodation
- (6) School Climate and the Prevention of Discrimination and Harassment
- (7) Professional Learning
- (8) Accountability and Transparency

RR1.3 APPLICATION OF POLICY

It is intended that this policy will support members of the wider OCHT community to understand and fulfill our shared obligation to anti-oppression, equity and inclusive education: that is, to promote the dignity, intersection, and equality of all identities protected under the Code in all aspects of learning and teaching throughout OCHT.

This policy is intended to support administration and faculty of OCHT to understand, identify, address, and eliminate the biases, barriers, and power dynamics that limit students’ prospects for learning, growing and fully contributing to society. Barriers may be related to sex, sexual orientation, gender identity, gender expression, race, ethnic origin, religion, socio-economic background, physical or mental ability, or other factors. It is now recognized that several factors may intersect to create additional barriers for some students. These barriers and biases, whether overt or subtle, intentional or unintentional, need to be identified and addressed.

This policy applies to all members of the OCHT community. As well, this policy provides the framework for the review and/or creation of OCHT policies, procedures, practices and guidelines. The application of this policy also includes addressing issues of bullying, discrimination, harassment, and hate which occurs during a work, school or related event or when the infraction has an adverse impact on the learning or working environment.

It is the expectation of the OCHT that all students, employees, families, visitors, contractors, third parties, and others invited to, visiting, using or permitting OCHT property, will support the goals of anti-oppression, equity and inclusion, outlined herein, when interacting with all members of the OCHT community.

RR1 POLICY ON EQUITY AND INCLUSION

RR1

DATE OF CURRENT REVISION OR CREATION- JAN 2019

RR1.4 AREAS OF FOCUS: COMMITMENTS

OCHT Structures, Policies, Procedures, Programs, Guidelines and Practices

OCHT commits that all administration structures, policies, procedures, programs, guidelines, and practices will inclusively support students, staff members, and families in all communities. OCHT aims to do so by incorporating the principles of anti-oppression, equity and inclusion into the development and regular review of structures, policies, procedures, programs, guidelines, and practices (consistent with the principles of the Ontario Human Rights Code). This area of focus establishes the framework for policy development and implementation in all the other areas of focus below.

RR1.5 SHARED AND COMMITTED LEADERSHIP

The principle of shared and committed leadership recognizes that all partners in education – including community partners, families, and students – are responsible for preparing students to live successfully in a diverse society. OCHT will work with all educational partners to provide leadership that is responsive to the diverse nature of Ontario's communities by identifying and removing discriminatory biases and/or systemic barriers that impact student achievement, as well as student and staff well-being.

Supporting schools, staff and student success and bringing change to instructional practices and learning cultures requires strong, focused leadership from all OCHT staff, including school board trustees, directors of education, superintendents, principals, educators, support workers and business staff.

SS1.6 SCHOOL COMMUNITY RELATIONSHIPS

OCHT is committed to establishing and maintaining partnerships with diverse communities as part of the OCHT's broader commitment to include and recognize the perspectives and experiences of all students and to ensure that their needs are met.

The principle of equitable school community relationships recognizes the importance of consistent communication with individuals premised on trust, dignity, openness, respect and the recognition of the unique expression of individual identities.

RR1.7 INCLUSIVE CURRICULUM AND ASSESSMENT PRACTICES

The OCHT administration will review curriculum and resources, instruction, and assessment/evaluation practices in order to identify and address discriminatory biases to ensure equity of opportunity and access for each student, inclusive of all aspects of their intersectional identities and abilities.

The Board is committed to identifying and implementing inclusive, anti-oppressive curriculum planning processes supported by resources, instructional strategies and assessment and evaluation practices that reflect and respond to the diverse needs and abilities of diverse learners.

The principle of anti-oppressive and inclusive curriculum and assessment practices recognizes the importance of intentionally building culturally responsive classroom environments where students regularly and authentically have opportunities to share narratives, perspectives, curiosities, interests, and insights about their experiences of the world. Inclusive curriculum and assessment practices are also premised on responsive curriculum planning that begins with student interests, identities, abilities and successful learning experiences to guide inquiry and culturally responsive selection of resources to launch student inquiry.

