

Leading Teams - HR toolkit

1. Providing a safe workplace

- [WorkSafeBC](#) requires all employers to ensure a healthy and safe workplace for their employees.
- Reviewing the [Occupational Health and Safety info sheet](#) will help with understanding employer responsibilities.
- The following templates can help you plan for a safe workplace.
 - [First aid record](#)
 - [Hazard report](#)
 - [Workplace incident report](#)
 - [Workplace inspection checklist](#)

2. Fostering a successful workplace culture

- The [Workplace Relationship Assessment form](#) can provide you with a baseline representation of your clinic's current work environment and will be helpful in the future as you continue to measure successes and challenges.
- More information about creating a culturally sensitive, respectful, and safe workplace can be found in the [Words Matter: Guide on using inclusive language in the workplace](#) developed by the BC government.
- Build skills to successfully manage employees through effective communication, motivation, and conflict resolution. The following resources can provide you with a comprehensive overview in three key areas:
 - [Managing relationships with employees](#) — Government of BC
 - [Managing problems with employees](#) — Government of BC
 - [Dealing with conflict](#) — Canadian Medical Protective Association (CMPA)
- Encourage employees to maintain a healthy work-life balance by offering flexible work options using this [Sample Remote Work Policy](#).

3. Managing leaves of absence and leave requests

- Under the [Employment Standards Act](#), employers cannot prevent employees from accessing their entitled leaves.
- Employees on leave are still considered employed and remain eligible for vacation, wage increases, and benefits.
- The following templates can help manage employee leaves of absence:
 - [Leave of absence checklist.](#)
 - [Leave of absence form.](#)
 - [Confirmation letter.](#)
 - [Medical duty to accommodate letter.](#)
 - [Return to work plan.](#)

4. Investing in human capital for retention

- Stay interviews can help you to understand how your team feels about the work environment and supports retaining valuable employees.
- The [Stay Interview Form](#) and [Stay Interview Guide](#) can be used to gather valuable information from your current employees.
- This process will show that you view knowledgeable employees with insight into organizational context as valuable assets.

5. Planning ahead to keep things running smoothly

- Planning ahead for potential vacancies using the [Succession Planning template](#) will ensure a smooth transition in the event of an employee departure.

Occupational health and safety roles

ROLES & RESPONSIBILITIES

EMPLOYER

- Establish and enforce health and safety policies and regulations from WorkSafeBC and the Workers' Compensation Act.
- Train managers in their health and safety responsibilities.
- Ensure that all workers are provided with the information, instruction, training, and supervision necessary to protect their health and safety.
- Ensure all workers are properly equipped and use personal protective equipment as needed
- Consult and cooperate with the Joint Occupational Health and Safety (JOHS) Committee or Worker Safety Representative, and WorkSafeBC prevention officers.
- Conduct an annual review of the health and safety program.
- Maintain a safe, clean, and healthy work environment at all worksites.
- Ensure first aid attendants are appointed for each worksite.
- Arrange for first aid attendant training and track their certification.
- Ensure that first aid supplies are stocked and first aid records are kept in a secure manner.
- Ensure that all workers know where emergency supplies are stored.
- Ensure that instructions for calling for help in an emergency are posted in a central location.
- Ensure that all workers are made aware of all known or reasonably foreseeable health and safety hazards, including any risk of violence.
- Correct unsafe acts and conditions without delay.
- Report injuries to WorkSafeBC and the HR department in the prescribed manner.
- Investigate all accidents, injuries and hazards.

WORKERS

- Perform their work in a safe manner and encourage co-workers to do the same.
- Use the personal protective equipment provided.
- Learn and follow safe work procedures.
- Ensure their ability to work safely is not affected by alcohol, drugs, or other causes.
- Report injuries, accidents, unsafe acts, hazards and broken equipment immediately to their supervisor.
- Correct hazards in a safe manner.
- Inform management of any physical or mental impairment which may affect their ability to work safely.
- Participate in inspections and investigations, where appropriate.
- Help create a safe workplace by recommending ways to improve health and safety programs.
- Cooperate with the JOHS Committee or Worker Safety Representative and WorkSafeBC prevention officers.

WORKER HEALTH AND SAFETY REPRESENTATIVES & JOHS COMMITTEES

- As stipulated by WorkSafeBC, once a workplace has more than nine workers but fewer than 20 workers, the organization requires a Worker Health and Safety Representative. A Worker Health and Safety Representative is an employee who has been tasked with ensuring that WorkSafeBC standards are being met, and for executing and implementing the occupational health and safety requirements.
- If a workplace has 20 or more workers, the organization must have a JOHS Committee. The primary role of a Worker Health and Safety Representative or a JOHS Committee is to promote the improvement of the occupational health and safety, and the occupational environment, of workers. This may include:
 - Making recommendations to address any unhealthy or unsafe situations in the workplace.
 - Monitoring the effectiveness of the organization's health and safety policies and procedures.
 - Ensuring that accident investigations and regular inspections are carried out as required.
 - Other duties as required.
- The Joint Occupational Health and Safety (JOHS) Committee must be made up of an equal number of employee and employer representatives.
- Worker Health and Safety Representatives and members of a JOHS Committee must be provided with training by the employer to learn about their duties, the requirements around conducting workplace

inspections, the requirements around responding to a refusal of unsafe work and more.

- o Training tools and information offered by WorkSafeBC can be found [here](#).

OCCUPATIONAL HEALTH & SAFETY TRAINING

- Every organization is required to provide new and existing workers with occupational health and safety training and/or orientation to ensure they are familiar with the organization's health and safety processes and policies.
- On-going health and safety training must be provided by the employer to ensure workers are up to date on occupational health and safety best practice.

For new employees:

- Use and adapt the [Health and Safety Orientation Checklist](#) to ensure all new and current workers are oriented to the protocols and measures your organization has implemented to ensure their safety, health, and well-being.
- Require the worker and their manager to sign off that they have received a health and safety orientation and save the completed checklist and signed form in their employee file.

WORKPLACE INSPECTIONS

One of the most important aspects of occupational health and safety is regular workplace inspections. The purpose of a workplace inspection is to identify occupational hazards, prevent unsafe working conditions from developing, and assess risk in the workplace on an ongoing basis.

- Conduct regular workplace inspections.
- Conduct a workplace inspection whenever an incident occurs.
- Post details about hazards that have been identified through the workplace inspection in a central location.
- Ensure the workplace addresses any hazards identified in a timely manner.
- File all workplace inspections and hazard reports in a central location.

Consider conducting monthly workplace inspections. Adapt and use the [Workplace Inspection Checklist](#) to guide and record the inspection. Use the [Hazard Report](#) to document any hazards identified through the workplace inspection.

