

<b>Policy:</b>	Civility in the Workplace	
<b>Owner:</b>	Director, Labour and Employee Relations	
<b>Sponsor:</b>	Vice President, Human Resources	
<b>Approval by:</b>	Senior Leadership Team	<b>Date:</b> 2021-06-28
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<p><b>This policy applies to:</b> <b>or</b></p>	<input checked="" type="checkbox"/> St. Joseph's Health Care London <input type="checkbox"/> Mount Hope Centre for Long-Term Care <input type="checkbox"/> Parkwood Institute Main Building <input type="checkbox"/> Parkwood Institute Finch Family Mental Health Care Building <input type="checkbox"/> St. Joseph's Hospital <input type="checkbox"/> Southwest Centre for Forensic Mental Health Care
<p><b>(If this policy applies to all sites, please check St. Joseph's Health Care London only.)</b></p>	

**POLICY**

This policy applies to all individuals who are on the property of St. Joseph's Health Care London (St. Joseph's). The expectations are outlined under Rights and Responsibilities and our stated Values in Action guide and govern our respectful interactions with everyone we encounter during the course of our work for St. Joseph's.

St. Joseph's fosters a culture that reflects our values of respect, excellence and compassion. These values serve as a guide for our professional practice, our behaviours, our problem solving, our decision making and our relationships with one another. We nurture these values by creating an environment of trust, compassion and mutual respect for those we serve and for those with whom we work, practice and volunteer. This integration of our values into our daily work lives helps us to remember the impact each of us has on our organization's culture and success. We have a legal and ethical responsibility to strive to create and maintain an environment free from actions and/or behaviours that would be considered [workplace harassment](#), [workplace sexual harassment](#), workplace [discrimination](#), [workplace violence](#), [bullying](#) and disrespect. None of these actions and/or behaviours are tolerated.

For workplace violence or threat of violence, workplace harassment or workplace sexual harassment or contact, refer to St. Joseph's policy, [Workplace Violence and Harassment Prevention](#).

For harassment related to discrimination under the Government of Ontario Human Rights Code, refer to St. Joseph's policy, [Discrimination under the Ontario Human Rights Code](#).

St. Joseph's believes that all persons have the right to be treated with honesty, dignity and respect. It is our expectation that our [workplace](#) reflects this belief in our day to day interactions with each other and those community agencies and partners with whom we interact during the course of our business.

St. Joseph's is committed to providing an environment within the workplace that is safe and secure while minimizing the risk of violence directed towards employees, patients/residents/clients and their families, visitors, and affiliates. Any [staff](#) or [affiliate](#) found to be in violation of these standards is subject to disciplinary action up to and including termination, loss of privileges, loss of association with St. Joseph's, and/or removal from the premises. Patients found in violation of these standards are assessed to determine suitability for discharge or non-admission. [Families/visitors](#) found in violation may be asked to leave the premises and prohibited from coming onto hospital property with the exception of seeking their own emergency medical attention. The [Trespass to Property Act](#) may be instituted.

## Police Attendance in the Workplace

- When police are called by staff/affiliates, they will inform their Leader/Physician Leader, who will inform Patient Relations, Privacy and Risk, Security and Human Resources.
- When police are called by a patient/visitor, the staff will inform their Leader/Physician Leader, who will inform Patient Relations, Privacy and Risk, Security and Human Resources (as required).
- When police attend in hospital, police are to be directed to report to Security upon arrival.
- When police attend in an off-site location and/or in the community, police should be provided with a contact person to connect with upon arrival.

## Confidentiality

St. Joseph's makes every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct and anyone involved in an investigation.

## Retribution or Retaliation

Retribution or retaliation towards anyone who reports a concern in good faith will not be tolerated. Anyone who does so or who encourages others to retaliate is subject to disciplinary action up to and including termination or loss of privileges or loss of association with St. Joseph's.

