

**GENERAL MANUAL – POLICY  
MOUNT SINAI HOSPITAL**

Form MS 204 A

Page:- I-d-15-39

Effective Date: May, 2004

Revised: June, 2010

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:- DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

**Table of Contents**

I. INTRODUCTION .....	2
A. PREAMBLE .....	2
B. POLICY STATEMENT .....	2
C. PURPOSE .....	2
D. OUTCOMES .....	3
E. APPLICATION .....	3
II. POLICY IMPLEMENTATION PLAN .....	4
A. EDUCATION, ORGANIZATIONAL TRAINING AND DEVELOPMENT .....	4
B. REVIEW OF POLICY AND PROCEDURES .....	6
C. DEVELOPING DIVERSITY PLANS .....	8
D. RIGHTS AND RESPONSIBILITIES .....	9
III. QUESTIONS .....	11
IV. GLOSSARY .....	11

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:-** **DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

**MOUNT SINAI HOSPITAL**  
**DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

**I. Introduction**

**A. Preamble**

*Mount Sinai Hospital is committed to fostering a healthy and positive environment, which recognizes and respects the personal worth, dignity and diversity of each member of the Hospital Community.*

**B. Policy Statement**

1. It is the policy of Mount Sinai Hospital to provide an environment which is free of discrimination and harassment. Members of the Hospital Community are entitled to fair and equitable treatment.
2. The Hospital will not tolerate any form of discrimination or harassment as defined in this policy or under the Ontario *Human Rights Code*.
3. This policy was developed in consultation with the Mount Sinai Hospital Diversity and Human Rights Committee, comprised of senior management team members, union representatives, employees and community representatives.

**C. Purpose**

4. This comprehensive policy has been prepared to ensure that all members of the Hospital Community are aware of their rights and responsibilities, and to maintain a discrimination and harassment free environment. All members of the Hospital Community are expected to review and actively support the principles of this policy and the *Human Rights Code*.
5. Consistent with the aims and objectives of the Canadian Charter of Rights and Freedoms, the *Human Rights Code*, and consistent with its mission and values, Mount Sinai Hospital recognizes that organizations reflect the power relations based on race, gender, ethnic origin, religion, disability, sexual orientation, gender orientation and expression and other social categories seen throughout society.
6. This policy is comprised of the following four elements:
  - i. The rationale and implementation goals for Mount Sinai Hospital's diversity and human

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:-** **DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

- rights plan;
- ii. Community members rights and responsibilities under this policy with regards to human rights and diversity;
- iii. Internal procedures for the resolution of complaints that fall under this policy and;
- iv. An evaluation process for the diversity and human rights policy

#### **D. Outcomes**

7. The policy is designed to bring about systemic and organizational change that will meet our objectives under the *Human Rights Code*, evolving Human Rights case law, Employment Standards, Occupational Health and Safety Act and other relevant statutes to create a healthy and respectful environment. This policy is also designed to foster the conditions that create a healthy, respectful and positive work environment. Specifically, this policy is designed to accomplish the following outcomes:

- i. Outline the steps required to implement the hospital's plan to achieve equity, fairness, and due process as articulated in its mission and value statements;
- ii. Foster a positive work/learning environment through proactive measures, barrier free systems analysis and enforcement;
- iii. Ensure that all members of the hospital community are treated equitably and with dignity and respect;
- iv. Address breaches of this policy and settle disputes quickly, fairly and as close to the source as possible;
- v. Ensure that all members of the hospital community are aware of their rights and responsibilities under this policy

#### **E. Application**

8. This policy applies to members of the Hospital Community at Mount Sinai Hospital, which includes all employees, health care professionals, students, researchers, interns, volunteers, patients, families, visitors, advisory groups, public community-based partners, affiliated research institutes and associations, suppliers, contractors, and other health care and business partners with Mount Sinai Hospital.

9. This policy applies to all activities which take place at the Hospital, as well as to Hospital-related activities which occur elsewhere, including but not limited to business undertakings, teaching or training programs, research initiatives, community projects, partnership activities, social functions, fundraising events, and activities involving access to the Hospital's computer or

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:-** **DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

communications systems.

10. All contractual relationships between the Hospital and its business, research, and community partners are governed by this policy. All such contracts and agreements will include a provision requiring compliance with this policy.

