
 <p>POLICY</p> <p>WRH Universal (WRU)</p>	Document Title: <i>Creating a Safe Workplace</i>	Policy Number: LGAF-U-105
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Creating a Safe Workplace

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BACKGROUND

Windsor Regional Hospital (hereinafter WRH) is committed to providing a safe and secure work environment which is free from violence, threats, bullying, intimidation and/or harassment which allows us to fulfill our mission of delivering outstanding and compassionate care. Threats, threatening behavior or acts of violence against employees, members of professional staff, patients, visitors, students, or affiliates on WRH properties will not be tolerated. With respect to those for whom we provide care, this policy applies where illness or cognition does not impede rational and responsible behavior.

WRH has a zero tolerance approach to Workplace Violence, Harassment and/or Bullying. Zero tolerance means that every reported incident of Workplace Violence/Harassment and/or Bullying will be appropriately dealt with based on the individual facts. Although measures will be put in place to assist parties in conflict resolution, where appropriate, disciplinary action will be taken, up to and including termination of employment, revocation of professional staff privileges or termination of student, affiliate or other agreements, or other restrictions to WRH premises as appropriate.

For professional staff, this policy will operate alongside the *Creating a Safer Workplace – Professional Staff Member Complaint Management Policy*.

POLICY

WRH is committed to creating and maintaining an environment that is healthy, and where the dignity and worth of everyone is respected. In the event of a substantiated claim of Workplace Violence, Harassment and/or Bullying WRH will implement corrective measures, including but not limited to some or all of the following actions as appropriate:

Remove the perpetrator from the Workplace, through the use of security or the police if necessary;


- Prohibit the perpetrator from attending at any WRH Workplace(s) in the future, either for a certain period of time or indefinitely;
- Report the conduct of the offender to the police;
- In addition to the above, where the perpetrator is not a WRH employee, professional staff or affiliate, report the conduct to the perpetrator's employer or elsewhere as appropriate;
- In addition to the above, where the perpetrator is a WRH employee, affiliate or professional staff:
 - require the perpetrator to attend counselling or training;
 - take disciplinary action, up to and including a demotion, transfer, change in reporting relationships, suspension (paid or unpaid), termination of employment, termination of affiliate status, or suspension or termination of privileges; and/or
- Take any other action appropriate in the circumstances

PURPOSE

The purpose of the Policy is to ensure that there is a clear and precise mechanism in place to facilitate the reporting, investigation and resolution of complaints of Workplace Violence, Harassment and/or Bullying against any of the defined groups covered and to ensure the clear and precise mechanism supports the ***Creating A Safer Workplace – Professional Staff Member Complaint Management Policy***

SCOPE

This policy applies to all WRH employees, professional staff, affiliates, students, patients, visitors, and to any person working on behalf of WRH or otherwise attending at WRH workplaces.

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DEFINITIONS

Workplace Violence means:

- the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker
- an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker
- a statement or behavior 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.

Workplace Harassment means engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought to be known to be unwelcome.

Workplace Bullying means conduct which is known, or ought reasonably to have been known would undermine another individual's self-esteem and damage that individual's self confidence including, but not limited to the following behaviours when directed at another individual or group of persons:

- Abusive, insulting or offensive language or comments;
- Unjustified criticism of a person, especially in the presence of others;
- Belittling a person's opinions, especially in the presence of others;
- Spreading false and malicious rumours, gossip or innuendo;
- Purposefully excluding or isolating someone from normal work-related interactions required to perform the job.

Worker: For the purpose of this policy & procedure is defined as an employee, member of Professional Staff, student or affiliate.

Affiliate: Affiliates are those with a formalized relationship with WRH to provide a service such as volunteers, members of the Hospital and Foundation Boards, contracted staff etc.

Workplace: Workplace is defined as any location where a Worker is carrying out any work-related function.

