

<b>Policy Title:</b>	<b>Harassment and Discrimination Prevention Policy</b>	
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### Purpose

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Michael Garron Hospital’s (MGH)’s Harassment and Discrimination Prevention Policy has been developed in consultation with the Joint Health and Safety Committee to ensure that all members of the hospital community enjoy a hospital environment where they are treated with dignity and respect, by accomplishing the following objectives:

- Preventing harassment (including workplace sexual harassment and bullying) and discrimination from occurring through greater awareness of and sensitivity to the issues.
- Providing the education and reinforcement required to encourage, reinforce and where necessary enforce acceptable standards of conduct.
- Providing impartial and efficient resolution and complaint procedures to resolve such issues.

Providing all stakeholders with fair and consistent procedures for dealing with issues of harassment, bullying or discrimination as defined under this policy, Ontario human rights laws, and the Occupational Health & Safety Act.

MGH will make every reasonable effort to identify all potential sources of risk to eliminate or minimize them through the workplace violence and harassment prevention programs.

### Application

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This Policy applies to all members of the Hospital community; including, but not limited to staff, physicians, volunteers, service providers, visitors and patients.

### Policy Statement(s)

MGH is committed to the creation of a healthy work environment and interactions that:

- Is conducive to the pursuit of excellence
- Provides an opportunity for all individuals to develop to their full potential
- Fosters respect for the dignity and well-being of each person
- Guarantees staff and physicians an environment conducive to personal and professional growth, dignity and self-esteem.
- Ensures that all staff are treated with dignity and respect in the course of workplace interactions
- Ensures that all persons accessing healthcare services are treated with dignity and respect
- Guarantees equality of treatment and equality of opportunity for all members of MGH's hospital community.
- Is free from favoritism or other abuses of power.
- Is free from any form of harassment or discrimination.

In this environment, there is no place for harassment, bullying, or discrimination. These practices contradict legislation included in the Ontario Human Rights Code and the Occupational Health and Safety Act.

MGH will not tolerate any form of harassment, bullying, discrimination or abuse of power as outlined in the policy.

Any individual who believes that they are exposed to treatment or working conditions inconsistent with the commitments made under this policy are encouraged to use the procedures outlined in this policy to resolve such issues. Workers are encouraged to report workplace harassment to the appropriate person.

MGH will investigate and deal with all complaints or incidents of workplace harassment and discrimination in an objective and timely manner. The information provided by a worker who makes a complaint or reports an incident regarding workplace harassment and/or discrimination will not be disclosed except to the extent required/necessary to protect workers, to investigate the complaint or incident, to take corrective action, or as otherwise required by the law.

## Harassment and Discrimination Prevention Policy

This policy strictly prohibits any form of reprisal, retaliation, or retribution against members of the hospital community because they have in good faith raised issues or reported an incident inconsistent with the commitments made under this policy, have provided information regarding a concern or complaint under the policy, and/or for participating in or assisting with its investigation.

Any individual who has been deemed to have made a complaint under this policy in bad faith will be subject to the disciplinary process.

- **MGH Values and Commitment**

Our commitment to ensuring members of the hospital community are treated with dignity, kindness and respect and provided with equality of opportunities means:

- (i) That no staff, physicians, visitors or patients shall be exposed to abusive or offensive dealings in the hospital workplace or service provider environment.
- (ii) There should be no favoritism or other unequal differential treatment.
- (iii) The members of the MGH hospital community are expected to deal with each other in all interactions in a manner that is reflective of our commitment to treat staff and members of management with dignity and respect.

MGH is committed to providing an environment where any concerns of harassment or discrimination can be effectively raised and resolved. Further to that commitment, all members of our hospital community are expected to recognize and comply with their responsibilities and our commitment regarding no reprisal and confidentiality set out below.

