

## Harassment, Discrimination and Violence Policy

<b>Sunnybrook Health Sciences Centre</b>		<b>Policy No:</b>	HR-0049
<b>Title</b>	<b>Harassment, Discrimination and Violence Policy</b>	<b>Original:</b> (mm/dd/yyyy)	10/01/2000
<b>Category</b>	<b>Human Resources</b>	<b>Reviewed:</b> (mm/dd/yyyy)	10/16/2013
<b>Sub-Category</b>	<b>OccHealth &amp; Safety</b>	<b>Revised:</b> (mm/dd/yyyy)	Nov. 2000, 03/08/2011, 10/08/2014, 09/01/2016, 07/10/2017, 01/21/2019, 02/24/2020, 04/08/2021, 05/12/2022, 11/17/2022
<b>Issued By:</b>	Joint Occupational Health and Safety Committee (JOHSC)		
<b>Approved By:</b>	Senior Leadership Team (SLT)		

The Sunnybrook Intranet document is considered the most current.  
Please ensure that you have reviewed all linked documents and other referenced materials within this page.

### TABLE OF CONTENTS

[Policy Statement](#)

[Rationale](#)

[Definitions](#)

[Procedure](#)

[Roles and Responsibilities](#)

[Complaint Guidelines](#)

[Informal Complaint](#)

[Formal Complaint](#)

[Outcomes](#)

[Workplace Violence Program](#)

[Related Sunnybrook Policies and Resources](#)

[Appendices and References](#)

### POLICY STATEMENT

Sunnybrook Health Sciences Centre is committed to providing a safe, healthy, secure and respectful environment through the prevention of violent, abusive and aggressive behaviour. This is also an environment that is free of all forms of harassment, including sexual harassment, discrimination, and violence in compliance with the [Human Rights Code](#) and the [Occupational Health and Safety Act](#).

Sunnybrook Health Sciences Centre (the Hospital) is committed to being proactive in its measures to recognize and prevent discrimination, all forms of harassment and violence in the workplace by promoting and providing a safe working environment.

It is important to respect the rights, opinions and dignity of every individual. Every individual has the right to work in a professional atmosphere that is free from the threat of any form of violence, harassment or discrimination and is in keeping with the Hospital's values. Some staff/volunteers may be at risk of exposure to violence or harassment by patients, relatives, visitors, strangers, domestic/intimate partner or other staff. The Hospital has Zero Tolerance for inaction with respect to incidents of violence, harassment and discrimination. The Hospital is committed to taking appropriate action and responding in a timely manner.

This policy along with associated programs and processes will be reviewed as necessary and at least annually.

## RATIONALE

In keeping with our Mission, Vision, and Values, Sunnybrook Health Sciences Centre is committed to providing a work environment that is free from discrimination, systemic discrimination, all forms of harassment, and violence and one in which the dignity and value of every individual is respected. (See [The Respect Program \(Corporate Code Of Conduct, HR-0047\)](#))

The Hospital is also committed to complying with the applicable legislative requirements, included but not limited to those found in the *Human Rights Code* and the *Occupational Health and Safety Act*.

Any form of harassment, discrimination, or violence will be viewed as extremely serious misconduct that may result in disciplinary action, up to and including termination of employment, contractual agreements or volunteer or student placements.

## DEFINITIONS

**Individual:** Individual refers to any person who is employed by Sunnybrook, anyone working under contractual agreements, students, volunteers, Medical/Dental/Midwifery Staff, Board members, and others carrying out business on behalf of Sunnybrook, wherever that business might be conducted.

**Workplace:** The workplace may include all campuses, offices, buildings, and exterior properties e.g. parking lots of Sunnybrook, as well as off-site work related conferences, seminars, and social events, where an individual is representing the hospital or participating in an event that is considered hospital related or sponsored by the hospital.

**Workplace Harassment:** Consistent with the *Ontario Human Rights Code* and the *Occupational Health and Safety Act*, workplace harassment is defined as engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome. Harassment may or may not be connected to a Prohibited Ground or Grounds. There are several components to this definition, which all must be considered in assessing whether the behaviour being experienced amounts to harassment. Without fulfilling all the requirements, the behaviour will not fall within the scope of the definition of harassment, as defined in this Policy.

### ***...engaging in a course of..***

- Harassment is usually a **pattern of behaviour** occurring over a period of time which has a negative effect on the individual. However, it is possible that one single incident can constitute harassment where it can be demonstrated that the incident was severe and has caused a significant and lasting impact on the targeted individual.

