

Operational Stress Injury Social Support (OSISS) Program

Policy Statements

*“To those who understand, no explanation is
necessary, to those who don’t understand, no
explanation is possible”*

Date: November 18, 2002

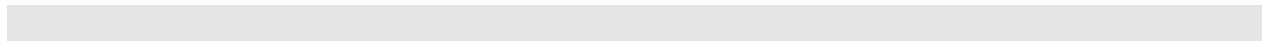
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Policy Statements

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Section 1. Program History

The Operational Stress Injury Social Support (OSISS) Program is a joint Department of National Defence (DND) and Veterans Affairs Canada (VAC) Program designed to address some of the many dimensions of Operational Stress Injuries (OSIs). The OSISS Program is Co-Managed by VAC at the national level. OSISS was created in May 2001. The Program is an initiative of the Chief of Military Personnel (CMP) and is under the direction of the Director of the DND-VAC Centre. Armed Forces Council (AFC) endorsed the OSISS program (at the time, Project status) on 23 October 2001 by providing OSISS with the following mandate:

Mandate from Armed Forces Council

1. Create a national Peer Support Network for injured Canadian Forces (CF) members, Veterans and their families;
2. Validate the development of education packages and pre-deployment training modules in partnership with CF and civilian health care professionals; and
3. Take the lead in developing the methodology required to effect an institutional cultural change regarding the realities of operational stress injuries.

OSISS Mission Statement

To establish, develop and improve social support programs for CF members, Veterans and their families affected by operational stress; and provide education and training in the CF community to create an understanding and acceptance of operational stress injuries.

OSISS Vision Statement

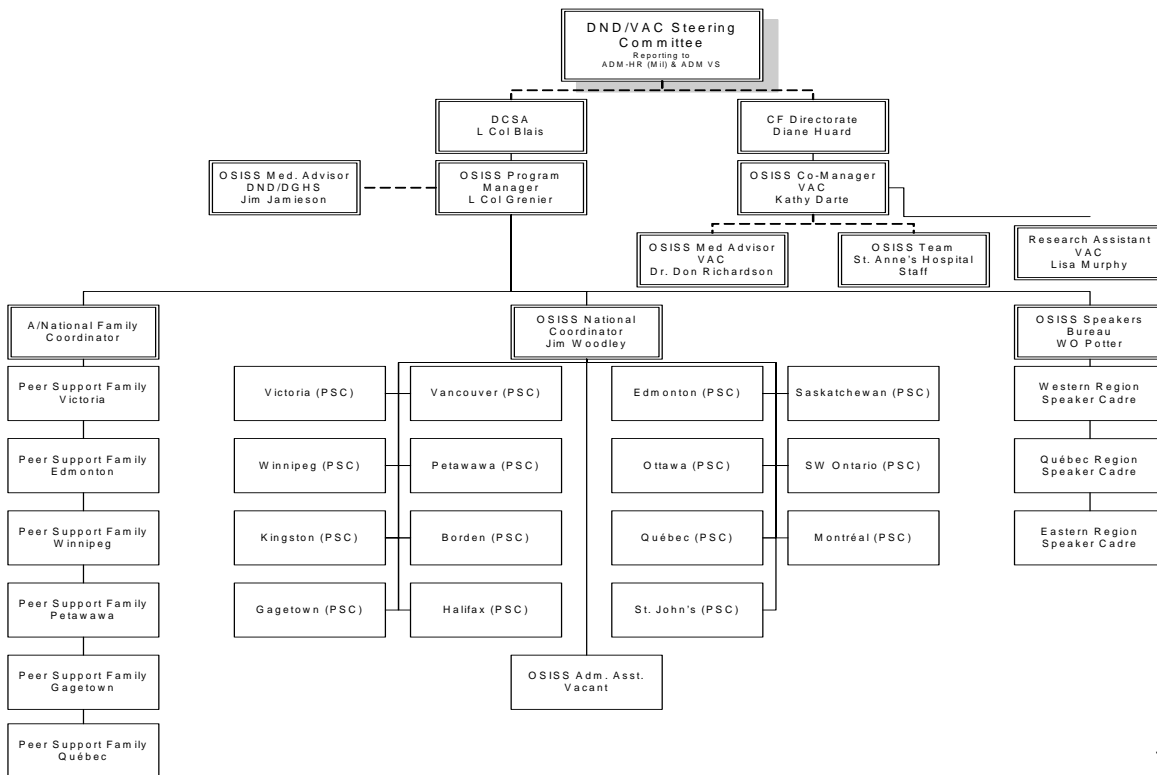
The CF and VAC accept, help, and support CF members and veterans injured by operational stress, as well as their families.

Section 2. OSISS Human Resource Policy

GENERAL

The DND/VAC Centre (Director Casualty Support Administration) administers the OSISS Human Resource Policy. OSISS job descriptions are reviewed and adapted as needed based on information gathered from several sources including performance evaluations. It is the responsibility of the OSISS Program Manager to ensure that any changes to the job descriptions are properly staffed and distributed. This work, and many other decisions within OSISS, is guided by the OSISS Advisory Committee and undertaken by the OSISS Management Team. The former consists of a wide membership from senior CF and VAC staff, as well as outside interested parties. The latter consists of the OSISS Program Manager, VAC Co-manager, OSISS Program National Coordinator, OSISS CF/VAC Medical Advisor assisted, on occasion, by other resource personnel.

All lines of accountability within OSISS are defined in the OSISS Organizational Chart - Figure (also available at www.osiss.ca).



June 2005

POSITION DESCRIPTIONS

OSISS Program Manager (PM)

The Program Manager (PM) is a Veteran of CF operations. The OSISS PM is a serving CF member, or a Public Servant employee of the Department of National Defence (DND), and is employed by the Director Casualty Support Management (DCSM) in Ottawa. The PM reports to the Director of the DND-VAC Centre.

VAC Co-Manager

The VAC Co-Manager of the OSISS Program is appointed by VAC and is a Public Service employee of VAC. The Co-Manager is actively involved in all aspects of OSISS work related to the first mandate provided by AFC. The Co-Manager is the primary contact for any issues, concerns, questions, and suggestions regarding the delivery of the OSISS Model for all VAC staff at the Head Office, Regional Office, and District Office level, and in relation to the delivery of OSISS services at the VAC District Office. The VAC Co-Manager reports to the Director, CF Services Directorate.

The VAC Co-Manager provides strategic direction, advice and professional leadership as it relates to VAC in the development, implementation, and operation of the OSISS Program for CF members, Veterans and their families.

The VAC Co-Manager regularly liaises with Peer Support Coordinators (PSCs) and Family PSCs to provide advice, recommendations, assistance, and guidance in specific case management and critical issue resolution concerning VAC clients, potential clients, and all VAC related issues.

The VAC Co-Manager will advise the Primary Point of Contact (PPC) within VAC of all changes, and additions to the OSISS Program and model at the National, Regional and District level. There may be circumstances whereby the PSC located at the VAC District Office may inform the District Directors (DDs) of new information prior to Co-manager VAC having the opportunity to communicate the information through the appropriate channels/lines of communication.

The VAC Co-Manager is responsible to provide PPCs with copies of all pertinent OSISS documents as received, i.e.: Job Descriptions, Policies, and Communiqués.

