

 <p>Hôpital général de la baie Georgienne GEORGIAN BAY General Hospital</p>	<p>Document: POLICY & PROCEDURE</p>	<p>Primary Manual: ADMINISTRATION BOARD</p>	<p>Code: ADM/8-C-062/ BRD-C-40</p>
<p>Title: CODE OF CONDUCT, WORKPLACE HARASSMENT & VIOLENCE PREVENTION POLICY & PROCEDURE</p>			
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PURPOSE

This policy serves to promote a culture of safety, ensuring that all workers are treated with dignity and respect while working on behalf of GBGH. It provides a framework for consistent reporting, response, documentation, investigation, follow-up and education regarding all acts of, and threats of, violence and harassment that occur in the workplace.

The vision, mission and values of Georgian Bay General Hospital (GBGH) set standards of respect for the individual. GBGH is committed to providing a work environment that is supportive of the productivity, dignity and self-esteem of every member of our workplace community. Each member of our workplace community demonstrates their commitment to these standards of behaviours explicitly through their actions and conduct.

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POLICY STATEMENT

All members of GBGH's workplace community, will be treated with, and will treat each other, with dignity and respect at all times. Through individual efforts and the consistent application of this policy and procedure, GBGH will have a safe, healthy and respectable environment in which to work, visit and heal.

GBGH recognizes the potential for violence and harassment in the workplace and takes every precaution reasonable in the circumstances to identify, minimize or eliminate potential sources of such risk. GBGH recognizes that violence and harassment may have devastating effects on workers' quality of life and organizational productivity. In order to directly and effectively address this issue, the Ontario *Occupational Health and Safety Act (OHSa)* was amended in December 2009 to include specific requirements with regard to the control and prevention of workplace violence and harassment.

GBGH has a "**zero tolerance**" approach to workplace violence and harassment. **Zero tolerance means that every reported action of abusive, aggressive or threatening behaviour will be recorded, investigated and resolved based on the facts of each separate case.** That means that individual cases may require different resolutions. Although measures will be put into place to assist parties in conflict resolution, where appropriate, disciplinary action will be taken, up to and including termination of employment, revocation of professional staff privileges, or termination of staff/volunteer/student/contract agreements, and contacting law enforcement as appropriate.

It recognizes and serves to uphold the rights of all workers, which include but are not limited to:

- The right to a workplace that is free from harassment and discrimination because of the "Protected Grounds" under the Ontario *Human Rights Code*.
- The right to a workplace free from harassment under the OHSa.
- The right to claim and enforce their rights under this policy, the Ontario *Human Rights Code* and the OHSa, in good faith, without reprisal or threat of reprisal for having done so.
- The right to freedom from intentionally false (bad faith) claims of discrimination and harassment.

This policy reinforces the principles and intent of GBGH's Code of Conduct expectations contained herein.

SCOPE

There is no place for aggression or violence in our work environment. The safety of our workplace community, defined as our employees, physicians, volunteers, patients, visitors, students, contractors, or any person working on behalf of GBGH, is paramount. This policy applies to all members of the GBGH workplace community.

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ACCOUNTABILITY – ROLES & RESPONSIBILITIES

1. CEO, Senior Leadership Team & Chief of Staff

The CEO, together with the Senior Leadership Team and the Chief of Staff has the responsibility for the present and future direction of strategy and planning for GBGH, and the responsibility for the health, safety and well-being of staff.

Therefore, it is the responsibility of this group to implement the following:

- Model the substance and intent of GBGH’s policy and procedure for Code of Conduct – Workplace Violence and Harassment Prevention, while performing their respective roles and demonstrating through words and actions a commitment to maintaining a workplace that is free of abuse or aggression of any kind and ensures that all individuals are treated with dignity and respect at all times;
- Lead the way in developing a comprehensive communication plan regarding the implementation of the Code of Conduct Workplace Violence and Harassment Prevention Policy and Procedure;
- Take all reasonable steps to mitigate risks or hazards threatening the safety and/or well-being of staff in the GBGH work environment, including review of any Workplace Violence Departmental/Unit Risk Assessments (appendix I) that are brought forward by the Leadership Staff or Physician Leaders;
- Implement programs that provide comprehensive support for those who experience abuse, aggression or bullying at work;
- Provide resources to educate and inform all GBGH staff regarding abuse, aggression or bullying at work;
- Ensure that safe behaviours are integrated into day-to-day operations;
- Ensure corrective actions are taken and response measures are in place;
- Ensure that the potential for reprisal due to the power differential which exists in the formal hierarchy or due to the designation or professional qualifications of any individual is recognized and will not be tolerated;
- Sign a *Code of Conduct Pledge* (appendix B).

2. Leadership Staff & Physician Leaders

Individuals who are in positions of responsibility for the health, safety and well-being of staff of GBGH must demonstrate in their attitudes and behaviour the highest regard for the respect and dignity of all members of their Team.