## Resources for Guidance

To attain assistance with respect to obtaining information about [unacceptable behaviour](#), reporting a concern, or other related questions, individuals may choose from several resources including:

- Any [leader](#) or [physician leader](#)
- Professional Practice Consultant
- Union Leader
- Human Resources
- Occupational Health and Safety Services
- Clinical Ethics
- Medical Affairs
- Patient Relations, Privacy and Risk
- Security Services
- Communication and Public Affairs
- Physician Health Program (PHP)
- Employee and Family Assistance Program (EFAP)
- Patient Advocate
- [Guide to Reporting Workplace Violence](#) (Appendix D)

## Unacceptable Behaviour: Staff to Staff (includes Affiliates)

If the behaviour falls under the definition of workplace violence, workplace harassment or workplace sexual harassment, the staff/affiliate must report the behaviour or issue to their leader and consult the Workplace Violence and Harassment Prevention policy.

To continue to build capacity to resolve conflict, St Joseph's encourages all individuals to resolve the conflict when they are comfortable using effective communication strategies. If unable to resolve the conflict/situation personally, the [complainant](#) reports the incident to their leader/physician, leader/Human Resources Consultant as soon as possible after the alleged incident, reporting the details either verbally or in writing and following procedures.

Note: Immediate Threat of Violence, Violence or Workplace Sexual harassment refer to the Workplace Violence and Harassment Prevention policy.

Note: In the case of potential harassment based on discrimination prohibited under the Government of Ontario Human Rights Code, the Discrimination under Human Rights Code policy is followed.

## PROCEDURE

### 1. On concerns other than threat of violence, violence or workplace sexual harassment the complainant has the option to:

- 1.1. If appropriate, tell the [respondent](#) to stop the unwanted behaviour and resolve the matter.
- 1.2. Inform the leader/physician, leader/Human Resources Consultant of the incident and provide verbal report.
- 1.3. Provide a written record of the incident for accurate recall and reporting to leader/physician leader/human resources of the incident.

- 1.4. If the respondent is the leader then the complainant reports the incident to:
  - 1.4.1. A more senior leader, or
  - 1.4.2. A Human Resources Consultant, or
  - 1.4.3. Chief of Services and/or Vice President, Medical and Academic Affairs.

