



Human Resources

Whistleblowing Policy and Procedure

Title:	Whistleblowing Policy and Procedure
Policy #:	HR-POL-007 R1 (Whistleblowing Policy and Procedure)
Applies to:	Employees within Ornge and all its related entities, as well as Representatives acting on behalf of these entities
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Introduction

Ornge is committed to fulfilling its mandate to provide an integrated system of air ambulance and related services in the Province of Ontario with the highest standards of professionalism, ethics, and compassionate patient care. This Policy supports that commitment by providing a framework for the disclosure and investigation of wrongdoing, as well as protection from reprisal for those who make disclosures. It is intended to encourage employees at all levels of the organization and others to act with integrity. It is meant to discourage any wrongdoing.

The balance of this document describes the Policy's governing principles and answers key questions about its operation. This Policy should be read in conjunction with "Procedures under Ornge's Whistleblowing Policy". The Policy and Procedures are posted on the Ornge Internet site. Current, prospective, and newly hired employees, as well as current and prospective suppliers of goods and services, will be advised of the existence of the Policy and Procedures. Employees and suppliers are required to familiarize themselves with both. This Policy also supports the Ornge Workplace Norms document, which is given to all employees when they are hired.

Governing Principles

The Whistleblowing Policy is not meant to duplicate existing processes or remedies that are available through legislation or otherwise. For example, it is not intended to cover what can be grieved under a collective agreement. It is a "last resort" Policy, to be used when no other avenue for the concern or complaint exists or when an existing process or remedy has been frustrated or has failed.

The Policy is not to be used in the case of an emergency which involves a danger to the health or safety of a patient or another person. The processes for addressing concerns about patient care are available on Ornge's website at www.ornge.ca/patients/Pages/Default.aspx. Staff should continue to report any concerns or incidents through the C.A.R.E. software at <https://care.ornge.ca>. Navigation safety concerns should be sent immediately to: aviationsafety@ornge.ca.

Organizations are increasingly appointing external experts to assess whistleblowing concerns and take appropriate action. In recognition of the need to ensure the independence, neutrality, and fairness of its

Whistleblowing program, Ornge appointed an Independent Ethics Officer (“IEO”) with key responsibilities, explained more fully later in this Policy.

The following principles were applied in the development of the Whistleblowing Policy and will guide the actions of the IEO:

- Accessibility (The Policy is to be well advertised, easy to use, and available throughout Ontario);
- Fairness (The Policy and its application need to be fair to the Discloser and the Subject);
- Credibility (The Policy has respected officials involved and confidentiality is respected);
- Flexibility (Processes under the Policy can be adjusted to fit the unique circumstances of the situation);
- Clarity (The Policy uses plain language, is simple in design, and supported by communication and education);
- Accountability (Disclosers, Subjects, and Ornge have specific obligations, there is regular reporting by the Independent Ethics Officer and Ornge, and there is ultimate review by Ornge’s Board of Directors);
- Utility (The Policy allows for a range of concerns to be raised and uses processes that lead to appropriate results);
- Efficiency (The Policy does not duplicate existing procedures for raising concerns and addresses concerns in a timely and cost effective way); and
- Practicality (The Policy is tailored to Ornge’s environment and is workable).

What is whistleblowing?

“Whistleblowing” Policies are intended to protect people who raise legitimate concerns about improper conduct. Whistleblowing involves a “disclosure” (complaint) that is made by a “Discloser” (Complainant) against a “Subject” (Respondent) about an alleged “wrongdoing” or alleged “reprisal”.

Allegations that are found to be trivial, frivolous, vexatious, or made in bad faith will not be treated as a disclosure and will not be pursued under the Whistleblowing Policy.

What is a “wrongdoing”?

“Wrongdoing” under this Policy means committing or counseling another person to do one or more of the following:

- an act or omission that creates a danger to life, health, or safety of a patient or other person;
- mismanagement/misuse of funds/resources;
- contravention of legislation;
- contravention of the Performance Agreement between Ornge and the Ministry of Health and Long Term Care; and/or
- an act or omission impacting the integrity of corporate accounting practices, financial reporting, internal controls, or auditing.