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Therefore, all GBGH Leaders shall:

- Model the substance and intent of the GBGH Code of Conduct, Workplace Violence and Harassment Prevention Policy and Procedures, and demonstrate in their words and actions as leaders, commitment to intolerance of abuse, harassment and/or aggression of any kind within the organization;
- Work collaboratively with union representatives and others involved who share joint responsibility to resolve issues with regard to abusive, aggressive or violent behaviour at GBGH;
- Attend appropriate training regarding Workplace Violence and Harassment Prevention;
- Assess the likely risks to the particular unit of the organization under his/her responsibility for exposure to abuse, violence and/or aggression, on an annual and as needed basis by using a Workplace Violence Departmental/Unit Risk Assessment (appendix H) and further discuss them with their Director and the Workplace Violence & Harassment Subcommittee (if necessary);
- Take all reports of threats of abusive and/or aggressive behaviour seriously;
- Learn to identify the early warning signs of the potentially problematic situation or individual and use preventative measures to avoid escalation of abuse and/or aggressive behaviour through training provided;
- Upon receipt of a Code of Conduct complaint send the completed form to Human Resources or in the case of workplace violence copies of the completed Workplace Violence Investigation form to Human Resources, Security and Occupational Health;
- Upon receiving a Code of Conduct complaint, consult with Human Resources to determine the course of action to appropriately address the complaint;
- Educate and train all direct staff in safe working practices regarding the creation of respectful work environments, free from violence or harassment;
- Introduce, manage and maintain written reporting procedures, documentation processes, tracking mechanisms as required by this policy so that GBGH tracks and measures the impact to the organization of both the policy and the breaches of the policy;
- Sign a *Code of Conduct Pledge* (appendix B).

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3. Staff and Professional Staff with GBGH Privileges

Every individual employee and professional staff member with GBGH privileges contributes to the creation of a safe and healthy work environment by demonstrating respectful and appropriate conduct at work. All staff and professionals with GBGH privileges must accept as a personal responsibility, their own role in eliminating the use of abuse, harassment and/or aggression in the day-to-day activities of their own work unit. Therefore, staff and professional staff with GBGH privileges shall:

- Understand and follow this policy and procedure;
- Attend or participate in appropriate training regarding Workplace Violence and Harassment Prevention and Code of Conduct;
- Uphold the Code of Conduct and its principles;
- Sign a *Code of Conduct Pledge* (appendix B);
- Promote respectful interactions at work;
- Reduce workplace violence and harassment through challenging unacceptable behaviour and reporting incidents when appropriate.

No staff or professional staff member with GBGH privileges who in good faith registers a complaint of abuse or reports an incident of aggressive behaviour will suffer any recrimination for doing so. However, false and malicious accusations of abusive, harassing or aggressive behaviour will face consequential corrective and remedial action.

4. Patients, Family Members, Volunteers, Students, Contractors and other Visitors

Patients, family members, volunteers, students, contractors, visitors and all others carrying on business at GBGH can expect to be treated with dignity and respect at all times. They should not be expected to find an abusive and/or aggressive environment when they come to use the services of GBGH, or are visiting the organization for any reason.

It is also the expectation that patients, family members, volunteers, students, contractors and all other visitors will treat GBGH staff with the same respect and dignity, and that they do not exercise abusive and/or aggressive behaviour towards staff.

5. Joint Health & Safety Committee (JHSC) and the Workplace Violence and Harassment Sub-Committee

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These committees are to be consulted about the development, establishment and implementation of violence measures, policies and procedures. They should also be consulted and make recommendations to the Senior Administrative Team to develop, establish and provide training in preventative violence measures and procedures by;

- A worker designate (or the sub-committee) should investigate all critical injuries (as defined by OHSA and in this policy/procedures) related to violence and/or harassment;
- Receive and review reports of any critical injury or death immediately and outline the circumstances and particulars as prescribed in writing within 2 days (48 hours) of the occurrence;
- Review written notice within four days (96 hours) on lesser injuries where any person is disabled from performing his/her usual work or requires medical attention, in relation to any act of violence and/or harassment within GBGH.

To this end, **GBGH is committed** to the following:

- Developing a written communication for patients, family members, students, contractors and all other visitors outlining acceptable conduct that is expected for all people within the confines of GBGH.
- Signage will be posted within all common areas of GBGH that states, in both English and French, “Violence in our hospital will not be tolerated. We are committed to creating a safe place for everyone who enters our doors. GBGH reserves the right to take appropriate action, including calling the Police when warranted. If you see an act of aggression or violence, please notify staff.” “La violence n’est pas tolérée à notre hôpital. Nous nous sommes engagés à créer un milieu sécuritaire pour toute personne qui entre dans notre établissement. GBGH se réserve le droit de prendre toute mesure nécessaire, y compris appeler la police si la situation le justifie. Si vous observez un acte d’agression ou de violence, dites-le au personnel.” (Appendix D)
- Raise awareness at GBGH regarding the prevention of abusive and/or aggressive behaviour at work.
- Establish a comprehensive reporting and tracking mechanism to document and investigate incidents that threaten the safety of our staff and wellness of our environment.
- Educate and/or train staff in the prevention and elimination of abusive and aggressive behaviour.
- Educate patients/visitors to GBGH about our “violence-free” work environment.