RR1.8 RELIGIOUS ACCOMMODATION

OCHT acknowledges each individual's right to follow or not follow religious or creed beliefs or practices free from discrimination or harassing behaviour. OCHT along with all Ontario schools, universities, colleges, and government and private organizations, has a legal duty to accommodate religious/creed accommodation request(s) from students and staff to the extent of undue hardship in accordance with the Ontario Human Rights Code.

OCHT has established a process to respond to religious/creed accommodation to students and staff as outlined in the Operating Procedure for Religious Accommodation and that is consistent with the principles of accommodation established by the Ontario Human Rights Commission. The Board is committed to supporting religious/creed accommodation requests by engaging families in conversations in an environment of trust, openness, learning, and dignity, including the legal recognition of every individual's right to their own unique and intersectional expression of religious and creed identity.

RR1.9 SCHOOL CLIMATE AND THE PREVENTION OF DISCRIMINATION AND HARASSMENT

Every person within the school community is entitled to anti-oppressive, safe, respectful and positive school climates for learning and working, free from all forms of bullying, discrimination harassment and hate. A safe, inclusive and accepting school climate is essential for student achievement and well-being. The school climate must welcome all stakeholders and encourage the active participation of students, families, and staff in ensuring that the principles of the Code, the Occupational Health and Safety Act and the Equity and Inclusive Education Policy are applied at OCHT. OCHT is committed to the intentional creation of learning and working climates that values and accepts all students, staff, and families, inclusive of their intersecting race and ethnicity; gender; gender identity; place of origin; citizenship; religion; creed; cultural and linguistic background; social and economic status; sexual orientation; age; ability/disability; and any other immutable characteristics.

RR1.10 PROFESSIONAL LEARNING

OCHT is committed to providing the school community, including students, with opportunities to acquire the knowledge, skills, attitudes, and behaviours needed to identify and eliminate discriminatory biases, and oppressive systemic barriers under the Ontario Human Rights Code. The groundwork for positive and sustained change throughout OCHT is regular, long-term commitments to staff development focused on integrated and embedded anti-oppression practices as well as equity and inclusive education for OCHT employees from all levels and departments, including administration, and faculty.

RR1.11 ACCOUNTABILITY AND TRANSPARENCY

OCHT will implement assessment and monitoring processes to ensure that the principles of Ontario's Equity & Inclusive Education Strategy are embedded into all Board policies, procedures, programs, guidelines, and practices and will communicate these results to the community.

Ontario College of Health and Technology, along with all Ontario public, Catholic and private schools, universities, colleges, and government and private organizations, has a legal duty to accommodate religious accommodation request(s) from students and staff to the extent of undue hardship in accordance with the Ontario Human Rights Code. This document sets out the recommended procedures for meeting and providing religious accommodation requests from students, staff and stakeholders at OCHT.

Students and staff of any faith background can request religious accommodation. Accommodation will be provided on a case by case basis, in the context of a private career college, and cannot replicate the experience or environment that an individual has in the home or a place of worship. OCHT is required to accommodate based on personal faith practice, not in comparison with other faiths. Religious Accommodation is not fixed, it is a process that is fluid and ongoing. Accommodation of religious beliefs and practices are best met through meaningful conversation and respectful relationships.

In accordance with the **Policy on Equity and Inclusion**, OCHT recognizes the religious diversity represented in its students, staff, parents and stakeholder communities and is committed to an inclusive approach in all its activities related to religious accommodation. OCHT is committed to removing any bias or system barriers to achieve equity and inclusion when faith request intersects with the areas of policies, programs, operations, practices and curricula. OCHT acknowledges and respects an individual's right to practice or not practice a religion. Although religious observances are based on generally accepted practices of a faith group, OCHT recognizes that there are variations amongst members of religious groups in their understanding, interpretation and practice of their religion.

