



POLICY No:	I-d-15-39
ORIGINAL ISSUE DATE:	May 2004
EFFECTIVE DATE:	April 2021
REVISION DATE:	April 2021
NEXT REVIEW DATE:	

TITLE:	Code of Ethical Conduct: Respectful Workplace Policy
ISSUED BY:	People & Culture
APPROVED BY:	Executive Committee
KEYWORDS:	Discrimination, Harassment, Incivility
STAKEHOLDERS:	All of Sinai Health's People (e.g. employees, learners, physicians, scientists and volunteers). Specific provisions in collective agreements that do not align with this policy will prevail.

OUR VALUES

Our Values are an expression of who we are at our core, what we expect of each other and what we aspire to be. Sinai Health has defined key behavioural attributes and descriptions of Service, Humanity, Inclusivity and Discovery as they relate to our environment. It is these behaviours that guide our actions, interactions and decision making.

Service

Ensure high-quality, safe and compassionate care.

- Take responsibility, advocate and do our best to serve with heart
- Be a responsible steward of hospital resources
- Create an environment committed to high standards of professional, clinical and personal responsibility
- Bring energy, enthusiasm and a thoughtful approach to every interaction

Humanity

Show respect and empathy.

- Be self-aware and consider the impact of my words and actions
- Provide care, concern and understanding regardless of the circumstance
- Take the time to actively listen, acknowledge and appreciate other viewpoints
- Consider and learn about the unique needs, preferences and interests of others

Inclusivity

Foster awareness and a sense of belonging.

- Commit to collaborate and work as part of a team where everyone feels heard and valued
- Embrace diversity and its significance in our community
- Recognize others, honour their experience and celebrate together
- Create psychological and physical safety where people openly share ideas and concerns without fear

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Discovery

Create new knowledge and embrace learning.

- Ask questions, be curious, and generate research opportunities
- Participate in my own professional development, learning and growth
- Encourage and support new ideas and creative ways of doing our work
- Create opportunities to implement best and emerging practices rooted in evidence, research and innovation

OVERVIEW AND INTRODUCTION

Sinai Health System (Sinai Health) is committed to ensuring an environment that is respectful, inclusive, and free from incivility, harassment and discrimination. Our Code of Ethical Conduct: Respectful Workplace Policy is designed to support a culture that is aligned with our Values of Service, Humanity, Inclusivity, and Discovery and describe a unifying set of behavioral standards that are applicable to all of our people.

RESPECT, RIGHTS AND RESPONSIBILITIES

Sinai Health’s People have a right to:

- a) Work, learn and receive services in an accessible, equitable and respectful environment.
- b) Be free from discrimination, harassment and violence (for more information, see Workplace Violence Prevention Program and Domestic Violence Guideline on the Mount Sinai intranet or Bridgepoint portal).
- c) Bring a complaint under this Policy without threat of, or actual, reprisal.

Sinai Health’s People have a responsibility to:

- a) Uphold and abide by this Policy.
- b) Cooperate fully with the implementation of the Policy by, among other things, reporting conduct contrary to the Policy in a timely manner, participating in any investigation and providing investigators with all relevant knowledge and information, including all relevant documents and other evidence in their care and control.
- c) Ensure health equity by ensuring the provision of accessible, equitable and quality health-care services to all.
- d) Work in service of the best interests of the hospital, its patients, and its employees, physicians, learners, scientists and volunteers; to be good stewards of all hospital resources and to represent the hospital and its services respectfully; to be truthful in all interactions.

POLICY PURPOSE AND SCOPE

The purpose of this Policy is to uphold Sinai Health’s compliance with the Ontario Human Rights Code (“the Code”), the Occupational Health and Safety Act (“OHSA”), other applicable legislation, Sinai Health’s collective agreements, and overall expectations regarding appropriate workplace conduct. It also outlines the process for resolving conflict.

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This Policy applies to all Sinai Health people, including employees, physicians, learners, scientists, volunteers, contractors, and Foundation employees. Without exception, it applies equally to those at all levels in the organization. We also expect our community partners to know and honour our Policy.

Further, our Code of Ethical Conduct: Respectful Workplace Policy is relevant to all activities that take place on-site, at any Sinai Health location, as well as to all related activities that occur elsewhere/off-site. These include (but are not limited to) the provision of care/services, business undertakings, learning, teaching/training, research, community projects, partnership activities, social functions, fundraising events, and all activities involving access to Sinai Health's information technology or communications systems.