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- Provide the necessary physical and emotional support to those who perceive they have been victims of aggression/violence at work.

All complaints and reports of abusive, harassing and/or aggressive behaviour will be treated seriously, will be investigated thoroughly and fairly, and will be dealt with accordingly.

Code of Conduct

As an organization, GBGH believes in and is committed to ensuring that all members of this workplace community experience a workplace:

- With a zero tolerance for violence and all inappropriate behaviour;
- That is civil and respectful;
- In which interactions, communications and dealings with all individuals are polite, supportive, civil, constructive, respectful and inclusive;
- That is free from gossip and harmful speculation.

GBGH expects that all members shall acknowledge and accept that creating and maintaining a positive and safe environment is the responsibility of all persons sharing the workplace community.

Therefore, the following are the objectives for behaviour in our workplace:

1. **Free from all violent or threatening behaviour.** All members shall refrain from violent or threatening behaviour at all times;
2. **Professional communication.** All members of the workplace will ensure that all communications and interactions are professional, businesslike, respectful and civil, both in terms of time and content;
3. **Professional ethics of members.** All members of the workplace who belong to a professional association are expected to also abide by their association's ethics and professional standards;
4. All members of the workplace community are expected **to report alleged violations of the Code.**
5. All employees, Board of Directors, physicians/medical staff, volunteers, directors and students will **sign the Code of Conduct Pledge** (Appendix B) on an annual basis,
 - Employee pledges kept in Human Resources personnel file or on e-learning database
 - Volunteer pledges kept in Volunteer office or on e-learning database
 - Board of Director pledges kept in Governance files or on e-learning database
 - Physicians/medical staff pledges kept in Medical Staff files or on e-learning database

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- Student pledges submitted to Professional Practice Leader
 - Suppliers/Contractors will sign a pledge before contracts are entered into. This will be managed by the facilities department or designate.
6. The Code of Conduct constitutes a condition of employment, privileges or contracts for all Board of Directors, employees, physicians/medical staff, volunteers, directors, students and suppliers/contractors/stakeholders of GBGH. Failure to abide by the Code will result in corrective action including discipline, conditions or termination.

Reporting:

1. Code of Conduct Complaint Form (appendix C) in writing to Direct Report (e.g. immediate supervisor or manager);
2. Direct Report must notify his/her Director that a Code of Conduct complaint has been received and submit a copy to the Director of Human Resources;
3. An investigation will be conducted for all complaints and findings reported to all parties in as timely a manner as possible.

Complainant:	Direct Report Submit to:	Director Reported to:
Board of Directors	Chair or Vice-chair	Chair/CEO/Chief of Staff
Employee	Manager/Direct Report	Director/Senior Director/VP
Volunteer	President of Volunteer Assoc.	Director/CEO
Students	Preceptor/Instructor	Student Placement Coordinator/ Manager/Director
Medical Student/Residents	Chief of Staff	Chief of Staff/CEO
Physician	Chief of Staff	Chief of Staff/CEO
Supplier/Contractor	Manager	Director/Senior Director/VP

Procedure for Dealing with Violations of the Code of Conduct

An individual may choose to begin the process at Stage 1, 2 or 3 depending on the circumstances of his/her situation. Communicating with individuals about inappropriate behaviour should be done face-to-face, not by email.

➤ **Stage 1 – Voluntary Resolution**

This is not a formal complaint stage and cannot be used to address issues of violence and/or destruction of property. The individual attempts to resolve the issue by communicating directly with the person in a confidential and professional manner. Ideally, this should be done face-to-face but if this is not possible, it could be done by telephone. If the individual is not comfortable communicating directly with the person about the behaviour, or if the issue cannot be resolved, assistance may be needed.

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The individual may also seek assistance from his/her Manager/Chief of Staff/Practice Leader. Coaching is provided to assist the individual in developing an approach for speaking with the person about his/her behaviour. If the person that the individual has an issue with is his/her own manager, then the individual should seek assistance from the individual who supervises his/her manager. In order to promote a healthy work environment, if the issue remains unresolved, it is important to proceed to the next stage.

➤ **Stage 2 – Formal Complaint and Investigation Process**

Please see the Formal Complaint and Investigation Process for Workplace Harassment (page 12).

➤ **Stage 3 – Corrective Action**

Before taking any steps towards corrective action, it is the responsibility of the manager to consult with Human Resources or the Chief of Staff regarding staff or medical staff/physicians.