## **II. Policy Implementation Plan**

11. Proactive education and organizational training and development at the Hospital is aimed at providing an environment that is healthy, respectful, welcoming, accessible, and free of discrimination and/or harassment. The Hospital will support diversity and human rights training and development initiatives to ensure that all staff under their direction develop the skills and competencies in the area of diversity, and understand their rights and obligations in meeting the Hospital's objectives under this policy.

12. The Hospital's implementation plan under this policy is comprised of the following four (4) areas:

- A. Education, Organizational Training and Development
- B. Review of Policy and Procedures
- C. Developing Diversity Plans
- D. Rights and Responsibilities

### **A. Education, Organizational Training and Development**

13. Education, organizational training and development is aimed at providing an environment that is accommodating, accessible, free of harassment and discrimination, welcoming and safe for all Community members, specifically those identified as most vulnerable to differential treatment (groups identified under the Ontario Human Rights Code).

14. Education and Training will focus on the following areas:

- i. Complaint Resolution
- ii. Diversity and Human Rights
- iii. Related human resource functions (i.e., bias free hiring and performance management)
- iv. Patient centered care/equitable access to services

15. For all of the above areas managers will support diversity and human rights training and development initiatives to ensure that all staff under their supervision develop the skills and competencies in the area of diversity and understand their rights and obligations in meeting organizational objectives.

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:-** **DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

### **Complaint Resolution**

**16. As a result of education and training with respect to dispute resolution and complaints, members of the Hospital Community will:**

- i. Demonstrate behaviours that contribute to a positive and respectful working and learning environment;
- ii. Act on their responsibilities under this Policy to assist in creating and maintaining a safe and secure learning and working environment free from discrimination and harassment under prohibited human rights grounds as well as personal harassment/bullying;
- iii. Identify and address systemic and direct discrimination in the Hospital;
- iv. Be aware of their rights under the policy, and of the internal and external complaint mechanisms available;
- v. Use the complaints resolution process to address harassment and discrimination complaints and other Code of Conduct violations; and,
- vi. Develop programs for their areas to ensure positive and respectful work and learning environments (managers).

### **Diversity and Human Rights**

**17. As a result of Training and Education with respect to Diversity and Human Rights, members of the Hospital Community will:**

- i. Demonstrate the skills and knowledge necessary to model behaviour, which is respectful and cognizant of issues of Diversity and Human Rights (managers).
- ii. Be accountable for maintaining human rights, diversity and respectful behaviour standards through the incorporation of these competencies in performance management systems (managers).
- iii. Demonstrate a leadership role in promoting and accommodating diversity in the provision of services.
- iv. Promote equity in the implementation of Hospital policy and procedures.
- v. Foster an environment that is positive and supportive for employees with disabilities.

### **Human Resources**

**18. When Human Rights training involves Human Resources related functions, Human Resources will be involved in the development and/or delivery. As a result of this training, managers will:**

- i. Be accountable for demonstrating leadership in supporting diversity and human rights principles and practices articulated by the Hospital.

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:- DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

- ii. Implement equitable principles and practices in human resources areas such as: recruitment and selection, retention, promotion, mentoring, disciplining, and performance management.

#### **Patient Centered Care**

#### **19. As a result of cultural competency training delivered through the Diversity and Human Rights Office, hospital service providers will:**

- i. Accommodate the needs of diverse patients and co-workers as required by Hospital policy and legislation
- ii. Demonstrate equitable behaviour with patients and co-workers
- iii. Interact respectfully and consistently with all members of the Hospital community, while accommodating differences when required
- iv. Continue to develop knowledge and skills in accommodating diversity and human rights
- v. Continue to develop knowledge and skills in conflict resolution

#### **B. Review of Policy and Procedures**

20. Systemic discrimination occurs where a practice requirement, qualification or factor is not overtly or intentionally discriminatory, but still negatively affects a person or group upon grounds prohibited by the *Human Rights Code*. Though organizational policies, practices, procedures, actions or inactions of people in authority may appear to be neutral, it is recognized that they may have an adverse impact on individuals protected by the *Human Rights Code* and may therefore be discriminatory. Consequently, the Hospital will establish proactive measures to review all departmental/corporate policies and procedures including issues such as scheduling, orientation, visiting hours, and others, to ensure that systemic/constructive discrimination is not occurring.

