

**GENERAL MANUAL – POLICY  
MOUNT SINAI HOSPITAL**

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**Title:- DIVERSITY AND HUMAN RIGHTS CODE OF CONDUCT & COMPLAINT PROCESS**

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**MOUNT SINAI HOSPITAL**  
**CODE OF CONDUCT & COMPLAINT PROCESS**

**I. Code of Conduct**

**1. Any Member of the hospital community who violates the following code of conduct provisions whether on Hospital Property or not, breaches proper conduct and is liable to sanction under this Policy:**

**A. Discrimination**

2. “Discrimination” means unfair treatment because of a “Prohibited Ground” under the *Human Rights Code*, which includes race, sex, sexual orientation, gender orientation and gender expression, same sex partner status, colour, ancestry, place of origin, ethnic origin, marital status, age, disability, citizenship, family status, or religion.

3. **Discrimination includes, but is not restricted to:** the denial, withholding and delay of access to opportunities, services or facilities, so long as these actions and behaviours are based on the prohibited grounds listed above.

Examples of direct discrimination include:

- Disinterest on the part of a supervisor or manager to recognize or increase his/her awareness of the workplace impact of a disability when one of his/her staff has that disability
- Firing an employee because the supervisor became aware that the employee may file or has filed a complaint of harassment
- Making such statement as, “that is not the way we do it in Canada”, to a colleague or other member of the hospital community who is from a racialized group and/or first generation Canadian
- A refusal to hire employees of a particular race, sexual orientation, etc.
- Designated groups (or members of) are excluded from the decision making process
- Community groups representing designated groups are not part of the network with which the organization connects
- Experiences and expertise of ethno-racial groups are not valued by the organization
- A failure to properly accommodate a person’s employment limitations which are caused by disability or illness.

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4. **Systemic discrimination refers to:** policies, practices and procedures that appear neutral on the surface, but may serve (whether intentionally or not), to exclude, deny opportunities and rights to human rights protected individuals and groups. Employment related systemic discrimination is common in organizations and is normally identified through an Employment Systems Review.

Examples of Systemic Discrimination include:

- 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
- Limiting racialized groups to specific and secondary roles in the institution
- All materials regarding a specific procedure are available only in English. Patients who cannot read English are not provided with critical information

#### **B. Harassment**

5. “Harassment” includes behaviour or comments that demean, insult, or offend, and may constitute a form of discrimination where such conduct is based on a Prohibited Ground (i.e., race, sex, sexual orientation, gender orientation and gender expression, same sex partner status, colour, ancestry, place or origin, ethnic origin, marital status, age, disability, citizenship, family status, or religion) where the person knows or ought to know that such behaviour or comments are unwelcome.

6. **Harassment may** be by words, gestures, electronic messages (including, but not limited to, telephone, voicemail, fax or computer messages), innuendoes, graffiti, signs, pictures or other acts.

Examples of harassment include, but are not limited to:

- Remarks, jokes, taunts, or insults about a person or a group of people identified by a Prohibited Ground (i.e., such things as race, colour, place of origin, ancestry, ethnic background, creed, disability, etc.);
- The displaying of racist, sexually suggestive or other offensive or derogatory pictures, cartoons or material
- Insulting gestures or practical jokes based on sexual, racial or ethnic grounds which cause embarrassment or awkwardness

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- Knowingly making a false complaint
- Insisting that employees only speak English if it does not negatively affect the work being done
- Making ridiculing, taunting, belittling, humiliating or insulting comments;
- Physically intimidating behaviour or threats;
- Use of profane, abusive or threatening language;
- Harassment does *not* include appropriate direction, evaluation, appraisal or discipline of an employee by a supervisor or manager.

### **C. Sexual Harassment**

7. “Sexual Harassment” means engaging in a course of harassing conduct related to a person’s sex, sexual-orientation, gender orientation and gender expression, same sex partner status, or any sexualized activity that is known or might reasonably be known to be unwelcome, unwanted, offensive, intimidating, hostile, or otherwise inappropriate.