RIGHT TO REFUSE UNSAFE WORK

- If a worker has reasonable cause to believe that performing a job or task puts themselves or someone else at risk, they must not perform the job or task. The employer, including the Worker Health and Safety Representative or the JOHS Committee, is responsible for taking the appropriate steps to determine if the work is unsafe and remedy the situation without delay.
- If a worker still views work as unsafe after the employer has said it is safe to perform a job or task, an investigation must take place in the presence of the employee and the Worker Health and Safety Representative or a member of the JOHS Committee.
- If the matter is still not resolved, the worker and the employer must contact WorkSafeBC. A prevention officer will investigate the situation and provide a workable solution.

FIRST AID

- To determine an adequate and appropriate level of first aid coverage in the workplace, the employer is expected to first conduct a first aid assessment. A first aid assessment involves:
 - Identifying the number of workplaces
 - Identifying the workplace hazard rating as determined by WorkSafeBC
 - Considering the travel time to a hospital
 - Identifying the number of workers on a shift
 - Determining the applicable minimum levels of first aid as stipulated in the [OHS Regulation \(Schedule 3A\)](#).
- After completing a first aid assessment, the employer can review the findings and take the necessary steps to put proper first aid procedures in place.
- When workplace incidents occur, any necessary first aid treatments will be carried out immediately by a certified first aid attendant in the workplace, whenever possible.
- Details of any treatment must be recorded on a [First Aid Record](#) which should be attached to the first aid kit itself.

An employer may consider conducting a first aid drill once a year. This drill should test workers' awareness of how to call for first aid, how well the communication system works, and the capability of first aid attendants. It will also help determine if the current levels of first aid are adequate to deal with incidents mostly likely to occur in the workplace.

EMERGENCY RESPONSE & PREPAREDNESS

- To determine an adequate and appropriate level of emergency preparedness, the employer is expected to first conduct a vulnerability assessment to identify which hazards pose a threat to the workplace. After completing a vulnerability assessment, the employer can review the findings and take the necessary steps to put proper emergency procedures in place.
- Common elements to be considered in an Emergency Response and Preparedness Plan include pre-emergency preparation and provisions for alerting and evacuating staff, handling casualties, and for containing hazards.
- Workers must be knowledgeable about evacuation routes, safe meeting locations, and the location of emergency kits.

A workplace may consider having at least three hard copies of the Emergency Response and Preparedness Plan: one copy to be posted in a common area in the workplace, one copy for the lead staff, and one copy to be stored in the vehicle of the lead staff.

The Business Pathways [Contingency Planning Toolkit](#) can assist you with this process.

WORKING ALONE OR IN ISOLATION

- The employer must have procedures in place to ensure the well-being of workers who work alone or in isolation. Lone workers may be at increased risk of confrontations or even violence, particularly if they are working at night. Lone workers must be able to get assistance if they are injured or if there is an emergency.

The employer may consider implementing check-in procedures for workers working alone or in isolation. These check-in procedures may include:

- Designated time intervals for checking a worker's well-being (these time intervals must be developed in consultation with the employee assigned to work alone or in isolation).
- Procedures to follow in case the worker cannot be contacted, including provisions for emergency rescue.
- A designated person to establish contact with the worker at predetermined intervals, and a means to record the results of these checks.
- Procedures for checking an worker's well-being at the end of the work shift.

BIO-HAZARDOUS EXPOSURE PREVENTION

- To determine an adequate and appropriate level of bio-hazardous exposure preparedness, the employer is expected to first conduct a risk assessment to identify which hazards pose a threat to the workplace. After completing a risk assessment, the employer can review the findings and take the necessary steps to put proper exposure control procedures in place.
- Common elements to be considered in an Exposure Control Plan include the proper use of personal protective equipment (PPE), appropriate vaccinations for workers, and the disposal of bio-hazardous materials.
- Workers must be knowledgeable about how and when to report exposure incidents.

REPORTING WORKPLACE ACCIDENTS, ILLNESS, INJURY, NEAR MISSES AND FATALITIES

- In the event of a workplace accident, illness or injury, the affected worker must immediately seek and receive first aid in the workplace. A certified first aid attendant must be notified to treat and assess the individual. If the injury cannot be treated in the workplace, the worker must travel to the nearest medical facility.
- For a serious injury, 9-1-1 must be called to secure immediate medical attention. If the injury does not require ambulatory transportation, the employer must arrange immediate transportation to a facility. The worker may be accompanied to the medical facility by another colleague who can record the details of the incident.
- Once at the medical facility, the attending medical professional must be informed that the worker is being treated for a work-related accident, illness, or injury.
- At the medical facility, the worker must complete WorkSafeBC's [Form 6A: Worker's Report of Injury or Occupational Disease](#) as soon as is reasonable.
- All worker are expected to cooperate with emergency personnel to address the situation.

INCIDENT INVESTIGATIONS

- With the support of the Worker Health and Safety Representative or the JOHS Committee, the employer is responsible for immediately conducting an investigation into any incident that involves:
 - Serious injury or death.
 - Injury requiring medical treatment.

- o Minor injury, or no injury, but had the potential for causing serious injury.
 - o Major structural failure or collapse.
 - o Major release of hazardous substances.
 - o Dangerous incident involving explosive materials.
 - o Blasting incident causing personal injury.
- Immediately after an incident requiring an investigation occurs, the Employer must contact WorkSafeBC.
- Within 48 hours of the incident, the employer must conduct a preliminary investigation and prepare WorkSafeBC's [Employer Incident Investigation Report \(Form 52E40\)](#).
- Within three days of the incident, if a worker was injured the employer must submit WorkSafeBC's [Form 7: Employer's Report of Injury or Occupational Disease](#).
- Within 30 days, the employer must complete and submit a full investigation report to WorkSafeBC, including any corrective actions.
- Additional information and documents may need to be prepared, depending on the information provided by WorkSafeBC. The [Workplace Incident Report](#) template may be used to record the details of the incident.

RECORDS & STATISTICS

- The Employer must maintain records and statistics relating to occupational health and safety as required by the Workers' Compensation Act and the Occupational Health and Safety Regulation.
- Occupational health and safety records and statistics may be used to:
 - o Monitor and evaluate the health and safety performance of the workplace and its workers.
 - o Identify common factors or trends in accidents or incidents.
 - o Monitor and evaluate the effectiveness of corrective actions.

First aid record

Name: Enter name.

Position: Enter position.

Date of incident: Enter date.

Time of incident: Enter time.