All VAC issues, concerns, questions from within VAC concerning the PSC and Family PSC networks are to be directed to the VAC Co-Manager. In the absence of the VAC Co-Manager, contact the Director, CF Services Directorate. In the absence of these VAC designated officials, contact the OSISS PM or his/her delegate.

OSISS Program National Coordinator (NC)

The National Coordinator provides support and back up to the OSISS PM, A/PM and the OSISS Program itself. The NC is the primary contact for Peer Support Coordinators (PSCs) on daily issues and is a member of the OSISS Management Committee.

OSISS Medical Advisor DND (Canadian Forces Health Services)

From the date OSISS was formally stood up, the Director General Health Service (DGHS) wished to support the OSISS Project in a tangible way, as well as ensuring a positive working relationship between OSISS staff and CF health care providers. It was recognized that PSCs would often be referring peers to CF medical staff, as well as working with peers who were already the patients/clients of various CF health care providers. Additionally, it was recognized that there would be many points of contact between CF health care providers and OSISS staff, and in particular PSCs and Family PSCs, and that roles and relationship guidelines would have to be clearly understood by all involved. Accordingly, a CF Health Care Services Medical Advisor was appointed to the OSISS Program

The Medical Advisor to OSISS thus has two prime roles in relationship to OSISS:

- a. To support OSISS activities by providing medical services input/guidance in areas such as recruiting, training, policy development, group formation, and self care protocols; and
- b. To provide support to OSISS staff, including PSCs and Family PSCs, who wish guidance or involvement in dealing with non-routine situations wherein there is contact with the CF Health Care Community.

regionally throughout Canada, and report to the OSISS Regional Coordinator. A full position description as well as a map showing the locations of all Family PSCs is available at www.osiss.ca.

Peer Support Volunteer (PSV)

The Peer Support Volunteer (PSV) is a veteran or serving member of the CF who often, but not always, has suffered from an OSI as a result of service, and who has recovered to a point where the PSV can actively participate with helping peers. Volunteers are carefully screened and supported and report to their PSC. The volunteer assignments are directed by the local PSC. PSVs are not considered to be employees of the OSISS program and donate their time to assist CF members, Veterans with issues relating to OSIs. Policy governing PSVs are currently under development. Training procedures for PSVs have been developed and are contained in an OSISS Manual titled Peer Helper Training.

Family Peer Support Coordinator Volunteer (Family PSC)

The Family PSV is often, but not always, a family member of a CF member or Veteran living with an OSI. Volunteers are carefully screened and supported and report to their Family PSC. The volunteer assignments are directed by the local Family PSC. Family PSVs are not considered to be employees of the OSISS program and donate their time to assist the families of those living with someone with an OSI. Policy governing Family PSVs are currently under development. Training procedures for Family PSVs have been developed and are contained in an OSISS Manual titled Peer Helper Training.

TRAINING

OSISS Training Team – VAC

The VAC Ste Anne Center is responsible for the skills development and self-care aspects of training of PSCs, Family PSCs and all volunteers and provides self-care consultations as required. The Ste Anne's Center also provides support and self-care strategies through teleconferences, direct and telephone connection and conferences.

SELECTION

Selection and Recruiting

As a starting point for selection to work with OSISS, all PSCs must be serving or retired members of the Canadian Forces, and familiar with the range of difficulties associated with OSIs, having experienced an OSI themselves. Family PSCs must be familiar with the CF military family subculture and with the effects OSIs can have on family members. All candidates for an OSISS paid position (Public Service) must meet the general selection criteria (see below) before entering into a formal hiring procedure.

General Selection Criteria for Work with OSISS

Candidates accept the mission, policies, values and vision of the OSISS Program. Candidates are required to attend the OSISS Peer Support Training courses, and any additional courses deemed necessary by OSISS Management. Candidates must understand the confidentiality rules in accordance with the Privacy Act, accept supervision, maintain self-care protocols, and accept the position description as presented at the time of hiring. In addition candidates must understand that they may be required to undergo an enhanced reliability check or police check and a medical screening. **Selection of Program Manager**

Selection is by the DND/VAC Steering Committee in accordance with the position description.

Performance Reviews – Supervision

Performance Reviews for paid OSISS staff are conducted annually in accordance with Public Service or CF standards as applicable. Public Service standards require a probation period review after the first year.

Performance Reviews confirm to the employee or volunteer that their work performance has been monitored, supervised and evaluated.

Reviews provide assurance to paid personnel, volunteers, and peers alike that each person's strengths, limitations, and needs are taken into account.

Reviews provide the OSISS PM and other supervisor's the opportunity to document strengths and specific areas of concern regarding personnel under their guidance. Recommendations, expectations, re-evaluation dates and implication of lack of performance improvement, when applicable, are clearly documented in a summarized format.

Reviews ensure that individuals and immediate supervisors understand the future expectations and dates for scheduled review.

A summary of the review is retained on the individual's HR file for purposes of ongoing review. The document becomes Protected B within DND and the OSISS Program.

Supervision of Peer Support Program Manager

The OSISS PM is accountable to the Director of the DND-VAC Centre. Formal supervision and performance review of this position is as per CF or Public Service standards, as applicable.

Supervision of PSCs, Family PSCs, and Volunteers

PSCs and Family PSCs report directly to the OSISS PM or delegated staff member. PSVs report directly to their assigned PSC and Family PSVs report directly to their assigned Family PSC.

The OSISS Program is committed to developing and providing support to all OSISS Team members, either individually or in groups, to ensure their skills are enhanced, any concerns are addressed and that continued involvement is fostered.

A local mental health professional should be selected by each PSC and Family PSC, and approved by the OSISS PM, so as to provide in-person advisory-support with the objective of providing the PSC with guidance on their work with peers

Ste. Anne's VAC Veterans Hospital staff conducts regular group and individual teleconferencing to reinforce that self-care is being monitored and maintained. Peer support scenarios, without names, may be shared on some occasions for purposes of consultation and support. This approach provides a collective learning opportunity and team building. Supervision includes a review and reminder of coordinators' self-care strategies. Self-care strategies are included in the *Peer Helper Program for Operational Stress Injury Social Support Guide*. It is the responsibility of each OSISS Team member to maintain and comply with appropriate self-care plans.

TERMINATION

OSISS Paid Staff

Termination takes place in accordance with CF or Public Service Commission standards as applicable and the Public Service Employment Act.

Peer Support Volunteers

In accepting volunteer work with the OSISS Program, the volunteer agrees that OSISS supervisory personnel may, at any time, after proper supervision and evaluation, for specific reason, decide to end the work of the volunteer within OSISS.

The immediate supervisor of the volunteer will provide the reasons for termination.

OSISS reserves the right to refuse a volunteer. The National Coordinator will notify volunteers who are not accepted.

GRIEVANCES

Hired Personnel

Individuals in paid positions within OSISS follow the Grievance Protocol as per the Human Resources Policy (Public Service Staff Relations Act or CF Redress of Grievance).

Peer Support Volunteers and Family Peer Support Volunteers

A volunteer has the right to grieve a decision by their supervisor to the OSISS Program Manager. All decisions made by the Program Manager regarding the suspension, retention or termination of a volunteer are binding and final.

Section 3. Skills Workshops/Professional Development

OSISS PM

The OSISS PM is required to attend the Basic and Advanced Peer Support Training Courses and any other course the Director of Casualty Support Management (DCSM) believes would assist him/her with the responsibilities of the position.