8. Incidents involving sexual harassment include unwelcome sexual advances, requests for sexual favours, or other verbal or physical conduct of a sexual nature when:

- Such conduct might reasonably be expected to cause insecurity, discomfort, offence or humiliation to another person or group; OR
- Submission to such conduct is made either implicitly or explicitly a condition of employment, appointment, approval of privileges, an educational/training opportunity, or receipt of services or a contract; OR
- Submission to or rejection of such conduct is used as a basis for any employment, reappointment, or advancement decision (including, but not limited to, matters of promotion, raise in salary, job security and benefits affecting the employee); OR
- Such conduct has the purpose or the effect of interfering with a person’s work performance or creating a difficult, intimidating, hostile or offensive work environment.

9. Within this context, types of behaviour which constitute sexual harassment include, but are not limited to:

- Sexist jokes causing embarrassment or offence
- Leering (suggestive staring)
- Sexually derogatory or degrading remarks directed towards a person because of their sex or sexual orientation, gender orientation or gender expression
- Sexually suggestive or obscene comments or gestures

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- Unwelcome inquiries or comments about a person's sex life
- Inappropriate or unwelcome focus/comments on a person's physical attributes or appearance
- Persistent or unwelcome sexual flirtation(s), advance(s), proposition(s)
- Displaying printed material of a suggestive or sexually offensive nature.
- An implied or expressed promise of a reward, benefit or advancement in return for sexual favours, or reprisal if such favours are not given
- Persistent unwanted contact or attention after the end of a "consensual" relationship
- Unwanted touching or patting
- Verbal abuse or threats

#### **D. Sexual Assault**

10. "Sexual Assault" includes the actual or threatened use of force of a sexual nature such that the sexual integrity of the victim is violated. It is a form of sexual harassment, and may further constitute a criminal offence under the Canadian *Criminal Code*.

Examples of sexual assault include, but are not limited to:

- Touching which is committed in circumstances of a sexual nature; and
- The threatened use of violence to force a person to engage in sexual conduct.

11. The Diversity and Human Rights Advisor should be consulted in cases involving sexual assault complaints; however the Hospital's carriage of such complaints resides with the Manager of Security.

#### **E. Hate Crime**

12. "Hate Crimes" refer to the publication, display, transmission or distribution of a notice, sign, symbol, emblem or other representation that expresses or implies an intention to discriminate upon any of the Prohibited Grounds, or to incite others to discriminate upon any of the Prohibited Grounds. It is a form of discrimination and harassment, and may further constitute a criminal offence under the *Criminal Code*.

#### **F. Negative Environment**

13. A negative learning or work environment is created when a Member makes one or a series of comments or actions based upon prohibited grounds of discrimination which have the effect of creating or maintaining an offensive, hostile or intimidating climate for work or learning at

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the Hospital. An individual or group does not have to be a direct target to be affected by a negative environment. Graffiti, signs, electronic messages, cartoons, remarks, exclusion and adverse treatments are examples of actions that can create a negative environment.

### **G. Personal Harassment**

14. Any member of the Hospital Community who uses his or her authority or influence in a way that is unfair, or who engages in a course of unfair conduct that is known or should reasonably be known to differentially treat another person, whether on a Prohibited Ground or not, will infringe this policy.

15. Personal harassment involves excessive, unwelcome behaviour, directed at an individual, not linked to the prohibited grounds, which is known or ought reasonably to be known to be unwelcome/unwanted, offensive, intimidating, hostile, inappropriate and results in an unhealthy work environment.