### ***...vexatious comment or conduct...***

- This means behaviour without reasonable cause that is annoying, distressing, demeaning or humiliating, and can include:
  - Isolating or singling out an individual
  - Starting or failing to stop destructive rumours or gossip
  - Yelling, screaming or swearing at an individual in a manner that could humiliate or embarrass them
  - Offensive, degrading or intimidating jokes, innuendos or taunts
  - Displaying or circulating offensive pictures or materials in print or electronically
  - Repeated offensive or intimidating phone calls, emails or text messages

### ***...known or ought to reasonably be known to be unwelcome...***

- Both what the individual knew about how his or her behaviour would be received AND how a reasonable third party, taking into account the perspective of the targeted individual, would view the behaviour.

If the behaviour does not fulfill all of these requirements, it will not be considered harassment, as defined in this Policy. **This does not mean that the behaviour is not distressing, or that it is consistent with the Hospital's Respect Program (Corporate Code of Conduct) HR-0047. Because of this, even where the identified**

**inappropriate behaviour would not constitute harassment, you should identify it to your manager/supervisor or Human Resources so that it can be addressed.**

### **Workplace Sexual Harassment:**

- Engaging in a course of vexatious comment or conduct against an individual in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome. The components of this definition are similar to those that make up the term workplace harassment as above.
- Making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the individual and the person making the solicitation or advance knows or ought reasonably to know that the solicitation or advance is unwelcome.
- A reprisal or threat of reprisal for the rejection of a sexual solicitation or advance where the reprisal is made or threatened by a person in a position to confer, grant or deny a benefit or advancement to the individual.
- Examples of workplace sexual harassment may include:
  - Asking questions, about an individual's sexual activities
  - Vulgar humour or language related to sexuality, sexual orientation and gender
  - Displaying or circulating pornography, sexual images or offensive sexual jokes in print or electronic form
  - Leering or a pattern of inappropriate staring
  - Unnecessary physical contact, including inappropriate touching
  - Demanding hugs, dates or sexual favours
  - Making gender related comments about someone's physical characteristics, mannerisms or conformity to sex-role stereotypes
  - Verbally abusing, threatening or taunting someone based on gender or sexual orientation
  - Threatening to punish an individual if they refuse a sexual advance

### **Workplace Violence:**

- The exercise of physical force by a person against an individual in a workplace that causes or could cause physical injury to the individual.
- An attempt to exercise physical force against an individual, in a workplace, that could cause physical injury to the individual.
- A statement or behaviour that is reasonable for an individual to interpret as a threat to exercise physical force, in a workplace, that could cause physical injury to the individual.
- Examples of workplace violence may include:
  - Threatening to physically attack an individual, either verbally or in writing
  - Hitting or trying to hit an individual
  - Throwing an object at an individual in a manner that could reasonably be expected to cause harm
  - Kicking an object an individual is standing on, such as a ladder
  - Trying to run down a worker using a vehicle or other equipment such as a tow motor

Bona fide accidental situations – such as an individual tripping over an object and pushing a co-worker as a result – are not included in the definition of workplace violence.

**Domestic Violence:** Where a person who has a personal relationship with an Individual, such as a spouse or former spouse, current or former intimate partner or a family member, physically harms, or attempts or threatens to physically harm an Individual.

**Prohibited Grounds:** The *Human Rights Code* provides that every individual has the right to equal treatment with respect to employment on the basis of the following prohibited grounds: race, ancestry, place of origin, colour, ethnic origin, citizenship, creed sex, sexual orientation, age, record of offences, marital status, family status, gender identity, gender expression or disability (the "Prohibited Grounds").

**Discrimination:** unequal or different treatment, based upon one of the above Prohibited Grounds, that causes harm.

**Systemic Discrimination:** policies or practices in the workplace that appear to be neutral on their surface but that may have discriminatory effects on individuals based on one or more Prohibited Grounds.

**Conduct That Does Not Constitute discrimination, harassment or sexual harassment** includes but is not limited to:

- Mutual flirtation;
- An embrace between friends or similar consensual conduct;
- A Supervisor/Manager asking an individual to perform a task that is within the scope of an individual's job description or role. It should be noted that this can sometimes have unpleasant consequences for the individual – work assignments, scheduling, dress codes, etc. ;
- A Supervisor/Manager taking corrective action or providing feedback that may be perceived as critical or negative;
- Providing direction or advice when an individual or work group's performance must be altered or corrected or changed in some way.
- A Supervisor/Manager conducting performance reviews or managing performance;
- When an individual is asked to carry out a legitimate business activity, it is not considered to be harassment.
- Differences of opinion or minor disagreements between individuals/managers would generally not be considered workplace harassment.
- A Supervisor/Manager following up with an employee in relation to a work absence

**Complainant:** The person who files a complaint pursuant to this Policy.

**Respondent:** The person who is named in the complaint and who is alleged to have violated the Policy.

**Zero Tolerance:** no tolerance for inaction in response to a complaint of harassment, violence or discrimination. This may mean, but is not limited to, the development of an individual safety plan or unit safety plan, the completion of a risk assessment, well as other measures as appropriate and depending on the situation.

