
TITLE: SAFE REPORTING

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APPLICABILITY: All sites and facilities

RELATED POLICIES:

- 5-3-1-140: Theft, Fraud, Corruption, and Non-Compliant Activities
- 5-5-1-080: Respectful Workplace
- 4-6-1-060: Fair Business Practice
- 5-3-1-040: [Confidentiality](#)
- 5-5-1-110: Conflict of Interest

DEFINITIONS: **Health Professionals:** members of a regulated profession under the *Health Professions Act* (RSBC 1996, c. 183) that either: a) receive training at or through NH; or b) provide services at or on behalf of NH

DOCUMENT QUICK LINKS

- [Appendix A- Safe Reporting Disclosure Intake Form](#)
- [Appendix B-Reprisal Risk Assessment Tool](#)

KEY POINTS

- Northern Health (NH) has a responsibility to facilitate and encourage processes that enable an individual and organizations to independently report legal, regulatory, financial, ethical, health and safety or policy violations.
- Effective June 1, 2023, NH has legislated responsibility under the *Public Interest Disclosure Act* (PIDA) to receive and respond to reports of prescribed employee wrongdoing.
- NH has designated Safe Reporting Officers, responsible for responding to reports of wrongdoing both as safe reports and disclosures under the PIDA.

POLICY

NH shall investigate and respond to an individual who reports in good faith and on the basis of reasonable belief any situation that they believe undermines the quality of care, is a danger to health and safety of clients or staff, is unlawful, unethical and/or against organizational policy, contracts, or other obligatory standards.

Disclosures that meet the PIDA criteria will be investigated in accordance with the **PIDA Investigation Procedures**.

NH shall investigate and respond in accordance with PIDA, any employee disclosure of wrongdoing including:

- A serious act or omission that would constitute an offence
- An act or omission that creates a substantial and specific danger to the life, health or safety of people or the environment
- A serious misuse of public funds or public assets
- Gross or systemic mismanagement
- Advising someone to commit a wrongdoing described above

For the purpose of PIDA, “employee” includes directors and officers, and [Health Professionals](#).

NH shall not take, tolerate, or allow any direct or indirect reprisal, harassment or even informal pressure against a person or persons who, in good faith, reports a perceived wrongdoing. Any such reprisal will, in itself, be considered a serious wrongdoing that is reportable.

Nothing in this policy shall interfere with other established processes such as, but not limited to, collective agreement grievance procedures, performance management, workplace safety and accident investigation. This policy does not replace or supersede reporting obligations as described in legislation such as the [Health Professions Act](#). It is not intended to interfere with or replace reporting, investigating, and resolving complaints or problems via other NH policies such as:

- [Theft, Fraud, Corruption, and Non-Compliant Activities](#)
- [Respectful Workplace](#)
- [Patient Complaints and Compliments](#)
- [Framework for Ethical Decision-making](#)

If a reporter has reason to believe established avenues of reporting are unsafe due to fear of reprisal, NH Safe Reporting will investigate and respond in accordance with this policy.

PROCEDURE

Reporting Wrongdoings to Safe Reporting

- Reports under this policy may be made by phone, mail, or email. While persons reporting alleged wrongdoing are not required to identify themselves, provision of contact information is encouraged to assist with the investigation process. The disclosure should include the nature of the Perceived Wrongdoing, the name of the person(s) alleged to have committed or been involved in the Perceived Wrongdoing, the date and description of the Perceived Wrongdoing and other relevant objective information and particulars.

- Reports are made to NH Safe Reporting:
600 – 299 Victoria Street
Prince George, BC V2L 5B8
1.844.649.7545
safe.reporting@northernhealth.ca
- PIDA requires reports are made in writing; NH Safe Reporting can assist employee reporters in understanding whether a disclosure meets the PIDA threshold.

Screening and Review of a Disclosure

- Reports under this policy are reviewed 2 business days.
- Safe Reporting Officer makes an initial determination as to whether the nature of the disclosure and the circumstances in which it is presented are such that it should be pursued under this policy.
- Reporters may be directed or transferred to an alternate investigation process, if appropriate and consent is provided.
- Safe Reporting Officer assessment for merit includes:
 - review of the facts presented
 - review of the alleged misconduct in the context of relevant policies and procedures including
 - a preliminary assessment of the disclosing individual's safety and risk of retaliation
- Safety Reporting Officer determines where there is substantive evidence of culpable action or a deliberate disregard of the expected standards of conduct.
- If Safe Reporting determines that an investigation is not warranted, they I communicate this decision, and the basis for this decision, to the individual making the report.