Examples may include, but are not limited to:

- Ridiculing, taunting, belittling or humiliating another person;
- Physically intimidating behaviour and/or threats;
- Derogatory name-calling;
- Use of profane, abusive or threatening language;
- Differential treatment - treating someone differently than others in the same department or area

### **H. Reprisals**

16. All members of the Hospital Community have the right to file a complaint, participate or co-operate in an investigation, provide information relevant to a complaint, or act in any role under this policy without reprisal or threat of reprisal. For the purpose of this policy, retaliation against an individual for having:

- invoked this policy (whether on behalf of oneself or another individual);
- participated or co-operated in any investigation under this policy; or
- been associated with a person who has invoked this policy or participated in these procedures, will be treated as harassment and dealt with accordingly.

### **I. Frivolous, Vexatious Complaints**

17. For the purpose of this policy, any member of the Hospital Community who makes a

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frivolous, vexatious, false, or bad faith complaint under this policy shall be treated as having engaged in harassment and will be dealt with accordingly.

## **J. Caregiver Preference**

18. Patients may be given their preference with regard to their caregivers on the basis of gender, religion, and applicable treatment needs. Patient requests regarding their caregivers which contravene the *Human Rights Code* will *not* be met.

## **II. Hospital Internal Process for Complaints of Discrimination or Harassment**

### **A. Statement of General Principles**

20. The objective of the following internal complaint process is to provide for the early and local resolution of any violations under this policy.

21. A member of the Hospital Community (the “Complainant”) who believes that s/he or another member has been discriminated against and/or harassed contrary to this policy may take one (1) or more of the following steps.

### **B. Parallel Proceedings**

22. In addition to the rights and procedures under this policy, community members may have further recourse outside of this policy to address behaviour and conduct which is not permitted under the Code of Conduct. Community members may have the ability to file a grievance under a collective agreement, begin legal proceedings, and/or seek recourse through outside bodies which include (but are not limited to) educational institutions in partnership with the Hospital, professional self-regulating bodies (for instance, the College of Physicians and Surgeons of Ontario, the College of Nurses of Ontario, etc.), regulatory agencies (such as the Ontario Human Rights Commission), and/or law enforcement, depending upon the circumstances.

23. Should an employee seek recourse outside of this policy for a breach of the Code of Conduct, or alternatively should an outside body make inquiries or otherwise take steps to address such a breach, the Hospital reserves the right to: (i) pursue its own investigation under this policy into that matter; and/or (ii) pursue recourse within and/or outside of this policy, as it deems necessary, to address the breach.

24. Should a community member file a grievance under a collective agreement for a breach of

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the Code of Conduct, then that member is understood to be waiving his or her rights to thereafter file a complaint under this policy regarding the subject matter of that grievance, and agrees that no such complaint under this policy shall proceed.

### **C. Early Resolution**

#### **Step 1 - Discussion with Responding Party**

25. The Complainant may discuss his or her concerns directly with the person who is believed to have violated this policy, by telling that person (the “Responding Party”) to stop the unwelcome behaviour or conduct. Complainants should provide feedback respectfully and in an appropriate time and location that is private and occurs when the other party is not busy.

26. The Complainant should take notes of any conduct which is believed to violate this policy, and to record the particular incident(s) at issue including relevant date(s), time(s), place(s), witness(es), conduct and behaviour, reactions to requests for the discontinuation of such conduct, as well as any other details of events which have transpired and any actions taken.

#### **Step 2 - Initiating a Complaint**

27. Should a Complainant feel unable to approach the Responding Party, or if the discrimination and/or harassment continues after the Complainant has discussed the matter and asked the Responding Party to stop, the Complainant may bring a complaint under this policy by contacting his or her manager, or the Chief of Department, or the Diversity and Human Rights Advisor, to discuss the matter.

28. A complaint may be oral or in writing, and should be made as soon as possible after the alleged discriminating or harassing conduct has occurred. Under this policy, a complaint must be made within one year of the circumstances giving rise to it, unless the delay was incurred in good faith and no substantial prejudice will result to any person affected by the delay.

29. A manager or Chief of Department who receives an oral or written complaint should immediately inform the Diversity and Human Rights Advisor of the matter.