## 2. Investigation of a Complaint

- 2.1. The complainant's leader as soon as possible after the alleged incident is reported either verbally or in writing gathers the:
  - 2.1.1. Time(s)/date(s) of the incident(s),
  - 2.1.2. Persons involved,
  - 2.1.3. Any witnesses as applicable, and
  - 2.1.4. Any action taken by the complainant at the time of the incident(s), and consult with a Human Resources Consultant.
- 2.2. The complainant's leader must assess the situation to determine the level of risk to all people involved. Depending on the situation, the leader may notify or consult, Administrator On-Call (AOC), senior leader, operational leader, Professional Practice Consultant, Chief of Service, Medical Affairs, Union Leader, Security Services, Patient Relations, Privacy and Risk, Communication and Public Affairs to manage the immediate risk. The complainant's leader will assess if a [Personal Safety Plan for the Workplace](#) (Appendix C) is required for the complainant.
- 2.3. Where applicable, the complainant's leader notifies the respondent's leader and the respondent's leader advises respondent of the complaint.
  - 2.3.1. If the respondent and complainant report to different leaders then both leaders will need to discuss and determine who best to advise the respondent.
- 2.4. Where applicable, the complainant's leader discusses with the complainant any requirement to share information and with whom the information will be shared while respecting privacy and confidentiality.
  - 2.4.1. If the incident involves a member of the medical, dental or house staff, the leader must notify the Chief of Service and/or Vice President, Medical and Academic Affairs.
    - a. The process for investigating and resolving the allegation will be in accordance with the organization's Professional Staff Rules & Regulations.
- 2.5. Both the leaders of the complainant and the respondent (as applicable) will be engaged in gathering the statement of witnesses and the statements of the complainant and the respondent with the support of Human Resources or Medical Affairs as applicable and Union as applicable.
- 2.6. The leader of the respondent, in consultation with Human Resources and potentially Professional Practice, Patient Relations, Privacy and Risk will determine the outcome of the investigation.
- 2.7. The leader of the respondent will keep a record of the investigation and, if applicable, send it to the appropriate department.
- 2.8. Upon completion of the investigation, the leader of the respondent:
  - 2.8.1. Informs the respondent in writing of any disciplinary outcome/[corrective action](#) that has been taken, or that will be taken, or
  - 2.8.2. May choose to provide a non-disciplinary written summary or may provide verbal feedback which is then documented.
- 2.9. Any written outcomes or summaries will be placed on the respondent's human resources file.
- 2.10. For allegations against employees a representative from Human Resources and/or the union (as applicable) is present.
- 2.11. For allegations against a member of the professional staff, the chief of service and/or Vice President, Medical and Academic Affairs is present.
- 2.12. The respondent is provided with an opportunity to respond to the allegation before any decision is made with respect to any corrective action.
  - 2.12.1. Corrective action may include developmental strategies and/or discipline.
  - 2.12.2. Examples of strategies could include one or more of the following:
    - a. A formal apology to the complainant.
    - b. Development and successful completion of a learning plan.
    - c. Encouragement to seek assistance from the Employee and Family Assistance Plan (EFAP), physician health plan or other counseling resource.
    - d. Counseling of the respondent by the respondent's leader or external resources (professional staff).
    - e. Disciplinary action.
- 2.13. Follow-up Actions
  - 2.13.1. The leader of the complainant will provide follow up communication to the complainant to let them know the investigation has concluded and an outcome has been delivered.

### 3. Unacceptable Behaviour towards Patient(s) by Staff

- 3.1 A staff/affiliate observing unacceptable behaviour toward a patient or to whom a patient/[Substitute Decision Maker \(SDM\)](#) complains of unacceptable behaviour by a staff/affiliate must:
  - 3.1.1. Ensure the patient is safe.
    - a. Provide/ensure appropriate medical treatment including emotional support as required.
  - 3.1.2. Inform the staff/affiliate the behaviour is unacceptable and must stop.
  - 3.1.3. Document the incident on the health record:
    - b. The nature of the behaviour,
    - c. The time(s)/date(s) of the incident(s),
    - d. The persons involved,
    - e. Any witnesses as applicable,
    - f. What was said or done during the incident(s), and
    - g. Any action taken by the staff/affiliates at the time of the incident(s).
  - 3.1.4. Complete a Patient Safety Reporting System report (PSRS) and notify the clinical Coordinator or Director immediately.
- 3.2 The Clinical Coordinator or Director will:
  - 3.2.1. Ensure the immediate safety of the patient and ensure appropriate support is provided.
  - 3.2.2. Advise the respondent of the complaint and notify the respondent's leader (where applicable).
  - 3.2.3. Communicate with Director/attending physician or leader/Professional Practice Consultant/Human Resources.
    - a. If the respondent is a member of the medical, dental or house staff, the leader must notify the Chief of Service and/or Vice President, Medical and Academic Affairs.
  - 3.2.4. Investigate immediately.
    - b. Meet with the patient/SDM, the complainant, the respondent and other staff/affiliate on duty.
  - 3.2.5. Investigate following the procedure above (refer to Section 2).
  - 3.2.6. Maintain a record of the investigation and supporting documents.
  - 3.2.7. If the results of the investigation support the complaint, determine appropriate outcomes and corrective actions.
  - 3.2.8. In conjunction with the respondent's leader (if applicable) provide outcome to the respondent(s).
  - 3.2.9. Consult with Professional Practice Consultant/Vice President, Medical and Academic Affairs/Vice President, Patient Care and Chief Nurse Executive to determine need for mandatory reporting to College(s).
  - 3.2.10. Notify Patient Relations, Privacy and Risk of the event.
- 3.3 The leader/physician leader ensures appropriate team members assess the situation considering:
  - 3.3.1. The impact on the patient.
  - 3.3.2. Ongoing issues for provision of care.
  - 3.3.3. The interdisciplinary team reviews and revises the plan care as appropriate.
- 3.4 Follow-up Actions
  - 3.4.1. Where staff/affiliates have been impacted by the incident, actions such as Critical Incident Stress Debriefing, Ethics Debriefing and other supportive initiatives are considered.
  - 3.4.2. If patient/family member, staff/affiliate who reported abuse is not satisfied with the outcome, the leader/physician leader informs them they have the right to discuss their concerns with Patient Relations, Privacy and Risk and/or a senior leader up to and including the Board of Directors.
  - 3.4.3. Patients have the right to report a complaint to a Health Care Professional's College.