This Operating Procedure clarifies the OCHT's Religious Accommodation procedures and includes resources to support administrators. For background information, glossary of key terms and supports please see list at the end of this document.

RR2.1 HUMAN RIGHTS AND RELIGIOUS ACCOMMODATION

Inclusion is a core value of OCHT. OCHT works to create a school environment free from religious discrimination. However, this freedom is not absolute. OCHT will limit practices and conduct in its schools/worksites which may put public safety, health, or the human rights and freedoms of others at risk. The Board will further limit practices and conduct that are in violation of other OCHT policies. OCHT will not provide any accommodation for lessons that build a climate of inclusion and/or ensure safety of all students.

RR2.2 GENERAL GUIDELINES AND PROCEDURES FOR RELIGIOUS ACCOMMODATION

Unless otherwise specified, students and staff should request religious accommodation in writing as soon as possible. The request should be specific and include the context using the Religious Accommodation Request Form. Student/staff making a request should specify the religious requirements and the details of the area of OCHT practice that needs to be accommodated. Emphasis will be placed by administrators on understanding the situation, context and practices that guide the request and the process of regular reviews of the accommodation.

OCHT administrators will respond to the accommodation request in a timely manner. The process outlined in the two flow charts for students will guide implementation; and the collective agreements in consultation with the Human Resources Department will define the steps for staff.

RR2.3 AREAS OF ACCOMMODATION

When accommodation requests related to religious beliefs and practices arise at OCHT, suitable collaboration among school, student, family, religious community, staff and the administration is often needed in order to develop an appropriate accommodation. OCHT respects the practice of diverse religious traditions and individuals or groups who do not belong to an organized religion or practice a religion.

For students and staff at OCHT, there are two significant areas where accommodation may arise:

- (A) Religious Practice
- (B) Curriculum Expectations

RR2.3 A. ACCOMMODATION OF RELIGIOUS PRACTICE

Observation of major holy days, ceremonies, commemorations and celebrations

Requests from students, and/or staff may be for a variety of reasons. The request may require some modification to the regular day, or a partial and/or full leave for the individual involved.

RR2.3 A(i) Prayer and rituals

A number of religions assign great significance to prayer and worship amongst it's congregants. Some religions have requirements around prayer that are tied to specific days and times when it needs to be offered. This religious expectation is adhered to in varying forms by practicing members of the faith. OCHT will make all reasonable efforts to accommodate requests from diverse students/staff and staff.

OCHT also acknowledges that prayer is a personal matter and is practiced differently by each individual.

OCHT recognizes that there are some religious practices that require the separation of male/female gender during prayer accommodations. The law is clear – OCHT cannot interfere in the practice of faith. Students who have been provided with religious accommodation for prayer choose how they pray based on their personal faith practice.

OCHT will accommodate prayer requests – daily, weekly or otherwise as per negotiated individual accommodation. Staff prayer requests for accommodations will be met in consultation with Human Resources and with no or minimal impact to the job requirement.

The following guidelines apply to all student prayer accommodation:

All prayer accommodation must comply with the school code of conduct, the Education Act, its Regulations and the Ontario Human Rights Code.

Appropriate disciplinary and corrective action will be taken where there are any contraventions of the Ontario Human Rights Code or the school code of conduct.

RR2.3 A (ii) Religious attire

The Board will recognize and accommodate the students/staff with regard to religious attire. The individual request should demonstrate the religious requirement for accommodation. Some religious attire that will be accommodated includes, but is not limited to:

- (1) Hairstyles
- (2) Headwear
- (3) Wearing religious symbols
- (4) Clothing

RR2.3 A (iii) Religious leave

Students are excused from attendance at school if they are absent on a holy day approved by the administration, or a holy day observed by the religious denomination they belong to/identify with. Students are required to provide written religious leave notification. The notice should be made enough in advance to ensure any rescheduling of school/ curriculum expectations (e.g. tests, assignments, exams, student clinic).

School-wide communication about religious accommodation is not permitted. Any related communication should be made directly with the student(s) being provided accommodation.