ACCOUNTABILITY

(Also see Appendix A for Details by Role)

The Executive and Senior Leadership Teams of Sinai Health have overall responsibility for ensuring compliance with the Code of Ethical Conduct: Respectful Workplace Policy. The Board of Directors is ultimately responsible for ensuring this Policy is in place and monitoring compliance with it. For more information, please see the Accreditation Canada Governance standards.

The People & Culture portfolio has general oversight for this Policy and, with the support of all applicable hospital team members, will review the Policy regularly and ensure compliance with any changes in applicable provincial legislation and other workplace requirements, as necessary.

All individuals subject to this Policy will acknowledge annually their understanding of the Policy and acknowledge that they are not in breach of its principles and terms.

POLICY STATEMENT

Sinai Health recognizes a shared responsibility among all members of its community to create and foster a healthy, respectful and inclusive workplace culture. Sinai Health will take all reasonable steps to prevent and rectify conduct that threatens this.

Sinai Health will not tolerate any behaviour that creates, contributes to, or condones a poisoned work environment. This includes all forms of discrimination, harassment, bullying, violence, inappropriate language, and physical/verbal abuse. Further to this, and in compliance with relevant legislation, incivility, discrimination, and harassment based on any of the grounds articulated in the *OHSA* and *The Code* are strictly prohibited at Sinai Health. Individuals found to have engaged in inappropriate or prohibited conduct will be subject to consequences up to and including termination of employment.

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POLICY VIOLATIONS

(Also see Appendix B re Patient Safety and Interactions)

Policy violations include, but are not limited to, the following conduct:

- Any act of discrimination, harassment, bullying, or incivility towards any of Sinai Health's people, including patients and family caregivers. This includes inappropriate communications using Sinai Health's information systems.
- Discrimination or harassment in any aspect of employment, which may include, but is not limited to, recruitment, selection, promotion, learning and development, performance management, redeployment, layoff, compensation and benefits, termination, job assignment, and granting leaves of absence.
- Discrimination or harassment in any aspect of the provision of services to patients, their families, suppliers or visitors.
- Failure to offer effective or appropriate accommodation, short of undue hardship, in accordance with the Code, the Workplace Safety and Insurance Act (WSIA), the Accessibility for Ontarians with Disabilities Act (AODA), and any other relevant legislation or applicable Sinai Health policy or guideline.
- Failure of management to respond appropriately and expeditiously to allegations or incidents of incivility, discrimination, harassment or a poisoned work environment.
- Interference with the investigation process, including failure to cooperate; intimidation of a complainant, respondent or witness; or influencing a person to give false or misleading information.
- Reprisal, including threatening or retaliating against anyone for exercising a right or participating in a process under this Policy or against any other person who is performing a legitimate role under this Policy.
- Making trivial, frivolous, vexatious or bad faith allegations, complaints, or accusations.
- Failure to maintain confidentiality, when required and instructed to do so.

Those found to have violated this Policy will be held accountable, and may be subject to discipline up to and including dismissal.

RESOLUTION PROCESS

(Refer to Appendix C for timelines)

A range of options are available for Sinai Health's people who believe that they may have experienced incivility, harassment and/ or discrimination, to make good faith efforts to resolve the conflict. The resolution process assists Sinai Health's people in exercising their rights and aims to prevent, correct and remedy inappropriate behaviour (e.g., incivility, harassment and/or discrimination). Early and informal approaches to dispute resolution should be sought where appropriate.

TITLE:**Code of Ethical Conduct: Respectful Workplace Policy**Resolution between Individuals

As a first step, where appropriate, witnesses to and/or recipients of inappropriate conduct are encouraged to speak directly with respondents to try to resolve the problem through a private discussion. When having such a discussion, it is recommended that the individual:

- a) Describe the event(s)
- b) Explain how the behaviour is impacting them
- c) Request that the behaviour stop immediately
- d) Make a note of the discussion

Individual resolution options provide parties in dispute the opportunity to actively participate in the resolution of their dispute, including selecting resolution options that best fit their needs.

Where individual resolution is not realistic or possible, anyone who believes they have been subject or witness to incivility, harassment and/ or discrimination should report the situation immediately to their supervisor/manager. If the conduct involves the supervisor/manager, they should further escalate to that person's supervisor/manager, another member of management or to the People & Culture portfolio.

Resolution Involving Management, People & Culture, and/or Union Representatives

In certain circumstances, Sinai Health's People may benefit from expert advice before deciding how to proceed with a dispute, and can consult their department leaders, Respectful Workplace specialists, Employee and Labour Relations resources, or other members of the People & Culture portfolio. Bargaining Unit employees can also consult their Union representatives.