Procedure: Workplace Harassment

1. Keep a record of the events:
Keep an accurate record of the harassment. Record dates, times, locations and the identity of witnesses. Note what was said and done by the harasser, yourself and any other individuals present. Keeping a record of events is strongly advised although a failure to do so shall not invalidate a complaint. Keeping an accurate record shall assist GBGH in taking action.
2. Ask for help:
If the inappropriate conduct continues, or if the circumstances are such that you feel unable to ask the person to stop, talk to your manager/supervisor. Explain what happened, how it made you feel and what steps you have taken, if any, to deal with the situation. If your manager/supervisor is the individual who is engaging in the inappropriate conduct, talk to another manager/supervisor. Although any manager/supervisor is required to promptly inform Human Resources of your complaint of discrimination or harassment (as this is related to the GBGH Code of Conduct); with your agreement and participation, your manager/supervisor may be able to resolve your concern(s) informally. In such circumstances, the respective manager/supervisor is required to consult with Human Resources on appropriate steps to be taken in response to the complaint. Your manager/supervisor shall not, however, conduct a formal investigation. At any time, you may seek assistance from Human Resources for advice, assistance or if you are unsure about the most appropriate way to deal with a harassment concern.
3. Make a formal complaint:
If the inappropriate conduct continues, you are unsatisfied with the progress of the informal resolution, or if you feel unable to participate in an informal resolution

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process (such as mediation) with the individual, you may choose to make a formal complaint.

A formal complaint shall be made in writing and submitted to Human Resources on the Code of Conduct Complaint Form (appendix C). A formal complaint shall contain the details of your concerns: what was said or done; who said it or did it; where it occurred; when it occurred (date and time); who else was present; and what you did. GBGH shall maintain the information that you provide in confidence to the degree possible and subject to any disclosure requirements under law and in keeping with the principles of procedural fairness. A formal complaint shall be investigated in accordance with the Formal Investigation process below.

Complaint Timeframe

Complaints should be filed as soon as possible and formal complaints are to be filed within three weeks of the alleged inappropriate conduct, unless there are extenuating circumstances (as determined by Human Resources) which justify an extension of the three-week complaint timeframe and which does not unfairly prejudice the respondent's ability to respond to the allegations.

Complaints Made Against You

If a co-worker approaches you and tells you that something that you said or did was offensive, embarrassed them or made them feel uncomfortable:

- Listen to your co-worker before responding
- Accept that what you said or did may have had a negative impact on your co-worker
- Own up if you have caused offense, embarrassment or discomfort
- Thank your co-worker for sharing their feelings with you
- Apologize when appropriate
- Agree not to repeat the offending behaviour
- Do not repeat the offending behaviour

If a co-worker makes a harassment complaint against you to his/her manager/supervisor, or to Human Resources:

- You shall be treated fairly and the allegations shall be considered objectively
- You shall have a full opportunity to present your side of the story
- You shall be expected to co-operate fully and in good faith in any informal resolution processor in a formal investigation
- GBGH shall maintain the information that you provide in confidence to the degree possible and subject to any disclosure requirements at law and the principles of procedural fairness

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- Upon completion of a formal investigation, Human Resources shall meet with you to advise you of the outcome
- You shall be subject to discipline up to and including termination in the event that the outcome of a formal investigation is that you violated the Workplace Harassment and Violence Prevention Policy **OR** if you take any reprisal against any person for the reason that he/she invoked this policy or participated in the resolution process

Formal Complaint & Investigation Process

When a formal complaint under the Code of Conduct, Workplace Harassment and Violence Prevention Policy is received from a complainant, or is initiated by the employer, it shall be investigated as follows:

- i. The complaint shall be processed and investigated by a senior member of the Human Resources Team or by an external Investigator appointed by the Director of Human Resources in situations that warrant a third party (e.g. perceived conflict, complex, legally sensitive cases)
- ii. At the earliest opportunity, the Investigator shall meet with the worker who lodged the complaint (the “Complainant”) to obtain the details of the allegations. This process may entail one or more meetings. If the Complainant has not already done so, he/she may be asked to provide such information in writing, in addition to meeting with the Investigator.
- iii. The Investigator shall meet with the person who is alleged to have been the source of the harassment (the “Respondent”) to advise him/her of the particular complaint and to provide a fair opportunity to respond. This process may entail one or more meetings. The Respondent may be requested to respond in writing, in addition to meeting with the Investigator.
- iv. In consultation with the Complainant and Respondent, the Investigator shall determine whether an informal resolution of the complaint is possible (i.e., by way of a face-to-face meeting to clear the air, an apology or some other informal resolution). If so, Human Resources shall retain a copy of the written complaint and a memo outlining the resolution in a separate file and no reference to the complaint unless otherwise provided in the informal resolution.
- v. If an informal resolution is not possible, the Investigator shall conduct a formal investigation of the complaint. Both the Complainant and the Respondent may provide names of witnesses who may assist in the investigation. The Investigator may interview these witnesses as well as any other individual who reasonably appears to have information relevant to the matters in dispute.
- vi. The Investigator shall conduct the investigation fairly, objectively and reasonably promptly. The Investigator shall make, maintain and preserve interview notes and the investigation file. Where the Investigator is external to GBGH, the Investigator shall submit the original investigation file to the Director of Human Resources or delegate.