RR2.3 B ACCOMMODATION OF CURRICULUM EXPECTATIONS**RR2.3 B (i) Participation in daily activities and curriculum**

When accommodation related to the school activity and/or curriculum content is requested, OCHT will identify an appropriate accommodation that is focused on participation and inclusion following the steps outlined in the Flow Charts and the conversation flows related to curriculum.

It is important to note that when an individual requests a curriculum accommodation, the reached agreement applies only to the individual student in question and not to all the students of that faith, the whole class or to classroom practices in general.

School-wide communication about religious accommodation is not permitted. Any related communication should be made directly with the student(s) being provided accommodation.

REFERENCES

SS2-S.1 Form Special Accommodations for Equity and Inclusion Needs

RR2-S.1 FORM SPECIAL ACCOMMODATIONS FOR EQUITY AND INCLUSION NEEDS

RR2-S.1

DATE OF CURRENT REVISION OR CREATION- JAN 2019

STUDENT _____

PROGRAM _____ START DATE _____

PLEASE PROVIDE THE DETAILS OF YOUR EQUITY AND INCLUSION NEEDS:

Student_____
Date_____
Leigh Rodrigues - Massage Therapy Program Coordinator_____
Date_____
Mary Ellen Logan - Director of Academics_____
Date

RR3.1 STATEMENT OF COMMITMENT

Ontario College of Health & Technology (OCHT) is committed to accessibility as expressed in the Accessibility for Ontarians with Disabilities Act (hereinafter referred to as the AODA), which places a legal obligation on organizations to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025.

OCHT is committed to fostering, creating and maintaining a barrier-free environment for all individuals providing equal rights and opportunities, including:

- (a) promoting a respectful attitude for persons with disabilities;
- (b) promoting awareness of the needs and abilities of persons with disabilities;
- (c) informing the OCHT community about the services available to persons with disabilities and seeking to ensure that such services are delivered in ways that promote equity; and
- (d) providing support services, subject to certain limitations.

OCHT recognizes that barriers to participation exist and that adjustments to policies and practices of the college are required. This is accomplished through the prevention, identification and removal of barriers within the college systems, structures and policies. It is understood that where this Policy refers to “barriers” it is referring to barriers such as a physical barrier, an architectural barrier, and information or communications barrier, an attitudinal barrier, a technological barrier, or a policy or practice.

The commitments in this Policy are intended to ensure that accessibility remains a priority in OCHT’s decision-making process and will serve to assist in ensuring that decisions are improving accessibility and not inadvertently creating barriers.

RR3.2 PURPOSE & SCOPE

This Policy provides a framework within which accessibility plans and initiatives are to be created in order to move the College towards the goal of building an inclusive community with a shared purpose. It is also the purpose of this Policy to endeavour to provide the foundation to create an environment that provides the widest feasible scope of access, which is the right or opportunity to reach, use or participate in the college’s systems, facilities and services.

This Policy applies to:

- (a) OCHT students,
- (b) OCHT employees,
- (c) Applicants for employment with OCHT, who may require employment accommodation through the recruitment, assessment, selection, and hiring process,
- (d) Visitors and volunteers, and
- (e) Contractors and subcontractors engaged by OCHT.

RR3.3 PRINCIPLES

In order to meet the needs of persons with disabilities, the principles of approach are:

Dignity: service is provided in a way that allows the individual to maintain self-respect and the respect of other persons.

Independence: when a person is able to do things on their own without unnecessary help or interference from others.

Integration: service is provided in a way that allows the individual to benefit from equivalent services, in the same place, and in the same or similar way as other individuals, unless an alternate measure is necessary to enable the individual to access goods or services.

Equal Opportunity: service is provided to individuals in such a way that they have an opportunity to access goods or services equal to that given to others.

Reasonable Efforts: taking approaches that meet the required needs of the individual.

RR3.4 ACCESSIBILITY PLAN

OCHT will identify and implement training and education requirements or opportunities to increase the awareness of accessibility and remove attitudinal barriers.