PSCs and Family PSCs

PSCs and Family PSCs are required to attend the Basic and Advanced Peer Support Training Courses and are supported to improve their skills in several other areas. For PSCs, this will include areas such as: Critical Incident Stress Management, Suicide/Crisis Intervention, and Anger Management. For Family PSCs this will include areas such as adult education, use of the Internet and Suicide/Crisis Intervention.

Basic Training Course for PSCs and Family PSCs

In order to meet the OSISS Program's mission, all PSCs and Family PSCs are required to attend their Basic Peer Support Training Course. Following the course each coordinator will be evaluated and interviewed to discuss their readiness to participate as support agents in the OSISS Peer Support Network. The Basic Course for PSCs provides information and tools to aid in providing peer support, self-care strategies, to improve skills as a helping agent, to understand CF and VAC services for those with an OSI as well as for their families, to engage in successful networking, and to understand and participate in the administration of the OSISS Program.

The Basic Family PSC Training Course provides much the same information as well as emphasis on providing adult education, managing volunteers, and researching community resources for families.

Advanced Training for PSCs and Family PSCs

Approximately three months after the Basic Peer Support Training all new PSCs are expected to attend a three-day course at Ste. Anne's Centre. This training offers participants the opportunity to share and clarify their understanding of their individual roles. The OSISS PM provides more information about administrative requirements of their roles. Ste. Anne's staff provides further skills training and conduct a self-care workshop. Ste-Anne's staff introduce their role in self-care supervision by providing ongoing telephone conferencing for self-care management and consultations on work with PSCs.

Family PSCs also receive advanced training, which in many way parallels the above-mentioned advanced training. In addition, Family PSC Advanced Training emphasises adult education training techniques as well as volunteer management skills.

Volunteer Skills Orientation Workshop

PSVs and Family PSVs are required to attend a Skills Orientation workshop. The workshop focuses on communication skills, crisis intervention techniques, and self-care strategies. The workshop is facilitated by a mental health professional. Volunteers may also be asked to attend the same training as Coordinators. More details are included in the *Peer Helper Program for Operational Stress Injury Social Support* handout and the *Volunteer Guide Peer Support Program*.

This workshop is provided to all individuals who have been selected to potentially offer volunteer services. The skills orientation is intended to provide each potential volunteer with minimum, but sufficient, information to provide positive support to peers and to enhance their value within the OSISS Program. Successful attendance at this workshop is required prior to a volunteer assignment. Communication techniques, self-care strategies and crisis intervention methods are offered to assist the volunteer in his/her role.

Certificate of Completion

Each candidate who successfully completes the various mandatory Peer Support Orientation Skills Workshops is given a Certificate to acknowledge the successful completion of the training.

Peers

Peers may be invited to attend educational forums which will be organized by the OSISS Management Team member. Some of these will be organized and/or provided in concert with a mental health professional (MHP) or staff from the local MFRC.

Training Fees

All training fees associated with OSISS personnel are the responsibility of DND and VAC. Selection of training courses will be at the discretion of the OSISS PM and Co-Manager.

Professional Development (Non Compulsory)

All OSISS personnel are encouraged, either on their own or upon the recommendation of the PM, to seek out and be willing to attend supplementary training and education. The OSISS PM must approve all supplementary training which is to be paid from OSISS Program funding. Professional development allows OSISS personnel to maintain and enhance their skills in social support beyond mandatory workshops.

Supplementary Educational Requirements

In addition to the training courses above, all OSISS Team members are required to attend various courses in their own communities recommended by the OSISS PM.

Transferability of Skills attained within OSISS

Successful completion of skills workshops and courses presented by OSISS are fully transferable within the OSISS Program and within OSISS Regions.

Section 4. Self-Care Protocol

All OSISS Program participants must pay particular attention to their own self-care in order to minimize burnout or, for those recovering from an OSI, relapse. Several steps have been put into place to assist, and enhance self-care strategies.

Medical Screening

OSISS requires that all potential personnel recovering from an OSI discuss with their therapist (normally a clinical psychologist or psychiatrist) the personal risks and benefits of actively participating in the Program. OSISS wishes to minimize any potential risk for vicarious or secondary trauma to any personnel. Medical screening is considered to be the first stage of self-care for those recovering from an OSI. A medical screening follow-up occurs every 12 months thereafter.

Training Courses and Volunteer Skills Orientation Workshop

All OSISS training courses offer self-care strategies to be used by OSISS personnel. It is a primary responsibility of each individual, guided by their supervisor, to maintain, review and adapt self-care strategies as required.

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Local Community Professional Advisor

Each PSC and Family PSC is encouraged have a mental health professional in their community who will function as their advisor. This approach provides the coordinator with the opportunity to learn about various community services and how to better manage, or refer, difficult situations being encountered with peers. In addition, the advisor will be able to direct the PSC (and if applicable the Family PSC) to his/her own therapist if the advisor believes that the PSC requires personal support.

Colleagues Within Daily Working Environment

Work environment plays a pivotal role in performance and self-esteem. PSCs will be physically situated in VAC District Offices whenever possible, thus PSCs will be able to request the support of VAC staff when necessary. Family PSCs will be physically situated in the MFRCs, whenever possible, and thus will be able to seek support from MFRC staff as appropriate. The OSISS Program National Coordinator is available during working hours by telephone or e-mail to offer administrative and programmatic support on an as-needed basis. In their absence, the OSISS PM and VAC Co-Manager are available for the same purposes. In the temporary absence, or until such time as a local Mental Health advisor has been selected, the OSISS Medical Advisers (CF and VAC) are available to fulfill this role.

Primary Therapist

Whenever possible, for the purpose of continuity of care for the PSC, the primary therapist will be the same person who completed the Medical Screening Form.

He/she will be able to monitor the psychological wellness of the PSC on an ongoing basis and will be able to provide the appropriate therapeutic interventions. Ongoing psychotherapy is not always required but the need must be discussed regularly with the primary therapist.

Group and Individual Teleconference

Ste-Anne's Center staff clinical psychologist and/or clinical nurse specialist provide an ongoing group teleconference, as well as individual consultations for self-care management.

Section 5. Code of Conduct

Individuals found suitable for employment as Peer Support Coordinators and Family Peer Support Coordinators, must accept the following:

- Medical screening and supervision of adherence to treatment plan (for PSCs only);
- Enhanced Reliability check;
- Hired for an initial probation period of up to 12 months;
- Successfully complete the training courses;
- OSISS policies, mission, value and vision statements;
- OSISS Code of Ethics, Confidentiality policy, User Code of Conduct (for Information Technology);
- Supervision and accountability for funds and equipment; and
- Responsibility to coordinate/supervise Peer Support Groups and Peer Volunteers.

Individuals found suitable for Peer Volunteer assignments, must accept the following:

- Medical screening and supervision of adherence to treatment plan (for those recovering from an OSI);

- Police check;
- One year commitment to facilitate planning of workshops and volunteer assignments;
- Successful completion of the Peer Volunteer Skills Orientation Workshop;
- OSISS policies, mission, value and vision statements;
- OSISS Code of Ethics, Confidentiality policy, User Code of Conduct (for Information Technology) and; Supervision of Peer Volunteer Assignments.

Section 6. Care of Information and Confidentiality

From the onset, OSISS has recognized the difficulty faced with respect to trust and credibility with Peers who fear coming forward for assistance. As such, DND and VAC have spent considerable energy to build a Program that can be effective while not compromising the trust that Peers demonstrate by reaching out to the OSISS support network.