Description of how the injury or illness occurred (What happened?)

| |
|--|
| |
|--|

Description of the nature of injury or illness (What are the signs and symptoms?)

| |
|--|
| |
|--|

Description of the treatment given (What did you do?)

| |
|--|
| |
|--|

Name of witnesses

| | |
|----|----|
| 1. | 2. |
|----|----|

Arrangement(s) made relating to the worker (return to work/medical aid/ambulance/follow-up)

[ORGANIZATIONAL LOGO]

Signature: _____
(First aid attendant)

Signature: _____
(Patient)

[ORGANIZATIONAL LOGO]

Hazard report

| INVESTIGATIVE TEAM | | |
|--------------------|----------|--------------------------------|
| Name | Position | Role |
| | | <i>Employer representative</i> |
| | | <i>Worker representative</i> |
| | | |
| | | |

| Hazard | Risk | Recommendation | Date completed |
|--------|---|----------------|----------------|
| | Degree of risk: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low | | Enter date |
| | Degree of risk: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low | | Enter date |
| | Degree of risk: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low | | Enter date. |
| | Degree of risk: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low | | Enter date |
| | Degree of risk: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low | | Enter date |
| | Degree of risk: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low | | Enter date |

[ORGANIZATIONAL LOGO]

Workplace incident report

| INVESTIGATIVE TEAM | | |
|--------------------|----------|--------------------------------|
| Name | Position | Role |
| | | <i>Employer representative</i> |
| | | <i>Worker representative</i> |
| | | |
| | | |

| INCIDENT DETAILS | |
|-----------------------|--|
| Date of incident: | |
| Time of incident: | |
| Location of incident: | |

| TYPE OF OCCURANCE | | | |
|---|--------------------------|--|--------------------------|
| Type | Yes | Type | Yes |
| Death of a worker | <input type="checkbox"/> | Minor injury or no injury but with potential for serious injury | <input type="checkbox"/> |
| Serious injury to worker* | <input type="checkbox"/> | Injury requiring medical treatment beyond first aid (Physician ER) | <input type="checkbox"/> |
| Major structural failure or collapse | <input type="checkbox"/> | | <input type="checkbox"/> |
| Incident of fire or explosion with potential for serious injury | <input type="checkbox"/> | | <input type="checkbox"/> |

*Serious injury = Life threatening, traumatic injury, loss of consciousness, permanent change

| DESCRIPTION OF INCIDENT |
|--|
| <i>What happened? Describe the environmental/surrounding conditions; activities taking place in the space; availability, use and functionality of necessary equipment.</i> |

CONTRIBUTING FACTORS AND/OR DIRECT CAUSES

ENVIRONMENT RELATED CAUSES

- | | |
|---|---|
| <input type="checkbox"/> Variations in floor surface | <input type="checkbox"/> Working alone |
| <input type="checkbox"/> Wet/slippery | <input type="checkbox"/> Inadequate security equipment/measures |
| <input type="checkbox"/> Personal Protective Equipment not sufficient | <input type="checkbox"/> Limited space |
| <input type="checkbox"/> Noise | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Other (specify): | |

ORGANIZATIONAL RELATED CAUSES

- | | |
|--|---|
| <input type="checkbox"/> Excessive workload | <input type="checkbox"/> Inadequate job/skill training |
| <input type="checkbox"/> High staff turnover | <input type="checkbox"/> Inadequate Staffing |
| <input type="checkbox"/> Poor communication | <input type="checkbox"/> Inadequate/unavailable standard operating procedures |
| <input type="checkbox"/> Other (specify): | |

EQUIPMENT RELATED CAUSES

- | | |
|---|--|
| <input type="checkbox"/> Inadequate signage/labeling | <input type="checkbox"/> Defective equipment |
| <input type="checkbox"/> Inadequate/unavailable equipment | <input type="checkbox"/> Preventative maintenance/inspections inadequate |
| <input type="checkbox"/> Material/equipment failure | <input type="checkbox"/> Incorrect equipment |
| <input type="checkbox"/> Other (specify): | |

HUMAN RELATED CAUSES

- | | |
|---|--|
| <input type="checkbox"/> Knowledge/skill/experience lacking | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Pre-existing condition | <input type="checkbox"/> Violent behaviour |

[ORGANIZATIONAL LOGO]

| | |
|---|---|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Physical limitations (reach, height, etc.) |
| <input type="checkbox"/> Other (specify): | |

| |
|--|
| DETERMINATION OF CAUSES OF INCIDENT |
| <i>Why did the event occur?</i> |

| |
|---|
| CORRECTIVE ACTION |
| <i>How can a reoccurrence be prevented?</i> |

| CORRECTIVE ACTION PLAN | | | |
|--|--|--------------------------|-----------------|
| Action (Description of action required to prevent reoccurrence of incident) | Assigned to: (position of the person performing the action) | Expected completion date | Completion date |
| | | Enter a date. | Enter a date. |
| | | Enter a date. | Enter a date. |
| | | Enter a date. | Enter a date. |
| | | Enter a date.. | Enter a date. |
| | | Enter a date. | Enter a date.. |

WORKPLACE INSPECTION CHECKLIST

| OCCUPATIONAL HEALTH AND SAFETY WORKPLACE INSPECTION CHECKLIST | |
|---|---------------------|
| Site: | Date of inspection: |
| Name of inspector: | Name of inspector: |

| Safe or n/a | Not safe | Exterior/Outdoor |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Entrances/Exits – not blocked |
| <input type="checkbox"/> | <input type="checkbox"/> | Lighting – adequate |
| <input type="checkbox"/> | <input type="checkbox"/> | Sidewalks, ramps – even surface, uncluttered |
| <input type="checkbox"/> | <input type="checkbox"/> | Steps – non-slip, handrail, good repair, even surface |
| <input type="checkbox"/> | <input type="checkbox"/> | Fences, gates – good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | Main building structure – good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | Tables and seating – good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | Outdoor maintenance equipment – working order, accessible, secured |
| <input type="checkbox"/> | <input type="checkbox"/> | Exterior parking area – even surface, well-lit, uncluttered |
| <input type="checkbox"/> | <input type="checkbox"/> | Security cameras – in good working order |
| | | Interior |
| <input type="checkbox"/> | <input type="checkbox"/> | Entrance/Exit Areas – not blocked, signed |
| <input type="checkbox"/> | <input type="checkbox"/> | Security systems controlling access – in working order |
| <input type="checkbox"/> | <input type="checkbox"/> | Security cameras – in working order |
| <input type="checkbox"/> | <input type="checkbox"/> | Doors – good repair, not blocked, fire doors close |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceiling – good repair |