**Weapon:** anything used, designed to be used or intended for use

1. in causing death or injury to any person, or
2. for the purpose of threatening or intimidating any person

## PROCEDURE

### ROLES AND RESPONSIBILITIES

**All Individuals (including staff, volunteers, physicians, contractors) are responsible for:**

- Engaging in behaviour that creates, sustains and promotes a working environment that embraces the [Respect Program](#), is in compliance with the [Occupational Health and Safety Act](#) and the [Human Rights Code](#), and is free from all forms of harassment, discrimination, and violence.
- Proactively engaging in and supporting practices in the workplace that build a working environment that is free from all forms of harassment, discrimination and violence and prevents such incidents from happening.
- Reporting any concern regarding all forms of harassment, discrimination, and violence or any sign of retaliation when an individual brings a concern forward to the Hospital pursuant to this policy.
- Understanding and being familiar with all corporate policies in place for protection against all forms of harassment, discrimination, and violence.
- Participating in the required training sessions, including online training, on the prevention of violence, harassment, and discrimination.
- Understanding and complying with the [Workplace Violence Program](#).

**Every Supervisor/Manager/Physician Leader** is responsible for:

- Engaging in leadership behaviour that creates, sustains and promotes a working environment that embraces the [Respect Program](#) and is free from all forms of harassment, discrimination, and violence.
- As a leader, proactively taking action after witnessing or receiving reports of all forms of harassment, discrimination, and violence.
- Being an advocate within their department for creating and sustaining a working environment free of all forms of harassment, discrimination, and violence. Ensuring others are aware of this policy, senior leadership's expectations for workplace behaviour and ensuring individuals know that problems of this kind will be addressed.

- Following the steps in the policy when an incident of any form of harassment or discrimination is reported and assessing the related risk to determine if the situation will escalate to violent behaviour.
- Ensuring that individuals are not discouraged from filing safety reports and reports about all forms of harassment, discrimination, violence and sexual assault.
- Taking every precaution reasonable in the circumstances for the protection of an individual where he/she becomes aware, or ought reasonably to be aware, that domestic violence that would likely expose an individual to physical injury may occur in the workplace.
- Understanding and ensuring compliance with the [Workplace Violence Program](#)
- **Notifying the relevant [Human Resources Business Partner](#) immediately upon receipt of a concern or complaint (verbally or in writing) of harassment, discrimination or violence from an individual.**
- Meet with the employee to determine the risk of danger and in consultation with Security, Occupational Health and Human Resources Business Partner, implement a safety plan.
- Inform other staff members of the risks and review [Code White](#) (CODE-006) and departmental safety procedures.

**The Human Resources Department** is responsible for:

- Being advocates and providing leadership in creating, sustaining and promoting a working environment that is built on respectful behaviour and is free from all forms of harassment, discrimination, and violence.
- Providing information and education to managers, supervisors and individuals on all forms of harassment, discrimination, and violence and the interpretation and application of this policy.
- Providing consultation regarding specific issues raised by staff, management, union representatives, physicians, volunteers and students.
- Investigating and resolving complaints in an expeditious and confidential manner.

## COMPLAINT GUIDELINES

- Any individual may seek advice or assistance from their manager/supervisor or the [Human Resources Business Partner](#) on how to manage any form of harassment, discrimination or potential Workplace Violence, receive advice on how to resolve the issue or if necessary, make an informal or formal complaint.
- Complaints should be registered as soon as possible after the incident or incidents of Workplace Violence, harassment or discrimination have occurred. For incidents involving a patient or visitor, the staff/volunteer/physician should complete an [eSafety Report](#).
- Any individual who feels they are being harassed or discriminated against advised to:
  - Keep a written record of dates(s) and time(s) of the behaviour and any witnesses to the incident.
- While the Hospital takes all complaints it receives seriously, anonymous complaints are extremely difficult to investigate. Without being able to contact a complainant for further detail, investigations into anonymous complaints are often ended inconclusively for lack of information and/or evidence even where there might be merit to a particular complaint. Because of this, individuals are strongly encouraged to follow the complaint procedures outlined below instead of submitting an anonymous complaint to the Hospital.

### Note: For Workplace Violence

- **All complaints involving Workplace Violence must be resolved through a formal complaint process and in conjunction with the Workplace Violence Program.**
- **Call a Code White** immediately when an individual is exhibiting violent, abusive and aggressive behaviour that is beyond an individual's ability to manage, the individual feels threatened and/or de-escalation techniques are not effective. See [Code White](#) (CODE-006).
- If the severity of the situation escalates and danger of physical harm or property damage appears imminent, **call 9-911** and request immediate police assistance. Assign a staff member to meet police in the lobby. On arrival, Toronto Police Services will assume control of the situation.