### Definitions

The purpose of this section of the policy is to provide all members of the MGH hospital community with a better understanding of what is acceptable and unacceptable conduct. All stakeholders are required to conduct themselves in a manner consistent with this policy by avoiding the conduct described in the following section of the policy. (*Stakeholders include staff, physicians, patients, vendors, visitors and service providers.*)

- **Discrimination Under the Ontario Human Rights Code**

The Ontario Human Rights Code states that every person has a right to equal treatment in employment and in the delivery of services (*including healthcare services*) without discrimination based on the following grounds:

- Race, ancestry, place of origin, colour, ethnic origin.
- Citizenship, creed (religion/beliefs).
- Sex (including pregnancy).
- Sexual orientation.
- Gender identity.
- Gender expression.
- Age (18 years of age or over).
- Marital status, family status.
- Physical or mental disabilities.
- Record of offences

Discrimination does not have to be intentional to be unlawful. Unlawful discrimination may result from practices or policies that appear to be neutral but have a negative effect on groups or individuals because of their membership in one of the groups listed above.

- **Harassment Under the Ontario Human Rights Code**

The Code provides every employee with the right to freedom from harassment in the workplace by the employer, agent of the employer, or by another employee based on the prohibited grounds discussed above.

The Code provides every individual who accesses the service of healthcare with a right to freedom from harassment in connection with accessing such service by the service provider, or any agent or employee of the service provider based on the prohibited grounds discussed above.

Harassment may include unwelcome, unwanted, offensive or objectionable conduct that may have the effect of creating an intimidating, hostile or offensive work environment or service provider environment, or interfering with an individual's work performance, or adversely affecting an individual's employment relationship and/or denying an individual dignity and respect.

Harassment is defined in the Code as "vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome".

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Harassment may result from one incident or a series of incidents. It may be directed at specific individuals or groups but may also include comments or conduct which creates an environment that is hostile, intimidating or offensive.

### Poison or Hostile Work Environment

Jokes, offensive literature (example: pin-ups), derogatory comments or other activities based on sexual, racial or other characteristics that intrude upon a person's dignity or that create an intimidating, hostile or offensive atmosphere constitute what is referred to as a poison or hostile environment. A poison or hostile environment is a form of harassment that is prohibited by law.

- **Workplace Harassment under the Occupational Health and Safety Act**

The Occupational Health and Safety Act (OHSA) defines workplace harassment as set out below:

“workplace harassment” means,

- a) engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome, or
- b) workplace sexual harassment;

“workplace sexual harassment” means,

- a) engaging in a course of vexatious comment or conduct against a worker 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, or
- b) 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 worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome;

A reasonable action taken by an employer or supervisor relating to the management and direction of workers or the workplace is not workplace harassment.

- **Examples of Harassment**

Some of the more common examples of harassment include (this is not an exhaustive list):

- Racial, homophobic, transphobic, sexist or ethnic slurs.

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- Isolating or making fun of a worker because of gender identity.
- Making remarks, jokes or innuendos that demean, ridicule, intimidate or offend.
- Written or verbal abuse or threats.
- Unwelcome sexual remarks, invitations or requests (including persistent, unwanted contact after the end of a consensual relationship).
- Unwelcome remarks, jokes, taunts, suggestions about a person's body, attire, age, marital status, ethnic or racial origin, religion, sexual orientation, gender identity, gender expression, etc.
- Displaying or circulating offensive pictures or materials in print or electronic form such as pornographic, homophobic, transphobic, sexist, racist or other offensive derogatory material (i.e. graffiti or pictures). Practical jokes or any behaviour meant to offend, insult, humiliate or embarrass.
- Inappropriate staring such as leering (suggestive staring) or other offensive gestures.
- Unnecessary physical contact such as patting, touching, pinching or hitting.
- Patronizing or condescending remarks or behaviour.
- Abuse of authority which undermines performance or threatens career.
- Physical or sexual assault.
- Bullying or aggressive behaviour. Workplace sexual harassment.

- **Bullying**

“bullying in the workplace” means,

- A series of repeated incidents (acts or verbal comments) or a pattern of persistent, continuous behavior intended to intimidate, offend, degrade, humiliate, mentally harm, or isolate a person or group of people
- Bully is an assertion of power through aggression, be it overt or subtle

- **Bullying is not defined as**

- A respectful expression of differing opinion
- Offering constructive feedback, guidance, advice about work-related behavior
- Reasonable action by an employer or supervisor to manage an employee's performance, take reasonable disciplinary action or assign work.