Conflict of Interest Management

- Reports involving members of Risk Management and Compliance are to be transferred to the Vice President, Human Resources for investigation.
- Reports involving the President & CEO or Board Members are to be made to the Board Chair.
- Reports involving the Board Chair should be made to the Minister of Health.
- Any reporter may choose to report any wrongdoing directly to the [Office of the Ombudsperson](#)

Investigating Allegations

- If Safe Reporting Officer determines that resolution of a complaint under this policy requires an investigation, they can either conduct the investigation or appoint an Investigator to conduct the investigation.
- In all cases, responsibility for the investigation is assigned so as to preclude any reasonable third-party complaints in respect to competence, integrity, and independence. This may, in certain cases, require the involvement of qualified external resources.
- Unless there are mitigating circumstances, it is expected that any further investigation under this policy is to be conducted as quickly as possible and the findings returned as soon as practicable.
- The party conducting the merit assessment will respect the rights of the disclosing individual making the allegations and the rights of the person against whom the allegations are made to a fair and impartial investigation. Without limiting the scope of this duty, and having regard for the importance of fair process, the party conducting the investigation ensures:
 - a. Their findings are made in light of the principle that the burden of proving wrongdoing is on the party alleging it, and not on the party against whom it is alleged; and
 - b. They respect the rights of the person against whom the allegations are made to provide full answer to the allegations.
- Individuals accused of wrongdoing are entitled to disclosure of the particular allegations against them and are to be given a full and fair opportunity to respond.
- Union members have the right to have the support of their representative in the investigation process.
- Subject to legal or insurer constraints and the confidential nature of the investigation generally, Safe Reporting informs the individual making the report of the general outcome of the investigation as soon as practicable.

False and Malicious Allegations

An individual who intentionally makes a false, bad faith or malicious report will be the subject to disciplinary or administrative measures up to and including termination of employment or contractual relationships.

Public Disclosures in Urgent Situations

- Employees, for the purpose of PIDA, may make a disclosure directly to the public, if they believe there is an imminent risk of a substantial and specific danger to the life, health, or safety of person or to the environment.
- Before an employee makes a disclosure public, they are to consult with an appropriate protection official (the provincial health officer, the Ministry of

Environment, or the police force), and make the disclosure in accordance with their recommendation.

- After making the disclosure, the employee notifies their supervisor or the Safe Reporting Officer about the disclosure.

Retaliatory Action

- Individual(s) who attempt to or execute an act of reprisal toward the Individual may be faced with disciplinary action. Such action may result in termination of employment or suspension, or in the case of medical staff, discipline up to and including suspension of medical staff privileges in accordance with the Medical Staff Bylaws and Medical Staff Rules.
- All reports are assessed for risk of reprisal or retaliatory action using the [NH Reprisal Risk Assessment tool](#).
- An individual may protest alleged Retaliatory Action by filing a separate written complaint to NH Safe Reporting (safe.reporting@northernhealth.ca).
- Safe Reporting completes a full review of all complaints of Retaliatory Action or an appropriate designate in accordance with this policy. The review:
 1. Determines whether the conduct in question constitutes Retaliatory Action; and
 2. Recommends appropriate responses to and remedies for any findings of Retaliatory Action.

Confidentiality

- Individuals who fail to respect the highly confidential nature of the investigative process, including individuals who make the report, respondents to the report or witnesses involved in the investigation, can be subject to disciplinary or administrative measures, up to and including termination of employment or contractual relationships.

Corrective Action

- Where the investigation substantiates the allegations of culpable misconduct or wrongdoing or a deliberate disregard of the expected standards of conduct, corrective action is to be taken as promptly as possible.
- In this final step, responsibility transfers from Safe Reporting to Management, Human Resources, and if applicable, the senior medical administrator.
- In the event allegations involve the CEO, the results of the investigation are to be reviewed by the Chair of the Board who recommends to the Board the action to be taken.