Professional Staff: "Professional Staff" includes any medical/dental physician and/or midwife granted privileges of any kind with WRH. This group includes residents and other physician groups in training.

PROCESS

In the event of an incident of Workplace Violence, Harassment and/or Bullying employees, professional staff, affiliates and students are empowered to:


- Inform other individual(s) involved in an incident that the behaviour is unwelcome and to stop;
- Document the incident as soon as possible;
- Seek assistance from a Supervisor/Manager/Chief of Department;
- Speak to a Supervisor, Human Resources, Legal Affairs/Risk Management or the Safe Workplace Advocate if there is reason to believe that a co-worker is experiencing or at risk of Workplace Violence, Harassment or Bullying;
- Have union representation present for any investigation/meetings related to a concern;
- Exercise their rights, as applicable to them under the Occupational Health and Safety Act, R.S.O. 1990.

The CEO, Vice Presidents and Chief of Staff

The CEO, together with the Executive Committee has responsibility for the health, safety and well-being of all stakeholders. It is the responsibility of this group to implement the following:

- Model the substance and intent of this Policy and Procedure and demonstrate in their words and actions as leaders their commitment to intolerance of workplace violence, harassment or bullying of any kind;
- Accept responsibility for the provision of a comprehensive communication plan to WRH regarding the implementation of this Policy;
- Do whatever they reasonably can as the visible leaders of the organization to mitigate any risk or hazard of Workplace Violence, Harassment or bullying;

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- Provide the resources to support those who experience Workplace Violence, Harassment or Bullying;
- Provide the resources to educate and inform all WRH team members regarding this policy;
- Provide the resources to effectively implement this Policy.

Safe Workplace Advocate (“SWA”)

To further its desire to maintain a safe workplace and to have expeditious procedures to deal with this Workplace Violence, Harassment and/or Bullying. WRH employs a full-time Safe Workplace Advocate (“SWA”). With respect to this Workplace Violence, Harassment and Bullying Program, the SWA’s role, duties and responsibilities, in conjunction with Human Resources and/or Legal Affairs/Risk Management as appropriate, shall include but not be limited to the following:

- Promote and monitor the Creating a Safe Workplace program in accordance with this policy;
- Be available to consult with and provide supportive assistance to management regarding the classifying of incidents as “Workplace Violence/Harassment and/or Bullying” as defined in this Policy;
- Be available to consult with and provide supportive assistance to stakeholders, including those seeking to bring forward a complaint in accordance with this policy;
- Assist with the timely notification to our union partners where a complaint involves their member(s);
- Assist with the facilitation of education and training regarding this policy and supporting management leaders and professional staff leadership in addressing incidents reported under this Policy.


The position reports directly to the President and Chief Executive Officer.

Management Staff and Departmental Chiefs

Those who are in positions of responsibility for the health, safety and well-being of Workers of WRH must demonstrate in their attitudes and behaviour the highest regard for the respect and dignity of all under their charge. Therefore, all Management Staff and Departmental Chiefs must:

- Report and/or deal with any act(s) of Workplace Violence/Harassment and/or Bullying of which they become aware in a timely fashion;
- In appropriate cases as outlined in this Policy, report any acts of Workplace Violence/Harassment and/or Bullying that they witness or are reported verbally to them;
- Inform and manage situations where a verbal report of Workplace Violence/Harassment and/or Bullying is made, where the person making the report has indicated that it is their expectation/desire that the report not be acted upon. In this instance it should be made clear to the complainant that the verbal report must be acted upon;
- Promptly report to and seek assistance from Human Resources and/or Legal Affairs/Risk Management ALL instances of witnessed or reported situations of Workplace Violence/Harassment and/or Bullying in order that appropriate tracking and intervention can occur;
- Model the substance and intent of this Policy and demonstrate in their words and actions as leaders of WRH, commitment to intolerance of violations of those acts;;
- Work collaboratively with union representation and others involved who share joint responsibility to resolve issues with regard to Workplace Violence/Harassment and/or Bullying;
- Attend training regarding Workplace Violence/Harassment and/or Bullying;
- Assess the likely risks to the particular unit of the organization under his/her responsibility for exposure to Workplace Violence/Harassment and/or Bullying;
- Take all reports of Workplace Violence/Harassment and/or Bullying seriously;
- Be able to identify the early warning signs of the potentially problematic situation(s) or individual(s) and use preventative measures to avoid Workplace Violence/Harassment and/or Bullying;
- After receiving or completing a complaint, follow the procedures set out in this Policy;
- Ensure education and training for all direct staff in safe working practices regarding the creation of respectful work environments.

