



## **Supplemental Appendix**

Saskatchewan Health Authority (SHA) policies and procedures related to mistreatment, discrimination, and harassment<sup>i</sup>

Prince Albert Parkland Health Region Disruptive Physician Behaviour Policy

Prairie North Health Region Harassment and/or Abuse Policy

Regina Qu'Appelle Health Region Disruptive Behaviour Policy for Practitioner Staff

Regina Qu'Appelle Health Region Integrity Assurance-Reporting Wrongdoing Policy

Regina Qu'Appelle Health Region Workplace Harassment Policy

Regina Qu'Appelle Health Region Workplace Violence Prevention Policy

Saskatoon Health Region: Workplace Harassment Policy

Saskatoon Health Region: Respectful Workplace Policy

Saskatoon Health Region: Reporting Wrongdoing Policy

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<sup>i</sup> 1 Until the Saskatchewan Health Authority (SHA) has established an official policy or procedure, the previous Health Region policy or procedure is utilized. Once the SHA establishes applicable policies/procedures they will supersede all related Health Region policies and/or procedures.

**PRINCE ALBERT PARKLAND HEALTH REGION  
PRACTITIONER STAFF**

<b>SECTION:</b>	<b>GENERAL</b>	<b>NUMBER: 150-10-01P</b>
<b>TOPIC:</b>	<b>DISRUPTIVE PHYSICIAN BEHAVIOUR</b>	<b>DATE APPROVED: Dec. 15, 2008</b>
<b>APPROVED BY:</b>	<b>PRACTITIONER ADVISORY COMMITTEE</b>	<b>DATE REVIEWED:</b>
<b>REVISED:</b>		

1. Since disruptive behaviour is more commonly a pattern of behaviour rather than an isolated event, it is critically important that all incidents of inappropriate behaviour be recorded. Without reliable recording of serial incidents, patterns of unacceptable behaviour will be overlooked much longer than they ought to be. One of the most significant barriers to effective control of disruptive physician behaviour is inadequate documentation.
2. It is always a matter of judgment as to when a sequence of incidents of inappropriate physician behaviour should trigger an intervention. However, the lessons we have learned about addressing physician impairment are very relevant to disruptive physician behaviour. One key lesson is the effectiveness of early intervention.
3. The physician most directly accountable for physician conduct in the RHA should generally lead an intervention in response to disruptive physician behaviour. A clinical department head might lead low-level interventions, but the Senior Medical Officer (SMO) should always be informed of these interventions. The Senior Medical Officer should consistently lead more significant interventions.
4. Any intervention in response to disruptive physician behaviour should be conducted in a manner consistent with the response to alleged physician impairment. The intervention has three goals: 1) to define the problem, 2) to identify the cause(s) of the problem, and 3) to resolve the problem.

**1) Defining the problem**

When an individual perceives a physician to be disruptive, these perceptions may or may not be valid. The fact that the perception exists is a problem. It is, therefore, important to obtain a clear record of the problem as it is perceived. It is always prudent to ask persons who are aggrieved by a physician's conduct to submit a written complaint or report. Because of the power gradient between physicians and other personnel in health care workplaces, individuals may be fearful of adverse consequences if they document a complaint against a physician. To overcome this very legitimate fear, the RHA must have very clear policies that protect "whistle blowers" from retaliation and those policies must be enforced.

In addition to having the aggrieved person provide a written account of their complaint, it is always useful to ascertain what the aggrieved person might consider to be acceptable resolution of the matter. In the vast majority of instances the aggrieved person simply wants the offending behaviour to stop. If there is also an expectation of an apology and/or some sanction it is useful to know this up front.

## **2) Determining the cause(s) of the problem**

Disruptive physician behaviour may be linked to a cause that is readily treatable. In a significant proportion of cases there will be discovered an underlying alcohol or chemical dependency problem that has gone unrecognized and untreated. There may also be untreated mental health conditions such as depression or bipolar disease, which are eminently treatable.