RR3.5 ACCOUNTABILITY

All members of the OCHT community are responsible for adhering to and following the commitments set out in this Policy.

The Director of Academics is the administrative unit responsible for the administration of this policy.

OCHT will monitor and evaluate accessibility initiatives and changes to applicable legislation and/or regulations. Changes to policies, plans and initiatives will be incorporated as required. The Policy will be communicated to the college community and OCHT will make the Policy publicly available on its website.

RR3.6 GUIDELINES

OCHT provides Guidelines on specific accessibility considerations with respect to the application of this Policy. This guide will be updated as required by OADA.

1. Use of Assistive Devices Guideline

Personal assistive devices are often used by persons with disabilities to help them with daily living. They are usually devices that people bring with them to the College and may consist of any auxiliary aids such as communication aids, cognition aids, personal mobility aids and/or medical aids.

In accordance with the Accessibility for Ontarians with Disabilities Act, people may use their own personal assistive devices while accessing goods and services at OCHT, subject to certain limitations.

Assistive devices may include but are not limited to:

- (a) manual and motorized wheelchairs, scooters, canes, crutches, walkers,
- (b) hearing aids and personal TTYs
- (c) magnifiers,
- (d) oxygen tanks,
- (e) computers and adaptive technology.

Principles:

OCHT is committed to enhancing the accessibility of its education delivery, websites, telecommunications and other infrastructure. As part of this commitment, the college will ensure that persons with disabilities are permitted to use their own assistive devices to access goods and services of the college, subject to reasonable limitations.

Protocol:

Upon request, OCHT will be prepared to assist, or arrange for assistance, while individuals are using goods or services of the college, subject to reasonable limitations.

Availability of Assistive Devices:

The college provides measures to assist persons with disabilities to benefit from the equivalent level of service, in the same place and in a similar way, as other individuals. Where an assistive device or support does not exist on campus, the college will make reasonable efforts to ensure that appropriate devices or supports are made available, subject to reasonable limitations.

2. Guidelines for Service Animals & Support Persons

Purpose: Service animals and support persons required to assist a person with a disability will be present and welcome at campus locations except where excluded by law.

Definitions:

Service Animal: Any guide dog, signal dog, or other animal individually trained to provide assistance to a person with a disability. If they meet this definition, animals are considered service animals. A service animal is not a pet.

Service animals perform some of the functions and tasks that the person with a disability cannot perform for themselves.

For example, guide dogs used by some individuals who are blind, alerting persons with hearing impairments to sounds, pulling wheelchairs or carrying and picking up things for persons with mobility impairments, assisting persons with mobility impairments with balance.

Support Person: Any person who provides assistance to a person with a disability.

Principles:

OCHT shall not prohibit the use of a service animal by a person with a disability in the conduct of regular business or activities except where excluded by law.

Protocol:

Within the parameters of the Principles noted above, the service animal or support person must be permitted to accompany the individual with a disability to all areas of the College where members of the public (as applicable) are normally allowed to go. An individual with a service animal may not be segregated from other individuals.

If goods, services or facilities are defined as off-limits to service animals or support persons, the College will make every effort to provide alternate ways for persons with disabilities to access such goods, services and facilities.

To find out if a specific area is off-limits to service animals or support persons contact the Director of Academics.

OCHT will provide notice in advance about whether an admission fee will be charged for support persons, if applicable.

In order to respect employees or students whose health may be impacted by the presence of service animals at OCHT, these individuals may request reasonable accommodation suitable to their health needs.

3. Notice of Temporary Disruptions in Service**Purpose:**

OCHT will provide notice to members of the public when there is a temporary disruption of facilities or services (planned or unexpected) that are usually used by persons with disabilities at the college.

Scope:

Service disruptions shall include information related to facilities (e.g. elevators, building ramps, accessible washrooms) or goods/services (e.g. events, lectures, amplification systems, TTY services).

Disruptions to all services, such as during a power outage or during a labour dispute, do not require this special notice.

For information relating to college closure due to inclement weather please reference the college's Inclement Weather Policy.