Records

- Safe Reporting maintains a confidential copy of all Investigation Reports undertaken through this Policy for a period of three years from the closure of the investigation.
- Safe Reporting prepares an annual report of disclosures, including:
 - the number of disclosures received, including referrals, and whether or not they were acted upon
 - the number of investigations commenced as a result of a report
 - when an investigation has a finding of wrongdoing,
 - a description of the wrongdoing
 - recommendations made
 - any corrective action taken, or the reason for no corrective action
- Safe Reporting ensures the annual report is published on the public NH website.

Dissatisfaction with action taken or complaints of reprisal

- If an individual is not satisfied with the action taken regarding their concern, or to report reprisal resulting from an investigation, they may raise their concern, in writing, to the BC Office of the Ombudsperson:
 - By online form: <https://bcombudsperson.ca/report-wrongdoing/>
 - Or by mail:
PO Box 9039, Stn Prov Gov't.
Victoria, BC V8W 9A5

KEYWORDS

Allegations, complaints, retaliatory action, confidentiality, wrongdoing, audit, whistleblower, whistleblowing, whistle, whistle blower

REFERENCES

BC Public Interest Disclosure Act. Retrieved June 2, 2023 from <https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/18022>

APPENDIX A-Safe Reporting Intake Form

Safe Reporting: Disclosure Intake Form (Form 1)

For Office Use Only	Case Number
Name	
(Pronouns)	
Are you a(n): <ul style="list-style-type: none"> • Employee • Former Employee • Member of the Public Describe time and place of employment	
How would you like to be contacted?	
Address where we may contact you	
Telephone number	
Email	
May we leave a voice message?	Y N

- **Important:** Reports under the Act may be made anonymously, but we cannot investigate your report unless we can determine that you are an eligible employee, and we may not be able to investigate without obtaining more information from you.

Description of the Wrongdoing

The *Public Interest Disclosure Act* applies to the following kinds of wrongdoing:

- a serious act or failure to act that, if proven, would constitute an offence under an enactment of British Columbia or Canada
- an act or failure to act that creates a substantial and specific danger to the life, health, or safety of persons, or to the environment, other than a danger that is inherent in the performance of an employee's duties or functions
- a serious misuse of public funds or public assets
- gross or systemic mismanagement
- knowingly directing or counselling a person to commit a wrongdoing described above

Please describe your concerns, keeping in mind how wrongdoing is defined, above. Explain how you learned about the wrongdoing and provide as much detail about the specific allegations as possible, including:

A description of the wrongdoing	
Where the wrongdoing happened or is likely to happen	
Who committed or is about to commit wrongdoing (name, title and contact information)	
When the wrongdoing occurred or is expected to occur	
Please identify any applicable laws, Acts, Regulations, or policies that may apply in relation to the wrongdoing	

Have you **reported the wrongdoing** to your employer or any other person or organization? Please provide details of who you reported to, when, their response and contact information.

Do you know of any **other organization** that is addressing these allegations? Please provide details.

Do you consider the matter urgent? If so, please explain why.

EVIDENCE

Please attach any documents, records, correspondence, recordings or other evidence that you have in your possession related to the allegations of wrongdoing and any previous reports of the allegations you have made.

- You may upload up to 3 files
- Maximum file size limit is 5 MB
- Accepted file formats: pdf, doc, docx, txt, jpg, png
- Please retain the files that you upload for your own records

DECLARATION

I have provided this information in good faith and on the reasonable belief that it could show a wrongdoing has occurred or is about to occur.

Submit

APPENDIX B-Reprisal Risk Assessment Tool

Reprisal Risk Assessment Tool (for SRO Use)

File Number:	
Organization:	Northern Health
Discloser/Witness:	
Designated Officer:	
Date:	

The SRO will assess the risk of reprisal to the discloser and/or those cooperating with the investigation as soon as is practical after receiving a disclosure. The SRO will exercise their discretion to revisit the assessment and note any changes before beginning an investigation, before notifying witnesses or respondent and conducting interviews and before sharing the results of an investigation, even in draft form.

Step 1. Identify the risk

Is the nature of the disclosure particularly egregious?

Yes No N/A

Has the alleged wrongdoing taken place over a significant period of time? Is there more than one alleged wrongdoer?

Is the discloser's identity known in the workplace?

Yes No Unknown

If yes, how did the identity of the discloser come to be known? Is this a cause for concern?

If "No" or "Unknown," could the discloser's identity become known?

Yes No

Has the discloser told anyone else that they were making a disclosure? Have they raised their concerns to others? Is the nature of the disclosure such that they may easily be identified? Is it possible to confidentially investigate the disclosure?