OSISS Number, Intake form, and log sheet

The OSISS Program operates, on the principle of anonymity of the Peer.

Information is collected on individuals for the purpose of profiling them to ensure a level of quality control within the Program, and to track how PSCs and Family PSCs are applying their skills. All information collected will be stored according to the regulations set by the Canadian Standards Association Privacy Code.

When Peers agree to access OSISS as a means of support, they receive an **OSISS Number** (generated by OSISS data base). The assignment of an OSISS number is necessary in order to avoid confusion between Peers and to allow for a proper level of confidentiality for Peers.

Initial, non-identifying information is taken via an **intake sheet**. Information recorded on the intake sheet is then transferred to an electronic database. Each OSISS data base file is encoded with a protected password.

Intake sheets are not kept, and are destroyed once inputted into the database. Intake sheets are considered Protected A when completed.

Personal information linked to the OSISS Number is kept on a separate **log sheet** and physically held in another location than the Intake forms. Log sheets provide considerable information on each case; the name, phone number and address of the Peer. Log Sheets are considered Protected B, when completed.

A copy of each PSC and Family PSCs log sheets is sent to the OSISS PM every 6 months and is kept sealed. The only time that the sealed log sheets are used is in the eventuality of a Coordinator's incapacity to fulfill his/her function.

OSISS Data Base and Web Site

As a Program, OSISS is committed to respecting the privacy of all records, data and verbal information collected. All information collected will be stored according to the regulations set by the Canadian Standards Association Privacy Code.

To ensure the success of the Program, DND and VAC have agreed to hold any and all data on civilian computer servers (all Peer information is encoded with a protected password), host the OSISS Web site on a non-government server and conduct all e-mail communications using a commercial service such as *America On Line* ©.

This approach encourages retired and serving members as well as their families to obtain information, advice and guidance without fear of loss of privacy.

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Confidentiality and Limitations of Confidentiality

Assurance of confidentiality for Peers is of great importance and, within limits detailed below, is assured within the job descriptions of PSCs and Family PSCs. In any case where a PSC or Family PSC is concerned about an issue of confidentiality they should immediately contact the PM, VAC Co Manager, Medical LO, or NC as seems most appropriate. An example of this would be in the case where a Peer reveals past behaviour, which could be considered to be criminal in nature. While there is normally no requirement to report such behaviour, a consultation with the PM must take place to ensure legal authorities can be consulted if it seems necessary.

Peers, volunteers, and staff must be informed of the limits of confidentiality at the start of their involvement with OSISS.

Anonymity and confidentiality can only be assured within legal limitations and matters of personal safety.

Confidentiality is limited and is breached when there is:

- Suspicion of, or known child abuse or neglect;
- Threat of harm to oneself, or others; and
- A court order and/or subpoena.

Written, Informed Consent

Written, informed consent must be obtained from a Peer before any information can be released to, or obtained from, another individual, agency or institution.

In order to present the request for release of information, the request is to include:

- The reason for requesting/releasing the information;
- The specific nature of the information that will be shared;
- The release of information can be time specific, revocable, and the benefits/risks of signing the release;
- Assurance that the Peer has a choice to sign immediately or take some time to decide; and
- Any other of the Peer's concerns will be addressed.

If consent is obtained, the PSC, Family PSC or volunteer may share privileged information with the supervisor, for the sole purpose of supervision and case support.

Personnel Files

OSISS recognizes that CF members have been required to complete and sign many forms and documents. The intention of the OSISS Program is to minimize further documentations. However, to guarantee that due process has been followed, certain documentation must be submitted into the personnel files of all staff and volunteers. All staff and volunteer personnel have the right to review, in the presence of the PSC, Family PSC, or PM, all of the information contained on their individual files.

Retention Of Information – 5 yrs

Any information about past OSISS Team members or peers shall be retained for a minimum of five years from the last time of contact.

Section 7. Crisis Management Protocol

Some individuals with an OSI can be at high risk of suicide or self-harm during crisis. Many OSISS staff and volunteers have participated in past military operations that required extreme personal interventions and their first instinct may be to take charge of the crisis situation.

OSISS wants to ensure that during crisis situations all OSISS staff makes decisions that do not jeopardize their own personal safety while attempting to assist others. Accordingly, training in crisis management is offered within OSISS training.

All personnel must be mindful of the fact that there are appropriate community resources, which have staff with specialized skills for crisis management and intervention. It is not the responsibility of OSISS staff or volunteers to personally rescue any individual in a crisis. OSISS Team members must contact the appropriate services/authorities, even if they believe they could defuse the situation.

All OSISS Team members need to be aware that they can be negatively affected by other's crisis. Self-care strategies must be exercised on a regular basis to foster personal wellness.

During a crisis, an OSISS Team member might be the first contact for the Peer. The OSISS Team member is not expected to physically intervene but rather to help the Peer access their community resources, i.e. emergency services, their personal therapist and format support networks.

In accordance with the OSISS crisis intervention protocol, if the Peer does contact the OSISS Team member first, during an extreme crisis such as suicidal ideation, and the contact is made by phone, the OSISS Team member is advised to keep the individual on the phone and to use another one if possible to contact either the identified supports (using verbal permission) or other community resources such as 911. The OSISS Team member must make every effort to not hang-up on the person in such a crisis. If the OSISS Team member must hang-up to contact other resources, he or she should assure the Peer that his/her call will be returned immediately.

Intervention When Weapons Involved

Some CF members and veterans who are Peers may still have in their possession their registered military or other weapons. For the purpose of safety, OSISS Team members are not to handle any weapons while participating with OSISS activities.

If a peer identifies that they have a weapon and might use it to potentially cause harm to self or others, emergency services must be called. OSISS Team members must never place themselves at any risk by attempting to defuse a situation involving weapons. If a crisis does arise, OSISS Team members should enquire about any known weapons to forewarn other support providers and emergency services.

Section 8. Suicide Intervention Protocol

OSISS recognizes that some Peers suffering with OSISS can be at a high risk for suicide or self-harm during a crisis. Over the period that OSISS has been in existence OSISS Team members have been the first point of contact for some Peers at risk of suicide.

All OSISS PSCs/Family PSCs are trained in Applied Suicide Intervention Skills and Training (A.S.I.S.T. method), and updated on a yearly basis to stay current as a trained suicide intervener.

The Applied Suicide Intervention Skills and Training Workshop is a two-day course, which will prepare OSISS Team members to intervene competently with a person at risk of suicide. It is the most commonly used suicide intervention-training program in the world. The workshop is presented by registered Living Works Trainers. PSCs and Family PSCs may also wish to be considered for certification as Trainers with Livings Works.



ASIST will allow members to apply “suicide first aid” to a person at risk of suicide, for reasons similar to those for learning CPR or basic physical First Aid.

For more info on living works see www.livingworks.ca.

Section 9. Boundary Concerns

In ongoing direct work with Peers there will be many occasions when OSISS Team members must remind themselves that the role of the PSC or PSV is to LISTEN, ASSESS and ASSIST and the role of the Family PSC or Family PSV is to REACH OUT, INFORM and CONNECT. The OSISS Team member will be provided with specific training on boundary issues.

There will often be a natural human inclination for the OSISS Team member to feel that he or she knows what is best for the Peer at that moment in time and that they can “solve the problem” by giving the Peer direct advice or by taking over the situation and advocating on behalf of the Peer.