- **Scope of Workplace**

A workplace is any place where business or work related activities are carried out. It includes, but is not limited to the physical work premises, work related social functions (i.e. Christmas parties, , etc.), work assignments outside of the office, work related travel and work related conferences or training sessions.

### Responsibilities

#### RESPONSIBILITIES FOR ENSURING A HOSPITAL ENVIRONMENT FREE FROM HARASSMENT AND DISCRIMINATION (INCLUDING WORKPLACE AND HEALTHCARE SERVICE PROVIDER ENVIRONMENT)

- **Management**

All persons in positions of authority are responsible for providing a work and service provider environment consistent with the objectives stated in this policy and free from discrimination and harassment. This responsibility includes actively promoting a positive work environment and intervening when problems occur. Persons in positions of authority are responsible for their own actions and for dealing with inappropriate conduct of any member of the hospital community (i.e. staff, physicians, patients, visitors) that comes to their attention.

Management's responsibilities under this policy include the following:

- i. Understanding and upholding the principles of this policy by setting a good example.
  - Communicate to all members of the Hospital community that you take the issues of workplace conduct and workplace human rights seriously.
  - Do not participate in or ignore discrimination or harassment issues.
- ii. Ensuring that employees are informed of the Hospital's policy and procedures for dealing with issues that arise under the policy.
- iii. Reinforcing the terms of this policy and resolution procedures under such policy.
- iv. Confirming with human resources the proper process for responding to situations, should an employee choose to discuss issues of harassment, bullying, or discrimination with his or her director or their designate.
- v. Do not allow or condone behaviour contrary to this policy.
- vi. Responding promptly to any issue of harassment, bullying,

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or discrimination that comes to your attention, treating these issues as serious matters.

- vii. Discuss the concerns raised with the alleged harasser; she or he may be unaware that their behaviour is offensive.
- viii. Investigate all reports or threats of harassment in a prompt, objective and sensitive way and take corrective actions if necessary.
- ix. Debrief those involved in the incident either directly or indirectly.
- x. Keep a record – directors for their designates should keep a personal record of all discussions with staff members who raise concerns under this policy as well as their response to the situation.

- **Stakeholder (Staff, Physicians, Patients, Visitors)**

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- i. Each stakeholder is responsible for ensuring adherence, compliance and understanding of the spirit and the intent of this policy.
  - ii. Stakeholders are responsible for understanding and avoiding any offensive, unwelcome comments or conduct that fall within the scope of behaviour described and prohibited by this policy.
  - iii. Stakeholders are encouraged to support and reinforce comments, conduct and interactions with all members of the hospital community that are consistent with the letter and spirit of this policy.
  - iv. Stakeholders are encouraged to seek resources such as Management, Human Resources, JHSC members, and the Employee and Family Assistance Program (EFAP) to help address or report concerns regarding workplace harassment.

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### B) RESPONSIBILITIES FOR ENSURING THE DELIVERY OF HEALTHCARE SERVICES FREE FROM DISCRIMINATION

- **Management**

All persons in positions of authority are responsible for ensuring that all individuals seeking and accessing healthcare services are treated at all times with dignity and respect and consistent with their right to equal treatment without discrimination by:

- i. Reinforcing the terms of this policy;
  - ii. Promptly responding to any issue of discrimination in connection with the delivery of healthcare services;
  - iii. Not allowing or condoning any behaviour directed at a user
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of healthcare services that is contrary to this policy.

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- **Stakeholder (Staff, Physicians, Patients, Visitors)**

- All stakeholders are responsible for ensuring adherence to the spirit and intent of this policy.
- All stakeholders are to avoid any conduct or behaviour that would expose anyone accessing healthcare services to discrimination, unequal treatment.
- All stakeholders are encouraged to reinforce conduct and behaviour consistent with MGH's commitments and legal obligations to provide healthcare services without discrimination.