Individuals can also raise concerns to the above noted groups when they are not able to resolve inappropriate conduct themselves or where the conduct continues after asking the person to stop. When issues are raised to People & Culture by complainants or management (in their role of resolving disputes), People & Culture will assess and determine appropriate next steps and resources.

It is best that individuals making a complaint should detail their concerns in writing so that Sinai Health can ensure that allegations are fully investigated. It is important to provide details of the alleged offending behaviour, including names of parties involved, a timeline of the events (with approximate dates and times), and the identification of witnesses, if any. The following questions should be considered in documenting a complaint:

- Who is the complaint about? (name all parties)
- What is the alleged behaviour being complained about?
- Has the complaint been reported through another complaint avenue; if yes, to whom?
- When did the alleged behaviour occur? (provide a day, month, and year, or if over a period of time, indicate the approximate start and end dates)
- Where (in what Sinai Health site, office, or other location, etc.) did the alleged behaviour take place?
- Who witnessed the alleged behaviour?

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- What were the actual consequences/impacts of the alleged behaviour (if known)?
- Is there any additional detail that would provide a more complete picture of the complaint being alleged?

Any investigations conducted under this policy will be conducted in as expeditious a manner as possible.

Inappropriate conduct may also be reported to the Compliance Hotline at ext. 17-7600.

Other Resolution Tools

The Employee and Family Assistance Program (EFAP) can support parties involved in a dispute resolution process.

Other complaint avenues may include an application to the Human Rights Tribunal of Ontario, a complaint to the Ministry of Labour, an application to the Ontario Labour Relations Board, a civil suit, a criminal complaint, or a grievance pursuant to the terms of an applicable collective agreement.

Where a complaint is made through an alternate avenue, People & Culture/Human Resources has discretion to commence/continue a process under this Policy, place the process initiated under this Policy in abeyance pending the outcome of the alternate process, or decline to initiate/discontinue a process commenced under this Policy.

COMPLIANCE WITH LAWS, REGULATIONS AND HOSPITAL POLICIES

Sinai Health continuously reviews legal obligations and creates policies, procedures, guidelines, standards and best practices that promote compliance. Sinai Health supports training sessions to teach about the impact of law and promote compliance. Contact your supervisor/manager for assistance.

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APPENDIX A

Responsibilities by Role

People Responsibilities:

- Uphold their rights, responsibilities and obligations under this Policy, in good faith
- Build and maintain positive and productive workplace relationships aligned with our values and rooted in professionalism and civility
- Make reasonable attempts to adjust behaviour that is perceived by another individual, in good faith, as uncivil, harassing or discriminatory
- Work cooperatively and constructively to resolve conflicts in the workplace and to involve a supervisor or manager, as appropriate, in any conflict they are unable to resolve themselves
- Report conduct believed to be in violation of this Policy, regardless of the person's position or level within the Sinai Health, or whether it was witnessed or experienced
- Cooperate with any efforts to investigate and resolve behaviours that are in violation of this Policy
- Complete mandatory discrimination and harassment instruction and training, as required
- Not threaten, intimidate or retaliate against other(s) for exercising a right under this Policy or for participating in an investigation or resolution approach
- Maintain confidentiality regarding reports, disputes, investigations and remedial actions
- Cooperate in dispute resolution activities, which may include participating in meetings, answering questions honestly, producing documentary/electronic evidence when requested, etc.
- Comply with any action required by management at the conclusion of the investigation

Management Responsibilities:

- Cultivate a values-based respectful and inclusive workplace where people feel safe to raise their concerns about all forms of inappropriate conduct, human rights, harassment and discrimination
- Model positive values based behaviours and relationships building constructive conflict resolution skills
- Actively monitor the workplace to ensure the work environment is consistent with expected standards under this Policy, including addressing and resolving incivility in the workplace should it arise
- Post this Policy in their workplace (OHSA obligation)
- Ensure completion of mandatory Harassment/Discrimination Prevention training by employees supervised/managed
- Ensure that contracts for programs and/or services delivered by a third party individual or organization include provisions to abide by Sinai Health values, this Policy, the Code, OSHA and where appropriate, require a copy of their company Workplace Harassment Policy as part of the contract submission
- Take action commensurate with the nature of each incident/concern/complaint you become aware of to stop discrimination, harassment or other inappropriate behaviour, whether the subject of a complaint or not (note: a manager cannot agree "to do