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Patients, / Visitors to WRH

Patients and visitors to WRH can expect to be treated with dignity and respect at all times. They should not be expected to experience any incident of Workplace Violence /Harassment or Bullying when they come to use the services of WRH, or are visiting the organization for any reason.

In turn, it is also the expectation that patients and visitors will treat the WRH staff, professional staff, students and affiliates with the same respect and dignity, and that they will not engage in any behaviour coming within the definition of Workplace Violence/Harassment and/or Bullying.

WRH will provide information to patients and visitors to communicate our standard expectations of behavior they are expected to demonstrate and can expect to receive while visiting WRH.

Employees, Professional Staff, Students and Affiliates

Everyone contributes to the creation of a safe and healthy work environment by demonstrating respectful and appropriate conduct at work.

Everyone must accept as a personal responsibility their own role in eliminating Workplace Violence/Harassment and/or Bullying. Therefore, all individuals must use preventative measures to avoid Workplace Violence/Harassment and/or Bullying. Therefore, all individuals must:

- Understand and follow this Policy and Procedure;
- Promote respectful interactions at our workplace;
- Reduce Workplace Violence/Harassment and/or Bullying through challenging unacceptable behaviour;
- In the event of an incident of Workplace Violence/Harassment and/or Bullying (whether the individual is a witness, a victim or otherwise learns of the incident), immediately speak to their management and, where appropriate as set out in this Policy, document and submit the details of the complaint;
- Where required attend training regarding Workplace Violence/Harassment and/or Bullying. Individuals joining WRH will receive this training during their initial orientation as a condition of joining WRH and will receive refresher training as determined by the Hospital. Failure to attend will have disciplinary consequences, up to and including termination of employment/privileges/placements.
- If they have applied for or have obtained a protective or restraining order against an individual, promptly notify Security of that application and/or order even if it does not list Windsor Regional Hospital premises as a protected area.

OBLIGATION TO REPORT

Any employee, professional staff member, affiliate or student who witnesses or otherwise learns of an incident of Workplace Violence/Harassment and/or Bullying has an obligation to report the incident, whether or not he/she is the direct victim. Anyone who witnesses or is the victim of Workplace Violence, whether a staff member, member of professional staff, affiliate or student, may at any time contact the police directly.


PROCEDURE FOR REPORTING

Any Worker of WRH who believes that he or she is the victim of, witnesses or learns of any incident of Workplace Violence/Harassment and/or Bullying must promptly report it using the following procedure:

INITIATING A COMPLAINT

1. **IMMINENT THREATS OF VIOLENCE/ACTUAL VIOLENCE** - For threats of violence or situations of witnessing violence or for situations where you observe or experience the warning signs of a potentially threatening/violent situation where there is a perceived risk to one's own or another persons safety, all WRH employees, professional staff, affiliates or students are responsible to notify Security and their Manager/Supervisor immediately. Prompt reporting to Security assists with initiating measures for physical safety, minimizing injury, damage and/or disruption, ensuring the appropriate liaison with law enforcement and/or returning to normal operations as soon as possible. To report a threatening verbally abusive or violent situation requiring immediate assistance follow Code White procedures for your campus and provide specific location (as appropriate).