Other conditions such as personality disorders are less amenable to effective treatment. However referral for professional assessment is always a worthwhile step in the search for treatable pathology.

## **3) Solving the problem**

If disruptive behaviour is not to be tolerated, there is only one acceptable outcome when disruptive physician behaviour occurs. It must stop. There are four ways in which disruptive physician behaviour may be stopped:


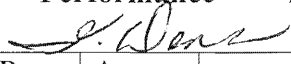






- a) The physician receives effective treatment for underlying pathology;
- b) The physician learns to control unacceptable behaviour;
- c) The physician voluntarily resigns; or
- d) The physician is removed involuntarily from the workplace.

Where possible, RHAs should seek a resolution that retains the physician's capacity to practice in the RHA. However, when a physician is refractory to all non-punitive interventions, an RHA must be prepared to initiate formal discipline proceedings, including termination if necessary.

## **IMPLEMENTATION:**

1. The SMO will investigate the reported event in order to determine whether or not disruptive behaviour took place.
2. The SMO will forward a summary of his investigation to the physician involved and the CEO.
3. If the SMO concludes that the behaviour was not disruptive, he will document such and will not proceed further.
4. If the SMO concludes that the behaviour was disruptive as described in this policy, he will so inform the physician, the CEO and, where applicable, make a referral to the Discipline Committee.
5. If the SMO deems that the disruptive behaviour was likely an isolated event and unlikely to recur, then the physician will be notified of this and will be advised that any recurrence of the behaviour may result in further action described herein.
6. The SMO may direct the physician to undergo psychological assessment if he concludes that the behaviour is repetitively disruptive, or that an assessment is warranted for other reasons. The provider of the assessment will be directed to provide a report, which will include the results of the assessment and recommendations as necessary about management and follow-up by a provider. The report will be forwarded to the physician, the SMO and the CEO.
7. If the assessment is suggestive that illness is present, a copy of the report will be forwarded, with the consent of the physician, to the SMA committee.

8. The SMO may recommend to the physician that he/she consider following the management plan as may be proposed by the psychological assessment provided. If the physician chooses not to follow the plan he will submit his reasons to the SMO.
9. If further incidents of disruptive behaviour occur or if the SMO deems that the behaviour was such that a repeat incident is likely or the behaviour otherwise warrants such action, the matter will be handled in accordance with the Discipline Section of the Practitioner Staff Bylaws.
10. If it appears that there may be some risk to any person or it is otherwise warranted the SMO may refer the matter to the police and/or the College of Physicians and Surgeons of Saskatchewan (CPSS).
11. The appeals process is clearly outlined in the Practitioner Staff Bylaws.

 <b>PRAIRIE NORTH REGIONAL HEALTH AUTHORITY</b>		<b>POLICIES &amp; PROCEDURES</b>  <b>Number:</b> 6008 <b>Category:</b> Human Resources & Labour Relations <b>Title:</b> Harassment and/or Abuse													
<b>Approved by:</b> VP People, Strategy & Performance 		<b>Source:</b> HR/LR Team <b>Date Effective:</b> January 2013													
<b>Review Date:</b> <table border="1"> <tr> <td>Dec. 2013</td> <td>Aug. 2015</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Initial:</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Dec. 2013	Aug. 2015					<b>Initial:</b>								
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## PURPOSE

In reference to the OH&S Policy IV – 407.2 – Specific Hazards – Harassment and/or Abuse, Prairie North Regional Health Authority acknowledges the potential risk of harassment and/or abuse in a health care setting and recognizes the negative impact that such incidents can have on the organization, its clients and workers.

## POLICY STATEMENT

Prairie North Regional Health Authority is committed to take every reasonably practicable effort to ensure that no worker is subjected to harassment and/or abuse. The Region has established a process outlining corrective action in the event of an occurrence.