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- nothing,” even when that is requested by employees)
- Consult Patient Relations on responses to complaints of harassment and discrimination from members of the public, visitors, patients, etc., and assess whether to inform Employee and Labour Relations, senior management and Academic Practice, Professional Practice, etc., to ensure an approach that addresses obligations that flow from other Codes, Acts, Policies, Standards, etc.
 - Advise service recipients, as applicable, that they are expected to be respectful and inclusive and not discriminate against or harass employees, and/or other service recipients
 - Assess and respond to requests for accommodation in accordance with related Sinai Health policies and guidelines
 - Inform and consult senior management and People & Culture (Employee and Labour Relations & Respectful Workplace) regarding activities related to incivility, discrimination or harassment
 - Restore workplaces disrupted by alleged or actual Policy violations, or complaint resolution processes
 - Understand management obligations under this Policy, complete education and/or training to support Policy compliance and immediately seek clarification when questions/concerns arise
 - Make all reasonable attempts to prevent and address inappropriate behaviour
 - Implement recommendations and corrective action at the conclusion of dispute resolution process

People & Culture Responsibilities (Labour & Employee Relations & Respectful Workplace: Occupational Health & Safety)

- Provide management and employees with advice on the interpretation and administration of this Policy
- Assist employees and managers to resolve incidents, concerns and reports related to this Policy in a timely, effective and sensitive manner
- Develop and maintain procedures, guidelines and other tools for dealing with inappropriate conduct
- Develop and maintain complaint resolution procedures, guidelines and other tools for dealing with and complaints of harassment and discrimination
- Provide expert advice and develop safety planning processes and protocols
- Conduct various forms of dispute resolution, interventions and investigations, consistent with collective agreement and/or legislated obligations into incivility and into complaints or incidents of discrimination and harassment
- Undertake an assessment of whether to confidentially consult appropriate Sinai Health disciplines regarding resolution/remedy obligations, e.g., Academic Practice, Professional Practice, Patient Relations, Legal, Risk, Privacy, etc.
- Engage specialist support, as necessary, for interventions required to restore workplaces to positive and productive environments
- Conduct an annual review of the workplace harassment and discrimination program in consultation with the Joint Health and Safety Committees and implement updates if required

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- Develop and evaluate ongoing training and education for employees and managers to build positive and productive workplaces
- Administration of this policy, procedures and programs
- Undertake investigations into workplace harassment and/or discrimination and to support managers queries as to whether the alleged conduct amounts to incivility or harassment

Senior Leader Responsibilities

- Foster a culture aligned with our Purpose and Values by setting, modeling and communicating Sinai Health's standards of civil, respectful, inclusive conduct
- Ensure the organization is resourced to meet its obligation to establish and maintain a workplace free of discrimination and harassment
- Hold managers accountable for maintaining respectful and inclusive workplaces, free from incivility, harassment and discrimination and for implementing remedies to resolve breaches of this Policy
- Monitor and support the resolution of all incidents, concerns and reports related to this Policy

Joint Occupational Health and Safety Committee Responsibilities

- Participate in consultation on this Policy and related program as often as necessary, but at least annually

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APPENDIX B

Patient Safety and Interactions

Patient Safety Responsibilities

Sinai Health System is committed to eliminating preventable harm to patients and improving quality of care and services. This includes a comprehensive system for reporting, disclosing, analyzing and taking action to reduce the risk of recurrence of critical incidents.

Sinai Health's Critical Incident Management and Disclosure Policy can be accessed on either the Mount Sinai intranet or Bridgepoint Health portal.

Employees who speak various languages are important for providing the best patient care. Good communication between colleagues and with patients is important for ensuring high quality care, as well as safe and positive work environment. Sinai Health's Language in the Workplace Guidelines can be viewed on either the Mount Sinai intranet or Bridgepoint Health portal, and is a Health and Safety Responsibility.

It is Sinai Health's goal to comply with or exceed the requirements set out in the Occupational Health and Safety Act of Ontario, R.S.O 1990 and its regulations, and all other relevant legislation. Sinai Health encourages members to notify their managers of unsafe or potentially unsafe work conditions. Sinai Health has policies and procedures to complete emergency assessments as required. The Emergency Preparedness Manual can be viewed on either the Mount Sinai intranet or Bridgepoint Health portal.

Non-Therapeutic and Non-Professional Relationships

Sinai Health is committed to providing safe, high-quality care and services to patients, their family caregivers, visitors and the community. It is expected that individuals respect and honour the rights and responsibilities of patients.

Sinai Health people are responsible for setting and maintaining appropriate boundaries with patients, visitors, and family caregivers. Sinai Health people are in a privileged position in relation to patients/visitors/family caregivers because of the relationship of trust and the power of imbalance that exists between them. Sinai Health people must not abuse this trust by using this power to meet their own needs.