Protocol:

Where a service disruption is unavoidable the College shall:

- (a) Post a notice at the location, for example if an accessible washroom disruption then a notice will be posted at the site.
- (b) Provide advance notice, where possible, to all building occupants and/or affected participants using email distribution lists, website.

All service disruption notices shall include:

- (a) Name of the service/event impacted
- (b) Expected duration of disruption,
- (c) Any alternate means of accessing the facility or service,
- (d) Who to contact for assistance,
- (e) Any other relevant information for accessing the facility or service

In such cases, the person may be offered the following as a means of accessing the facility, event or service, such as:

- (a) the goods and service delivery agent may provide the goods or service directly to the person with a disability at an alternate place and time, as deemed appropriate; or
- (b) any other assistive measures available and deemed appropriate to deliver goods and services.

4. Guideline for Providing Feedback & Complaints

Purpose:

In accordance with the Accessibility for Ontarians with Disabilities Act, OCHT is required to establish a mechanism for receiving and responding to feedback from persons with disabilities about accessibility in relation to the way the College provides its services to them.

Protocol:

Complaints involving accessibility issues may follow the Anti-Discrimination Policy, which contains provisions for managing complaints alleging discrimination related to disability.

Where persons with disabilities have concerns or feedback regarding the services provided by the College they may bring such feedback forward to the Director of Academics (mel@ocht.ca). Any feedback provided by an individual must be addressed in a timely manner. All responses must be provided to the originator in a format, which meets their needs.

Training:

Ontario College of Health & Technology will provide training to all Associates who deal with the public and all those who are involved in the development and approvals of our policies, practices and procedures. Individuals in the following positions will be trained:

- (a) All Administrators
- (b) Front Desk Staff
- (c) Faculty
- (d) Contractors

Training will include the following:

- (a) The purposes of the Accessibility for Ontarians with Disabilities Act (2005) and the requirements of the customer service standard
- (b) How to interact and communicate with people with various types of disabilities
- (c) How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person

Applicable Associates will be trained on policies, practices and procedures that affect the way goods and services are provided to people with disabilities.

Associates will also be trained on an ongoing basis when changes are made to these policies, practices and procedures.

Training is conducted according to the guidelines found through AODA and Ontario BIA Association.

REFERENCES:

Ontario Human Rights Code

Occupational Health and Safety Act of Ontario

Accessibility for Ontarians with Disabilities Act

Anti-Discrimination Policy

BIA Handbook on the Accessibility for Ontarians with Disabilities Act

SS4-S FORM 01-Special Accommodations Form Disability

RR3-S.1 SPECIAL ACCOMMODATIONS FORM: PATIENT

RR3-S.1

DATE OF CURRENT REVISION OR CREATION- JAN 2019

PATIENT _____

DATE OF
REQUEST _____

- USE OF ASSISTIVE TECHNOLOGY IN THE CLINIC
- USE OF ASSISTIVE DEVICES, SERVICE ANIMALS, AND SUPPORT PERSONS

Patient Name_____
Date_____
Leigh Rodrigues - Massage Therapy Program Coordinator_____
Date_____
Mary Ellen Logan - Director of Academics_____
Date

RR4 POLICY ON ACCEPTABLE USE

RR4

DATE OF CURRENT REVISION OR CREATION- JAN 2019

RR4.1 PURPOSE/RATIONALE:

Ontario College of Health & Technology, OCHT, in part through its "Acceptable Use Policy," seeks to achieve the following four goals:

1. Protect students, employees, suppliers, and guests
2. Adhere to all applicable laws and regulations
3. Exist within the global community as a responsible citizen
4. Maintain the integrity and quality of technical services

RR4.2 SCOPE:

All students, employees, suppliers, and guests of OCHT are required to adhere to the Acceptable Use Policy at all times when using any of OCHT's technical services either remotely or while on campus. Examples of services covered by the Acceptable Use Policy include OCHT's data network, desktops, Wi-Fi (wireless) network, learning management system, mobile devices, e-mail, telephones, printers/copiers, storage network, laptops, audio/visual equipment, and Internet links. Any use of any technical service, including use carried out on a privately-owned computing devices not managed or maintained by OCHT, is governed by the Acceptable Use Policy.