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The supervisor will first ensure that the complainant is safe from further harm and that proper first aid is administered for all injuries, if appropriate and required. The Code White Crisis Response and Intimate Partner/Domestic Violence Policies, if applicable, will be followed. If the complainant is a staff person and requires medical attention the issue MUST be reported to the Hospital's Employee Health department as well following the process established by the department. The Supervisor will also consult with Occupational Health and Safety to determine whether mandatory reporting which is time sensitive to the Ministry of Labour is required.

The police are also to be called in incidents involving serious life threatening injuries under this policy.

- HARASSMENT/BULLYING/NON-IMMEDIATE THREAT OF VIOLENCE:** The individual ("complainant") should speak with his/her supervisor/Chief of Service* about the alleged incident of Workplace Violence/Harassment and/or Bullying. The individual will be requested to put forward their concern in writing and in as much detail as is possible. While the Risk Management reporting system (RL6) is the preferred method for reporting incidents of Workplace Violence/Harassment and/or Bullying, WRH understands that there may be instances where reporting in the system is not practical or preferred. In those instances, the complainant will be requested to forward their concern in an alternate method such as e-mail or letter to initiate an investigation. While all points of Intake will initiate the process established in this Policy based on a verbal complaint, it is the responsibility of the Complainant to thereafter put their complaint in writing for the investigation to continue and the complaint will not be written for the complainant at any point of Intake.

The four (4) points of Intake are:

- o to the complainant's direct supervisor/Chief of Service*; OR
- o to Legal Affairs/Risk Management; OR
- o to the SWA; OR
- o to the Human Resource Department.

* in circumstances where the individual alleged to have engaged in the behavior (known as the "respondent") is the direct supervisor/Chief of Service, the complainant may make his/her concerns known to the next-level supervisor/Chief of Staff or one of the other points of Intake identified above.

- All complaints entered** to a point of Intake will be evaluated for the most appropriate lead the investigation and resolution. For example, instances solely between employees will be investigated / resolved by Human Resources. For instance involving patients the investigation/ resolution will be managed by Legal Affairs / Risk Management.

A preliminary investigation (with appropriate Union representation) as necessary will be initiated. Where the finding of the preliminary investigation substantiates a breach of this policy resolution will occur in one of the following ways:


Mediation: if mediation is a suitable resolve and parties are agreeable, the mediation services of the S.W.A. will be provided. Mediation will involve a face-to-face meeting between the respective parties and their representatives;

Remedial Action: if remedial measures such as education, coordination of EAP services are necessary those will be coordinated by Human Resources /Legal Affairs/Risk Management or designate;

Disciplinary Action: if the findings of the investigation suggest a determination on whether or not disciplinary measures should flow to any employee, Human Resources will determine what, if any, disciplinary action up to and including demotion, transfer, suspension (with or without pay) or termination is appropriate. For matters where the findings suggest disciplinary measures involving a student and/or affiliate those will be referred accordingly. For violations of this policy involving members of the Professional Staff, appropriate resolution will be determined by the Chief of Staff and President and CEO.

Other: as deemed appropriate by Human Resources /Legal Affairs/Risk Management/Chief of Staff and/or CEO as appropriate;

Further investigation using Independent Fact Finder: WRH may, in its discretion, proceed with a formal investigation which may occur in lieu of or after a Preliminary Investigation. If WRH decides to conduct a formal investigation, an independent Fact Finder will be appointed to investigate the concerns (as outlined below) and provide a report regarding the validity of the complaint. The Fact Finder will be an impartial arm's length

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investigator, either internal (S.W.A.) or external to WRH and chosen by WRH after consulting with any involved unions, who shall commit to making a report within the time limits prescribed herein when accepting the mandate* The Fact Finder shall work in consultation with Human Resources or Legal Affairs/Risk Management (as determined by nature of complaint/parties involved).. A certified member of the Joint Health and Safety Committee may be involved in the investigation where deemed appropriate under the legislation.