What protection exists against reprisals?

Anyone who, in good faith, makes a disclosure or participates in a process under this Policy, is protected from reprisal. An alleged reprisal may include:

- ending or threatening to end employment;
- disciplining or threatening to discipline;
- penalizing or threatening to penalize; and/or
- coercion and intimidation.

Anyone found to have engaged in a reprisal, for participating in the exercise of their rights under this Policy, is subject to disciplinary action by Management, including the termination of their employment or engagement with Ornge.

Who can make a disclosure?

A person who falls into one of the following categories may make a disclosure:

- current or former employee of Ornge;
- supplier of goods or services to Ornge; or
- member of Ornge's Board of Directors.

Disclosers' names must be revealed to allow for the proper investigation of disclosures about alleged wrongdoing or reprisal. While disclosures cannot be made anonymously, confidentiality will be preserved to the extent appropriate, or possible, in the circumstances.

Allegations about wrongdoing may be made by anyone in one of the categories above who has relevant information. Allegations about reprisal may be made by anyone who has provided information under the Whistleblowing Policy or participated in a process under the Policy.

How can disclosures be made?

Disclosures must be made to the Independent Ethics Officer ("IEO") who is employed by the independent accounting firm, Pricewaterhouse Coopers LLP ("PwC"), via phone call to 416-687-8327 or in writing to ornge.whistleblower@ca.pwc.com.

It is important that Disclosers provide as much information as possible about their allegations of wrongdoing or reprisal, including dates, times, and details surrounding the alleged acts or omissions.

Who will review disclosures?

Disclosures are reviewed by the IEO. The IEO was appointed by the Board of Directors on the recommendation of the Finance and Audit Committee.

How will disclosures be processed?

The IEO will first determine whether the disclosure falls within the scope of the Whistleblowing Policy. If it is within the scope of the Policy, the IEO has the discretion to determine what process or processes to use, including referral to Management, mediation, and investigation. All processes will reflect the principles noted in the "Governing Principles" section.

The IEO may designate someone internal or external to Ornge to perform specified tasks. The IEO is empowered to make findings as to whether or not a disclosure has been substantiated and to make recommendations. The IEO also has the discretion to determine what information is provided to the Discloser by way of report back, taking into account such factors as privacy concerns and the public interest.

How will various confidentiality issues be addressed?

Confidentiality is an important aspect of ethical behaviour and is treated sensitively under the Whistleblowing Policy. Information protected by the following forms of privilege cannot be disclosed under the Policy:

- Solicitor/client privilege;
- Litigation privilege; and
- Cabinet privilege.

Aside from those restrictions, a Discloser who acts in good faith may provide information that is otherwise subject to a confidentiality obligation and will not be penalized for doing so.

Once a disclosure is made, the Discloser and Subject (and any other participants) must maintain an appropriate level of confidentiality. Those handling the disclosure will only share information on a need-to-know basis. If the IEO intends to provide a report back to a Discloser, the Discloser may be required to sign a confidentiality agreement in advance of receiving the report back.

Who is accountable for what?

The Finance and Audit Committee of Ornge's Board of Directors is responsible for oversight of the Whistleblowing Policy.

Management is responsible for implementing the Whistleblowing Policy, for monitoring the Policy, and reporting on results. It is also responsible for addressing any matters referred to it by the IEO.

In addition to handling disclosures, the IEO is responsible for submitting written reports, concurrently to Management and the Finance and Audit Committee, at least quarterly.

All employees (including officers) and members of the Board of Directors, as well as suppliers, are expected to cooperate fully in any investigation or other process used under this Policy. Disclosers, Subjects, witnesses, and anyone else contacted by the IEO or his/her designate are responsible for providing accurate information and for participating, as appropriate, in investigations and other processes used to address concerns that are raised.