Please refer to OH&S Policy IV 407.2 – Specific Hazards – Harassment and/or Abuse for the policy statement which advises that while harassment and/or abuse falls under OH&S in Saskatchewan Legislation, the procedure for reporting, handling and investigation of harassment/abuse shall fall under the responsibility of the Human Resources Department.


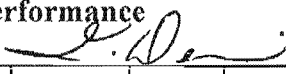

## DEFINITIONS

**Harassment** as defined by the *Saskatchewan Employment Act* under Section 3-1(1)(1) “harassment” means “any inappropriate conduct, comment, display, action or gesture by a person:

(i) that either:

- a. is based on race, creed, religion, colour, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry or place of origin; or
- b. subject to subsection (4) and (5), adversely affects the worker’s psychological or physical well-being and that the person knows or ought reasonably to know would cause a worker to be humiliated or intimidated; and

(ii) that constitutes a threat to the health or safety of the worker”

 <b>PRAIRIE NORTH REGIONAL HEALTH AUTHORITY</b>		<b>POLICIES &amp; PROCEDURES</b>  <b>Number:</b> 6008(P) <b>Category:</b> Human Resources & Labour Relations <b>Title:</b> Harassment and/or Abuse Procedure	
<b>Approved by:</b> VP People, Strategy & Performance 		<b>Source:</b> HR/LR Team <b>Date Effective:</b> January 2013	
Review Date:	Dec. 2013		
Initial:			

**In reference to the OH&S Policy IV – 407.2 – Specific Hazards – Harassment and/or Abuse**

## **PROCEDURE**

### **Harassment/Abuse:**

1. Any worker who feels he/she has been subjected to harassment in the workplace has the right to access assistance.
2. All harassment complaints will be taken seriously.
3. No discriminatory action will be taken against any worker who has exercised their rights under this policy.
4. The rights of all concerned will be respected.
5. Any worker who believes that he/she may have been subjected to harassment is encouraged to internally address the complaint in the following manner:
  - 5.1. Option A – Deal directly with the Alleged Harasser:
    - Where possible, clearly and firmly make it known to the alleged harasser the behavior that is found objectionable and that you disapprove of their behavior and find it offensive.
    - Ask the alleged harasser to **STOP**.
  - 5.2. Option B – Informal Action and Resolution:
    - Where Option A cannot be done, or is unsuccessful, the worker should report the alleged harassment to his/her immediate supervisor, the Human Resource Department, or the Local of the Union, to discuss the policy as it may apply to their circumstances.
    - This option should be followed if a worker is unsure whether they have experienced harassment or would like to proceed with the matter on an informal basis in the interest of seeking an informal resolution.
    - The purpose of this step is to provide a means of voicing the concern, obtaining information, and developing a way of dealing with the problem with the assistance of others in the organization.

5.3. Option C – Formal Complaint:

- Where Option A and B cannot be done, or are unsuccessful, the worker should file a written complaint of the alleged harassment. This complaint may be documented on IV – 407.02 – Appendix A form or by providing a written letter outlining the alleged harassment. Documentation should be directed to the employee's supervisor or manager, and the Human Resources Department.
- The respective Collective Agreement provisions must be applied.

**Complainants Rights:**

- To file a complaint without fear of embarrassment or reprisals.
- To be protected from further harassment and/or abuse.
- To be supported during the investigation.
- To be represented by union, alternate or advocate.
- To be kept informed throughout the process of the status of the investigation and of the outcome.

**Alleged Offenders Rights:**

- To be informed that a complaint has been filed prior to the commencement of an investigation.
- To be presented with a written statement of allegations and to be afforded an opportunity to respond.
- To be represented by union, alternate or advocate.
- To receive fair impartial treatment in an environment free of harassment and discrimination.
- To be kept informed throughout the process of the status of the investigation.