While on the surface, and in the heat of the moment, this may seem “the right thing to do” it can sometimes lead to a worsening of the situation rather than an improvement despite the best of intentions. There is a place and a time for advocacy on behalf of a Peer but the OSISS Team member must carefully weigh each situation and attempt to maximize support to and empowerment of the Peer in making their own decisions in dealing with the situation.

For a Peer who appears to be overwhelmed, it may well feel right intuitively to tell the person what to do or to take over the situation and act on their behalf. Unfortunately this may only increase the Peer’s sense of helplessness and thus delay a start to the Peer getting back in control of their life and their decisions. It may also put the OSISS Team member in the position of becoming yet another person who is telling the Peer what is best for them as well as putting the OSISS Team member in the position where they become, in the Peer’s thinking, responsible for the outcome of events thereafter.

Finally, giving specific direction to the Peer (based on what may be incomplete information about the total situation), or taking over the situation, may also bring the OSISS Team member into conflict with another care provider who is working with the Peer and who may see the work of the OSISS Team member as interference in an area that is the domain of the other care provider.

Few areas are fraught with as much complexity as the area of respecting boundaries. Boundary concerns are an issue in every area of life and are at the root of much human conflict. None of us likes to be told how to do our job or that we are not doing our job properly, especially when it comes from someone we perceive as being outside our area of expertise.

For the OSISS Team member there are three main groupings wherein there is a possibility of boundary concerns; the CF chain of command, VAC service/care providers, and CF Health Services care providers. OSISS has developed a number of mechanisms to minimize boundary concerns and to provide support to OSISS Team members in dealing with any concerns related to the care or entitlements of peers. In most cases they can avoid boundary conflicts by:

- a. Following the OSISS policies and procedures provided to them in their training and in official OSISS documents such as the job description;
- b. Developing strong positive working relationships with a range of CF and VAC staff/care providers so as to have open and ongoing discussions on issues as they arise;
- c. Respecting the mandate and dedication of all other professionals who work with Peers;
- d. Realizing that in many cases no one individual, including the Peer being interviewed, is aware of all factors that are involved in a situation and therefore it is necessary for the OSISS Team members to check information out carefully before acting on it;
- e. Never providing direct advise on a subject which the OSISS Team member is not qualified to comment on including the personal health care of the Peer, medication being used by the Peer,

- benefits being received by the peer from the CF or VAC, or orders the peer has received from someone in the chain of command; and
- f. Using the VAC OSISS Co-Manager, the CFHS LO, and the OSISS PM to sort out cases where there appears to be a difficulty with VAC, the CFHS or the CF chain of command respectively.

Further policy direction related to boundary issues can be found in other sections of OSISS policies including CF Chain of Command, CF Health Services, and VAC Services.

CF Chain of Command

The relationship between the CF chain of command and the PSC can operate within many contexts. Under normal circumstances it is not anticipated that there would be formal contact between the CF Chain of Command and other OSISS Team members.

A PSC reporting procedure when dealing with the CF Chain of Command is through the OSISS PM or National Coordinator located within the Directorate of Casualty Support and Administration located in Ottawa at NDHQ.

When appropriate the PSC may advocate on an injured Peer's behalf, if the PSC ascertains that the injured Peer cannot or without considerable distress represent their concerns to their immediate chain of command. This advocacy will be undertaken with the utmost sensitivity with the primary goal of open communication with the chain of command, with the expressed consent of the injured Peer.

The assessment of which level in the Chain of Command is to be involved rests with the PSC within his area of operations. However, with the ultimate goal of facilitating a stigma free dialogue between the injured Peer and their responsible authorities, the PSC will aim to contact the closest level within the chain that will address the Peer's need and maintain the dignity and confidentiality the injured Peer is to be afforded. In some locales, Area and Formation commanders may call upon the PSC to present an update on program development or be sought for perspective on the status of the injured community. The PSC will make every effort to be available to these Commanders.

CF Health Services and VAC Services

The OSISS Team members may encounter a concern being expressed to them related to the care of a Peer, or the spouse of a Peer, who is receiving care from the CF Health Services or from a particular CF health care professional. In similar fashion, a concern may be raised by a Peer related to services being received from VAC or from VAC OSI clinics. This can create a difficult situation for the OSISS Team member. On the one hand, the OSISS Team member does not wish to collude with the Peer in questioning health care (which the PSC /Family PSC is not trained to comment on) and thus place the OSISS Team member in a possible breach of boundaries. At the same time, the Team member does not wish to alienate the Peer by suggesting to the Peer that their concern is invalid or at least not of interest to the OSISS Team member.

It is important that the OSISS Team member has a mechanism to deal with such situations. Basically, they should consider the following steps as applicable:

- a. Examine with the Peer what steps are open to them to raise the concern with the care or service provider involved;
- b. Presuming that the above is not feasible, examine with the Peer what steps are available to raise the concern with an appropriate authority, if the Peer so wishes;

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- c. Ask the Peer if they would like to be accompanied to meet with the appropriate authority recognizing that the OSISS Team member will be acting as support only and not to be doing all the talking at this meeting; and
- d. If it seems appropriate, ask the Peer if they would like the PSC or Family PSC to discuss the situation with the CFHS LO or the VAC Co-Manager who will assist them to work out a plan to deal with the situation. This may result in the LO talking to the health care provider which is one of the established functions of the LO. In like manner, it may result in the VAC Co-Manager talking to other VAC staff.

If for any reason the above procedures do not work to the satisfaction of the Peer and the PSC/Family PSC feels the issue needs to be pursued, then the PSC/Family PSC and the CFHS LO or VAC Co-Manager will discuss the issue with the OSISS PM.

Protocol for PSC working in VAC Offices

While PSC are DND employees, they are frequently deployed to work in VAC office. This requires a mutual understanding of roles and procedures to respect the mandates of both VAC and OSISS. A protocol as detailed at Annex C covers this issue.

Protocol for Family PSC working in a MFRC or Base/Wing Office

While Family PSCs are DND employees, they may work in MFRC or base/wing offices. This requires a mutual understanding of roles and procedures to respect the mandates of both parties involved. A protocol has been developed to cover this area and will be provided to Family PSCs.

Advocacy for Peers

Where appropriate OSISS Team members will assist Peers in communicating issues with the appropriate authorities, resources, and services. This must only be done with the verbal consent of the peer. It should always be done within the context of given OSISS policies on boundary issues found earlier in this document.

The OSISS Speakers' Bureau-Outreach and Education

OSISS is committed to conducting educational forums regarding OSIs throughout the CF Chain of Command and, in accordance with the second part of the OSISS mandate, validating the development of educational packages and pre-deployment training modules in partnership with CF and civilian health care professionals. For the most part this education is provided by members of the OSISS Speakers' Bureau. The Speakers' Bureau is coordinated by a full time OSISS staff member who coordinates selection and training of speakers.

While the Speakers' Bureau takes care of most briefings, other OSISS staff may be required to brief various audiences on request. In such cases they will use the standard OSISS Briefing provided by the OSISS PM and will confirm with the PM prior to any such briefing.

Section 10. Peer Support Group Model

As it is the mission of OSISS to create and improve social support programs for members injured with OSIs as well as for their families, the formation of social support communities for OSI sufferers and for family members is a high priority goal.