### DEFINITIONS

**Affiliates** – Individuals who are not employed by the organization but perform specific tasks at or for the organization, including appointed professionals (e.g. physicians, dentists), students, volunteers, researchers, contractors or contracted staff who may be members of a third-party contract or under direct contract to the organization and individuals working at the organization but funded through an external source (e.g. research employees funded by Western).

**Bullying** – As defined by the [Canadian Centre for Occupational Health and Safety \(CCOHS\)](#), "...is usually seen as acts or verbal comments that could 'mentally' hurt or isolate a person in the workplace. Sometimes, bullying can involve negative physical contact as well. Bullying usually involves repeated incidents or a pattern of behaviour that is intended to intimidate, offend, degrade or humiliate a particular person or group of people. It has also been described as the assertion of power through aggression." Behaviour includes but is not limited to: belittling, intimidation, spreading gossip, blaming. Refer to St. Joseph's policies, [Acceptable Use of Information Technology Resources](#) and [Electronic \(E-Mail\) Mail Use](#).

**Civility and Respect** – Civility is an essential behaviour of all employees in all organizations. Civility is the interpersonal "rules of engagement" for how people relate to each other, their customers, and their stakeholders; the fundamentals of courtesy, politeness, consideration, respectfulness along with transparent and honest communication.

Examples of civility include: Treating others with dignity, courtesy, respect, politeness, and consideration. Speaking in tones of voice that are appropriate for the circumstances. Being respectful of others' right to express their views, even if you disagree.

Generally, good civility and respect would be in place when:

- a) People treat each other with deference and consideration;
- b) The organization effectively handles conflicts between stakeholders (staff and affiliates, customers, clients, families, visitors, public, suppliers, etc.);
- c) Employees from all backgrounds are treated equitably; and
- d) The organization has effective ways of addressing inappropriate behaviour.

**Complainant** – Refers to an individual against whom unacceptable behaviour has been directed, whether or not that same individual initiated the complaint.

**Corrective Action** – The identification and elimination of the causes of a problem, thus preventing the recurrence. May include developmental strategies and/or discipline.

**Discrimination** – As defined by the [Canadian Human Rights Commission](#), "...is an action or a decision that treats a person or a group badly for reasons such as their race, age or disability. These reasons are known as grounds of discrimination: race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability, a conviction for which a pardon has been granted or a record suspended."

**Family/Visitor** – An individual who is not a St. Joseph's staff/affiliate such as: discharged patients, members of the public, and friend and family members visiting staff or patients.

**Leader** – Includes Chief, Division Chief, Site Chief, Operational Leader, Director, Coordinator, Professional Practice Consultant, Union Leader, Vice President, or Chief Executive Officer (CEO).

**Mandatory Report** – As per the [Regulated Health Professions Act, 1991, Schedule 2, s.85.3\(1\)](#), "...must be filed in writing with the Registrar of the College of the member who is a the subject of the report.", if the facility has "...reasonable grounds to believe that a member who practises at the facility is incompetent, incapacitated or has sexually abused a patient." ([s.85.2\(1\)](#)).