**ASSESSMENT OF COMPLAINT**

1. All informal (Option B) and formal (Option C) complaints will be reviewed and assessed.
2. All complaints should be brought to the applicable Human Resources consultant to help facilitate the process consistently.
3. Assessments would involve:
  - Meeting with the Complainant
    - a) Need to involve the applicable union representative.
    - b) Purpose will be to review the complaint privately to ascertain the facts and supporting documentation, as well as to discuss the resolution sought.
    - c) To determine if the original formal statement of complaint or an agreed to summary of facts will be provided to the Respondent.
  - In consideration of the resolution sought, the Respondent will be notified of the complaint and be presented with a written statement of the allegations and be presented with an opportunity to respond.
4. Assessments may result in:
  - Separate informal discussion with the Complainant and the alleged offender (Respondent).
  - Facilitated meeting between the Complainant and the Respondent. This meeting would be attended by a mutually acceptable individual (probably HR) and would allow the Complainant and the Respondent to address concerns relevant to the behavior.
  - Information being provided to all workers at the work site or department regarding the employer's and the union's (if applicable) opposition to such behavior.
  - Mediation.

- In consideration of the resolution sought and where the assessment finds that a case of harassment and/or abuse exist by definition and in respect to PNHR OH&S Policy IV 407.02 a formal investigation may occur as per below.
- 5. The Complainant shall be kept informed throughout the process of the status of the assessment.
- 6. All parties are required to respect confidentiality during the process. Only those that have “a need to know” will be told anything. Who must be told is decided on a case by case basis and generally includes senior management and witnesses, to the extent necessary to obtain information.

## **FORMAL INVESTIGATION**

Should it be determined that a Formal Harassment Investigation needs to be conducted the following will apply.

1. The investigation may be completed by internal or external resources – whichever is deemed appropriate given the specific circumstances.
2. Where the complaint involves a member of the medical staff, Human Resources will provide a written report of the concern to the Senior Medical Officers, who will work with Human Resources and applicable Senior Leadership Members to ensure the matter is taken seriously and a resolution achieved.
3. The investigation will be conducted in a non-threatening environment with full regard to confidentiality for both parties.
4. All parties are required to respect confidentiality during the process. Only those that have “a need to know” will be told anything. Who must be told is decided on a case by case basis and generally includes senior management and witnesses, to the extent necessary to obtain information.
5. During the course of the investigation both the Complainant and Respondent will be given the opportunity to provide all information they feel necessary to ensure full disclosure of the complaint. As a result of the investigation, all substantiated information will be acted upon.
6. Throughout the course of the investigation, both the Complainant and Respondent will be kept informed of the investigation’s status.
7. All testimonies will be recorded by the investigator(s), respecting confidentiality of the parties involved realizing some information needs to be shared between the parties in the course of the investigation.
8. Following the closure of the investigation, the investigator will review all information and provide a written report with relevant recommendation to the Human Resources Department of the employer or to the Director of Labour Relations and/or VP of People, Strategy & Performance if matter was investigated internally.
9. Once in receipt of the report and based on the recommendations, a course of action will be determined and the pertinent information will be provided to the Complainant, Respondent and the immediate supervisor/employer designate affected (where necessary).
10. Where harassment has been substantiated, the Employer will take corrective action to resolve the complaint. Where harassment has not been substantiated, no action will be taken against a worker who has made a complaint in good faith. However, malicious complaints will be dealt with through the disciplinary process.
11. If the decision is unacceptable to either party, they can appeal by submitting the following information in writing to the VP People, Strategy & Performance:
  - A summary of the complaint and subsequent report recommendations.



- A summary of his/her concerns with the recommendations.
  - Expected resolution of his/her concerns.
12. The VP People, Strategy & Performance shall respond in writing indicating either:
- Upholding all recommendations in the report
  - Overturning some/all recommendations and the course of action to be taken.
13. If the worker is not satisfied with the outcome of the investigation or course of action taken, he/she will be advised of their continuing right to file a complaint with the appropriate external agency.
14. Records of completed investigations will be kept by Human Resources for confidential filing.