## INFORMAL COMPLAINT PROCEDURE

Any individual who feels she/he is being or has been discriminated against or harassed by a co-worker, their direct supervisor, volunteer, student, contractor working at the hospital, member of the Medical/Dental/Midwifery Staff or another member of management may follow these steps, without registering a formal complaint:

- Discuss the concern directly with the person who is believed to have behaved in a discriminating or harassing manner advising her/him that the behaviour is not acceptable and must stop.
- If the individual feels that discrimination or harassment continues OR if the individual is unable or unwilling to confront the alleged offender directly, the individual should discuss the complaint with her/his immediate Supervisor, Manager, or with the [Human Resources Business Partner](#).
  - Details of the complaint may be requested by the individual's Supervisor, Manager, or the [Human Resources Business Partner](#)
  - Supervisors/Managers are required to notify their [HR Business Partner](#) upon receipt of a complaint.

#### **Resolution:**

- A resolution may include a facilitated discussion, a clarification of the issues, and an apology from the respondent and/or an assurance that the discriminatory or harassing behaviour will not be repeated. If the complaint is resolved satisfactorily through the informal complaint process, no further action will be taken.
- Every reasonable effort will be made to have the informal complaint procedure completed no later than sixty (60) days after receipt of the complaint.
- The Complainant will be provided with confirmation in writing that the informal complaint procedure has concluded.
- Sunnybrook has a legal responsibility to take appropriate action regarding any form of harassment, discrimination or Workplace Violence complaints. Therefore, the Director of Labour and Employee Relations or delegate may decide to take further action if the information provided warrants further investigation or if there has been no resolution, even though the complainant may not wish to file a formal complaint or withdraws the informal complaint.

#### **FORMAL COMPLAINT PROCEDURE**

The following is the Hospital's process for the resolution of formal complaints, including complaints of harassment, discrimination and workplace violence by an individual's co-worker or other employee, their direct supervisor, volunteer, student, contractor working at the hospital, member of the Medical/Dental/Midwifery Staff or another member of management.

The Formal Complaint Procedure **must** be followed in the following circumstances:

- Where the Informal Complaint Procedure has been completed but the complainant advises their immediate Supervisor, Manager or HR Business Partner that the discrimination or harassment continues.
- Where the complaint involves Workplace Violence.

#### **FORMAL COMPLAINT PROCEDURE – INVESTIGATION PROCESS**

1. Where an individual wishes to submit a formal complaint, it should be submitted in writing to the individual's immediate Supervisor, Manager or [HR Business Partner](#) as soon as possible from the date when the incident is alleged to have occurred.
  - Supervisors/Managers are required to notify their [HR Business Partner](#) upon receipt of a complaint.
  - Where the manager/supervisor or physician leader is the individual alleged to have engaged in the harassment, discrimination or Workplace Violence, the complaint should be submitted to the [Human Resources Business Partner](#), who will consult with the Director of Labour & Employee Relations(or designate).
  - The written complaint must specify the individual(s) who you believe engaged in discrimination, violence or harassment, and the details of the conduct that gave rise to your complaint. The complaint should include a description of the events, including the dates and locations where the events took place.
2. The [HR Business Partner](#) may meet with the complainant to review the written complaint where further information or clarity is required. If the individual is unable to make a written complaint, their verbal complaint will be written down for



- them and they will be asked to verify it as their statement of complaint and sign a copy.
3. Once the [HR Business partner](#) has received the complaint, the HR Business Partner will assess the complaint to confirm whether, assuming all of the allegations are true, a finding of harassment, discrimination or violence pursuant to the Policy would be made. This review will be completed in consultation with the Director of Labour and Employee Relations (or designate). If the HR Business partner determines that even if assuming all of the allegations are true, a finding of harassment, discrimination or violence would **not** be made, the investigation process will conclude and the complainant will receive notification of the conclusion of the investigation process in writing.
  4. Provided that the investigation does not conclude at Step 3, the [Human Resources Business Partner](#) will follow the following principles in completing an investigation into the allegations contained in the complaint.
    - o The complainant and/or the respondent have the right to request involvement of their union, where applicable.
    - o The Respondent will be provided with the details and particulars of the complaint to allow the Respondent an opportunity to respond to the allegations.
    - o The investigation may include interviews with witnesses who may have knowledge of the matter.
    - o The [Human Resources Business Partner](#) will consult with the Director of Labour and Employee Relations (or designate) and appropriate member(s) of Senior Management, as required, during the course of the investigation.
    - o Every attempt will be made to have the formal complaint procedure completed no later than ninety (90) days after receipt of the formal complaint. This timeline may be extended where, for example, there are multiple witnesses, or a key witness or party is unavailable due to illness, etc.
  5. Where an investigation is completed pursuant to Step 4, the HR Business Partner will issue a written report, with recommendations for resolution, in consultation with the Director of Labour and Employee Relations.(or designate).
    - a. The report, inclusive of recommendations on corrective action and consequences will be reviewed with and provided in writing to the appropriate member(s) of Management.
    - b. The complainant and respondent will be provided with the outcome of the investigation in writing and the complainant will be advised when corrective action has been taken, where applicable.