### Procedures

- **Procedures for Raising & Resolving Harassment & Discrimination concerns**

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All members of the Hospital community benefit from a prompt, efficient and effective resolution of concerns regarding the quality of the work environment and service provider environment and specific resources as described below to support early reporting and resolution of concerns of harassment, bullying, or discrimination. Stakeholders who experience the concerns in the Hospital environment that are described under this policy are encouraged to select a resolution option that they are most comfortable with.

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- **Option No. 1 – Self Help**

Unwelcome comments or conduct may be made at times without either the intent or the knowledge of their impact. Stakeholders are encouraged to communicate any concerns regarding improper conduct directly to the proponent of such conduct as soon as it occurs. There are circumstances where stakeholders can resolve their concerns on their own by direct communication with the person engaging in the unwelcome conduct simply by communicating your disapproval to that individual in clear terms. Where this is done, stakeholders are advised to keep a written record of the date, time and details of the conduct and their efforts to resolve the conduct in the event that your self-help initiative fails to solve the problem.

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- **Option No. 2 – Management Support and Intervention**

Where a stakeholder is uncomfortable with independent initiatives or such initiatives have failed to stop the conduct, concerns about the quality of the work or service provider environment may be effectively resolved at an early stage by the informal assistance, support and intervention of a third party. We encourage you to raise such concerns or issues with a person in a position of authority such as your Manager/Supervisor at any time and seek their advice and assistance in resolving such issues.

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Persons in positions of authority have been apprised of their

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specific responsibilities to assist you with these issues and provided with training to support them in assisting you in achieving successful resolution of your concerns. Such individuals will review resolution options with you and assist you in identifying and pursuing either an informal resolution strategy or a formal complaint where appropriate.

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- **Option No. 3 –  
Advisory  
Support**

MGH recognizes that there may be circumstances where the concern experienced by a member of our community is amenable to an informal resolution but requires a higher level of skill and independence. As a result, we have identified and trained a number of individuals in the hospital as Advisors. The role of the Advisor is to provide informal resolution support to individuals who access their support in connection with identifying concerns of non-compliance with their rights under this policy. All members of our community are encouraged to access the support of these trained Advisors when they identify such resolution support as the most appropriate to their needs. The objective and mandate of the Advisor is to provide resolution support in as confidential and collaborate way as possible. Advisors will attempt to identify and pursue resolution strategies that meet the needs of the particular individual who accesses their support.

- **Option No. 4 –  
Formal  
Complaint  
Process**

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In the event that informal attempts to resolve concerns of harassment or discrimination in the hospital environment are inappropriate or have proven ineffective, a formal reporting of the complaint/incident and investigation may be required. MGH is committed to providing you with the benefit of an efficient objective and effective complaint process. The parameters of that reporting complaint process are outlined below.

### 1) The Right to Complain

All members of the Hospital Community have the right to complain about situations they believe to be harassment, discrimination or inappropriate conduct under this policy.

This policy strictly prohibits reprisals against any stakeholder because they have made a good faith complaint or have provided information regarding a complaint. Alleged reprisals are subject to the same complaints procedures, and penalties of complaints of discrimination, bullying, or harassment.

### 2) Reporting a Complaint

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Should a stakeholder decide to report a formal internal complaint, they should:

- a) Provide a report of complaint that contains a brief account of the offensive incident(s) with the following information:
  1. Name(s) of the complainant(s) and contact information
  2. Name of the alleged harasser(s), position and contact information (if known)
  3. Names of any witness(es) (if any) or other persons(s) with relevant information to provide about the incident and contact information (if known)
  4. Details of what happened including date(s), timeframe, frequency and location(s) of alleged incident(s)
    - i. Any supporting documents the worker who complains of harassment may have in their possession that is relevant to the complaint
    - ii. List any documents a witness, another person or the alleged harasser may have in their possession that are relevant to the complaint.
- b) The report should also include the remedy sought and be signed and dated by the person complaining.
- c) Sign and file the complaint with a director or designate or Human Resources.
- d) A worker electing to report confidentially to the department of Occupational Health & Safety and/or Human Resources department directly may choose to do so without the fear of reprisal.

Cooperate with those responsible for investigating the complaint, if required.