30. A complaint against a senior officer of the Hospital (i.e., a person holding the position of Vice-President or equivalent, or a higher position) shall be made to the Diversity and Human Rights Advisor.

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31. A person who is a Responding Party to a complaint and who has reason to believe that the complaint is frivolous, vexatious, in bad faith, or itself a form of harassment, has the right to make a complaint under this policy.

32. Two (2) or more complaints alleging violations by the same person, or having facts in common, may be dealt with in the same proceeding.

33. The Hospital may initiate a complaint where alleged violations of this policy are reported and there is no individual complainant.

34. A Complainant may, in his or her discretion, decide to withdraw a complaint at any point in the procedure under this policy. However, it is understood that the Hospital may pursue a complaint notwithstanding the withdrawal of a complaint by a Complainant.

35. While parties are encouraged to seek advice and counsel, persons with knowledge of a complaint are required to maintain the confidential nature of the complaint in order to preserve the integrity of the complaint process.

36. All complaints shall be held in confidence wherever possible, except where disclosure is necessary to aid in an investigation, to take disciplinary action, or as required by law. The Complainant, the Responding Party, and all witnesses to a complaint are required to maintain confidentiality.

### **Step 3 - Review of Complaint**

37. Within five (5) working days of receiving a complaint, the manager or Chief of Department shall meet with the Complainant to review the matter, and may then:

- meet with the parties (i.e., the Complainant and the Responding Party), either separately or together, to discuss ways of resolving the issue(s) at hand;
- recommend Early Resolution to the parties;
- recommend that the complaint be investigated;
- request an educational session on discrimination and harassment for any work unit that may be involved in the matter;
- refer the Complainant to the Diversity and Human Rights Advisor for assistance;
- advise the Complainant that the matter does not fall within the scope of this policy, and suggest alternative routes; or
- take other action appropriate to the circumstances.

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38. Under this policy, “working day” means any day of the week from Monday to Friday, excluding a statutory holiday and any other day that the Hospital is officially closed by order of the President or by virtue of a government order or legislation.

#### **Step 4 - Request for Early Resolution**

39. The goal of Early Resolution is to encourage parties to resolve their disputes under this policy through an early, local, flexible, and informal resolution process such as mediation, facilitated discussion, or a negotiated settlement. Early Resolution is intended to mediate complaints and arrive at resolutions which are mutually acceptable to the parties and the Hospital. Managers and Chiefs of Departments will be trained in mediation and conflict resolution in order to assist members of the Hospital Community with Early Resolution.

40. The Complainant and/or the Responding Party may request Early Resolution by making a request to the manager, Chief of Department, or Diversity and Human Rights Advisor, within ten (10) working days from the date the complaint was made.

41. Within five (5) working days of a request for Early Resolution, the manager, Chief of Department, or Diversity and Human Rights Advisor shall consult with the other party (i.e., the Complainant or the Responding Party, as applicable) to ask whether Early Resolution is acceptable. Where that party declines Early Resolution or fails to respond to consultation by the manager, Chief of Department, or Diversity and Human Rights Advisor within five (5) working days from being advised of the request for Early Resolution, the complaint shall proceed to an investigation under Step 5.

42. Despite the above provisions, the Hospital reserves the right to require that a complaint be investigated under Step 5 where it determines that the matter is not appropriate for Early Resolution.

43. Should the Complainant and the Responding Party agree to Early Resolution, a mediator or facilitator who is acceptable to the parties will be assigned to the matter within ten (10) working days from the request for Early Resolution. An Early Resolution mediation session or meeting shall then normally be conducted within ten (10) working days from the date the mediator or facilitator is assigned to the matter. The mediator or facilitator shall remain impartial in the matter.