### **Complaints Involving Medical/Dental/Midwifery Staff**

- Where a complaint has been made pursuant to the formal complaint process and a member of the Medical/Dental/Midwifery staff is involved as either the complainant or respondent, the Executive Vice President (EVP), Chief Medical Executive or delegate will be consulted by the Vice-President (VP) Human Resources or the Director, Labour & Employee Relations, as appropriate.
- Where a Medical/Dental/Midwifery staff member is either the complainant or respondent, a member of the Medical/Dental/Midwifery leadership team may be appointed to support the appointed investigator throughout the course of the investigation.
- Where appropriate, the formal complaint procedure process in these circumstances will be subject to the requirements of the Medical/Dental/Midwifery Staff Bylaws and, where deemed appropriate by the Hospital, taking into consideration the [CPSO Guidebook for Managing Disruptive Physician Behaviour](#).

### **Where both the Complainant and Respondent are Medical/Dental/Midwifery Staff**

Where **both parties** involved are members of the Medical/Dental/Midwifery Staff, complaints and concerns should be directed to the EVP, Chief Medical Executive or delegate, who will consult with the Vice-President of Human Resources or delegate, as appropriate.

Where a complaint has been made pursuant to the formal complaint process and both parties involved are members of the Medical/Dental/Midwifery Staff, the EVP, Chief Medical Executive or delegate will:

- appoint a person or persons to conduct the investigation, which will be conducted and documented in accordance with the formal complaint procedure process, subject to the requirements of the Medical/Dental/Midwifery Staff Bylaws and,

- where deemed appropriate by the Hospital, taking into consideration the CPSO Guidebook for Managing Disruptive Physician Behaviour,
- review the matter with the appropriate member(s) of Senior Management, Medical Program Chiefs, or President of the Medical Dental Midwifery Staff Association as specified in the Bylaws.
- In consultation with the Vice-President, Human Resources, as appropriate, issue a decision reflecting how the matter may be best resolved and the appropriate corrective action to be taken.

### **Complaints Involving the Senior Leadership Team**

- Where the complainant or respondent is a member of the Hospital's Senior Leadership Team (SLT), complaints should be directed to the Chief Executive Officer (CEO) or delegate who will consult with the VP Human Resources and/or the Chief Medical Executive, as appropriate.
- Where the respondent is the Hospital's CEO, complaints should be directed to the Chair of the Hospital's Board of Directors, who will consult with the VP Human Resources.

## **OUTCOMES**

### **Corrective Action and Consequences:**

Any individual who has engaged in any form of harassment, discrimination, violence or sexual assault or any Supervisor, Manager or Medical Leader, who is aware of any form of harassment, discrimination or Workplace Violence and allows it to take place, will be subject to corrective/disciplinary action as appropriate. This may include any combination of the following:

- A formal apology.
- Training and education regarding workplace discrimination/harassment/violence.
- Counseling regarding acceptable respectful workplace behaviours.
- Written warning placed in the individual's employee file.
- Suspension, discharge, and/or reporting to the appropriate professional college.
- Termination of the relationship with the hospital (e.g. volunteers, contractors, suppliers, and students).

An individual has the right to contact the police with respect to any incident of Workplace Violence. An individual does not need permission from their manager to take this action, but if possible should inform their manager (or person in charge) that the police have been called.

Where the subject of the complaint is a member of the Medical/Dental/Midwifery Staff, corrective/disciplinary action may range from a formal apology to a written reprimand through to the loss of privileges. Disciplinary action affecting the privileges of the Medical/Dental/Midwifery Staff will follow the procedure(s) outlined in the Medical/Dental/Midwifery Staff Bylaws (Section 3.8), the requirements of the [Public Hospitals Act](#), and where deemed appropriate by the Hospital, taking into consideration the [CPSO Guidebook for Managing Disruptive Physician Behaviour](#).