**Personal Safety Plan for the Workplace** – A safety protection plan for the implementation of personal security awareness and physical security measures, developed with an individual who has been a victim of violence where violence may re-occur, or a future threat of violence is perceived.

**Physician Leader** – The individual who, in the context of each case involving a Professional Staff Member, is responsible for ensuring that the policy and procedures relating to abuse are carried out (i.e. Program Director, Division Chief, Site Chief, and Chief).

**Property Damage (Personal and/or Hospital)** – Damage to staff/affiliates' personal property or to St Joseph's property, including but not limited to: throwing of any object, banging or throwing equipment, deliberately kicking or punching fixtures and fittings, vandalism or interfering with any employee's car or St Joseph's vehicles.

**Respondent** – Refers to the individual(s) against whom a complaint of unacceptable behaviour has been made, i.e. the alleged offender.

**Staff** – An individual who is hired and paid by the organization.

**Substitute Decision Maker (SDM)** – As defined by the [Health Care Consent Act, 1996 \(HCCA\)](#) "...a person who is authorized to give or refuse consent to a treatment on behalf of a person who is incapable. The SDM must be capable, willing and available. The SDM must make a decision that is consistent with the patient/client/resident's previously expressed wishes and values. In the absence of previously expressed wishes the SDM must follow the principle of best interest. If a person is incapable with respect to a treatment, consent may be given or refused on their behalf by a person described in one of the following:

1. The incapable person's guardian of the person, if the guardian has authority to give or refuse consent to the treatment.
2. The incapable person's attorney for personal care, if the power of attorney confers authority to give or refuse consent to the treatment.
3. The incapable person's representative appointed by the Board under section 33, if the representative has authority to give or refuse consent to the treatment.
4. The incapable person's spouse or partner.
5. A child or parent of the incapable person, or a children's aid society or other person who is lawfully entitled to give or refuse consent to the treatment in the place of the parent. This paragraph does not include a parent who has only a right of access. If a children's aid society or other person is lawfully entitled to give or refuse consent to the treatment in the place of the parent, this paragraph does not include the parent.
6. A parent of the incapable person who has only a right of access.
7. A brother or sister of the incapable person.
8. Any other relative of the incapable person.
9. If two or more persons who are described above and who meet the requirements disagree about whether to give or refuse consent, and if their claims rank ahead of all others, the Public Guardian and Trustee (PGT) shall make the decision in their stead.
10. If no person described above meets the requirements, the PGT shall make the decision."

**Toxic Work Environment** – Is characterized by changeable and unpredictable supervision, high demands and minimal support from leader(s), limited employment opportunities, poor working conditions, a high degree of secrecy and ineffective management. The work and dignity of employees are undervalued. Behavioral outcomes of a toxic workplace include low morale, lack of cooperation, conflict, apathy and hostility (Refer to [Workplace Hostility: Myth and Reality](#)).

**Unacceptable Behaviour** – Includes assault, bullying, criminal harassment, workplace harassment ("harassment" and/or "discrimination" as per the Government of Ontario Human Rights Code), workplace sexual harassment ([Sexual Violence and Harassment Action Plan Act \(Supporting Survivors and Challenging Sexual Violence and Harassment\), 2016](#)), sexual assault, abuse (financial, psychological, verbal), and [damage to hospital and personal property](#). Unacceptable behaviour can result in emotional and physical harm, and may lead to a [toxic work environment](#). (Any action that is considered a threat, attempt of violence, violence, or sexual abuse please refer to the St. Joseph's policy, [Workplace Violence and Harassment Prevention](#)).

**Witness** – One who can give a firsthand account of something seen, heard, or experienced.

**Workplace** – All locations and premises including buildings, rooms, offices and vehicles in which the business of St. Joseph's is conducted and where St. Joseph's social and recreational activity occurs. This could include a staff/affiliate's home if hosting a work or work-related social event.