The establishment of a structured OSI community within Canadian urban and rural centers is most often exercised through groups. OSISS PSCs/Family PSCs have been charged with chairing educational and social support groups in individual communities on a bi-weekly basis.

. The intent of the groups is to fulfill social exercising of injured members suffering from the isolating symptoms of OSIs and to meet identified non-therapeutic needs of family members. Group structure and processes do not aim for “therapeutic” goals, but do assist members in recovery and/or life quality improvement within set boundaries to maintain the critical social support needed. In addition, while it is not compulsory, many OSISS groups involve a mental health professional or other helping professional who are able to bring or arrange talks on self care for participants. The OSISS Team is provided with training in the conduct of groups and a group facilitation manual has been developed.

Section 11. Volunteer Management

This section is undergoing revision

Volunteers are a vital part of the OSISS Team and contribute greatly to the success of the Program. OSISS is highly appreciative of the work of volunteers and strives to ensure proper recruitment, selection, training, support to, and recognition of volunteers. OSISS follows *The Canadian Code For Volunteer Involvement* (refer to www.osiss.ca for electronic link). OSISS also has a sub-committee devoted to the development and upgrading of volunteers management procedures.

The OSISS National Volunteer Management policy is currently under development and the components are detailed in Annex E. Local operational volunteer management is to be interpreted with flexibility in order to respond to different concerns but with a national imperative. Each PSC and Family PSC has the discretion to apply and adapt the policy to best suit the needs within his/her geographical area of responsibility. PSC and Family PSCs are to consult with Sub Committee Chair to ensure compatibility of policy application.

Related forms, policies and procedures are contained in the Volunteer Guide for Peer Support Program (refer to www.osiss.ca for electronic link). The guide is subject to review at the direction of the Volunteer Guide Sub Committee Chair. The guide is subject to change to reflect new federal, provincial and municipal laws and OSISS policies, as required.

Section 12. OSISS Sub Committees

As required, the Program Manager or VAC Co-Manager directs the formation of sub-committees and appoints the committee Chair. For OSISS PSC or Family PSCs, the selection of sub committee members is either by volunteering or appointment. A Peer Volunteer may be asked to become a member of a sub committee.

Each Sub Committee will consist of a Chair, a recorder and members. The Chair (under direction of OSISS PM) directs the activities of the committee. The recorder keeps records (electronic and hard copy) of reports and distributes reports as directed by the Chair. Committee members provide input and suggest changes via the recorder. Sub Committees are expected to meet and discuss relevant issues at the direction of the Chair. Sub Committee reports are posted at www.osiss.ca when available.

A current list of active OSISS Sub Committees and their respective membership is available at www.osiss.ca.

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Annex A – Management Framework – Reporting Relationship

Management Framework - Reporting Relationship within OSISS

PSCs and Family PSCs face various situations in order to provide support to Peers. These situations vary with each individual Peer. PSCs and Family PSCs also require various administrative and logistical supports. In order to clarify the reporting process within OSISS, six major areas of interest are identified:

1. Veterans Affairs Canada Co-manager;
2. Operational Stress Injury Social Support Operations (OSISS Ops);
3. National Coordinator (OSISS NC);
4. National Family Coordinator
5. Operational Stress Injury Social Support Administration (OSISS Adm); and
6. Canadian Forces Health Services Liaison Officer (CFHS LO).

To further clarify the areas of interests, some examples are provided:

1. VAC Co-Manager: VAC application, review and appeal process, benefits card and range of services, re-assessments and consequential applications, and The Ste-Anne Center (Peer Assessment and OSISS Team training issues, self care, the VAC OSI Clinics, VAC Medical issues, research);
2. OSISS Ops Issues: Speaker's Bureau, Medals and Awards, Coordinator of Travel, Coordinator of Conferences, and Special Projects;
3. OSISS NC Issues: Peer Case Management, and Travel Authority;
4. OSISS FNC Issues: Family Case Management and Administrative Concerns
5. OSISS Adm Issues: TD Claims, Minor travel Claims, Hospitality Claims, Leave, Travel Bookings, Database entry; and
6. CFHS LO Issues: Medical Screening, Self Care Protocol; OSISS Policies, Boundaries, and CF/DND Medical Issues.

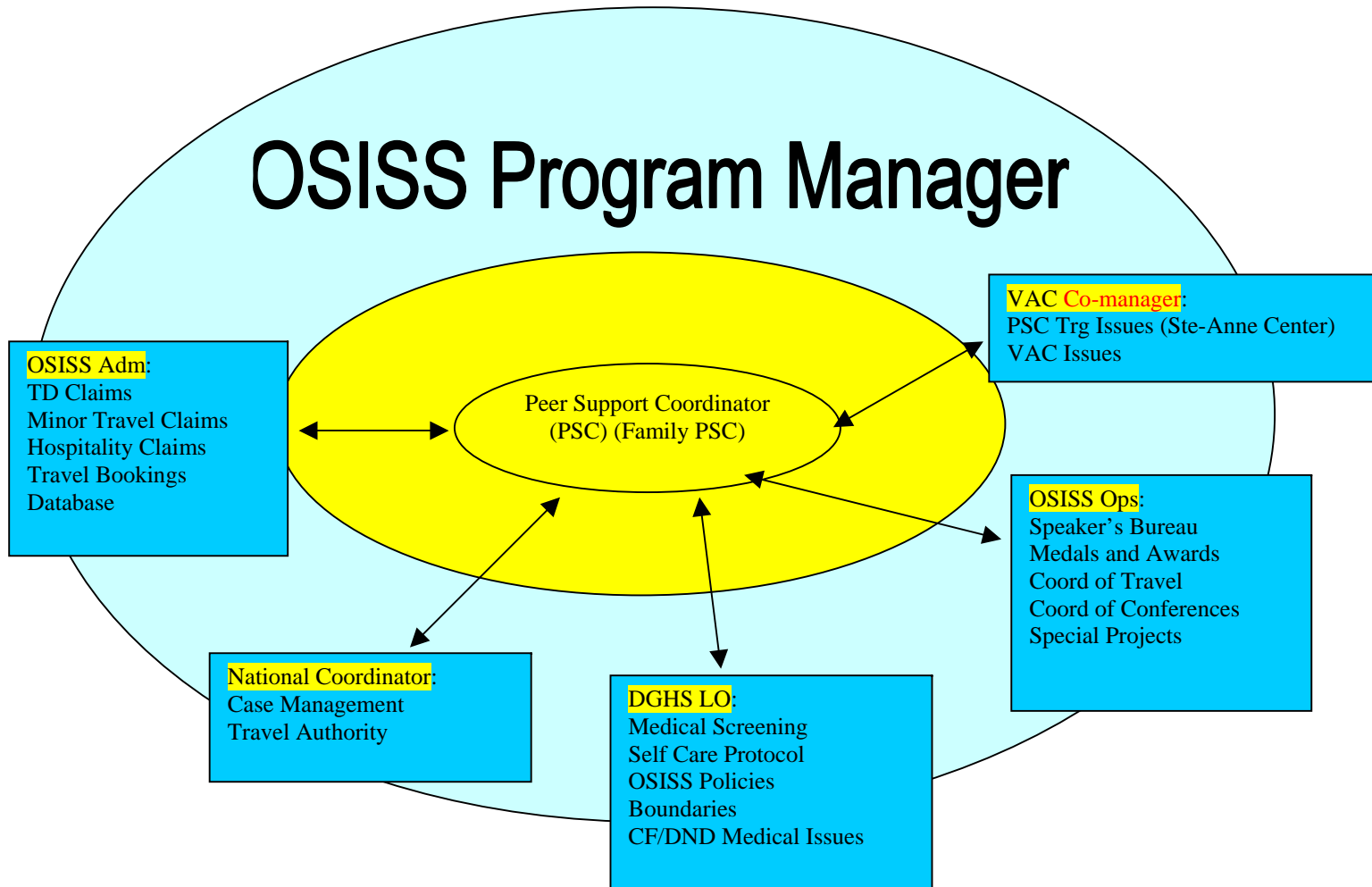
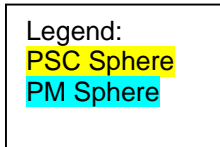
The examples provided illustrate the various areas that PSCs and Family PSCs deal with on a daily basis. These examples are not to be considered exclusive to each area. At times, depending on the issue, more than one person needs to be kept informed. The OSISS Program Manager oversees all communications within OSISS.