Procedures under Ornge's Whistleblowing Policy

Introduction

Ornge's Whistleblowing Policy ("the Policy") reflects the organization's commitment to promoting the highest standards of integrity. This Procedures document is supplemental to the Policy and provides additional information about how rights under the Policy can be exercised. It should be read in conjunction with the Policy. The Policy and Procedures are posted on the Ornge Internet site. Current, prospective, and newly hired employees will be advised of the existence of the Policy and Procedures. Employees are required to familiarize themselves with both. Current and prospective suppliers of goods and services will also be advised of the existence of the Policy and Procedures.

Glossary of Terms

Discloser – is a person (Complainant) within one of the following categories who makes a disclosure (complaint) about a wrongdoing or reprisal:

- current or former employee of Ornge;
- supplier of goods or services to Ornge; or
- Member of Ornge's Board of Directors.

Disclosure – is a complaint made by a Discloser about a wrongdoing or reprisal, by emailing or calling the Independent Ethics Officer.

Independent Ethics Officer ("IEO") – is an independent expert, external to Ornge appointed by the Audit Committee of Ornge's Board of Directors to investigate allegations of wrongdoing and act in accordance with the principles identified in the Policy.

Investigation – is a process in which a neutral investigator makes findings as to whether allegations have been proven and makes recommendations relating to the case.

Mediation – is a voluntary process in which a neutral mediator works with parties to resolve issues on a mutually agreeable basis.

Reprisal – A reprisal includes:

- ending or threatening to end employment;
- disciplining or threatening to discipline;
- penalizing or threatening to penalize; and/or
- coercion and intimidation.

Subject – is a person or organization (Respondent) that is alleged to have engaged in a wrongdoing or reprisal.

Wrongdoing – means committing or counseling another person to do one or more of the following:

- an act or omission that creates a danger to life, health, or safety of a patient or other person;
- mismanagement/misuse of funds/resources;
- contravention of legislation;

- contravention of the Performance Agreement between Ornge and the Ministry of Health and Long Term Care; and/or
- an act or omission impacting the integrity of corporate accounting practices, financial reporting, internal controls, or auditing.

How can a Disclosure be made?

Anyone who falls into one of the following categories may make a disclosure about a wrongdoing or reprisal:

- current or former employee of Ornge;
- supplier of goods or services to Ornge; or
- Member of Ornge's Board of Directors.

Disclosers can make a disclosure by contacting the IEO by email at ornge.whistleblower@ca.pwc.com or by [telephone at 416-687-8327](tel:416-687-8327).

Disclosers need to provide their name and contact information, the name(s) of the Subject(s), and details about the alleged wrongdoing or reprisal. Details include the date, time, and place of the activity complained about and the nature of the concern. Details should be as specific as possible to enable the IEO to assess the disclosure in a timely way. Relevant documents can be sent electronically to the IEO's email address noted above.

When should disclosures be made?

Disclosers are encouraged to contact the IEO as soon as possible after learning of a wrongdoing or experiencing a reprisal. A disclosure may relate to something that is ongoing, recent, or in the past. Although no strict time limit applies, delay often interferes with investigations. Documents may be more difficult to locate, witnesses may be unavailable, and recollections may fade.

What will the IEO do with disclosures?

The IEO will receive and track disclosures in a safe and confidential manner. The IEO will not provide the disclosure or any information relating to it to any other person at Ornge or elsewhere or to any other institution.

How will the IEO handle disclosures?

The IEO will first examine the information received to determine whether it falls within the scope of the Policy. The IEO will check to ensure that:

- the person submitting it is covered by the Policy;
- the disclosure contains the Discloser's name;
- the disclosure relates to a wrongdoing or reprisal, as defined in the Policy;
- the disclosure does not contain information protected by privilege, as identified in the Policy; and
- no other avenue for the complaint exists.

If the disclosure is within the scope of the Policy, the IEO will assess whether any additional preliminary information is required before proceeding further. For example, the IEO may decide that there is insufficient detail about the alleged misconduct and may contact the Discloser for further particulars. The IEO will not pursue allegations found, at any stage, to be trivial, frivolous, vexatious, or made in bad faith.