### **Appendices**

- Appendix A – Harassment Complaint Form
- Appendix B – Harassment Assessment Checklist
- Appendix C – Harassment Investigation Checklist

Subject/Title <b><i>Disruptive Behaviour Policy for Practitioner Staff</i></b>	Manual: Reference Number: 703 Effective Date: April 20, 2009
Approving Authority: Dr. C. Vuksic or Dr. J. Dobson, Senior Medical Officers	Revision Dates: Date reviewed.
Classification: <i>Work Environment</i>	
Contact for Interpretation: <i>Senior Medical Officers</i>	
Source Medical Services	

[See related procedure](#)

## **Policy**

To positively change behaviour and to eliminate disruptive behaviour by Practitioners within the Regina Qu'Appelle Regional Health Authority (RHA). A Harassment Policy [1.5.1.14](#) is also applicable to non practitioner staff in the Region.

### **1. Purpose**

In most instances, disruptive physician behaviour includes inappropriate physician demeanour and/or interactions with others. It may include uncontrolled outbursts of anger, or commentary to or about other people that is demeaning, disrespectful, hurtful, abusive, intimidating, or threatening.

In other instances, disruptive physician behaviour involves the failure of a physician to fulfill reasonable professional responsibilities and obligations. This may include failure to respond promptly and appropriately to pages or other calls for assistance from colleagues and coworkers. It may include repetitive tardiness in attending to tasks that are time sensitive (e.g., scheduled OR times, ward rounds, case conferences). It may involve failure to work collaboratively with members of a health care team where the physician's participation in team-based care is essential to the care process.

Physicians, like all other health care professionals, may have occasional lapses in acceptable standards of professional conduct. In general, isolated lapses in professional conduct or performance do not warrant sanctions unless they are egregious. For example, a single brief outburst of anger followed by recognition of the inappropriateness of the act and an apology will not generally trigger a

sanction. However, repetitive and frequent outbursts of anger, even if followed by apologies, do require formal intervention possibly leading to sanctions. A single intensive outburst of anger that might include verbal threats and/or physical violence would most certainly warrant intervention, likely with resulting sanctions.

The Regina Qu'Appelle RHA expects that all members of its medical staff will consistently demonstrate high standards of professionalism within all institutions and programs governed by the RHA. Professionalism includes courteous and respectful physician interactions with all other persons in RHA workplaces and programs. It also includes reliable discharge of professional responsibilities within the RHA.

Because disruptive physician behaviour has enormous potential to poison health care workplaces, to adversely affect the recruitment and retention of RHA staff, and to compromise the quality of care provided to patients, the Regina Qu'Appelle RHA will not tolerate disruptive physician behaviour.

The Regina Qu'Appelle RHA encourages all staff who witness disruptive physician behaviour to report their observations or experience to the RHA's Department Head, CEO or SMO, as appropriate.

The Regina Qu'Appelle RHA assures all staff that they will be protected from any recrimination or retaliation for a good faith report of alleged disruptive physician behaviour.

The Regina Qu'Appelle RHA will regard any action taken or instigated by a physician to retaliate against an individual who files an allegation of disruptive physician behaviour to be a matter of professional misconduct and will address it in accordance with the Practitioner Staff Bylaws.

The Regina Qu'Appelle RHA will objectively and effectively investigate all reports of disruptive physician behaviour.

The Regina Qu'Appelle RHA will strive to identify treatable causes of disruptive physician behaviour and direct physicians to physician support programs for assessment and management of treatable conditions.

In response to persistent disruptive physician behaviour that is not amenable to non-punitive interventions, the Regina Qu'Appelle RHA will apply the principles of progressive discipline to offending physicians.