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Within a reasonable time period following the conclusion of the investigation, the Investigator shall prepare an Investigation Report that makes Findings of Fact and an assessment of whether or not the Respondent violated the Workplace Harassment and Violence Prevention policy.

- vii. The Investigation Report shall be reviewed by the Director of Human Resources or delegate.
- viii. If it is concluded that harassment has occurred, the Director of Human Resources or delegate shall determine what action is appropriate in the circumstances in accordance with this Workplace Harassment and Violence Prevention policy and procedure.
- ix. If the Director of Human Resources or delegate concludes that no harassment occurred, or cannot be established based on the evidence available, a record of the complaint together with the results of the investigation shall be retained by Human Resources in a separate file. No reference to the complaint shall be placed in the Respondent's employee file.
- x. If the Director of Human Resources or delegate concludes that the complaint was made frivolously, vexatiously or in bad faith, he/she shall determine what corrective and disciplinary action is appropriate in respect to the Complainant.
- xi. Human Resources shall meet separately with the Complainant and Respondent and advise each of the results of the investigation. The Complainant and Respondent shall have an opportunity to comment at that time.
- xii. Human Resources shall consider whether the Complainant or Respondent raised any legitimate basis for changing the conclusion of the investigation. The final decision regarding corrective and disciplinary action shall be made by Human Resources.
- xiii. Human Resources shall inform the Complainant and Respondent separately, of the final results of the investigation.

Confidentiality

The confidentiality of everyone who invokes or participates in either the informal dispute resolution process or the formal processes set out in this policy and procedure shall be protected to the degree possible and subject to any disclosure requirements under law and in keeping with the principles of procedural fairness.

Every worker is expected to maintain strict confidence with respect to any knowledge he/she may have as a result of his/her involvement in any processes set out in this policy. GBGH considers the failure to maintain confidence to be misconduct which may result in corrective and disciplinary action, up to and including termination of employment.

Other Resolution Options

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All workers are entitled to make a complaint to the Ontario Human Rights Tribunal (for complaints under the Ontario *Human Rights Code*) or to the Ontario Labour Relations Board (for complaints under *OHS*A).

Committee Review

As required under the *OHS*A, the JHSC and the Workplace Harassment and Violence Sub-Committee shall both play an integral role in the communication, promotion and support of this workplace harassment and violence prevention policy and procedure and its associated program. Both committees are assigned specific additional duties, included but not limited to:

- Promote workplace harassment awareness.
- Request and review any specific reports pertaining to workplace harassment from Occupational Health and Safety (respectful of all privacy and confidentiality requirements).
 - Note that Occupational Health and Safety monitors the effectiveness of this policy and procedure through statistical review and trending of worker reports pertaining to workplace harassment and violence, providing recommendations for corrective action where applicable. These statistical reports are provided monthly to the JHSC, Quality & Risk Committee through the Senior Team from the Director of Human Resources.
- Review this Workplace Harassment and Violence Prevention Policy and Procedure on an annual basis and make recommendations for improvements as required.

Education

New workers shall receive general orientation and department – and/or – site specific training to this Workplace Harassment and Violence Prevention Policy and Procedure and its associated program. All workers shall receive an annual refresher on the same.

There is a breadth of education available with regard to workplace harassment and violence prevention. Depending on the nature of the reported event, the source of the education may be provided by Human Resources, Occupational Health and Safety and/or Security. Each of these departments shall create and provide pertinent information at General Orientation.

Procedure: Workplace Violence

In the case of an act of workplace violence that results in a critical injury or fatality (see Appendix A: *Definitions*), refer immediately to the *OSHA Section 51 (1) Notice of death or injury*.

Otherwise this procedure provides for the reporting, investigation and response to acts of, attempted acts of and threats of workplace violence. Security and Occupational Health and Safety are available for consultation at all stages of the procedure outlined below if

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needed. Where required and/or requested to do so, members of the JHSC and/or the Workplace Harassment and Violence Sub-committee may also participate in this process.

It should be noted that the procedure below does not preclude workers from exercising their right to refuse unsafe work, as defined by the *OHSA*. Reprisals against workers exercising this right are prohibited (refer to Occupational Health and Safety Act and Regulations on *Work Refusal* and *Work Stoppage* for details).