*Where any party to the complaint is an ONA member, the Fact Finder will be selected in accordance with the roster agreed between the parties and in accordance with established Minutes of Settlement between the parties. In all other instances, WRH maintains the option of retaining a Fact Finder it deems appropriate.

Develop Safety Plan: Where appropriate and whether in conjunction with any other measure, WRH may develop a safety plan with the complainant to ensure their safety in coordination with Security and the Sexual Assault and Treatment Centre team.

Any complaint may be directly referred to for investigation by a Fact Finder as deemed appropriate and as set out below. For incidents involving domestic violence, refer also to the Intimate Partner/Domestic Violence Policy and Guidelines.

- WRH takes all reported incidents of Workplace Violence/Harassment and/or Bullying seriously and will not ignore, condone or tolerate these behaviours by any member of the organization. WRH reserves the right to take disciplinary action against an employee, professional staff member, student or volunteer where the situation warrants such action.
- WRH will do its best to preserve and protect confidentiality in the alleged case. However, where required by law or required in order to investigate and/or resolve the matter, and/or in accordance with the By-Laws as appropriate it may be necessary for WRH to take action that may require or include disclosure to certain individuals, including the respondent.
- In no circumstance will any person who in good faith reports an incident under this policy, or assists in its investigation, be subject to any form of retribution, retaliation or reprisal. A person who believes s/he has been or is being subjected to retribution or retaliation should immediately notify the investigating party who dealt with the initial complaint (i.e. Human Resources or Legal Affairs/Risk Management). Individuals may also file a reprisal complaint with the Ontario Labour Relations Board or file a grievance. Any person who makes or participates in retribution or retaliation, directly or indirectly, will be subject to disciplinary action.
- Individuals making a false or malicious accusation of incidents under this policy, or failing to cooperate fully and completely in an investigation, will face consequential corrective and remedial action.

Rights of the Respondent

Where WRH proceeds with an investigation of a Complaint pursuant to this Policy, the Respondent has the right, at the appropriate stage:


- To be informed that a complaint or allegation has been filed;
- To be given the opportunity to respond to the complaint or allegation
- To be represented and/or accompanied by a person of his/her choice during interviews related to the complaint or allegation. If the respondent is a unionized member, a union representative will be with them during this process;
- To receive fair treatment during the course of the investigation;
- To be kept informed throughout the process.

Investigations

In consultation with the C.E.O., Human Resources and/or Legal Affairs/Risk Management and/or S.W.A. (and the Chief of Staff, if the respondent is a member of the professional staff):

- A respondent may be removed from the premises, and may be banned from access to WRH premises pending the outcome of an investigation.
- If the respondent to an allegation is a staff member or member of the professional staff, at the discretion of WRH, pending the outcome of the investigation:

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- WRH may place the respondent on a leave of absence/temporary suspension of privileges, with or without pay; or
- the complainant or the respondent may be relocated, reassigned, transferred or rescheduled to avoid or limit contact between the complainant and the respondent.
- Restrictions may be placed on a person’s ability to attend at WRH premises as determined by WRH, including de-activation of the staff or professional staff members access card.
- The police may be called.
- Any other measures may be instituted as deemed appropriate by WRH. In the event that an interim suspension is imposed, employees represented by a union may file a grievance, and member(s) of professional staff will be governed by the process for midterm action as set out in the WRH By-laws.

FACT FINDER INVESTIGATION

The Fact Finder will interview the complainant, the respondent, any witnesses to the complaint that the Fact Finder deems necessary, and gather all relevant documentation or other materials to either prove or disprove the allegations set forth in the complaint.

The Fact Finder will have authority consistent with his/her role (i.e. he/she may attend on WRH’s premises; obtain details of WRH operations as necessary to conduct the investigation; review relevant documentation; etc.).