#### **Human Resources**

21. Human Resources is a critical area within organizations for ensuring fair and equitable treatment. Consequently the Hospital will review policies and practices to ensure there are no systemic barriers in the areas of:

- i. **Recruitment and Selection:**
  - Processes and or criteria that screen out certain groups, e.g., reliance on non-essential criteria such as personal “comfort” or “fit” which reflect personal biases
  - Differential treatment based on race or gender, i.e., lack of objective, neutral and

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:- DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

merit based compensation criteria

- ii. **Promotion, Secondment and Transfer:**
  - Lack of a process or policy, which may result in arbitrary decisions
  - Disadvantaging some groups, limiting racialized groups to specific and secondary roles in the institution
- iii. **Evaluation and Development of Performance Indicators:**
  - Inadequate performance evaluation systems that result in subjective judgments based on group membership
- iv. **Training and Development:**
  - Lack of a process may result in favouritism-based group membership
  - Restriction of educational opportunities due to budget constraints applied inequitably
- v. **Termination:**
  - Redundancy decisions results in racialized people being the last hired, first fired
- vi. **Treatment of Employees:**
  - Disciplining an employee with a non-Canadian accent more severely than a white employee for the same infraction
- vii. **Assignment of Privileges/Duties:**
  - Males given preference over females in assigning operating room time
- viii. **Accommodation (Physical Or Otherwise):**
  - Individuals have to go through unnecessary red tape and delays to be accommodated
  - Failure to accommodate to the point of undue hardship, i.e., an individual capable of performing the essential duties of the job when provided with reasonable accommodation is not considered as capable as a similarly qualified individual who requires no accommodation

**The Department of Occupational Health and Safety and The Human Resources Department in consultation with the Office of Diversity and Human Rights**

22. Responsible for developing a process to implement evolving human rights standards, which state that all workplace rules, standards and procedures must accommodate individual

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:-** **DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

differences to the point of undue hardship. Individual managers are responsible for implementing the accommodation recommendations.

**Accommodation based on Religious and other Human Rights Grounds:**

23. The Hospital will also develop guidelines to address accommodation procedures based on religion, family status, and other prohibited human rights grounds. If there are disputes arising from accommodation plans, the Office of Diversity and Human Rights will act as a consultant to provide guidelines necessary to meet our legal and social obligations.

**C. Developing Diversity Plans**

**Management Responsibilities**

24. The Office of Diversity and Human Rights and the Diversity and Human Rights Committee will provide leadership in developing programs aimed at implementing Mount Sinai Hospital's Diversity and Human Rights Checklist for Organizational Change.

The Senior Management Team will:

- i. Work with the Diversity and Human Rights Office and the Diversity and Human Rights Committee to ensure that a plan is developed to integrate Diversity and Human Rights considerations in organizational planning, budgeting, research, ethics, training, clinical work, strategic planning, health promotion, marketing, communications, etc.
- ii. Develop priorities and assign responsibilities for achieving the Hospital's Diversity and Human Rights objectives.
- iii. Build strong, meaningful and responsible relationships with all of our diverse stakeholders and community partners.
- iv. Develop evaluation mechanisms of these goals as part of the performance review every year.

**Patient/Family Centred Care**

25. The Hospital recognizes Diversity as a critical component of patient-centred care and consequently will:

- i. Articulate and develop an approach to cultural competence that is standardized at the organizational level and specified in measurable ways at the level of individual programs.

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:-** **DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

- ii Provide access to all its services and programs for communities it serves in ways that are culturally appropriate, respectful and inclusive by reviewing its practices and actively working to remove systemic barriers if and where they exist. Areas for review include but are not limited to clinical care, information dissemination, physical barriers, language/cultural interpretation resources, translation services, dietary requirements, methods of care, health promotion, community partnerships, research, and employment practices.
- iii Develop programs and initiatives to provide accommodation (physical and otherwise) for the diverse needs of its stakeholders.
- iv Will actively seek out and build community partnerships with the various communities it serves such as racialized, cultural, and gay/lesbian/ bisexual/transgender communities in order to achieve these objectives.