Lastly, this policy expressly prohibits reprisals against individuals acting in good faith who report acts of workplace violence or act as witnesses thereof. Leaders and supervisors shall take all reasonable measures to prevent reprisals, threats of reprisal or further violence. Reprisal is any act of retaliation, which could be direct, indirect, threatened, or implied.

Where a violence-related injury has occurred and/or there is an immediate risk of violence, the following steps shall be taken:

Immediate Response

1. Provide first aid or medical aid as needed for those involved.
2. **Activate a Code White (to summon immediate assistance) or Code Purple (if there is a weapon or hostage involvement) or utilize a fixed or personal staff safety device.**
3. Preserve the scene (as required, based on the nature and severity of the event).
4. Determine whether to involve the Midland Police, in consultation with GBGH Security. If it is determined that the police are necessary, **call 9 911**.
5. Remove bystanders from the immediate area, if needed and safe to do so.

Reporting and Investigation

6. Workers shall promptly report all acts of, attempted acts of and threats of workplace violence to their Director/Manager/Supervisor. This report may be made confidentially at the worker's request. However, disclosure of the information may be required to ensure the safety of others, to prevent recurrence and/or if required in the laying of criminal charges.
7. In order to ensure proper documentation of the event, the worker shall promptly submit a Workplace Violence Investigation Form (appendix E) to their Director/Manager/Supervisor.
8. Security shall lead the investigation where a person (i.e., worker, patient or visitor) is killed, critically injured, disabled from performing his/her usual work, or requires medical attention because of an act of workplace violence.
9. The Director/Manager/Supervisor receiving the report shall investigate circumstances of the event and ensure that measures are taken to safeguard workers, patients and visitors and curtail the violence. All outcomes shall be reported to the worker making the initial report.

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10. Where a person (i.e., worker, patient or visitor) is killed, critically injured, disabled from performing his/her usual work, or requires medical attention because of an act of workplace violence, GBGH (via Occupational Health and Safety or their designate) shall promptly notify the Ministry of Labour (MOL) and the Workplace Safety and Insurance Board (WSIB), as required under the *OHSA* (S. 9(31)) and the *Workplace Safety and Insurance Act (WSIA)*. In addition, a certified worker member of the JHSC shall be notified to participate in the investigation, per the *OHSA S. 9(31)*.

Response

11. For emergency response to acts of, or attempted acts of workplace violence, please refer to *Emergency Plans Code White*.
12. The Director/Manager/Supervisor receiving the report shall document all steps taken to respond to the violence. The steps taken shall be reported to the worker making the initial report.
13. As appropriate, the Director/Manager/Supervisor receiving the report shall warn all staff who may also be exposed to the risk of workplace violence related to the initial report.
14. Safety Plan (appendix F) to be completed by GBGH Security, related to the incident of workplace violence.

Risk Assessments

As part of the amendment to the *OHSA* legislation, there was a new requirement that assessments to evaluate the risk for violence be performed in all workplaces. The purpose of these risk assessments is to identify the risk of workplace violence in different work environments, while performing different work duties and/or for different groups of workers.

These risk assessments are conducted throughout the organization by the Unit Manager. Ongoing, risk assessments shall be performed by (or appropriately delegated by) Directors/Managers in order to be department, unit, job, or event specific, depending upon the circumstances. Risk assessments shall be reviewed annually and repeated when significant changes occur. Please refer to appendix H for further information on performing risk assessments, and appendix I for the risk assessment that is to be used.

Committee Review

As required under the *OHSA*, the JHSC and the Workplace Harassment and Violence Sub-committee shall both play an integral role in the communication, promotion and support of this workplace violence prevention policy and procedure and its associated program. Both committees are assigned specific additional duties, including but not limited to:

- Promote workplace violence awareness.

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- Request and review any specific reports pertaining to workplace violence from Occupational Health and Safety (respectful of all privacy and confidentiality requirements).
 - Note that Occupational Health and Safety monitors the effectiveness of this policy and procedure through statistical review and trending of worker reports pertaining to workplace harassment and violence, providing recommendations for corrective action where applicable. These statistical reports are provided monthly to the JHSC, Quality & Risk Committee through the Senior Team from the Director of Human Resources.
- Bring to the attention of Directors/Managers/Supervisors any risk of workplace violence identified during their inspections or investigations.
- Review this Code of Conduct Workplace Harassment and Violence Prevention Policy and Procedure on an annual basis and make recommendations for improvements as required.
- **JHSC only:** Where a person (i.e., worker, patient or visitor) is killed, critically injured, disabled from performing his/her usual work, or requires medical attention because of an act of workplace violence, a certified worker member shall participate in the investigation, per the requirements of the *OHSA*.
- **Workplace Violence and Harassment Sub-committee only:** Assist in the performance of a departmental/unit risk assessment when requested to do so by a specific department, or for any act of workplace violence it deemed to require further investigation.

Education

New workers shall receive general orientation and department and/or site specific training to this workplace violence prevention policy and procedure and its associated program. All workers shall receive an annual refresher on the same.