[ORGANIZATIONAL LOGO]

| | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Lighting – adequate, accessible, working |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors – clean, dry, even surface |
| <input type="checkbox"/> | <input type="checkbox"/> | Stairs – railings, unobstructed, well lit, good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | Hallways – uncluttered, well lit |
| <input type="checkbox"/> | <input type="checkbox"/> | Windows – good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | Carpets – good repair, fastened, no upturned edges, no holes |
| <input type="checkbox"/> | <input type="checkbox"/> | Furniture – good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical cords, plugs – good repair, out of the way |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical sockets, switches – good repair, accessible |
| <input type="checkbox"/> | <input type="checkbox"/> | Shelving – secured to wall, uncluttered |
| <input type="checkbox"/> | <input type="checkbox"/> | Bathrooms – dry, clean, fixtures in working order, uncluttered, entry/exit not blocked |
| <input type="checkbox"/> | <input type="checkbox"/> | Cleaning supplies – labelled, stored securely, uncluttered |
| <input type="checkbox"/> | <input type="checkbox"/> | Electricity panel – accessible, labelled |
| <input type="checkbox"/> | <input type="checkbox"/> | Hot water temperature – non-scalding, tank secured to wall |
| <input type="checkbox"/> | <input type="checkbox"/> | Heating – working order |
| <input type="checkbox"/> | <input type="checkbox"/> | Ventilation – working order |
| <input type="checkbox"/> | <input type="checkbox"/> | Air conditioning – working order |
| <input type="checkbox"/> | <input type="checkbox"/> | Common rooms – uncluttered, entry/exits not blocked |
| <input type="checkbox"/> | <input type="checkbox"/> | Storage rooms – uncluttered, stored items accessible and secured |
| <input type="checkbox"/> | <input type="checkbox"/> | Work rooms – uncluttered, adequate storage |
| <input type="checkbox"/> | <input type="checkbox"/> | Meeting rooms – uncluttered |
| <input type="checkbox"/> | <input type="checkbox"/> | Elevator – good repair, inspected, works, entry/exit not blocked |

[ORGANIZATIONAL LOGO]

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Office(s) – uncluttered, accessible, in good repair, security features in good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | Kitchen space – uncluttered, space to move about, entry/exit not blocked |
| <input type="checkbox"/> | <input type="checkbox"/> | Large appliances – working order, cords in good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | Cupboards – accessible, contents stable |
| <input type="checkbox"/> | <input type="checkbox"/> | Small electrical appliances – working order, safely stored, accessible, cords in good repair |
| Work procedures | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cleaning supplies storage – secure, accessible, uncluttered |
| <input type="checkbox"/> | <input type="checkbox"/> | Handling and disposal of infectious materials (e.g. needles, clothing, etc.) – safe work procedures followed, tools available and used, protective equipment available and used |
| <input type="checkbox"/> | <input type="checkbox"/> | Universal precautions – in use |
| <input type="checkbox"/> | <input type="checkbox"/> | Cleaning procedures - in use, protective equipment and tools available and used |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal protective equipment (e.g. gloves, goggles, etc.) – available, in use |
| <input type="checkbox"/> | <input type="checkbox"/> | Security procedures – in use |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal security equipment (e.g. cell phones, etc.) – available, in good working order |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-violent crisis intervention and de-escalation skills – in use |
| <input type="checkbox"/> | <input type="checkbox"/> | Critical incident reporting – being completed as needed |
| Fire/Disaster | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire drill (conducted once a year) Date of last fire drill: _____ Date of next fire drill: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire alarm system (batteries changed and system tested once per year) Date of last time batteries were changed: _____ Date of last fire alarm system test: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler system (inspected once a year): Date of last inspection: _____ Date of next inspection: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire extinguishers (inspected once a year): Date of last Inspection: _____ Date of next Inspection: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency response plan (drill conducted once a year) Date of last emergency response drill: _____ Date of next emergency response drill: _____ |

[ORGANIZATIONAL LOGO]

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Staff know the location of and how to use fire extinguishers |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency lighting – in good working order |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire exits - clearly marked, uncluttered |
| | | First aid |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff first aid kit – stocked, accessible, staff know location |
| | | Policy and OHS manuals, accident/inspection reports, WCB regulations |
| <input type="checkbox"/> | <input type="checkbox"/> | Accessible, staff know their location(s) |
| | | Other (write in as needed) |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | |

Work relationship assessment form

Date of completion: / / 20
mm dd yy

Understanding workplace culture and its impact on your colleagues and staff is a critical step in prioritizing and promoting a psychologically healthy environment. Relationships built on respect and transparency will contribute to the overall success of your practice.

This survey is designed to engage your team and promote meaningful discussions around areas for improvement and areas of success. The following dimensions are key when considering how to foster a positive work environment, and should be reevaluated on a regular basis to ensure you have a clear understanding of your staff and practice procedures.

Trust

| | Rarely | Sometimes | Neutral | Often | Frequently |
|---|--------|-----------|---------|-------|------------|
| Does your team actively seek input from the group about important matters? | 1 | 2 | 3 | 4 | 5 |
| Do you feel you are trusted to complete your work independently, without micromanaging? | 1 | 2 | 3 | 4 | 5 |
| Do you feel comfortable and supported to discuss your successes and failures? | 1 | 2 | 3 | 4 | 5 |

Section total

Diversity

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Does your team include people from diverse backgrounds and perspectives? | 1 | 2 | 3 | 4 | 5 |
| Do you feel encouraged to share your unique opinion without fear of negative outcomes? | 1 | 2 | 3 | 4 | 5 |
| Do you feel you are treated equally regardless of gender, race, ethnicity, orientation, etc.? | 1 | 2 | 3 | 4 | 5 |

Section total

Mindfulness

| | Rarely | Sometimes | Neutral | Often | Frequently |
|--|--------|-----------|---------|-------|------------|
| Do you feel your team/management are open to considering new ideas? | 1 | 2 | 3 | 4 | 5 |
| Do you feel comfortable talking freely about what is and isn't working in the workplace? | 1 | 2 | 3 | 4 | 5 |
| Does your team make changes to workflow based on the demands of the current situation, rather than running on autopilot? | 1 | 2 | 3 | 4 | 5 |

Section total _____

Teamwork

| | | | | | |
|---|---|---|---|---|---|
| Do you think your team does a good job being attentive to current tasks as well as larger team goals? | 1 | 2 | 3 | 4 | 5 |
| Is your team aware of everyone's individual roles and how they affect other functions and people on the team? | 1 | 2 | 3 | 4 | 5 |