44. At the Early Resolution session, the mediator or facilitator shall meet with the parties, shall provide each party with an opportunity to present the relevant facts, and shall assist them in

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arriving at a mutually agreeable solution in order to effect a settlement of the complaint. Parties to an Early Resolution session may be accompanied by a representative with the agreement of the parties, the mediator or facilitator, and the Diversity and Human Rights Advisor. The discussion that takes place during the mediation sessions or facilitated discussions shall remain confidential as between the parties and the mediator.

45. An Early Resolution session may be adjourned with the agreement of the parties, the mediator, and the Diversity and Human Rights Advisor. Early resolution shall normally conclude not later than twenty (20) working days after the appointment of the mediator or facilitator. The parties, the mediator or facilitator and the Diversity and Human Rights Advisor mutually agree to an extension of this time limit.

46. Should Early Resolution be successful, the parties will enter into a resolution agreement which shall conclude the complaint process. A confidential written account of the complaint or the mediation outcome report and/or the resolution agreement will be kept by the Diversity and Human Rights Advisor and the managers or Chiefs of the parties for the purposes of monitoring the agreements and for statistical reporting purposes.

47. Should the Early Resolution process be unsuccessful in resolving the complaint, the mediator or facilitator will advise the Diversity and Human Rights Advisor within five (5) working days of the conclusion of early resolution, and the complaint will proceed to an investigation under Step 5.

#### **D. Formal Resolution**

##### **Step 5 - Complaint and Fact Finding Investigation**

48. Where a complaint does not proceed through Early Resolution, or remains unresolved after proceeding through Early Resolution, the Complainant will be asked by the Diversity and Human Rights Advisor to submit a signed complaint. A formal complaint must be submitted within one year from the date of the incident complained of, unless any further delay was incurred in good faith and no substantial prejudice will result to any person affected by the delay, and must identify:

- i. the nature of the complaint;
- ii. all relevant dates;
- iii. all relevant times;
- iv. all relevant places;
- v. all relevant parties,

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- vi. all relevant behaviour and conduct;
- vii. all relevant witnesses; and
- viii. the remedy sought.

49. Within ten (10) working days from receiving a formal complaint, the Diversity and Human Rights Advisor shall advise the Responding Party that the formal complaint was made, and shall provide a copy of the complaint. If the complaint involves a physician, the Chief of Department and the Chair of the Medical Advisory Council (MAC) will be notified. If the complaint involves an employee, the manager will be notified.

50. The Diversity and Human Rights Advisor shall ensure that a fact finding investigation into the allegations giving rise to the complaint is commenced as soon as possible thereafter. The investigation may be conducted by the Diversity and Human Rights Advisor, or by an investigator appointed by the Diversity and Human Rights Advisor, and shall include an interview with the Complainant, the Responding Party, persons that may have information relevant to the complaint, and any other person(s) requested by a party that may have additional relevant information. The Complainant, the Responding Party, and witnesses have the right to be accompanied during their investigation interview by a person of their choice. The investigator has the right to determine which witnesses are relevant to the complaint.

51. All parties and persons being interviewed during a fact finding investigation are expected to cooperate fully by providing the investigator with all knowledge and information (including documents and other evidence in their care and control) which is related to the complaint.

52. The fact finding investigation shall afford due process by having each party provided with sufficient information of the evidence and the other party's position in order to afford a reasonable opportunity to respond.

53. The investigation report normally shall be completed within sixty (60) working days from the start of the fact-finding investigation into the complaint. The report may include recommendations, but shall not make any decisions on sanctions, and shall be submitted to the Chief Advisor of the Diversity and Human Rights Committee upon completion for consultation.

54. Within thirty (30) working days from the completion of the investigation report, the Diversity and Human Rights Advisor must submit the report to the appropriate Vice-President or Chief of Department (in the case of physicians) who then shall determine the appropriate sanction(s), if any, to be imposed after consulting with the Diversity and Human Rights

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Advisor. In the case of a complaint against a senior officer of the Hospital other than the President, the report shall be submitted to the President for disposition. In the case of a complaint against the President, the report shall be submitted to the Chair of the Board of Governors for disposition.