### **Appeal of Formal Complaint Procedure Outcome:**

If the complainant is not satisfied with the outcome of the investigation, she/he can appeal, in writing to the Vice President of Human Resources. A complainant may appeal only on the following grounds:

1. new information that was not available during the decision process has become available; or
2. proper process as outlined in this policy was not followed.

The Vice President of Human Resources will review the written investigative materials related to the complaint, the complaint process and will, if the appeal is valid, consider the appeal, which may include speaking to the complainant. The Vice President of Human Resources will respond to the request for the appeal in writing to the complainant, and where the appeal is valid, to any other individual(s) involved in the matter.

Unionized employees have the option of filing a grievance under their collective agreement instead of following this appeal procedure.

While it is hoped that such matters may be resolved internally, all individuals have the right to pursue their concerns before the [Human Rights Tribunal of Ontario](#) or the



These procedures were developed taking into account the Medical/Dental/Midwifery Staff Bylaws and the [University of Toronto Governing Council statements on Human Rights and Prohibited Discrimination and Discriminatory Harassment](#).

### **Freedom from Retaliation and Reprisal:**

Any individual has the right to register a complaint or provide information regarding a complaint under this policy without retaliation or the threat of retaliation for doing so. Disciplinary action up to and including termination of employment can result if any person retaliates against any individual for submitting a complaint, or for providing information regarding a complaint.

### **Confidentiality:**

Any information obtained about an incident or complaint of harassment, discrimination or Workplace Violence, including information about any individuals involved will not be disclosed unless the disclosure is necessary for the purposes of investigating or taking corrective/disciplinary action, or is otherwise required by law.

Every effort to maintain confidentiality will be observed to protect any party against unsubstantiated claims that might result in harmful or malicious gossip. However, to ensure due process there may be a need for disclosure of factual information.

Confidentiality must also be distinguished from anonymity. In any complaint involving a written statement, the individual seeking a remedy through this policy may need to be identified to the alleged party. The Hospital cannot ensure anonymity. The identity of witnesses will be protected where possible.

The written complaint and information regarding the investigation will be shared with individuals with a legitimate “need to know”, as determined by the Vice President, Human Resources and/or the Director, Labour & Employee Relations, as applicable, and as required by law.

### **False or Malicious Complaint:**

Any individual who knowingly makes a false or malicious complaint will be subject to the appropriate corrective/disciplinary action, up to and including termination.

### **Records:**

If there is no evidence of any form of harassment, discrimination, violence or sexual assault, and the complaint was made in good faith, no documentation of the complaint will be placed on the employee file or medical staff file of the respondent or complainant, or any person involved in the complaint.

- Records of informal complaint resolution will be kept by the relevant Human Resources Business Partner or if a complaint involves a member of the Medical/Dental/Midwifery Staff by the office of the EVP, Chief Medical Executive. They will not appear in the individual's employee or medical staff file.
- Records of formal complaint resolution will be kept by the Director of Labour and Employee Relations or delegate for seven (7) years in order to meet legal requirements. Records of any corrective/disciplinary action will be placed in the employee or medical staff file.
- Records of informal and formal complaint resolution involving members of the Medical/Dental/Midwifery Staff **only** will be filed by the office of the EVP, Chief Medical Executive.
- Where applicable and/or required, professional associations will be informed in writing of disciplinary action arising from the application of this policy e.g. termination of employment or suspension of privileges.

## **WORKPLACE VIOLENCE PROGRAM**

### **Immediate Steps following an Abuse, Aggressive or Violent Incident**

1. Ask the person to stop.
2. Request assistance if appropriate.
3. Any staff/volunteer member who is confronted by a violent patient, resident, family member, visitor or another staff member should immediately dial **5555**, or direct a co-worker to call **Code White**.

4. Inform Communications/Information desk of the nature and location of the violent incident and request the assistance of security.
5. Seek medical attention if required.
6. The employee who is abused shall complete an online Employee Incident Report before the end of their shift.
7. If a patient/visitor is involved an [eSafety Report](#) must also be completed.
8. Review additional strategies and considerations when the aggressor is a patient or visitor as noted in the sections below

### **Cognitively Intact Patients**

When a complaint has been made and the patient was cognitively intact at the time of the incident and any underlying medical condition is deemed not to have been a factor, the Patient Care Manager or designate shall investigate the incident, and in consultation with the physician, take appropriate measures which may include:

- Counselling the patient that his/her behaviour was inappropriate, and not acceptable within Sunnybrook. The patient will be warned that discharge may occur if the behaviour re-occurs.
- Appropriate safety measures will be implemented to reduce or eliminate the likelihood of further incidents (e.g. assigning two staff members to perform care and/or rotating the assignment of the staff member, where possible).
- Contacting the police department for the purpose of initiating criminal charges against the patient, if appropriate.
- Discharge of the patient who continuously engages in abusive behaviour if medically cleared by a physician, unless circumstances do not allow for discharge.
- Taking or recommending any steps, that is appropriate in each individual circumstance.