A reporting flow chart demonstrates the reporting process. The reporting lines are bi-directional. In order to address issues in an efficient and timely manner, PSCs and Family PSCs are to use the most appropriate and direct line of reporting.

The OSISS Policy Statements describes certain areas of interest in more details. See appropriate section.



Annex B - Reporting Flowchart



Annex C – Peer Support Coordinator - Role Clarification for Veterans Affairs Canada

OSISS Peer Support Coordinator and the Co-location at Veterans Affairs Canada District Office

Abbreviations

Operational Stress Injury Social Support (OSISS)

Operational stress injury (OSI)

Peer Support Coordinator (PSC)

Primary Point of Contact (PPC)

District Director (DD)

Veterans Affairs Canada (VAC)

Department of National Defence (DND)

Background

The Department of National Defence (DND) responsibility centre for the Operational Stress Injury Social Support (OSISS) Program is *The Centre for the support of injured and retired members and their families*, The DND-VAC Centre in Ottawa.

! The OSISS Program is under the DND Director Casualty Support Management (DCSM), LCol Gerry Blais.

! The OSISS Program Manager is LCol Stéphane Grenier.

The Peer Support network portion of the OSISS Program is a partnership between DND and Veterans Affairs Canada (VAC). The partnership arrangement allows for the following contribution by VAC:

- ! Ongoing financial support to the Program;
- ! The provision of human resources and management support by providing a Co-manager for the Program;
- ! Ongoing training and self-care support for the Peer Support Coordinators (PSCs) and the training of Peer Support Volunteers by mental health professional staff at Ste. Anne=s Hospital; and
- ! Office accommodations (through co-location at VAC District Offices) for the PSCs.

The VAC responsibility centre for the OSISS Program is the CF Services Directorate, National Operations Division, and Veterans Services Branch.

! The Program authority in VAC is the Director, CF Services Directorate, Diane Huard.

! The OSISS Program is co-managed by VAC at the national level. The Co-manager, VAC, reports to the Director, CF Services Directorate.

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- ! The OSISS Co-manager, VAC, is Kathy Darte. Ms. Darte can be contacted by email at Kathy.Darte@vac-acc.gc.ca and telephone at (902) 566-8483.
- ! The Co-manager, VAC, is the primary contact for all VAC staff for any issues, concerns, questions, suggestions, etc., regarding the delivery of the OSISS Model at the Head Office, Regional Office, and District Office level, as well as the delivery of the PSC co-location at the VAC District Office.
- ! The Co-manager, VAC, will advise Primary Point of Contact (PPC) of all changes and/or additions to the OSISS Program and model at the National, Regional and District level. There may be circumstances whereby the PSC may inform the District Directors (DDs) of new information prior to Co-manager, VAC, having the opportunity to communicate the information through the appropriate channels/lines of communication.
- ! Co-manager, VAC, to provide PPC with copies of all pertinent OSISS documents as received, i.e.
 - Job Descriptions
 - Policies
 - Communiqués, etc.
- ! DDs are expected to report to the VAC Co-manager on any issues that pertain to the VAC Role Clarification document and the co-location.

PSC Employment Status and Work Location

- ! Peer Support Coordinators (PSCs) are employees of DND and work for the DND - VAC Centre.
- ! The PSCs are employed locally by DND and work from VAC District Offices to the extent possible.

A decision was taken when VAC offered to partner with DND on this Program in the summer of 2001, to position the PSCs in VAC District Offices. Research into the OSISS program design identified the need to position this service outside of Canadian Forces bases, if at all possible.

The co-location arrangement with VAC is limited to the provision of suitable office space, logistical support (utilities, telephone and computer line to access the Internet, basic office furniture), as well as it would allow for the socio-environmental contact with a service provider who has a similar and complimentary mission and objectives as it relates to assisting CF members, Veterans and their families affected by operational stress injuries (OSIs).
- ! If not able to co-locate at a VAC District Office, the PSC will work from a Canadian Forces Base or other suitable location arranged by DND.
- ! The local VAC District Office is not responsible for supervision of the PSC who is co-located at their respective office.
- ! PSCs are hired by DND. However, in the spirit of the partnership, VAC through the Co-manager, had input into developing the Job Description and the Selection Criteria. As well, the Co-manager, VAC, and the VAC Medical Advisor to OSISS, Dr. Don Richardson, M.D., FRCP, participate as members of the Selection Board to staff these

positions.

- ! The PSC reports directly to LCol Stéphane Grenier, DND OSISS Program Manager, and all supervision is provided by LCol Grenier.
- ! LCol Grenier is responsible for the day-to-day management of the PSC.
- ! VAC is not involved in the day-to-day management of the PSC and no VAC supervision is required either locally, or from the national level.
- ! At this time, thirteen PSC positions are staffed indeterminately. All PSC employees are hired under the Employment Equity Program at DND.

Reporting Relationship to VAC

- ! At this time, the PPC is the DD or his/her delegate. This was a decision taken by the four VAC DDs involved in the Pilot Phase of the implementation of OSISS.
- ! As outlined above, all VAC issues, concerns, questions from the PPC concerning the PSC to be directed to the VAC Co-manager. In the absence of the Co-manager, VAC, contact the Director, CF Services Directorate. In the absence of these VAC designated officials, the DND OSISS Program Manager or his delegate.

PSC Peer Referrals to VAC

- ! The PSC coordinates, to the extent possible, all referrals through the DD or delegate prior to engaging with individual VAC staff members.
- ! DD or delegate and PSC to share information to the extent possible.
- ! DD or delegate will keep the PSC informed as appropriate on activity and care plan as determined by VAC and peer/VAC client, if the peer/VAC client provides consent, or when this is deemed to be in the best interest of the peer/VAC client for continuum/continuity of care reasons.
- ! Although the peer is referred to VAC and the appropriate service(s)/program(s), the PSC may need to continue with peer support with the VAC client and his/her family on an 'as needed' basis, given the nature of peer support.
- ! DD or delegate will keep the PSC informed as appropriate on progress of care plan to extent possible when in the best interest of the peer/VAC client to do so.

VAC Referrals to PSC

- ! DD, his/her delegate, and any other VAC staff member can refer VAC clients, CF members, and Veterans with OSIs to PSC for peer support once, or concurrent to, their need(s) are being addressed/looked after by VAC.
- ! VAC staff must seek permission from VAC client, CF member and/or Veteran prior to referral.
- ! PSC to ensure DD or his/her delegate is provided with feedback and updates on VAC clients referred by DD or delegate to extent possible when it is in the best interest of the peer/VAC client to do so.