Is the discloser in a vulnerable position?Yes No

Has the discloser expressed fear of reprisal? Does the respondent have seniority over the discloser, or can they easily affect the discloser's working conditions? Is the discloser being performance managed? Are there effective supervisory arrangements to monitor the conduct of the respondent(s)? Is the discloser on contract or part-time?

Will the respondent(s) have motivation to commit reprisal?Yes No Unknown

Will the respondent suffer any adverse consequences because of an investigation? Will their identity remain confidential during the investigation? Will the respondent be removed from the workplace during the investigation?

Are there any other dynamics suggesting the potential for reprisal?Yes No N/A

Does the discloser have a support network in the organization? How connected is the discloser with the respondent(s)? Do the discloser and respondent(s) socialize outside of work? Is there a history of conflict in the workplace involving the discloser or respondent(s) and management or colleagues?

Step 2. Risk analysis and evaluation

Using the information from the previous page, analyze the risk to assess the nature and likelihood of reprisal taking place.

Reprisal measures

Given any risks identified, what form could reprisal potentially take?

Some examples: discrimination, disadvantage or adverse treatment to the employee's career, a workplace transfer, damage to reputation, threats, bullying, harassment or torment, ostracism, significant undermining of the employee's authority, heavier scrutiny of work, unsafe or humiliating work, injury, or any other action which has a negative impact on employment or working conditions

Likelihood

What is the likelihood of reprisal occurring?

- Which factors make reprisal more or less possible?
- The most significant indicators of high risk are:
 - past experiences of conflict, threats or reprisal in the workplace;
 - the likelihood that the confidentiality or anonymity of the discloser will not be maintained;
 - the significance of the wrongdoing, the number of people involved, and/or the status of the alleged wrongdoers; and the vulnerability of the discloser in the workplace given their seniority, proximity to the alleged wrongdoer(s), or how physically isolated they may be.

Controls

What measures or protective factors are already in place to protect the discloser and mitigate or prevent the risk?

- How effective are the measures likely to be?
- Are those measures sufficient to protect the discloser? If not, why and what else needs to be addressed?

Risk evaluation

SROs should select a risk rating based on consideration of all the available information assessed above.

Risk factors may be given more or less weight in the assessment depending on the circumstances.

Some examples which may support the corresponding risk are below:

Low risk

- Confidentiality of the discloser can be maintained
- The discloser has not raised concerns about reprisal
- No concerns about historical conduct of parties involved
- The discloser is not in a vulnerable position in the workplace
- The discloser is not currently employed by the organization

Medium risk

- The discloser's anonymity may not be maintained
- There is a potential for low level reprisal against the discloser such as workplace conflict, isolation
- There are minor concerns about the historical conduct of the parties
- There is a power imbalance between the parties
- The discloser does not have significant social support in the workplace

High risk

- The discloser's identity is known or is likely to be known
- Previous retaliatory threats may have occurred
- There have been previous incidents of concern relating to the conduct of the parties
- The discloser is vulnerable in the workplace
- The matter of wrongdoing involves more than one party and/or is egregious
- There is a strong motivation for reprisal given the ramifications to the respondent(s) in a finding of wrongdoing

REVISION HISTORY			
Initial Effective Date:	April 2010		
Approved By:	VP, Planning Quality and Information Management		
Author Title:	Regional Manager, Risk Management		
Revision History:	Effective Date:	Description of Changes:	Reviewed or Revised by:
	June 15, 2023	Updated to reflect current Safe Reporting process; updated to include Public Interest Disclosure Act legislation; number changed from 5-3-1-150 to reflect organizational change of ownership of Safe Reporting	Regional Manager, Risk Management; Regional Director, Legal Affairs, Enterprise Risk and Compliance; VP PQIM
	March 1, 2023	References to "Internal Audit" replaced with "Safe Reporting"; authorship transferred to appropriate role	Regional Director, Legal Affairs, Enterprise Risk and Compliance
	November 2019	Revision, "dissatisfaction with action taken"	VP Human Resources
	July 20, 2015	Revision to further support transparent, accessible, and open public service	Manager Human Resources Projects; VP Human Resources
	August 27, 2013	Revision	Regional Director HR Operations; Internal Audit; VP Human Resources
	April 2010	Issued	
Contact policiesstandards@northernhealth.ca if further information is required.			
Acknowledgements (optional):			