### **Dementia/Cognitively Impaired Patients**

A patient who is not reasonably or properly accountable for his/her actions for reasons such as psychiatric illness, post-operative delirium, or experiencing such intense pain or discomfort that their level of responsibility is diminished. When a complaint has been made and the patient was cognitively impaired at the time of the incident, the Patient Care Manager shall ensure that:

- The patient is assessed for the cause of the abuse and appropriate measures to alleviate or manage the cause (i.e. underlying medical condition or medications) are instituted.
- The physician together with the team will review specific interventions to be implemented to eliminate or reduce the likelihood of further similar incidents. The appropriate person(s) will document the incident on the patient's chart.
- Appropriate safety measures will be implemented to reduce or eliminate the likelihood of further incidents (e.g. assigning two staff members to perform care and/or rotating the assignment of the staff member, where possible).
- If the patient has initiated repetitive incidents against the staff, a unit safety care plan may be required. OHS, Security, Human Resources and the Manager and staff will participate in the development of the plan.

### **Visitor**

When an aggressive incident occurs regarding a visitor to Sunnybrook, the Department/Unit Manager or designate will investigate the incident and implement any or all of the following:

- Counsel the visitor that his/her behaviour was inappropriate and unacceptable, and instruct them to comply with this policy. Risk Management can determine if a formal letter is required.
- Prohibit the visitor from coming on to the Sunnybrook campus (except as a patient) permanently or for a specified period of time by Security initiating a trespassing order.
- If a trespassing order has been issued, this order cannot be overturned without a meeting being held by appropriate parties including security.
- Contact the police department for the purpose of initiating criminal charges, if appropriate. (Refer to last section of policy)
- Prohibit the visitor from coming on to the Sunnybrook campus (except as a patient) permanently, or for a specified period of time.
- Take or recommend any other steps as may be appropriate.

## Staff

- Where the incident involves violent or aggressive behaviour exhibited by a staff member, a complaint should be made and investigated pursuant to the [Formal Complaint Procedure](#).
- Appropriate safety measures will be implemented to reduce or eliminate the likelihood of further incidents pending the outcome of the Formal Complaint Procedure. This may include an individual Safety Plan for the Complainant.

## ROLES AND RESPONSIBILITIES

### Individuals

- Understanding and compliance with the plans (care plans or other types of plans) put into operation to effectively manage risks for violence.
- If the violent incident involved a patient, document the occurrence in the [eSafety Report](#) as well as the patient's health record and obtained required medical attention.
- If the violence incident involved a visitor, document the occurrence in the [eSafety Report](#) and indicate incident involved a visitor).
- Reporting any concerns to your manager/supervisor or individual in-charge, Occupational Health and/or Security related to domestic violence.
- NOT engaging in any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct.
- Wearing appropriate lanyards that break away easily in case of a situation where physical violence is involved, pursuant to the [Employee/Physician/Volunteer Photo Identification Policy](#)(HR-0038).
- Calling a [Code White](#) if there is a concern that an incident of violence may escalate or you feel threatened or uncomfortable. Do not put yourself at risk.
- Calling a Code White, immediately, if there is a concern that a weapon may be present or if a weapons is seen and advising communications to notify Security of the location and identify the weapon if known.
- Calling the Police (911 from any hospital phone) if a weapon is involved and or the person in charge of the incident deems that police intervention is required.
- If this patient has had repetitive incidents, ensure you follow the Safety Care Plan Always remember **STOP PLAN GO** is for your protection when you recognize a patient is becoming aggressive.
- Contact the Physician to complete a medical assessment and determine if it is linked to the behaviour.

### **Supervisor/Manager/Physician Leader:**

- Complete a [risk assessment in the department/unit to identify risk factors for workplace violence](#)
- Send the completed assessment to Occupational Health. Workplace violence risks must be re-assessed as often as necessary to ensure the continued protection of employee from Workplace Violence. This should occur if there has been any change in work conditions, type of work or change in location.
- Develop and document action plans and steps to mitigate risk factors for Workplace Violence. In cases of domestic incidents, this may include a safety plan for the individual in the specific department involved. If an individual works alone or in isolation, refer to [Working Alone Policy](#) (HR-0170) for procedures and assessment tools specific to this application.
- Consulting Occupational Health, Human Resources and Security if there is a suspicion that an individual may be experiencing domestic/personal violence. Developing a plan with the individual, to take every reasonable precaution to protect the individual and other staff in the workplace.
- Ensure individuals are familiar with the process for reporting concerns as well as the procedures for investigating Workplace Violence.
- Ensure that individuals are aware of the [Code White policy](#) (CODE-006) procedure in case immediate assistance is required during a potentially violent situation or sexual assault.
- Ensure that individuals complete corporate training when required.
- Ensure individuals identified as at high risk receive departmental based training to manage conflicts and de-escalate potential violent incidents.
- Ensure individuals have access to and utilize lanyards that break away easily in case of a situation where physical violence or sexual assault is involved pursuant to the [Employee/Physician/Volunteer Photo Identification Policy](#)(HR-0038).
- Conduct thorough investigations, in response to reports of violence and sexual assault. Ensuring individuals debriefed and understand plans in place to effectively manage these situations.