Example of inappropriate non-therapeutic or non-professional relationships may include:

- Entering into a personal relationship (e.g. friendship, romantic, sexual, business) with a patient, visitor or family caregivers (note: this includes exchanging personal contact information).
- Asking for or accepting money or financial support (including gift cards) of more than \$50 from patients, family caregivers or visitors.

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- Accepting or giving a personal gift of more than \$50 from or to a patient, visitor or family caregiver. Gifts should not be perceived to influence the quality of care and service delivery. Gifts of greater value should be directed to the Foundation.

Sinai Health's Bioethics team focuses on ethical questions that arise within the Hospital, and is able to help identify and clarify ethical issues regarding health-care practice, research, policy and law. Sinai Health clinical ethicists provide resources to support members of the Sinai Health community to address ethical challenges in clinical care, management and research. Ethicists are available at both sites.

Information on bioethics programs is available on both the Mount Sinai intranet and Bridgepoint Health portal.

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APPENDIX C

Complaint Resolution Timelines

Individuals making a complaint should:

- a) Discuss the complaint with their immediate manager within seven (7) calendar days of the issue arising;
- b) Submit the complaint, in writing, to their immediate manager; if not resolved within seven (7) calendar days following the discussion referenced in (a) above;
- c) Submit the complaint, in writing, to their Director, if not resolved within seven (7) calendar days following the submission referenced in (b) above; and
- d) Submit the complaint, in writing, to the Director, Labour & Employee Relations & Respectful Workplace and the Vice-President responsible for the employee's department, if not resolved within seven (7) calendar days following the submission referenced in (c) above. After consultation, the Director, Labour & Employee Relations & Respectful Workplace and the Vice-President will, within ten (10) calendar days, advise the employee and their manager/director of the final and binding decision.

Please note that employees may reach out to members of the People & Culture portfolio (resources from Occupational Safety, Labour & Employee Relations, or Respectful Workplace) at any point in the process.



ACKNOWLEDGEMENT OF CODE OF ETHICAL CONDUCT

I acknowledge and certify that I have received and read the Sinai Health Code of Ethical Conduct and that I understand my obligations to comply with the Code. I agree to comply with the Sinai Health Code of Ethical Conduct.

Employees and Officers: I understand that compliance with this Code is a condition of my employment. I further understand that violation of the Code of Ethical Conduct may result in disciplinary action up to and including termination.

Initials: _____

Students: I understand that compliance with this Code is a condition of my clinical training at Sinai Health. I further understand that violation of the Sinai Health Code of Ethical Conduct may result in termination of my educational placement at Sinai Health and notification of the appropriate Dean or Department Chair at my educational institution.

Initials: _____

Trustees: I understand that compliance with this Code is essential to my service on the Board of Trustees at Sinai Health.

Initials: _____

Medical and Dental Staff: I understand that compliance with this Code is a condition of my ability to practice my profession at Sinai Health. I further understand that violation of the Code of Ethical Conduct may result in disciplinary action as provided in the Bylaws of the Medical Staff, up to and including revocation of Privileges.

Initials: _____

Agents: I understand that compliance with this Code is a condition of my continued ability to furnish services to Sinai Health. I further understand that violation of the Code of Ethical Conduct may result in a termination by Sinai Health of any relationship with Sinai Health.

Initials: _____

Researchers and Teachers: I understand that compliance with this Code is a condition of my continued ability to carry out teaching or research at Sinai Health. I further understand that violation of the Code of Ethical Conduct may result in a termination by Sinai Health of any relationship with Sinai Health.

Initials: _____

Volunteers: I understand that compliance with this Code is a condition of my continued ability to serve as a volunteer at Sinai Health. I further understand that violation of the Code of Ethical Conduct may result in disciplinary action, up to and including termination of my volunteer role at Sinai Health.