Section total _____

Respect

| | | | | | |
|--|---|---|---|---|---|
| Would you consider your team to be considerate, honest, and tactful? | 1 | 2 | 3 | 4 | 5 |
| Do you feel your opinions are valued? | 1 | 2 | 3 | 4 | 5 |
| Do you feel this is a psychologically safe place to work? | 1 | 2 | 3 | 4 | 5 |

Section total _____

Culture

| | Rarely | Sometimes | Neutral | Often | Frequently |
|--|--------|-----------|---------|-------|------------|
| Do you feel that equal importance is placed on task-related work and social relationships? | 1 | 2 | 3 | 4 | 5 |
| Do you feel you are encouraged to have a good work/life balance? | 1 | 2 | 3 | 4 | 5 |
| Do you feel you can be yourself at work? | 1 | 2 | 3 | 4 | 5 |


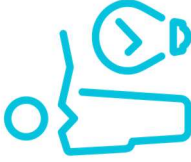
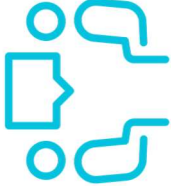
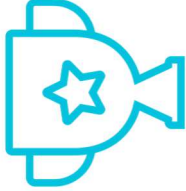
Section total _____

Communications

| | | | | | |
|---|---|---|---|---|---|
| Does your team implement the appropriate means of communication at the right times? | 1 | 2 | 3 | 4 | 5 |
| Does your team use a more personal, face-to-face approach when it comes to sensitive matters? | 1 | 2 | 3 | 4 | 5 |
| Does your team use efficient method of communication without it being overkill? | 1 | 2 | 3 | 4 | 5 |

Section total _____

Total score: ____/100

| Score | | | |
|-------|---|---|--|
| |  | 20 - 40: Need a plan Consider contacting a professional or find more information on how to foster a positive workplace culture. |  |
| |  | 61 - 80: On the right track Discuss what characteristics received high scores and what reasons contribute to the high score. Also discuss the characteristics that received low scores and brainstorm how they could be improved. |  |
| | | 41 - 60: Room for improvement Discuss what factors contribute to the low scores and brainstorm suggestions for how specific factors could be improved. | |
| | | 81 - 100: Outstanding Discuss what factors contribute to the high score and ways to maintain positive work relationships. Keep up the good work and repeat this activity in a year or as needed. | |
| | Suggestions for improvement: _____ _____ _____ _____ _____ _____ | | |

Sample Remote Work Policy

The Sample Remote Work Policy below provides guidelines for the overall remote working program. This is a sample only and is not intended as legal advice.

Disclaimer: This document is offered as a conceptual sample. Your own document should reflect your clinic's policies as well as local, provincial, and federal regulations. Be sure to consult an attorney familiar with employment law before using any such document.

Remote working is the concept of working from home or another location on a full- or part-time basis. Remote working is not a formal, universal employee benefit. Rather, it is an alternative method of meeting the needs of the clinic and employee. The clinic has the right to refuse to make remote working available to an employee and to terminate a remote working arrangement at any time.

The clinic's policies for remote working are as follows:

Compensation and Work Hours

The employee's compensation, benefits, work status and work responsibilities will not change due to participation in the remote working program. The amount of time the employee is expected to work per day or pay period will not change as a result of participation in the remote working program.

Eligibility

Successful remote workers have the support of their supervisors. Employees will be selected based on the suitability of their jobs, an evaluation of the likelihood of their being successful remote workers, and an evaluation of their supervisor's ability to manage remote workers. Upon acceptance to the program both the employee and manager will be expected to complete a training course designed to prepare them for the remote working experience. All remote workers must sign an agreement.

Equipment/Tools

The clinic may provide specific tools/equipment for the employee to perform their current duties. This may include computer hardware, computer software, phone lines, email, voice-mail, connectivity to host applications, and other applicable equipment as deemed necessary. The use of equipment, software, data supplies and furniture when provided by the company for use at the remote work location is limited to authorized persons and for purposes relating to clinic business. The clinic will provide for repairs to clinic equipment. When the employee uses their own equipment, the employee is responsible for maintenance and repair of equipment. A loaner laptop may be provided when available. Loaner computers will vary in performance and configuration. Loaners must be returned upon request.

Workspace

The employee shall designate a workspace within the remote work location for placement and installation of equipment to be used while remote working. The employee shall maintain this workspace in a safe condition, free from hazards and other dangers to the employee and equipment. The clinic must approve the site chosen as the employee's remote workspace. Any clinic materials taken home should be kept in the designated work area at home and not be made accessible to others. The clinic has the right to make on-site visits (with 48 hours advance notice) to the remote work location for purposes of determining that

[ORGANIZATIONAL LOGO]

the site is safe and free from hazards, and to maintain, repair, inspect, or retrieve clinic-owned equipment, software, data or supplies.

Office Supplies

Office supplies will be provided by the clinic as needed. Out-of-pocket expenses for other supplies will not be reimbursed unless by prior approval of the employee's manager. It will be the employee's responsibility to determine any tax implications of maintaining a home office area. The clinic will not provide tax guidance nor will the clinic assume any additional tax liabilities. Employees are encouraged to consult with a qualified tax professional to discuss tax implications.

Communication

Employees must be available by phone and email during core hours. All client interactions will be conducted on a client or clinic site. Employees will still be available for staff meetings, and other meetings deemed necessary by management. The clinic will pay work-related voice and data communication charges.

Evaluation

The employee shall agree to participate in all studies, inquiries, reports and analyses relating to this program. The employee remains obligated to comply with all clinic rules, practices and instructions.

Worker's Compensation

During work hours and while performing work functions in the designated remote work area, remote workers are covered by worker's compensation.

Liability

The employee's remote workspace will be considered an extension of the clinic's workspace. Therefore, the clinic will continue to be liable for job-related accidents that occur in the employee's remote workspace during the employee's working hours. The clinic will be liable for injuries or illnesses that occur during the employee's agreed-upon work hours. The employee's at-home work hours will conform to a schedule agreed upon by the employee and their supervisor. If such a schedule has not been agreed upon, the employee's work hours will be assumed to be the same as before the employee began remote working. The clinic assumes no liability for injuries occurring in the employee's remote workspace outside the agreed-upon work hours. The clinic is not liable for loss, destruction, or injury that may occur in or to the employee's home. This includes family members, visitors, or others that may become injured within or around the employee's home.

Dependent Care

Remote working is not a substitute for dependent care. Remote workers will not be available during clinic core hours to provide dependent care.

Leave of absence checklist

To ensure a smooth transition to and from an employee's leave of absence, it is important to discuss and clarify the following:

SUPPORTING DOCUMENTATION

☐ Where applicable, I have supplied [ORGANIZATION NAME] with the required supporting documentation.