- Complete the manager's portion of the [Employee Incident Report](#) and ensuring the individual follows up with Occupational Health as appropriate.
- Debrief with all individuals involved with the violent incident and/or sexual assault.
- Ensure the appropriate communication of a plan of action following a violent incident or sexual assault involving staff while maintaining confidentiality.
- Follow Step 3 of the Framework for Responding to Violent Incidents is followed

#### **Security:**

- Respond immediately following a Code White alarm and working collaborate with the person in charge of the department.
- Restrain or remove the violent person from the hospital if appropriate, or take other measures as necessary to prevent further injury to individuals.
- Call 911 for police assistance in escalating situations and/or if weapons are involved.
- Establish measures to protect individuals following reported domestic violence situations, in consultation with Occupational Health, Risk Management if patients or visitors involved, Human Resources and the individual's department. This may include an appropriate safety plan for the individual if there is potential that the violence may enter the workplace.

#### **Occupational Health and Safety Department:**

- Make contact with the individual within 72 hours of receipt of the [Employee Safety Report](#) or notification of a violent incident or sexual assault to ensure the individual receives appropriate treatment/counselling and that the incident was investigated, documented and reported.
- Provide a copy of Employee Incident Report to Human Resources for review.
- Participate in individual safety plan if required.
- Report all incidents of violence that result in an individual requiring medical attention or where an individual is disabled from performing his or her usual work to the Ministry of Labour, the JOHSC and the Union (if applicable) within 4 days of the incident.
- Consult with and advise supervisors/managers/physician leaders/HR with respect to incidents or potential incidents of Workplace Violence or Domestic Violence.

#### **Joint Occupational Health and Safety Committee:**

- The JOHSC will review all incidents, statistics and risk assessments.

### **WORKPLACE VIOLENCE TRAINING**

All individuals will be provided with training to assist them in preventing and de-escalating situations safely.

#### **Corporate Training**

All new employees are required to complete e-learning for [Harassment, Discrimination and Violence](#), [Code White](#) modules and General Safety Training modules (and recertify every three years) and any employees providing direct patient care are also required to complete training in Violence Prevention and Safe Work Practices.

Individuals working in high risk areas are provided with additional training including non-violence crisis intervention and improving communication skills.

Andy Smith, President and CEO, Sunnybrook Health Sciences Centre:



### **RELATED SUNNYBROOK POLICIES AND RESOURCES**

#### **Policies**

[Code White](#) (CODE-006)

[Employee/Physician/Volunteer Photo Identification Policy](#) (HR-0038)

[Internal Responsibility System](#) (HR-102)

[Safety Report - Reporting & Learning from Safety Events](#) (PC-0053)

[The Respect Program \(Corporate Code Of Conduct\)](#) (HR-0047)

[Working Alone](#) (HR-170)

[Work Refusal](#) (HR-113)

## Resources

### [E-Learning Modules:](#)

- Code White
- CPI Verbal Intervention, Module 1
- CPI Verbal Intervention, Module 2
- General Safety/Health & Safety Awareness
- Harassment, Discrimination, and Violence in the Workplace

Framework for Following-up on a Violent Incident

[Leaders' Guide to Violent Incidents](#)

## APPENDICES AND REFERENCES:

### Appendices

**Appendix 1:** [Guideline for Addressing Violent Patient Behaviour and Early Discharge](#)



### References

[CPSO Guidebook for Managing Disruptive Physician Behaviour](#)

[Criminal Code](#), R.S.C. 1985

[Human Rights Code](#)

[Occupational Health and Safety Act](#)

[Ontario Regulation for Health Care and Residential Facilities](#) – made under the [Occupational Health and Safety Act](#). O. Reg. 67/93.

[Public Hospitals Act](#)

[University of Toronto Governing Council statements on Human Rights and Prohibited Discrimination and Discriminatory Harassment](#)

Copyright ©2023 Sunnybrook Health Sciences Centre

[Workplace Violence and Harassment/Understanding the Law](#). Ontario Ministry of Labour, March 2010.