Initials: _____

Signature: _____ Date: _____

Print Name: _____ Department: _____

Name: _____
(Please Print)

Affiliation with SHS: _____
(Example: employee, physician, researcher, student, vendor, volunteer)

1. During my association with Sinai Health System (SHS), I will have access to: (a) SHS corporate confidential or proprietary information relating to the organization's functions, employees and persons affiliated with SHS; and/or (b) personal health information relating to SHS patients, as such term is defined under the *Personal Health Information Protection Act, 2004* (PHI).
 2. At all times, I shall respect the privacy and dignity of patients, employees and all persons affiliated with SHS and I shall only collect, use and disclose personal information (including personal health information) as required by the duties of my position and in accordance with the laws of Ontario and Canada.
 3. I shall not inappropriately access, use, copy, modify, remove, or disclose SHS corporate confidential or PHI.
 4. This Agreement does not apply to information I previously and independently developed alone or with others prior to my association with SHS that I can substantiate by written records; nor to information in the public domain.
 5. I shall maintain the secrecy of all User ID(s) and Password(s) that enable me to access SHS and/or Lunenfeld Tanenbaum Research Institute networks and applications and acknowledge that I am responsible for all access and/or actions carried out under them.
 6. I acknowledge that SHS issues policies and procedures that relate to the protection of SHS confidential information and patient information and that compliance with these policies is a requirement of my association with SHS. These policies include, but are *not* limited to:
 - Privacy Policy;
 - Acceptable Use of Information and Information Technology;
 - Privacy Incident Protocol;
 - Other department specific policies and procedures
- I understand that it is my responsibility to familiarize myself with these policies and keep informed of any changes. If I have questions about privacy related policies, including their applicability to me or impact on the performance of my duties, I may contact my supervisor or the Privacy Office.
7. I shall immediately report all privacy breaches involving SHS confidential information and/or patient information to my immediate supervisor and to the SHS Privacy Office.
 8. I understand that SHS will conduct periodic audits to ensure compliance with this Agreement and its privacy policies.
 9. I also understand that should any of these conditions be breached, I may be subject to corrective action, up to and including termination of employment, loss of privileges, termination of contract, or similar action based on my association with SHS. I understand that a privacy breach is an offence under PHIPA and I may be subject to prosecution by provincial authorities if I am found guilty of this offence.
 10. I understand and agree to abide by all of the conditions outlined above. Regardless of changes that may occur to my title, duties, status and/or other terms of my employment or association with SHS, I understand that the terms of this Agreement will continue to apply (including when I no longer have an association with SHS, no matter what the reasons).

Date: _____ Signature: _____ Department: _____

		POLICY No:	AH 445
TITLE:	WORKPLACE VIOLENCE	ORIGINAL ISSUE DATE:	June 2010
CATEGORY:	Administration	REVIEWED / EFFECTIVE DATE	June 2011
		REVISION DATE:	March 15, 2013
ISSUED BY:	Human Resources		
APPROVED BY:	Director Human Resources		

POLICY

Bridgepoint Health is committed to providing all members of the Bridgepoint Health workforce, with a safe and supportive environment. Bridgepoint further believes in the prevention of violence and promotes a violence-free workplace in which all people respect one another and work together to achieve common goals. Any act of violence committed by or against any member of our workforce or member of the public, is not acceptable conduct and will not be tolerated. Bridgepoint Health is further committed to providing ongoing training on the Workplace Violence program.

For the purposes of this policy, members of the Bridgepoint Health workforce include all employees, Members of the Board of Governors, physicians, volunteers, students and contractors or service providers.

DEFINITION

Workplace violence is:

- (a) the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,
- (b) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,
- (c) a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

PRINCIPLES

1. Bridgepoint Health will strive to create a workplace environment that is safe from all forms of violence, including domestic violence.
2. If Bridgepoint Health becomes aware that workplace violence, including domestic violence, would likely expose an employee or volunteer to physical injury in the workplace, Bridgepoint Health will take every precaution reasonable in the circumstances for the protection of the employee or volunteer.
3. Bridgepoint Health acknowledges the importance of keeping requests for assistance with a situation of domestic violence in confidence as much as possible, and will not disclose more personal information to other employees or volunteers than is reasonably necessary to protect individuals from physical injury in the workplace.
4. Bridgepoint Health, in accordance with its duties under the *Occupational Health and Safety Act*, will provide information reasonably necessary to employees or volunteers about a person with a history of violent behaviour if:
 - a. The worker can be expected to encounter that person in the course of his or her work; and
 - b. The risk of workplace violence is likely to expose the worker to physical injury.

REPORTING INCIDENTS

Responsibilities

1. If you witness or are a victim of violence in the workplace, you are required to report incident to Security, Human Resources and/or your manager/supervisor immediately. The person receiving the complaint will notify the Director, Human Resources or designate who in turn will be responsible for conducting an investigation and will involve all relevant parties, including law enforcement, as required.

2. Summoning Immediate Assistance

If you feel you are ever in immediate danger of violence in the workplace, you should initiate a Code White by calling Switchboard Emergency at extension 5555. If you feel the situation warrants law enforcement, you can further request the police support through Switchboard Emergency at extension 5555.