COMPLETION OF INVESTIGATION

On completion of the investigation, the Fact Finder will complete and submit a written report summarizing his/her findings to Human Resource and/or Legal Affairs/Risk Management, along with all notes, documents and exhibits gathered in the course of the investigation process. The report (including recommendations) will also be submitted to the CEO of WRH (in cases where a member of the professional staff is involved, the report will also be forwarded to the Chief of Staff). The report will be completed as quickly as possible and no later than two (2) months where reasonable and may be extended where deemed necessary by the Fact Finder. WRH, in its absolute discretion may choose to share the report or any part thereof as it deems appropriate. This may include but is not limited to the complainant, the respondent, the involved Union, the Chief of Staff and/or the manager/Chief of the complainant and/or respondent. Anyone who receives a copy of the report must maintain the confidentiality except that it may be disclosed: to their representative, as required to implement the outcome of the investigation, as set out in existing agreements, as required by law or pursuant to WRH’s by-laws.

RESOLUTION

The CEO or designate will review the report and the recommendation for resolution. Where a breach has occurred, the seriousness of the breach, whether the respondent has been previously addressed under this Policy, the likelihood of restoring appropriate work relations, and the respondent’s demonstrated willingness to respond to efforts made to remedy the concerns, along with any other relevant factors, will be considered when determining corrective action. In the case of an incident involving the behaviour of a member of professional staff, the CEO and Chief of Staff (or designate) will review the report and the recommendations submitted by the Fact Finder and any determined corrective action will be recommended considering the application of the *Creating A Safer Workplace – Professional Staff Member Complaint Management Policy*


In all instances where a Fact Finder is involved, the CEO may accept/approve the recommendations of the Fact Finder’s report or direct some modification of same prior to approval.

Where the respondent has previously been found in violation of this Policy, in addition to any other measures taken pursuant to this Policy, WRH may, in its discretion, arrange for an independent review to be conducted by a professional experienced in the particular area of concern, who is external to WRH.

Actions taken as a result of the report will be followed through in a timely manner. A report of the investigation will be forwarded to Legal Affairs/Risk Management for tracking and recording purposes.

Any information/records related to a disciplinary action flowing from a complaint under this Policy will remain part of the employee/professional staff member’s disciplinary record. Any discipline will be retained in accordance with any timelines

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in an applicable collective agreement and as established in the *Creating A Safer Workplace – Professional Staff Member Complaint Management Policy*.

CONDITIONS FOR RETURN TO WORK AFTER LEAVE OF ABSENCE PURSUANT TO THIS POLICY

Where WRH determines that an employee member or a professional staff member has breached this Policy and that employee/professional staff member has been suspended or undertaken a leave of absence due to the incident (whether voluntary or mandatory, and whether or not the leave was imposed before or after the conclusion that the Policy was breached), as a condition of return to work WRH may, in collaboration and consultation with Union representation for their members', require certification from a mental health practitioner acceptable to WRH confirming that the individual's return to work would not pose a safety risk to him/her self or to others. Confirmation that the assessment has been completed and that the employee or member of professional staff is fit to return to work will be provided to the Employee Health Department in the case of an employee or the Chief of Staff in the case of a professional staff member. Where the respondent is a member of the professional staff, unless otherwise agreed between the individual and WRH, any certification to return to work must be provided by a mental health practitioner who is independent of WRH. All return to work after leave of absence pursuant to this policy in relation to our unionized workers will also be handled in accordance with the applicable provisions of their respective collective agreement.

Where there has been a determination of a breach of this Policy and that employee/professional staff member has been suspended or undertaken a leave of absence due to the incident, the Chief of Staff (in the case of a professional staff member) and Legal Affairs/Risk Management will consult with the applicable Program Management, and will determine whether there are any concerns on the part of staff about the reintegration of the individual into WRH prior to the return to work. If any concerns are identified, the Chief of Staff/Legal Affairs/Risk Management and the applicable Program Management will be responsible for addressing any concerns raised including the manner in which staff will be notified in advance of the individual's return to work date, on a need to know basis.