Security, with the assistance of Occupational Health and Safety, shall create and provide general training on the potential or actual hazards of workplace violence, to include controls, safe work practices to minimize or prevent harm, and de-escalation strategies. They will also assist Directors/Managers/Supervisors to create and provide department specific training on the potential or actual risk of workplace violence, to include controls and safe work practices to minimize or prevent harm, where identified as necessary via departmental/unit risk assessments.

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Important Numbers to Know!

HELP for GBGH employees who have been a victim of workplace violence or harassment!

EFAP – Employee and Family Assistance Program – for trauma assistance or management consult, call Shepell 24 hour crisis line at 1-800-387-4765, website www.workhealthlife.com

North Simcoe Crisis Services – call (705) 325-5578 or www.nsvcs.on.ca

How to reach a **Supervisor** after hours – x1333 or check the daily on call list during off hours

Occupational Health & Safety – call x5180 or x5455 during the day or (705)529-9051 during off hours

References

Developing Workplace Violence and Harassment Policies and Programs, What Employers Need To Know, developed by the Occupational Health and Safety Council of Ontario

http://www.wsps.ca/WSPS/media/Site/Resources/Downloads/2010_April_OHSCO_What_Employers_Need_to_Know_EN.pdf?ext=.pdf

Developing Workplace Violence and Harassment Policies and Programs, A Toolbox, developed by the Occupational Health and Safety Council of Ontario

http://www.labour.gov.on.ca/english/hs/pdf/wvps_toolbox.pdf

Occupational Health & Safety Act & Regulations

<http://www.ontario.ca/laws/statute/90o01>

Ontario Human Rights Commission

<http://www.ohrc.on.ca/en/ontario-human-rights-code>

Workplace Safety and Insurance Act

<http://www.ontario.ca/laws/statute/97w16>

Supporting Documents (*related GBGH documents.*)

Crisis Response - GBGH Emergency Plans

Appendices

Please see Table of Contents at the beginning of this policy.

Policies this document replaces

Code of Conduct

Workplace Harassment Prevention

Workplace Violence Prevention

Historical Dates	
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Originated:	MM-DD-YYYY
Reviewed & Revised:	MM-DD-YYYY
Archived:	MM-DD-YYYY

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Appendix A

Definitions

Code white: A GBGH Emergency Code activated to summon Security Services or assistance to attend an area when:

- a) a real or perceived threat of violence is directed against, self, patients, visitors or staff.
- b) the assistance of additional staff is required in managing violent persons.

Critical injury: An injury of a serious nature that places life in jeopardy, produces unconsciousness, results in substantial loss of blood, involves the fracture of a leg or arm (not a finger or toe), involves the amputation of a leg, arm, hand or foot (not finger or toe), consists of burns to a major portion of the body, or causes the loss of sight in an eye (OHSA).

Fatality: The loss of life.

Harassment: Under the Ontario *Human Rights Code*, a course of vexatious comment or conduct that is known or reasonable ought to be known to be unwelcome and which is based on any of the Protected Grounds below. Harassment may result from a single incident.

Examples of this type of harassment include but are not limited to:

- Racial, ethnic, homophobic, sexist or sexually-oriented insults, jokes, remarks, taunting, innuendo
- Refusal to speak or work with a worker because of his or her racial or ethnic background
- Display of pornographic or other sexual materials of an offensive nature
- Unnecessary and unwanted physical contact such as touching, patting or pinching

Inappropriate behaviour: Conducting oneself in a way that is undesirable, unsuitable, improper or incorrect. Inappropriate behaviour can be a subjective interpretation based on how an individual expects to be treated. Inappropriate behaviour may be written, verbal, or behavioural.

Examples of inappropriate behaviour or conduct include:

- Comments that are insulting, hurtful, disrespectful or rude;
- Threatening or abusive language directed at an individual;
- Degrading or demeaning comments;
- Profanity or similar offensive language;
- Physical behaviour with another individual that is perceived as threatening, intimidating or unwelcome;
- Body language that is irritating or offensive;
- Discussing workplace conduct, concerns and conflicts in front of others;

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- Passive-aggressive behaviour (describes behaviour that is passive in expression but is aggressive or malicious in intent. The purpose of passive-aggressive behaviour is to express anger without having to be responsible for that anger, so anger can be denied. Passive-aggressive behaviour may include non-verbal behaviour or body language that is irritating or offensive.

Protected grounds: As identified under the Ontario *Human Rights Code*, refers to race, ancestry, place of origin (birthplace), colour, ethnic origin, citizenship, creed (religion), sex (including pregnancy), sexual orientation, age (18 years old or older), record of offences (pardoned criminal convictions that have not been revoked and convictions for provincial offences), marital status (status of being married, single, widowed, divorced, separated, living in conjugal relationship), family status (status of being a parent and child relationship), and disability (physical or mental; present or past; perceived or actual).