If you are out of the building, (e.g. parking lot or health discipline visits, you can call 911.

Panic buttons for emergency use are located throughout the Bridgepoint campus.

3. Managers are responsible for providing a safe and supportive work environment. Upon learning that an act of violence has occurred or is about to occur, managers must take prompt, corrective action, in consultation with Human Resources. This policy applies whether or not a formal complaint is made.

Procedure

The procedure of the investigation will be in compliance with our Workplace Harassment and Abuse Policy AH440.

CORRECTIVE ACTION

No employee or any other individual affiliated with Bridgepoint Health shall subject any other person to workplace violence or allow or create conditions that support workplace violence. Any employee that subjects another employee, client or other person to workplace violence may be subject to disciplinary action up to and including termination. Other persons may be removed from the workplace.

RETALIATION

Retaliation in any form against any person involved in a complaint, or in an investigation of a complaint, is in itself a violation of this policy and will result in disciplinary action up to and including termination.

CONFIDENTIALITY AND SUPPORT

All complaints received pursuant to this policy will be considered confidential to the extent possible. The identities of the complainant and the defendant and any witnesses will be kept as confidential as possible, except where disclosure is necessary to aid in the investigation, to take disciplinary action or as required by law. The parties to the complaint are also expected to maintain confidentiality at all times.

It is understood that being involved in an incident can be stressful and emotionally upsetting. Bridgepoint Health sponsors a confidential Employee Assistance Program that can be readily accessed for counselling.

TRAINING

Bridgepoint Health is committed to providing ongoing training on the Workplace Violence program and will include:

- Measures and procedures to control risks identified in the required violence risk assessment
- Measures and procedures for summoning immediate assistance when workplace violence occurs, or is likely to occur
- Measures and procedures for workers to report incidents of workplace violence
- The process Bridgepoint will use to investigate and deal with incidents and complaints of workplace violence

REFERENCES

Previous policy: Bridgepoint Health, Administrative Policies and Procedures, 11.014:
Workplace Relations Effective July 2006

Occupational Health & Safety Act, R.S.O 1990, c. 0.1

RESPONSIBLE PARTY

Director, Human Resources

APPROVAL DATE

JUNE 2010

REVIEW DATE

June 2011

March 15, 2013

October 2013 – currently under review

Print Name

Signature

Date

		POLICY No:	AH 440
TITLE:	WORKPLACE RELATIONS	ORIGINAL ISSUE DATE:	January 2005
CATEGORY:	Human Resources	REVIEWED / EFFECTIVE DATE	June 2011
		REVISION DATE:	March 15, 2013
ISSUED BY:	Human Resources		
APPROVED BY:	Director Human Resources		

POLICY

Bridgepoint Health is committed to providing a work environment that is free from discrimination and/or harassment as outlined in the Ontario Human Rights Code and where the dignity and worth of every person is respected.

Bridgepoint Health will not tolerate or condone discrimination and/or harassment by any member of the community and views such action as extremely serious misconduct. Violations of this policy may result in disciplinary action, up to and including termination. For the purposes of this policy, members of the Bridgepoint Health community includes all employees, Members of the Board of Governors, physicians, volunteers, students and contractors or service providers.

For guidance with issues of employee harassment involving clients and families, refer to Human Resources Policy AH 130, *Conflicts with Clients, Visitors and Volunteers*.

Definition of Harassment

Harassment is considered to have taken place if a person knows or ought reasonably to have known that his / her behaviour was unwelcome.

Harassment is any unwelcome action that offends, humiliates, insults or degrades a person or creates a hostile or intimidating work environment.

Harassment based on any of the following, is prohibited: race, disability, ancestry, sex, place of origin, sexual orientation, colour, marital status, ethnic origin, family status, citizenship, age, creed, record of offences (source, the Ontario Human Rights Code).

Inappropriate Behaviour

Behaviour, which may constitute harassment, includes but is not limited to, the following;

- physical or verbal abuse

- derogatory or inappropriate jokes or teasing
- insults or taunting
- slurs
- inappropriate physical contact
- suggestive looks (leering or staring) or suggestive gestures
- display or circulation of any inappropriate written materials or pictures
- unwelcome and unsolicited advances
- sexual solicitations or advances
- threats regarding employment conditions in response to rejection of sexual solicitation or advances, for example, threats pertaining to hiring, promotion, transfer, performance appraisal, training and compensation.

Recourse to the Ontario Human Rights Commission

Notwithstanding this policy, employees who believe they have been subject to discriminatory behaviour or harassment, maintain their right to file a complaint with the Ontario Human Rights Commission.