The IEO may proceed solely on the basis of the information supplied or he/she may contact the Discloser, the Subject, or anyone else to obtain further information. The IEO may choose to meet with the parties in person or by telephone or other means. Once the IEO has sufficient information to understand the nature and scope of the concern, the IEO will prepare a “Disclosure Plan”. The IEO has full discretion to prepare a “Disclosure Plan” that meets the unique circumstances of the case. The “Disclosure Plan” may include a number of steps and processes.

Amongst the processes that the IEO may use are referral to Management, mediation, and investigation. If a case is referred to Management, the IEO may make recommendations as to actions to be taken and may request such updates as he/she feels warranted. If the IEO is of the view that mediation may resolve the issues in question, the IEO may suggest mediation to the parties. The parties will then have the option to mediate or not. If mediation is agreed to, the IEO may act as the mediator or may designate someone else to do so. Any agreements reached at mediation will be recorded in Minutes of Settlement, when and where practicable. If the mediation does not result in a full resolution, the IEO may subsequently use any process he/she determines is appropriate.

If the IEO conducts an investigation, he/she will typically speak with the Discloser, the Subject(s), and any witnesses and review any documentary evidence. The Subject is entitled to know the substance of the allegations and to respond. Following an investigation, the IEO is empowered to make findings as to whether or not a disclosure has been substantiated. The IEO is also empowered to make recommendations after completing his/her review of the case. The recommendations may be specific (referable to a particular person or business area) or systemic (apply across Ornge). No strict time limit is imposed on the duration of investigations. It is expected that they be conducted thoroughly, fairly, and expeditiously.

All processes used by the IEO will reflect the principles noted in the “Governing Principles” section of the Policy. The IEO may designate someone internal or external to Ornge to perform specified tasks. The IEO’s recommendations will be aimed at strengthening the culture of integrity at Ornge and reducing wrongdoing.

The IEO will need to determine who receives information as it becomes available. The IEO will respect confidentiality, as appropriate, balancing the interests of all concerned. There may be allegations that are so unique, the Discloser’s identity will be obvious from the allegations. The IEO will decide what information is provided to the Discloser during the course of the investigation or other process and at the conclusion. The Discloser may be required to sign a confidentiality agreement in advance of receiving any report back.

What happens if the IEO finds improper conduct?

The IEO will report the following matters to the Chief Executive Officer (“CEO”) of Ornge:

- findings of wrongdoing or reprisal;
- findings that a disclosure is trivial, frivolous, vexatious, or made in bad faith;
- findings of failure to co-operate in a process under the Policy or Procedures; and
- findings of a breach of confidentiality under the Policy or Procedures.

The IEO’s Report will contain a summary of the allegations made and the evidence obtained, and any other information and recommendations that the IEO determines appropriate. If the matter involves the CEO or a member of the Board of Directors as a Subject, the IEO will report findings to the Chair of the Board of Directors.

If the matter involves the Chair of the Board as a Subject, the IEO will report findings to the Chair of the Finance and Audit Committee.

Those found to have engaged in improper conduct in any of the categories listed above may be subject to disciplinary action by Management, including the termination of their employment or engagement with Ornge.

There is no appeal from the findings of the IEO.

What will the IEO report to Management and the Finance and Audit Committee?

The IEO will provide a report, at least quarterly, concurrently to Management and the Finance and Audit Committee. The report will identify the number of disclosures, the types of cases, the number resolved, emerging policy issues and any other matters he/she views important or Management or the Finance and Audit Committee wish to hear about.

What should be done in the event of an emergency?

The Policy and Procedures are not to be used in the case of an emergency which involves a danger to the health or safety of a patient or another person. The processes for addressing concerns about patient care are available on Ornge's website at www.ornge.ca/patients/Pages/Default.aspx. Staff should continue to report any concerns or incidents through the C.A.R.E. software at <https://care.ornge.ca>. Navigation safety concerns should be sent immediately to: aviationsafety@ornge.ca