55. Within ten (10) working days of receiving the investigation report and consulting with the Diversity and Human Rights Advisor, the Vice-President or Chief of Department shall notify in writing the Responding Party, his or her manager or Chief of Department (in the case of physicians, the Chair of the MAC), and the Diversity and Human Rights Advisor of the sanction(s), if any, to be imposed. In the case of a physician, sanctions may be imposed pursuant to section 7 of the Medical Staff By-Laws.

### **Representation**

56. All unionized members of the Hospital Community have a right to be represented by their unions or professional associations, as applicable, and shall be informed of this right to representation before attending any meeting which is convened under this policy. Non-unionized members may arrange for their own representation, and may seek advice from the Diversity and Human Rights Advisor.

### **Termination of Complaint Process**

57. Following consultation with the Diversity and Human Rights Advisor, the appropriate manager or Chief of Department may terminate the complaint process at any time where it is determined that:

- i. the behaviour or conduct complained of does not fall under this policy;
- ii. the complaint fails to meet the time requirements under this policy; or
- iii. the complaint is frivolous, vexatious, or made in bad faith.

### **E. Remedies and Sanctions**

58. The primary purpose of any actions taken in consequence of a violation of this policy is to create an environment that is discrimination and harassment free.

59. Where it is found that a violation of this policy has occurred, the Hospital may take appropriate action, including but not limited to one (1) or more of the following remedies and sanctions:

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- an apology (verbal or written);
- counselling, education or training;
- discipline;
- written warnings;
- behavioural contract;
- activity restrictions;
- job or program transfer;
- change of work assignment or appointment;
- withholding of a promotion;
- compensation;
- termination of appointment;
- discontinuation of volunteer assignment;
- contract cancellation;
- removal from premises and issue of trespass order;
- notification to professional association or governing body;
- removal, dismissal, or expulsion;
- letter of complaint to individual or regulatory/governing body;
- provide support/counselling for those affected by discrimination and/or harassment; and/or
- follow-up to ensure that any discrimination and/or harassment has stopped, and that no incidents of reprisal have occurred.

60. Where it is determined that a complaint under this policy was made in good faith and is not substantiated, there shall be no adverse consequences and no record of the complaint shall appear on any person's file.

61. An affected unionized employee who is unsatisfied with the outcome of a complaint under this policy may submit a grievance in accordance with applicable collective agreement procedures.

62. An affected non-unionized employee, who is not a senior officer of the Hospital or a physician, and who is unsatisfied with the outcome of a complaint under this policy may submit a written request for reconsideration to the President within ten (10) working days of receipt of the decision of the applicable Vice-President regarding the disposition of the complaint. The President will normally reply to the request for reconsideration within fifteen (15) working days, and may uphold, waive, vary, or amend any decision regarding the complaint. The President's decision on reconsideration shall be final.

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63. An affected physician who is unsatisfied with the outcome of a complaint under this policy may pursue his or her rights in accordance with the Medical Staff By-Laws.

64. In the case of a complaint against a senior officer of the Hospital, a decision by the President or the Chair of the Board of Governors, as applicable, regarding remedies or sanctions is final and cannot be reconsidered.

### **III. Time**

Time limits may be reasonably extended by agreement of the parties, or by the Diversity and Human Rights Advisor as required. The Hospital reserves the right to extend or not extend time limits under this policy.

### **IV. Costs**

While the Hospital is responsible for the cost of administering this policy, the Hospital is not responsible for any legal costs or disbursements incurred by any party to a complaint.

### **V. Questions**

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

### **VI. 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

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- 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 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 this Policy.

**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 this Policy.

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**Early Resolution** - the informal resolution mechanism set out in Part II C of this Policy.

**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 this Policy.

**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

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MOUNT SINAI HOSPITAL**

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injury to the worker

**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.