RR4.3 DEFINITIONS:

Client: Any individual or entity (includes students, employees, suppliers, and guests) using one or more technical services at OCHT (also known as a "user").

Data: Information in a raw or unorganized form (such as letters, numbers, symbols, or graphics) that refer to, or represent, conditions, ideas, or objects.

Employee: Any individual (not an independent business) providing value to OCHT on a regular or semi-regular basis in exchange for compensation.

Guest: Any external person or entity (includes members of the public, retirees, event attendees, prospective students, alumni, advisory groups, varsity teams, etc.).

Information: Timely and accurate data organized and presented in a way that gives it meaning/relevance leading to increased understanding or reduced uncertainty.

Personal: Any activity unrelated to OCHT's mission or instructional, academic, administrative, and/or research objectives (also known as a "non-OCHT activity").

Service: Value (people, process, and technology) made available to employees, students, suppliers, and/or guests in support of OCHT's business objectives.

Student: Any person actively enrolled in an OCHT course.

Supplier: An independent business providing value to Humber (also known as a "vendor", "contractor", "strategic partner", and/or "consultant").

RR4 POLICY ON ACCEPTABLE USE

RR4

DATE OF CURRENT REVISION OR CREATION- JAN 2019

RR4.4 GENERAL

1. Clients are to obey the law and abide by all OCHT policies, standards, and guidelines when using any of OCHT's technical services.
2. All technical services are available to Clients in support of OCHT's mission and are intended for academic, administrative, and research purposes.
3. Any activity that could impact the fair, safe, and productive use of technical services or negatively impact OCHT's operations, assets, and/or reputation is prohibited.
4. Clients are required to conduct themselves in an appropriate, professional manner when using any of OCHT's technical services.
5. Clients are accountable for all activities logged against their credentials (username and password) or electronic signature code (including all misuse or illegal activity).
6. Use of any OCHT technical service implies a Client has read the Acceptable Use Policy and unconditionally agreed to abide by all terms and conditions at all times.
7. Questions about this policy may be directed to the Director of Academics.

RR4.5 IDENTITY/ACCESS

1. Clients are to access technical services only using the OCHT credentials (username and password) assigned to them. Use of another Client's credentials is prohibited.
2. OCHT usernames and passwords are personal identifiers equivalent to a signature on a document and should never be shared or disclosed to anyone at any time.
3. Concealing one's identity when accessing a technical service is prohibited. Similarly, masquerading or impersonating another individual is also prohibited.

RR4.6 SECURITY

1. Students, employees, suppliers, and guests are required to protect all sensitive/privileged/personal data and information in their custody.
2. To guard against inadvertent/unauthorized disclosure, employees and suppliers are to encrypt sensitive/privileged/ personal data and information in storage or in transit.
3. Students, employees, suppliers, and guests are to take every possible precaution at all times to ensure no other person gains knowledge of their OCHT passwords.

RR4.7 PERSONAL USE

1. Limited use of technical services for personal use is acceptable and permitted provided that use does not violate any part of the Acceptable Use Policy.
2. The personal use of technical services may not interfere or otherwise conflict with OCHT operations or incur any additional costs for OCHT.
3. Clients should use caution when using services for personal use. Data created, received, and/or stored are accessible and may be accessed by OCHT at any time.
4. OCHT is not responsible for non-OCHT privacy/confidentiality breaches. Clients are encouraged to encrypt all personal files created, received, or stored at OCHT.
5. The excessive consumption (as defined by OCHT) of technical resources (network bandwidth, server time, file storage space, printer paper, etc.) is prohibited.
6. Technical services, when used for personal use, are provided "as is" and without any guarantee/warranty in the form of usability, functionality, availability, or continuity.