#### **D. Rights and Responsibilities**

##### **Rights of Members of the Hospital Community**

26. Pursuant to this policy, and in accordance with the *Human Rights Code* and *The Occupational Health and Safety Act*, all members of the Hospital Community have a right to:

- be free from discrimination, harassment and workplace violence;
- be communicated with in a respectful manner;
- be treated in a supportive, respectful and equitable manner; and
- bring a complaint under this policy without fear of reprisal.
- refuse work if s/he has reason to believe that workplace violence is likely to endanger him/herself, provided that:
  - it is not inherent in the work or is a normal condition of the worker's employment; or
  - refusal to work would directly endanger the life, health or safety of another person. For more information, refer to the MSH Work Refusal policy.

##### **Responsibilities of Members of the Hospital Community**

27. Each member of the Hospital Community has a personal responsibility to:

- i. ensure that their own behaviour and conduct complies with this policy;
- ii. support and promote practices in the Hospital Community that foster a respectful environment which discourages and prevents discrimination and harassment;
- iii. immediately report to their supervisor/manager or the Diversity and Human Rights

**GENERAL MANUAL – POLICY  
MOUNT SINAI HOSPITAL**

Form MS 204 A

Page:- I-d-15-39

Effective Date: May, 2004

Revised: June, 2010

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:- DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

Advisor any discriminatory, harassing or violent conduct in the Hospital Community that they witness or become aware of; and

- iv. fully and truthfully cooperate with investigations under this policy.

28. Every supervisor, manager, and physician leader in the Hospital Community is further responsible for:

- i. establishing and maintaining a respectful work environment which is free of discrimination, harassment and violence;
- ii. developing plans to implement the goals and objectives of this policy;
- iii. actively working to eliminate any discrimination, harassment or violence which may occur;
- iv. taking appropriate steps to address in a timely fashion any incident or situation involving discrimination, harassment or violence which s/he is aware of, or reasonably ought to have been aware of, and promptly informing the Diversity and Human Rights Advisor of any such incident or situation;
- v. taking every precaution reasonable in the circumstances for protecting a worker if s/he becomes aware, or ought reasonably to be aware, that domestic violence that would likely expose a worker to physical injury may occur in the workplace;
- vi. providing workers with personal information regarding a risk of violence from a person with a history of violent behaviour, if the employee can be expected to encounter that person in the course of work; and the risk is likely to expose the employee to physical injury;
- vii. not disclosing more personal information than is reasonably necessary to protect an employee from injury;
- viii. reporting any matter involving criminal or quasi-criminal conduct to the Diversity and Human Rights Advisor, the Manager of Security, and the Manager of Occupational Health and Safety;
- ix. communicating and reinforcing this policy.

29. Members of the Hospital's Diversity and Human Rights Committee are responsible for:

- i. advising senior management on the development and implementation of the Hospital's diversity plan; and
- ii. reviewing and evaluating the effectiveness of this policy and the diversity plan annually

30. The Hospital's Diversity and Human Rights Advisor is responsible for:

- i. the coordination, implementation and operation of this policy;
- ii. advising senior management and the Diversity and Human Rights Committee on: (i) the

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:-** **DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

- development and implementation of the Hospital's diversity plan; and (ii) the discrimination and harassment complaint procedure under this policy;
- iii. providing information and education to all members of the Hospital Community on discrimination and harassment related issues, including the interpretation and application of this policy;
- iv. providing consultation on specific issues related to diversity and human rights which are raised by members of the Hospital Community; and
- v. managing the complaints resolution process under this policy in an expeditious and confidential manner

31. An employee of the Hospital who becomes aware of conduct which may be a possible breach of this policy and who does not report the incident within a reasonable time will infringe this policy and may be liable to sanctions. In addition, a member of the Hospital's management team may incur liability for failing to report any discrimination or harassment which violates the *Human Rights Code*.

## **VII. Questions**

Questions regarding this policy may be directed to the Mount Sinai Hospital Diversity and Human Rights Advisor.

## **VIII. Glossary**

**Accommodation** – an adaptation of the learning or work environment for persons who, as a result of their membership in a group identified by a prohibited ground of Discrimination, are disadvantaged by a requirement, qualification or practice which is otherwise legitimate in the circumstances. Accommodation ensures that an Employee who is otherwise systemically discriminated against, is given the opportunity to perform the essential duties of a job at the same level as another Employee in a similar job who is not subject to systemic discrimination.