Security Issues

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! PSC to advise PPC of all security issues and concerns (real or potential) immediately.

- PSC to work with VAC staff to extent possible.
- PSC to notify VAC Co-manager or delegate and DND Program Manager.
- In the absence of the VAC Co-manager or delegate, to contact the Director, CF Services Directorate, National Operations Division.

PSC Involvement in the VAC DO Operations

! PSC only to attend VAC meetings (client, administrative, training, etc.) at invitation of PPC.

! PSC only to share information on peer/client with VAC staff to the extent possible and with the permission of the peer/client.

! PSC to obtain the consent of the peer/client by having them sign a VAC "Authority to Release Personal Information" form (VAC 520).

!
! PSC to advise PPC of any period of absence from VAC office (e.g. vacation, training, workshops/retreats, leave due to illness, OSISS Work assignment away from home location, etc.). PPC to be made aware of dates of absence period.

- VAC to be advised of backup PSC support and how to contact.
- Backup PSC support to be arranged by PSC.

! PSC to communicate with PPC and/or delegate on all administrative issues concerning PSC co-location (office set-up and ongoing maintenance, etc.).

VAC Issues, Concerns, Incidents, etc.

! PPC to discuss with PSC and immediately advise the Co-manager, VAC, of any conflict, dispute, untoward incidents, non-professional conduct as determined by PPC of the PSC. Co-manager, VAC, to immediately notify the DND OSISS Program Manager. In the absence of the Co-manager, VAC, notify the Director, CF Services Directorate. PSC to be made aware of any such action by PPC.

PSC Day-to-Day Operations

! PSC determines his/her management of peers and the priority of his/her workload. VAC is not involved in this process. If a peer support referral from VAC is considered a priority and/or high risk, PSC will work with VAC staff (DD or delegate) to accommodate and subsequently rearrange his/her daily workload to extent possible.

! PSC to bring to the attention of PPC any working relationship issues, concerns he/she may have with VAC staff. PSC also to notify the Co-manager, VAC.

! PSC to request via the PPC the services of VAC staff.

! PSC to be available to provide educational sessions to VAC staff and local community if determined by VAC, on OSIs as it relates to CF Members, Veterans, and their families. The PPC will be the person to request these sessions.

! As a courtesy, PSC to advise the PPC of all such educational sessions provided by PSC to DND officials, local community officials, and others.

- ! PSC to offer to the PPC to provide periodic briefings to local VAC staff (and as requested by PPC) on the OSISS Program at the local level. PSC to consult with the Co-manager, VAC, prior to any such briefings.

PSC Feedback

- ! The DD is welcome to provide input into the PSC annual performance review process as it applies to this Role Clarification document and co-location in the VAC District Office. This documentation to be directed to the Co-manager, VAC, who will in turn forward the documentation to the OSISS Program Manager.

PSC Support (Health and Well-being)

- ! If PSC wishes to talk to someone at VAC concerning his/her own self care, health, and well-being, this is done through the PPC or delegate who identifies the most appropriate health professional at the VAC office. PPC or delegate to immediately contact this VAC person to arrange the meeting.

Note:

From time to time, PSCs may be required to become involved in “out of the ordinary duty”, which involves a VAC client (e.g. Order of the court whereby the PSC is requested to escort an individual to an OSI treatment facility). PSC to advise PPC of any such activity involving a VAC client.

Annex D – Code of Ethics for the Operational Stress Injury Social Support Program

Code of Ethics

For the Operational Stress Injury Social Support Program*

1. A Peer Support Coordinator or Family Peer Support Coordinator shall maintain the best interest of the peer** as the primary work obligation;
2. A Peer Support Coordinator or Family Peer Support Coordinator shall respect the intrinsic worth of the peers being served in their work relationship;
3. A Peer Support Coordinator or Family Peer Support Coordinator shall carry out their work duties and obligations with integrity and objectivity;
4. A Peer Support Coordinator or Family Peer Support Coordinator shall not enter into a personal/sexual relationship with a peer nor exploit the relationship with a peer for personal benefit, gain or gratification;
5. A Peer Support Coordinator or Family Peer Support Coordinator shall protect the confidentiality of all work-acquired information. They shall disclose such information only when required or allowed by law to do so, or when peers have consented to disclosure;
6. A Peer Support Coordinator or Family Peer Support Coordinator who engages in another work, occupation, affiliation or calling shall not allow these outside interests to affect the work or relationship with the peer;
7. A Peer Support Coordinator or Family Peer Support Coordinator shall not provide services in a manner that discredits the OSISS Peer Support Coordinators/Family Peer Support Coordinators or diminishes the public's trust in the OSISS Program;
8. A Peer Support Coordinator or Family Peer Support Coordinator shall advocate for workplace conditions and policies that are consistent with this Code of Ethics;
9. A Peer Support Coordinator or Family Peer Support Coordinator shall promote integrity and best practices in their respective work;
10. A Peer Support Coordinator or Family Peer Support Coordinator shall advocate change in the best interest of the peer, and for the overall benefit of the Canadian Forces, the Veterans community and their families.

*Adapted from the Ontario College of Social Workers and Social Service Worker Code of Ethics

**A peer is any Canadian Forces member or Veteran who is suffering from an Operational Stress Injury (OSI), or family member of a CF member or Veteran suffering with an OSI.

Annex E - Volunteer Management Policies

Sub Committee Meetings

February 1, 2006

Issues:

- Volunteer policies as an Annex to OSISS policy statements
- Accountability, Risk management
 - = breaches of conduct/confidentiality
 - = insurance
 - = liability
 - = grievance
 - = health & safety
- Standardized; transferable across Canada
- Recruitment/Screening
- Infrastructure
 - = schedule of tasks
 - = motivation
 - = supervision and support
- Police checks
 - = levels of checks; checks vary from province/province, city/city
 - = risk management
- Expenses
 - = travel, hospitality
 - = interim policy – no reimbursement
 - re-evaluate; propose change
- Why does OSISS need volunteers? (answers will help to focus on policy issues needed)
 - = community involvement / awareness (OSI community)
 - = giving back
 - = “pay it forward”
 - = networking and connecting to peers



Proposed OSISS Volunteer Policies Framework
(Resulting from Issues raised)

Mandate (OSISS Mission & Vision statement)

- Definition of volunteer
- Why we need volunteers
- Do not use volunteers to replace staff
- Expectations:
 1. program has of volunteers
 2. volunteers have of program

Recruitment and Training

1. Statement on recruitment: where volunteers come from
 - a. Diversity: Mil pers, VAC, RCMP, Family members, mental health professionals
2. Suitability interview
 - standardized across country
 - volunteer checklist/protocol
 - face to face
 - acknowledgement of transferability
3. Screening
 - mental health
 - medical – statement from Dr. = what is req'd
 - child abuse registry
 - police checks
4. Induction and training
 - probationary period – evaluation
 - acceptance and/or appointment = letter
 - flexibility statement
 - (for extended absence, i.e. 6 mos. will req new police checks, re-qualify)
 - scheduling/training
 - PSC/FPSC to give info on when/where/etc
 - Every attempt for one-month notice

Volunteer Program Management

- Expenses
- Supervision and support
- Accountability = risk management
- Statement of volunteer/staff relationship = refer to code of ethics