PROPOSED START DATE OF LEAVE

☐ Taking into consideration my needs and the needs of [ORGANIZATION NAME], the following proposed start date for the requested leave has been agreed upon:

DATE: Enter date.

PROPOSED RETURN DATE FROM LEAVE

☐ Taking into consideration my needs and the needs of the Division, the following proposed return date for the requested leave has been agreed upon:

DATE: Enter date.

PAYROLL (please check one)

- ☐ I understand that this will be an UNPAID leave of absence.
- ☐ I understand that this will be an UNPAID leave of absence. I will be using accrued sick and vacation days up until the start date of my leave.
- ☐ I understand that this will be a PAID leave, up until the proposed return date. Any extension(s) of leave beyond the agreed upon return date will require further negotiation.

GROUP HEALTH & WELFARE BENEFITS

☐ I will be continuing my Group Health & Welfare Benefits while on leave. I understand I will be sent a Payroll Benefits Memo and it will be my responsibility to pay the Employee portions of the premiums for such coverage in advance of the start date of my leave of absence.

OR

NOTE: Please forward this form with the employee's Leave of Absence Form and any supporting documentation to the HR department for final approval and processing.

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☐ I will be continuing my Group Health & Welfare Benefits while on leave. I understand I will be sent a Payroll Benefits Memo and it will be my responsibility to pay the Employee AND Employer portions of the premiums for such coverage in advance of the start date of my leave of absence.

OR

☐ I will not be continuing my Group Health & Welfare Benefits while on leave. They will cease on the start date of my leave and will resume upon my return to work.

RECORD OF EMPLOYMENT (ROE)

☐ I will require a Record of Employment to be issued to Services Canada.

WORKLOAD

☐ We have discussed my workload and outstanding projects and have made satisfactory arrangements to ensure adequate coverage in my absence.

EQUIPMENT, TOOLS & ACCESS

I currently possess the following clinic equipment and tools (laptop, cellphone, etc.):

Description:

☐ The equipment in my possession will be returned before going on leave.

☐ The equipment will NOT be returned before going on leave and will remain in my possession, with the approval of the Executive Director.

COMMUNICATION

1. While on leave:

- I wish to be informed of critical work-related events (e.g. passing of clients, change in staffing, etc.). ☐ YES ☐ NO
- If YES, while on leave, my preferred mode of communication is:
☐ Work email ☐ Personal email

2. While on leave:

- I wish to be considered for jobs should a vacancy or new job occur during my absence.
☐ YES ☐ NO
- If YES,

3. In anticipation of my return:

- I understand it is my responsibility to connect with my manager at least four (4) weeks in advance of my return to discuss details of my transition back into the workplace and ensure that Payroll has due notice to re-establish employer-paid benefits (if eligible).
☐ YES ☐ NO

NOTE: Please forward this form with the employee's Leave of Absence Form and any supporting documentation to the HR department for final approval and processing.

[ORGANIZATIONAL LOGO]

- I understand that if I would like to return to work with a modified schedule and/or list of duties, I must provide [ORGANIZATION NAME] with supporting documentation (e.g. Physician & Counsellor Planning Form) ☐ YES ☐ NO

ADDITIONAL ARRANGEMENTS & NOTES

Signature: _____ Date: _____

(Employee)

Signature: _____ Date: _____

NOTE: Please forward this form with the employee's Leave of Absence Form and any supporting documentation to the HR department for final approval and processing.

[ORGANIZATIONAL LOGO]

Leave of absence form

| PERSONAL INFORMATION | | | | |
|--|----------------|--|---|--|
| LAST NAME | FIRST NAME | LEAVE TERM | | |
| | | <input type="checkbox"/> LEAVE | <input type="checkbox"/> LEAVE EXTENSION | <input type="checkbox"/> VACATION |
| STATUS | DEPARTMENT | RECORD OF EMPLOYMENT REQUESTED | | |
| <input type="checkbox"/> REGULAR <input type="checkbox"/> CASUAL | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| ADDRESS WHILE ON LEAVE | | | PRIMARY PHONE NUMBER | |
| | | | | |
| POSITION | | | EMPLOYEE ID | |
| | | | | |
| DETAILS OF LEAVE | | | | |
| LEAVE START DATE | LEAVE END DATE | LEAVE TYPE | PAID/UNPAID | BENEFITS A. Employee will receive benefits and pay employee portion of premium. B. Employee will receive benefits and pay employee and employer portions of premium. C. Employee will not be on benefits. |
| [YYYY/MM/DD] | [YYYY/MM/DD] | | <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| ADDITIONAL INFORMATION OR DIRECTIONS | | | | |
| | | | | |

NOTE: Send this form along with the a) Employees written request; b) Leave of absence checklist; and c) any supporting documentation to the HR department.

[ORGANIZATIONAL LOGO]

| SIGNATURES | | |
|--------------------------------|--------------|------|
| SIGNATURE (Supervisor) | NAME (Print) | DATE |
| | | |
| SIGNATURE (Executive Director) | NAME (Print) | DATE |
| | | |
| SIGNATURE (Human Resources) | NAME (Print) | DATE |

SUPPORTING DOCUMENTATION

Bereavement Leave:

- Employee requests for leave do not have to be made in writing.
- Employee may be asked, as soon as practicable, to supply reasonable proof (e.g. death certificate) of leave entitlement.

Compassionate Care Leave:

- Employee requests for leave do not have to be made in writing.
- Employee must supply a medical certificate as proof that the family member needs care or support and is at risk of dying within 26 weeks.

Court/Jury Duty:

- Employee must supply a copy of jury duty summons or other documentation indicating the dates the employee is required to be at court.

Critical Illness or Injury Leave:

- Employee requests for leave do not have to be made in writing.
- Employee must supply a medical certificate as proof that the family member is critically ill or injured and requires the care or support of one or more family members. The certificate must also set out the period for which the family member requires care or support (Employment Standards Act 52.11, Critical illness or injury leave).

Domestic or Sexual Violence Leave:

- Employee may be asked, as soon as practicable, to supply evidence for how the leave time is being used to address domestic or sexual violence.

Family Responsibility Leave:

- Employee may be asked, after the event, to supply reasonable proof that the request for a leave was valid.

NOTE: Send this form along with the a) Employees written request; b) Leave of absence checklist; and c) any supporting documentation to the HR department.

[ORGANIZATIONAL LOGO]

General Leave Without Pay:

- Not applicable.

Leave Respecting the Death of a Child:

- Employee requests for leave do not have to be made in writing.
- Employee may be asked, as soon as practicable, to supply reasonable proof of leave entitlement.