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Where a report of the incident is filed, MGH will ensure that the following occurs:

- 1) That an investigation is initiated and completed promptly; in most cases, within 30 days.
- 2) If possible, all individuals who have relevant information with respect to the alleged complaint are interviewed and

- **Formal Complaint Investigation Procedure**

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statements taken including witnesses who are not employed by MGH if identified by either the worker who has alleged the workplace harassment experienced, the alleged harasser(s) or as is necessary to conduct a thorough investigation.

- 3) Interim measures and corrective action(s) that may be necessary to be implemented while the complaint/allegation or incident is being investigated.
- 4) That every effort is made to ensure confidentiality to the extent possible within an investigation process.
- 5) That a written report of findings is prepared at the conclusion of the investigation and that such findings of the investigation and any remedial actions, corrective actions or measures that have been taken or that will be taken are reviewed and discussed individually with the parties.
- 6) That, where appropriate (i.e. where it is substantiated that conduct contrary to this policy has occurred), remedial action will be determined and implemented.
- 7) If the alleged harasser is a Manager/Supervisor, the designated person may be a human resources representative, a health and safety representative or other person designated by MGH.
- 8) If the employer is the alleged harasser, MGH must designate a person who is not under the direct control of the alleged harasser and if required, an external party may be retained to conduct a workplace harassment investigation.

- **Investigation Findings & Remedial Action**

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Where an investigation substantiates conduct contrary to this policy, remedial action will be taken. Such remedial action will include addressing any relevant issues in the hospital environment, as well as addressing any individuals members of the hospital community who have personally engaged in comments or conduct contrary to this policy.

The objectives of remedial activity will be to require individuals to change attitudes and behaviour, eliminate unacceptable workplace harassment, bullying, or discrimination as defined by this policy and respond appropriately to any remediation interests of any victims of harassment, bullying, or discrimination.

- **Record Keeping**

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MGH will keep records of all complaints/allegations or incidents of workplace harassment including:

1. A copy of the complaint or details about the incident.
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2. A record of the investigation including notes.
  3. A copy of witness statements, if taken.
  4. A copy of the investigation report that was provided to the worker who reported workplace harassment and the alleged harasser including remedial steps taken, corrective action to address the complaint or incident of workplace harassment.
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- **Prohibition of Reprisal**

Any retaliation or reprisal against any member of the hospital community for raising a concern under this policy, filing a complaint or cooperating in the investigation of a complaint under this policy is strictly prohibited. Any such conduct will be subject to immediate corrective action. Staff who believe they have been or are being subjected to reprisal, retribution, or retaliation should immediately notify their Manager and as required Human Resources.

- **Confidentiality**

It is recognized that it may be difficult to come forward with concerns regarding matters covered by this policy because of concerns of confidentiality. Therefore, all complaints received under this policy shall be considered confidential to the extent possible; subject to our obligation and commitment to conduct internal investigations in consultation with others. No record of any informal raising and resolution of concerns under this policy will be maintained on any employee's file (to clarify neither on the file of the person who raised the concern nor on the file of the person who is the subject of concern). In the context of formal complaints, no record of the complaint will be maintained on the employee file of the complainant or respondent, subject to the following exception. If there is a finding of conduct contrary to this policy that results in disciplinary action, the disciplinary action will be reflected on the file of the respondent to the complaint.

- **Education & Training**

All employees at MGH will receive instruction on the Harassment and Discrimination and Workplace Violence policies. In addition, all workers will be expected to complete the required iLearn module annually. Education will be refreshed as circumstances indicate such as legislative changes or if additional instruction or training is required.

- **References & Resources**

Related policies:

- [Workplace Violence Prevention](#)
- [Diversity in the Workplace \(v.6\)](#)
- [Domestic Violence](#)
- [Disability and Workplace Accommodation](#)

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- [Psychological Health and Safety in the Workplace \(v.4\)](#)
  - [Civil and Respectful Hospital Environment \(v.2\)](#)
  - [Code of Conduct \(v.6\)](#)
  - [Standards of Behaviour](#)

### References & Resources:

Occupational Health & Safety Act

Human Rights Code

Employee & Family Assistance Program (EFAP)