### **Assault -**

Occurs when a person:

- without the consent of another person, applies force intentionally to that other person directly or indirectly;
- attempts or threatens, by an act or gesture, to apply force to another person, if he or she has, or causes that other person to believe, on reasonable grounds, that he or she has present ability to effect his or her purpose; or,
- while openly wearing or carrying a weapon or an imitation thereof, accosts or

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:-** **DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

impedes another person, and this definition applies to all forms of assault, including sexual assault, sexual assault with a weapon, threats to a third party or causing bodily harm and aggravated sexual assault.

**Board of Governors** - the Board of Governors for Mount Sinai Hospital.

**Diversity and Human Rights Advisor** - a person employed by the Hospital who is to oversee diversity and human rights matters. The Advisor is responsible for the coordination, implementation and operation of this Policy and for carrying out the specified duties defined by this policy.

**Due Diligence –**

Includes the following:

- A written discrimination and harassment policy which has been communicated throughout the organization
- Quick and effective resolution of complaints
- Appropriate responses to prevent similar occurrences in the future

**Code of Conduct** - the code of conduct is applicable to Members of the Hospital Community and as set out in Part I of the Code of Conduct & Complaint Process.

**Fact finding/investigation** - a process to collect, review, analyze, and assess facts with respect to the merit or veracity of an allegation. Facts are derived from evidence provided by the complainant, the respondent, and witnesses; from documentation; and may include inferences drawn by the investigator from the evidence received.

**Hospital** - Mount Sinai Hospital established pursuant to the Public Hospital's Act.

**Members of the Hospital Community** - students, employees, senior officers, contract workers, physicians, volunteers, including advisory committees, research institutes or associations directly connected to joint Hospital initiatives.

**Hospital Sponsored Event** - any event sponsored by the Hospital or any association directly affiliated and registered with the Hospital, whether on or off Hospital property.

**Chief of Department** - head of a medical department of the Hospital who also has disciplinary authority over physicians.

**Discrimination** - conduct as described in Part I A of the Code of Conduct & Complaint Process.

**Early Resolution** - the informal resolution mechanism set out in Part II C of the Code of Conduct & Complaint Process.

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:-** **DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

**Employee** - a person who works for or provides services to the Hospital on a full- or part-time basis, whether unionized (belonging to a bargaining unit) or not, including supervisory staff, and administrative staff, but not including Senior Officers.

**Harassment** - various forms of harassment are described in Part I B of the Code of Conduct & Complaint Process.

**Manager** - an Employee of the Hospital, who supervises, directs or manages the work of any other Employee and includes Senior Officers.

**Mediator** - a person appointed by the Diversity and Human Rights Advisor to carry out the duties of a Mediator as specified in this Policy and who has satisfied training criteria satisfactory to the Hospital with respect to dispute resolution.

**Medical Advisory Council** - the body referred to in the Public Hospitals Act as the Medical Advisory Committee and provides supervision over the practice of medicine in the Hospital.

**Senior Officer** - the President of the Hospital, the Vice-Presidents Chair of the Medical Advisory Council.

**Threat** - any person who, wrongfully and without lawful authority, for the purpose of compelling another person to abstain from doing anything that he or she has a lawful right to do, or to do anything that he or she has a lawful right to abstain from doing:

- uses violence or threats of violence to that person, or injures his or her property;
- intimidates or attempts to intimidate that person by threats that violence or other injury will be done to or punishment inflicted upon, him or her, or his or her relative, or that the property of any of them will be damaged;
- persistently follows that person about from place to place;
- hides any personal property owned or used by that person, or deprives or hinders him or her of such property in the use thereof; or,
- blocks or obstructs that person.

**Workplace Violence** – means:

- 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 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

**GENERAL MANUAL – POLICY  
MOUNT SINAI HOSPITAL**

Form MS 204 A

Page:- I-d-15-39

Effective Date: May, 2004  
Revised: June, 2010

**Issued By:-** Administration

**Reference:-** Diversity and Human Rights Committee

**Title:-** **DIVERSITY AND HUMAN RIGHTS POLICY AND PROCEDURES**

**Working Days** - Monday through Friday, except statutory holidays and when the Hospital is officially closed by order of the President or by virtue of any governmental order or regulation.