NOTE: Send this form along with the a) Employees written request; b) Leave of absence checklist; and c) any supporting documentation to the HR department.

Leave of absence confirmation letter

Enter employee's address.

Enter the date.

Dear Enter employee's name,

This letter is to confirm your leave of absence from the company starting Enter date and ending Enter date. As such, your last day at work will be Enter date.

Should you wish to return to work at an earlier date, you are required to provide your supervisor with a written request of your intention to return to work. This must be received at least Enter number in advance of your anticipated early return date).

The following summarizes the terms of your leave:

PAYROLL

Option 1: This is an unpaid leave of absence. You will be paid for your days worked up to the start of your leave of absence.

Option 2: This is an unpaid leave of absence. You will be using a total of [insert number of vacation and/or sick days] until the start of your unpaid leave of absence on [date].

Option 3: Your salary will continue for the duration of the above term of your leave of absence. In the event your leave of absence is extended beyond the existing agreed upon term, the details of your leave will need to be reviewed and may change.

HEALTH AND WELFARE BENEFITS

Option 1: Your health and welfare benefits will continue while on leave. Attached is an invoice for the employee portion of your health and welfare benefits while on leave. You are responsible for submitting separate cheques to the HR department each month to pay for the employee portion of your health and welfare benefits. Payment instructions are included in the invoice.

Option 2: Your health and welfare benefits will continue while on leave. Attached is an invoice for the employer and employee portions of your health and welfare benefits while on leave. You are responsible for submitting separate cheques to the HR department each month to pay for the employer and employee portions of your health and welfare benefits. Payment instructions are included in the invoice.

Option 3: Your health and welfare benefits will cease while on leave and will resume upon your return to work.

COMMUNICATION

Option 1A: While on leave, you wish to be informed of critical work-related events (e.g. passing of clients, change in staffing, etc.). Your preferred method of communication is via your work email address.

Option 1B: While on leave, you wish to be informed of critical work-related events (e.g. passing of clients, change in staffing, etc.). Your preferred method of communication is via your personal email: Enter your email address

[ORGANIZATIONAL LOGO]

Option 2: While on leave, should a vacancy or new job be posted, you wish to be considered for it. As such, you will submit an updated resume to the HR department. Failure to do so, indicates your lack of interest in being considered.

We respectfully request that you contact the company requires a minimum of four (4) weeks in advance of your anticipated return date, in order to allow time for discussion about your transition back into the workplace.

While on leave, please contact your supervisor and/or the HR department with any questions or concerns you may have.

We wish you all the best on your leave,

Enter organization, name(s), signature, and title.

Cc. Enter name of employee supervisor, title

Cc. Employee File

[ORGANIZATIONAL LOGO]

Medical Duty to Accommodate letter

Enter date.

Enter employee's name

Enter employee's address

Re: Confirmation of Medical Duty to Accommodate Agreement

Dear Enter name

This letter is to confirm the Medical Duty to Accommodate Agreement reached between you and

Enter organization based on the medical assessment received by your health care provider on

Enter a date.

The terms of this agreement are outlined below:

| EMPLOYMENT DETAILS (pre-medical duty to accommodate agreement) | |
|--|--|
| Department/Program: | |
| Position: | |
| FTE/Bi-weekly hours: | |
| RESTRICTIONS REQUIRING ACCOMODATION | |
| <i>[Insert list of limitations]</i> | |

[ORGANIZATIONAL LOGO]

| TERMS OF AGREEMENT | |
|-----------------------------------|----------------------------------|
| Start date: Enter a date. | Expected end date: Enter a date. |
| Description of the modifications: | |

This Medical Duty to Accommodate Agreement does not abrogate [Organization]'s right to review the terms of this Agreement at any time in relation to operational needs, policy, and/or plan changes, or due to changes in your personal circumstances. You acknowledge that the terms and conditions of your employment may be adjusted accordingly. Nothing in this Agreement supersedes the principles of just cause or the duty to accommodate.

Should you have any questions regarding your accommodation, please feel free to contact me at Enter contact information.

Sincerely,

Enter name

Enter title

Enter organization name

Enter contact information

[ORGANIZATIONAL LOGO]

To confirm your agreement with the terms of the Medical Duty to Accommodate Agreement as outlined above, please sign in the appropriate space below:

| | |
|--------------------------------|-------------|
| X | |
| Employee signature | Date |
| X | |
| Supervisor signature | Date |
| X | |
| HR department signature | Date |

Sample return to work plan

| | |
|---|---------------|
| Employee name: | Claim number: |
| | |
| Pre-injury position (attach job description): | Injury date: |
| | |
| Pre-injury workplace location: | |
| | |

RETURN TO WORK GOAL

| | |
|--|----------------|
| Plan start date: | Plan end date: |
| Return to work plan goal (select one): | |
| <input type="checkbox"/> Pre-injury job | |
| <input type="checkbox"/> Pre-injury job, accommodated | |
| <input type="checkbox"/> Alternate work. If alternate work, provide position and description of work | |

HEALTH RECOVERY

| | |
|--|------------------|
| Accepted area of injury: | |
| Is there an active treatment plan that impacts return to work? | |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes, provide details | |
| Treating health professional(s): | Phone number(s): |

NOTE: Please include this form in the employee's **CONFIDENTIAL** personnel file along with any supporting documentation.

[ORGANIZATIONAL LOGO]

| FUNCTIONAL ABILITIES |
|--|
| List functional abilities (what the employee can do) : |
| List precautions, if any: |

| PRE-INJURY JOB DUTIES | YES | NO |
|---|-----|----|
| Are the physical demands of the job within the employee's functional abilities? | | |
| Are the essential duties of the job within the employee's functional abilities? | | |
| List job duties the employee can perform: | | |
| List job duties the employee is unable to perform: | | |

| ACCOMMODATIONS/SOLUTIONS | | YES | NO |
|--|------------------------|-------------------|----|
| Are accommodations/modifications to the job duties required? | | | |
| Are accommodations/modifications to the workplace/workstation required? | | | |
| Is training required? | | | |
| Provide details on the type of accommodation/solution required. Attach additional pages, as required. | Date to be implemented | Expected duration | |
| | | | |
| | | | |
| | | | |

NOTE: Please include this form in the employee's CONFIDENTIAL personnel file along with any supporting documentation.

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WORK SCHEDULE

Days and hours scheduled each week

| Work week (date) | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Comments |
|------------------|-----|-----|-----|-----|-----|-----|-----|----------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

How will the employee be paid for the duration of the Return to Work Plan?