Sexual harassment: The making of a sexual solicitation or advance towards a worker by a person in a position to confer, grant or deny a benefit or advancement to the worker that is known or ought reasonably to be known by the maker of the sexual solicitation or advance to be unwelcome (under the Ontario *Human Rights Code*). This occurs when a worker rejects a sexual solicitation or advance made by a person in a position to confer, grant or deny a benefit or advancement to the worker, and the person who made the sexual solicitation or advance then takes a reprisal, or threatens a reprisal against that worker.

Workplace: Workplace is defined as any location where any employee, physicians, volunteers, patients, visitors, students, contractors, or any person working on behalf of GBGH of GBGH is carrying out any work-related function. Any location an employee is required to be during the course of their employment/contractual duties.

Workplace harassment: Under the OHSAA, a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonable to be known to be unwelcome. Examples of this type of harassment include but are not limited to:

- Intimidation, aggressive or threatening behaviour, such as shaking fists, destroying property or throwing objects
- Verbal abuse such as insulting, profane or condescending language

Note: ...In accordance with the GBGH policies and procedures, dignity and respect should be considered and implied in all interactions with all workers, and as such should be maintained in the normal exercise of supervisory responsibilities. Harassment does not include the normal exercise of supervisory responsibilities, including performance reviews, work direction, counseling, and disciplinary action where necessary, in accordance with GBGH policies and procedures, as dignity and respect should be considered and implied in all interactions with all workers.

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Workplace bullying: Bullying is usually seen as acts or verbal comments that could ‘mentally’ hurt or isolate a person in the workplace. Sometimes, bullying can involve negative physical contact as well. Bullying usually involves repeated incidents or a pattern of behaviour that is intended to intimidate, offend, degrade or humiliate a particular person or group of people. It has also been described as the assertion of power through aggression and demeanor. Many studies acknowledge that there is a “fine line” between strong management and bullying. Comments are intended to assist the employee with their work, as long as the comments maintain the core values of dignity and respect, are provided objectively and are intended to provide constructive feedback are not considered as bullying.

Workplace violence:

- 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.

There are **four types** of workplace violence. They are:

- **Type I (Criminal Intent or External)** violence involves a person with no relationship to the workplace who commits a violent act. Examples include theft of money, cars, drugs, and personal belongings, and acts of vandalism, hostage taking, kidnapping, and assaults by a person with no relationship to the workplace.
- **Type II (Patient or Client/Customer)** violence involves a person receiving care or services (i.e., a patient) from a GBGH employee, whether on GBGH property or elsewhere (e.g., an off-site office). This includes violence or harassment:
 - Against an employee by a patient,
 - Against a patient by an employee, or
 - Against a patient by a patient.

Note: “patient” may also include the patient’s family member/visitor or other member of the public. This is the most prevalent type of violence in health and community care.

- **Type III (Worker to Worker)** violence involves anyone who has an employment relationship (e.g., management, workers, physicians, contract workers, volunteers, etc.). Examples include physical or verbal assault:
 - From a worker to another worker,
 - From a manager/supervisor to a worker, and vice versa, and
 - From a physician to a worker, and vice versa.

Note: “worker” may also include a former worker.

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- **Type IV (Personal Relationship or Domestic Violence)** involves a pattern of behaviour used by one person to gain power and control over another with whom he/she has or has had a personal relationship (i.e., current or former spouse, intimate partner, relative, or friend). Examples include physical violence, sexual, emotional and psychological intimidation, verbal abuse, stalking, and use of electronic devices to harass and control. When an act of, attempted act of or threat of domestic violence occurs at the workplace, it becomes workplace violence, affecting the safety of the employee and his/her co-workers, patients and visitor.

Appendix B

Code of Conduct Pledge

<S:\NSHA Shared\Accreditation\Accreditation 2012-13\ROP\ROP-13NOV2012\WORKLIFE\WVIOLENCE\Code of Conduct Pledge form.doc>

Appendix C

Code of Conduct Complaint Form

<S:\Human Resources\Managers\HUMAN RESOURCES FORMS\Code of Conduct Complaint Form March 1 2013.docx>

Appendix D

GBGH Signage for Common Areas

[Appendix D - GBGH Signage for Common Areas.pub](#)

Appendix E

Workplace Violence Investigation Form

[Appendix E - Workplace Violence Investigation Form.docx](#)

Appendix F

Safety Plan (to be filled out by GBGH Security)

[Appendix F - GBGH Safety Plan \(for Security use\).docx](#)

Appendix G

Workplace Violence Departmental/Unit Risk Assessment Procedure

(continues to be in progress October 20, 2015)

Appendix H

Workplace Violence Departmental/Unit Risk Assessment Form

[Appendix H - GBGH WPV Departmental Unit Risk Assessment.doc](#)

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