RR4 POLICY ON ACCEPTABLE USE

RR4

DATE OF CURRENT REVISION OR CREATION- JAN 2019

7. At any time and without notice, OCHT reserves the right to modify any technical service. Humber may also terminate services for personal use without notice.
8. Deleting electronically stored files does not assure permanent erasure. Deleted data and information may be recoverable by OCHT.

RR4.8 OCHT ACCESS

At its discretion and in accordance with applicable law, OCHT may access, use, and disclose the data and information of its Clients in the following circumstances:

- (a) as required by Federal, Provincial, or local law enforcement agencies
- (b) to carry out essential OCHT business functions
- (c) as required to preserve/protect public health and safety
- (d) where there are reasonable grounds to believe a law has been violated
- (e) to investigate a breach of OCHT policy
- (f) to recover business data after an employee has left the organization

Approval is required from the Director of Academics.

RR4.9 PROHIBITED ACTIVITIES

Unless granted an exemption by the Director of Academics, no Client may use (or allow anyone else to use) any of OCHTs technical services to:

- (a) violate any law or encourage others to violate any law
- (b) impede, interfere, impair, or otherwise cause harm to the activities of others
- (c) monitor or scan networked resources unless authorized
- (d) intrude into the networks, systems, data files, or computers of others
- (e) use, access, or disclose information on co-workers, friends, or relatives
- (f) edit or delete one's own student, employee, supplier, and/or guest records
- (g) install, use, or distribute software for which one does not have a license
- (h) access, modify, distribute, or reproduce copyrighted material without a license
- (i) monitor another person's activities unless authorized
- (j) create, view, collect, or share pornographic, offensive, or indecent images
- (k) create or distribute malware or other disruptive/destructive constructs
- (l) violate the intellectual property rights of another individual
- (m) seek to learn or use another person's credentials (username or password)
- (n) impersonate a person (authority delegation facilitated by software is permitted)
- (o) operate a commercial or for-profit business without authorization
- (p) distribute bulk mail (spam) or other messages for non-OCHT purposes
- (q) suggest OCHTs endorsement of any political candidate or ballot initiative
- (r) waste bandwidth, server time, storage space, printer paper, or other resources
- (s) compromise OCHTs legitimate interests

Note: Temporary exemptions to prohibited activities may be granted by the Director of Academics for reasonable academic, business, and/or research purposes.

RR4.10 PRIVACY

1. All technical services - including student, employee, supplier, and guest activity - are actively monitored and logged for security, diagnostic, and audit purposes.
2. OCHT respects the privacy of its students, employees, suppliers, and guests and will not use, access, or disclose personal data or information without cause.
3. By using a service, a Client grants OCHT permission to collect, use, access, and disclose his or her personal information for Acceptable Use Policy purposes.
4. Employees and suppliers with access to sensitive data are required to keep such data confidential and may only use said data for official OCHT business.
5. Data and information created, received, and/or stored at OCHT may be accessed during the normal course of service maintenance, troubleshooting, or auditing.

RR4.11 ENFORCEMENT

1. Suspected violations of the Acceptable Use Policy may be reported to the Director of Academics.
2. Pending an investigation, OCHT reserves the right to immediately suspend a Client's access to any and all technical services.
3. Employees and students who violate the Acceptable Use Policy may be subject to disciplinary action up to and including termination of employment or expulsion.
4. Suppliers and guests who violate the Acceptable Use Policy may have their OCHT contracts terminated and/or be refused all future entry to OCHT.
5. OCHT reserves the right, at its discretion, to permanently revoke student, employee, supplier, or guest access to any and all technical services at any time.
6. Clients who violate Municipal, Provincial, Federal, or International law may be subject to criminal prosecution and/or civil litigation by the appropriate authorities.

PATIENT POLICY AGREEMENT FORM

DATE OF CURRENT REVISION OR CREATION- JAN 2019

By initialing and signing below, I acknowledge that I have read and I understand the following policies as outlined in the Faculty Policies and Procedures Manual.

Initials Policy

Policies on Clinic Procedures (C)

Policies on Records (R)

Policies on Health and Safety (HS)

Rights and Responsibility (RR)

Patient

Date