Workplace

1. The workplace is not confined to the offices, buildings and worksites of Bridgepoint Health. It also includes the facility cafeteria, washrooms, locker rooms and any other location where business is conducted.
2. Harassment which occurs outside the workplace, but which may adversely affect employee relationships, may also be interpreted as workplace harassment.

Enquiries

Any persons who feel that they are experiencing inappropriate behaviour are encouraged to contact someone with whom they feel comfortable discussing the matter with. That may be a supervisor, someone in Human Resources or anyone else in a position of authority. The Vice President, Leadership and Organizational Development or designate is the workplace relations officer for the organization. Employees who would like a better understanding of what constitutes harassment or would like to discuss this policy, should contact the workplace relations officer.

Responsibilities

1. Each staff member is responsible to ensure that the prohibited activities, described in this policy, do not occur. Workplace harassment is unpleasant and intimidating. It is essential that all employees take the necessary steps to stop harassment. Employees who witness harassment or who become aware that an individual is being harassed have a responsibility to report the incident immediately to a supervisor or manager or to the Human Resources Department without fear of reprisal

2. Managers are responsible for providing a harassment-free work environment. Upon learning that harassment is occurring, managers must take prompt, corrective action, in consultation with Human Resources. This policy applies whether or not a formal complaint is made.

Confidentiality and Support

All complaints received pursuant to this policy will be considered strictly confidential. The identities of the complainant and the alleged harasser and any witnesses will be kept as confidential as possible, except where disclosure is necessary to aid in the investigation or to take disciplinary action. The parties to the complaint are also expected to maintain confidentiality at all times.

It is understood that being involved in an incident pertaining harassment can be stressful and emotionally upsetting. Bridgepoint Health sponsors a confidential Employee Assistance Program that can be readily accessed for counselling.

PROCEDURE

1. Filing a Complaint of Harassment

- 1.1 An employee who feels that he/she is experiencing harassment in the workplace is encouraged to:
 - if appropriate, make it known to the harasser that the behaviour is offensive and unwelcome
 - keep a written record of dates, times, unacceptable behaviour and witnesses to the incidents, if any.
- 1.2 Employees should make a complaint of harassment immediately to a supervisor or to the Human Resources Department.
- 1.3 The person receiving the complaint will notify the Vice President, Leadership and Organizational Development or designate who in turn will be responsible for the investigation.

2. Time for Filing a Complaint

Any complaint must be filed within a reasonable time from when the last incident occurred. Bridgepoint Health reserves the right to not deal with any complaint that is based on facts that occurred more than six (6) months prior to the filing of the complaint.

3. Investigations

- 3.1 The exact nature of the investigation will depend on the particulars of the allegation. The investigation will be conducted by the Vice President, Leadership and Organizational Development or designate, or an external investigation may be initiated as deemed appropriate by the Vice President, Leadership and Organizational Development or designate. This may involve legal counsel. Investigations will involve gathering all relevant information from

the person who feels harassed, from the alleged harasser, witnesses, if any, and possibly from other relevant individuals.

3.2 The investigation will be conducted in a timely manner. It must be well documented and the resolution implemented as soon as possible

4. Complaint Resolution

After the investigation is completed, the complainant and the alleged harasser will be advised of the decision. If it is determined that an allegation of harassment against an employee is valid, appropriate corrective action will be taken.

5. Corrective Action

Corrective action may include any one or more of the following:

- offering a formal apology
- counselling an employee about appropriate behaviour
- written warning placed in the employee's Human Resource file
- transfer
- change of reporting line
- suspension or discharge
- suspension of privileges or loss of privileges for physicians in accordance with Bridgepoint Health by-laws.

6. Retaliation

Retaliation in any form against any person involved in a complaint, or in an investigation of a complaint, is in itself a violation of this policy and will result in disciplinary action up to and including termination.

7. Unfounded Complaints

When a complaint is found to be vexatious or made in bad faith, disciplinary action may be taken, up to and including discharge of the complainant.

8. Document Security

Investigation documentation is maintained in a controlled, confidential location and separate from the employee files.

REFERENCES

Previous policy: The Riverdale Hospital, Administrative Policies and Procedures, 11.014: *Workplace Relations*. Effective April 1997.

Human Resources Policy AH 130, *Conflicts with Clients, Visitors and Volunteers*

RESPONSIBLE PARTY

Director, Human Resources

APPROVAL DATE

January 2005

REVIEW DATE

June 2011

March 15, 2013

October 2013 – currently under review

Print Name

Signature

Date