Rate of pay (e.g., hourly):

FOLLOW UP SCHEDULE

Outline timeline/dates to monitor plan progress:

SIGNATURES:

I have agreed to this plan:

Employee Name: _____

Employee Signature: _____ Date: _____

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Plan approved (if approval required):

Senior Staff Lead Name _____

Senior Staff Lead Signature: _____ Date: _____

NOTE: Please include this form in the employee's **CONFIDENTIAL** personnel file along with any supporting documentation.

[Add your organizational logo]

Stay Interview Form (For the employee)

Date: Click or tap to enter a date.

Employee Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Start date: Click or tap to enter a date.

Employee Questions

| |
|---|
| 1. [Add question about the employee from stay interview guide here] |
| [Response] |
| 2. [Add question about the employee from stay interview guide here] |
| [Response] |
| 3. [Add question about the employee from stay interview guide here] |
| [Response] |

Job Questions

| |
|---|
| 1. [Add question about the employee from stay interview guide here] |
| [Response] |
| 2. [Add question about the employee from stay interview guide here] |
| [Response] |
| 3. [Add question about the employee from stay interview guide here] |
| [Response] |

Culture Questions

| |
|---|
| 1. [Add question about the employee from stay interview guide here] |
| [Response] |
| 2. [Add question about the employee from stay interview guide here] |
| [Response] |
| 3. [Add question about the employee from stay interview guide here] |
| [Response] |

[Add your organizational logo]

Work Environment Questions

| |
|--|
| 1. <i>[Add question about the employee from stay interview guide here]</i> |
| <i>[Response]</i> |
| 2. <i>[Add question about the employee from stay interview guide here]</i> |
| <i>[Response]</i> |
| 3. <i>[Add question about the employee from stay interview guide here]</i> |
| <i>[Response]</i> |

Technology Questions

| |
|--|
| 1. <i>[Add question about the employee from stay interview guide here]</i> |
| <i>[Response]</i> |
| 2. <i>[Add question about the employee from stay interview guide here]</i> |
| <i>[Response]</i> |
| 3. <i>[Add question about the employee from stay interview guide here]</i> |
| <i>[Response]</i> |

[Add your organizational logo]

Stay Interview Form (For the reviewer)

Date: Click or tap to enter a date.

Employee Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Start date: Click or tap to enter a date.

Employee Questions

| |
|--|
| Summarize key takeaways from employee response |
| [Space to summarize] |
| Opportunities for action / improvement / maintenance |
| [Space to note action plan] |

☐ Monitor situation ☐ Situation critical ☐ Consider opportunities for improvement

Job Questions

| |
|--|
| Summarize key takeaways from employee response |
| [Space to summarize] |
| Opportunities for action / improvement / maintenance |
| [Space to note action plan] |

☐ Monitor situation ☐ Situation critical ☐ Consider opportunities for improvement

Culture Questions

| |
|--|
| Summarize key takeaways from employee response |
| [Space to summarize] |
| Opportunities for action / improvement / maintenance |
| [Space to note action plan] |

☐ Monitor situation ☐ Situation critical ☐ Consider opportunities for improvement

[Add your organizational logo]

Work Environment Questions

| |
|--|
| Summarize key takeaways from employee response |
| [<i>Space to summarize</i>] |
| Opportunities for action / improvement / maintenance |
| [<i>Space to note action plan</i>] |

☐ Monitor situation ☐ Situation critical ☐ Consider opportunities for improvement

Technology Questions

| |
|--|
| Summarize key takeaways from employee response |
| [<i>Space to summarize</i>] |
| Opportunities for action / improvement / maintenance |
| [<i>Space to note action plan</i>] |

☐ Monitor situation ☐ Situation critical ☐ Consider opportunities for improvement

Stay interview guide

A stay interview is an individual conversation with your employee aimed at understanding what makes them want to stay and what may cause them to leave. A stay interview's purpose is to:

- Improve employee retention.
- Collect valuable employee feedback.
- Bolster employee satisfaction and engagement.

They should be conducted with all team members in one-on-one meetings. Interview questions should be clearly related to exploring aspects of their role and the work environment that influence their decision to stay in addition to exploring opportunities for improvement.

Alternatively, employees can fill out the Employee Stay Interview form individually and submit to the employer to review using the Stay Interview Reviewer form.

The following list of sample questions are broken into five categories:

Note: these questions are examples that can be adjusted based on individual needs.

About the employee

- What do you look forward to most when you come to work?
- Is there anything you dread about work?
- When was the last time you thought about leaving?
- What situation made you think of leaving?
- Would you recommend working here to job-seeking friends? Why or why not?
- What would tempt you to leave?

About the job

- What is the best part of your job?
- What part of your job would you cut out if you could?
- What talents are you not using in your current role?
- What would make your job even more satisfying?
- Do you feel you're being tasked with clear goals and objectives?
- As your manager, what can I do more or less of?
- What do you think of the professional development opportunities available to you?

Company culture

- Do you feel valued and recognized in the company?
- How would you like to be recognized for the work you do?
- What are we currently not doing that you feel we should?
- What kind of feedback about your performance or recognition would you like that you aren't currently receiving?
- What kinds of flexibility would be helpful to you in balancing your work and home life?

Work environment

- Is there anything you would change or add to our office?
- Are you satisfied with our current work from home policy? If not, what do you think needs to change?

Technology

- Do you have enough tools and resources to do your job properly? If not, what is missing?
- How satisfied are you with the tools you use to communicate with your colleagues? (Zoom, Teams, etc.)
- What software/tool should we stop using, and why?

Gathering feedback from your employees is an invaluable tool when making decisions about what processes are working and what should change. Ask the same questions at the next interview to assess any changes you have made based on feedback.

Insights gathered are only useful if acted on which requires an effort to reinforce what works, change what doesn't, and assess how your efforts are working out.

SUCCESSION PLANNING

EMPLOYEE INFORMATION

Position:

Date:

Consider the following:

Risk of vacancy occurring (historically high turnover, etc.).

- ☐ Very low
- ☐ Low
- ☐ Moderate
- ☐ High
- ☐ Very High
- ☐ Unknown

Impact on team, organization, and overall function of the clinic.

- ☐ Very low
- ☐ Low
- ☐ Moderate
- ☐ High
- ☐ Very High
- ☐ Unknown

Role has potential, or already has, cross-training (other staff also trained in position).

- ☐ Yes
- ☐ No
- ☐ n/a

Key function and associated procedures documented.

- ☐ Yes
- ☐ No
- ☐ n/a

PLAN FOR SHORT-TERM VACANCY

- Need to reduce hours or services?
- Implement cross-training options?

PLAN FOR LONG-TERM VACANCY

- Hiring fixed-term replacement?
- Promote/lateral shift internal employee temporarily?