**Workplace Harassment** – As defined by the Occupational Health and Safety Act, "...engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome, or workplace sexual harassment;"

**Workplace Incivility** – Seemingly insignificant behaviour that is rude, discourteous, insensitive or disrespectful with ambiguous or unclear intent to harm.

**Workplace Sexual Harassment** – As defined by the [Occupational Health and Safety Act](#):

- a) engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or
- b) making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome;"

**Workplace Violence** – As defined by the [Occupational Health and Safety Act](#):

- a) in 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."

## REFERENCES

### Related Corporate Policies and Procedures

[Acceptable Use of Information Technology Resources](#)

[Critical Injury](#)

[Disclosure of Harm to Patients/Substitute Decision Maker \(SDM\)](#)

[Discrimination under the Ontario Human Rights Code](#)

[Domestic \(Intimate Partner\) and Familial Violence Toward Staff and Affiliates in the Workplace](#)

[Electronic Mail \(E-mail\) Use](#)

[First Aid Response for Staff](#)

[Reporting and Review of Safety Events \(Harmful, No-Harm and Near Miss\) Involving Patients and Visitors](#)

[Workplace Occurrence Reporting for Staff/Affiliates](#)

[Workplace Violence and Harassment Prevention](#)

### Legislation

Government of Ontario (1990) [Human Rights Code](#)

Government of Ontario (1990) [Occupational Health and Safety Act](#)

Government of Ontario (1990) [Trespass to Property Act, 1990, c. T.21](#)

Government of Ontario (1991) [Regulated Health Professions Act, 1991](#)

Government of Ontario (1991) [Regulated Health Professions Act, 1991, Schedule 2, Section 85.2 \(1\): Reporting by facilities](#)

Government of Ontario (1991) [Regulated Health Professions Act, 1991, Schedule 2, Section 85.3 \(1\): Requirements of required reports](#)

Government of Ontario (1992) [Substitute Decisions Act, 1992](#)

Government of Ontario (1996) [Health Care Consent Act, 1996](#)

Government of Ontario (2004) [Personal Health Information Protection Act, 2004](#)

Government of Ontario (2007) [Long-Term Care Homes Act, 2007, Regulation 79/10, Section 2: "Abuse" - definition](#)

Government of Ontario (2009) [Occupational Health and Safety Amendment Act \(Violence and Harassment in the Workplace\), \("Bill 168"\)](#)

Government of Ontario (2016) [Sexual Violence and Harassment Action Plan Act \(Supporting Survivors and Challenging Sexual Violence and Harassment\), 2016, \(Previously known as "Bill 132"\)](#)

### Other Resources

[Canadian Human Rights Commission](#)

College of Nurses of Ontario (2006) Practice Standard, [Therapeutic Nurse-Client Relationship](#)

College of Physicians and Surgeons of Ontario (CPSO) (2016) [Physician Behaviour in the Professional Environment](#)

Government of Canada Canadian Centre for Occupational Health and Safety (CCOHS) [Bullying in the Workplace](#)

Lewis, Gerald W., Zare, Nancy C. (1999). Workplace Hostility: Myth and Reality.

St. Joseph's [Mission, Vision and Values](#)

St. Joseph's (2023) [Code Silver Emergency Response Procedure](#) (Person with a Weapon)

St. Joseph's (2024) [Code White Emergency Response Procedure](#) (Violent Person)

## APPENDICES

### Appendix A

St. Joseph's [Values in Action](#) (Rev. 2020-07-28)

### Appendix B

St. Joseph's [Investigations and Your Privacy](#) (Rev. 2020-07-28)

### Appendix C

St. Joseph's [Personal Safety Plan for the Workplace](#) (Rev. 2024-02-23)

### Appendix D

St. Joseph's [Guide to Reporting Workplace Violence](#) (Rev. 2019-06-24)