Appeals

For Bargaining Unit Employees:

In circumstances where either the complainant or the respondent is dissatisfied with the resolution and/or the corrective action identified, the grievance process of the applicable collective agreement can be initiated at any point in the process in accordance with their collective agreement.

For Non-Union Employees/Affiliates/Students:

For non-represented employees/affiliates ad/or students who are dissatisfied with the resolution and/or corrective action identified, an opportunity to meet with the Vice President of the relevant area and the CEO will be provided in order to clarify the direction taken and Administration's expectations regarding future interpersonal relations.

For Professional Staff:


In the case of a professional staff member who disputes the resolution and recommended corrective action, an opportunity to meet with the CEO and Chief of Staff will be provided in order to clarify the direction taken and WRHs expectations regarding future interpersonal relations. If the resolution and recommended corrective action is a suspension or revocation of privileges, or otherwise amounts to a substantial alteration of privileges, then the process for midterm action as set out in the WRH By-laws shall be followed with the resolution and recommended corrective action presented to the Medical Advisory Committee for recommendation to and decision by the Board of Directors.

Conclusion of the Fact Finding Investigation Process

Legal Affairs/Risk Management and/or the SWA will undertake a formal debriefing of any Fact Finders at the conclusion of every investigation. This debrief of the Fact Finder provides closure to the process, by advising these individuals of the final outcome, and allows a structured critique of the process to ensure its ongoing viability.

If the debriefing process produces recommendations for revision(s) to this Policy and Procedure, it is the responsibility of Legal Affairs/Risk Management and/or the SWA to draft necessary revisions and present these to the Joint Health and Safety Committee and Executive Committee for consultation (JHSC), approval (Executive Committee) and adoption into the formal policy and procedure.

All hard copies of this document to be considered REFERENCE ONLY. Always refer to WRH Intranet Policy & Procedure Library for latest version.

 <p>POLICY</p> <p>WRH Universal (WRU)</p>	Document Title: <i>Creating a Safe Workplace</i>	Policy Number: LGAF-U-105
	Department: <i>Legal Affairs ~ Risk Management</i>	Page 10 of 10
	Author: <i>Adam Paglione (Risk Manager)</i>	Authorized By: <i>Sharon Morris (Director, Human Resources)</i> <i>Monica Staley Laing (VP Legal Affairs)</i> <i>David Musyj (CEO)</i>

Legal Affairs/Risk Management and/or Human Resources, as appropriate will be responsible for the maintenance of all investigation files and a report will be provided to the Joint Health and Safety Committee on a quarterly basis (at minimum) and annually to Executive Team regarding complaint activity.

Records Retention

All complaints, together with a copy of any resolution, investigation notes, reports and any other documentation regarding the matter in question, will be kept by Human Resources, Legal Affairs/Risk Management and/or the SWA as appropriate. These records will be kept indefinitely at the sole discretion of WRH in accordance with applicable legislation and the common law (records will be kept for at least as long as the complainant and/or respondent involved is employed by WRH or has privileges at WRH).

An employee's personnel file will contain a copy of any record of disciplinary action and/or mandatory remedial action with respect to a complaint (this record will include a copy of the complaint, the findings/recommendations, and the letter of disciplinary action and/or mandatory remedial action given to the employee). The record will be maintained in the employee's personnel file in accordance with the applicable Collective Agreement.

A professional staff member's file will contain a copy of any record of disciplinary action/revocation of privileges/mandatory remedial action with respect to a complaint (this record will include a copy of the complaint, the findings/recommendations, and the letter of mid-term action/revocation of privileges/mandatory remedial action). The record will be maintained in accordance with the by-laws and ***as articulated in the Creating A Safer Workplace – Professional Staff Member Complaint Management Policy***

REFERENCES

Guidebook for Managing Disruptive Physician Behaviour. College of Physicians and Surgeons of Ontario/Ontario Hospital Association. April 2008.

Occupational Health and Safety Act, R.S.O. 1990