If more moderate disciplinary measures do not result in cessation of disruptive physician behaviour, the persistently offending physician may be terminated from, or not reappointed to, the practitioner staff in accordance with the provisions of the Practitioner Staff Bylaws. Regina Qu'Appelle RHA will

institute proceedings to terminate the medical staff appointment of a persistently offending physician in accordance with the provisions set out in the Medical Staff Bylaws of the Region.

## **2. Definitions**

Disruptive physician behaviour is defined as a behaviour or pattern of behaviour, either verbal or non-verbal, which by its nature may:

- 1) Demonstrate disrespect to others in the workplace;
- 2) Affect or have the potential to affect adversely the care provided to patients;
- 3) Reflect the misuse of a power imbalance between the parties;
- 4) Disrupt operations of the facility;
- 5) Interfere with the ability of others to do their jobs;
- 6) Foster or create a hostile work environment;
- 7) Interfere with an individual's ability to practice competently.
- 8) Through erroneous or unsubstantiated comments, adversely affect public and staff confidence in the Region's ability to provide quality patient care.

Specific examples of disruptive behaviour may include:

- Verbal or physical attacks directed at other staff, physicians, patients or visitors;
- Inappropriate, profane, impertinent or sarcastic spoken or written comments that are directed at individuals, or impugn the quality of care provided by others;
- Criticism made in such a way as to intimidate, undermine confidence, belittle or imply stupidity or incompetence;
- Refusal, without reasonable justification, to accept assignments and responsibilities or to participate as a member of the medical staff in the Region's work and affairs.

### **Revision History**

*This is a new policy*

<p>Subject/Title</p> <p><b>Integrity Assurance - Reporting Wrongdoing</b></p>	<p>Manual: RW Reference Number: 207</p>
	<p>Effective Date: June 1, 2014</p>
<p>Approving Authority:</p> <p>President and CEO</p>	<p>Revision Dates:</p>
<p>Classification: Human Resources</p>	
<p>Contact for Interpretation: HR Legal and Policy Coordination</p>	
<p>Source: Human Resource Services</p>	

## 1.0 Purpose

- 1.1 The purpose of this policy is to:
- ☐ provide a method for reporting wrongdoing that allows RQHR Representatives to bring forward information to the organization, in good faith, without fear of reprisal;
  - ☐ ensure there is no retaliation against those who make reports in good faith under this policy; and
  - ☐ protect the confidentiality of those bringing forward information under this policy to the extent reasonably possible.
- 1.2 This policy does not supersede any other reporting mechanism available by RQHR policy or legislation.

## 2.0 Definitions

- 2.1 **Designated Officers:** individuals appointed by the RQHR to assess reports of Wrongdoing to determine how they shall be reviewed.
- 2.2 **Leader:** means an out-of-scope person or medical department head responsible for the supervision of a RQHR Representatives.
- 2.3 **RQHR Representative(s):** includes:
- ☐ all persons employed by, volunteering for, participating in a student placement with or contracted to provide service to the RQHR;
  - ☐ all RQHR privileged physicians (including salaried physicians), medical department heads and senior medical officers;
  - ☐ all officers of the RQHR; and
  - ☐ the Chair and Directors of the RQRHA Board.

- 2.4 **Vexatious:** means lacking sufficient ground and serving only to annoy or harass when viewed objectively.
- 2.5 **Wrongdoing:** means involvement in improper and/or unethical activity that violates RQHR policy, RQHR values and/or the law, including without limitation:
- ☐ unprofessional conduct or conduct that is below recognized and established standards of practice;
  - ☐ dangerous practice likely to cause physical harm or damage to any person or property;
  - ☐ abuse of power or authority;
  - ☐ unfair discrimination in the course of employment or provision of services;
  - ☐ misuse and/or misappropriation of RQHR, RQHR Representative or patient assets or funds;
  - ☐ fraud, misrepresentation, bribery and corruption;
  - ☐ knowingly breaching federal or provincial law; and
  - ☐ questionable financial, internal accounting controls or audit practices.

### 3.0 Policy

- 3.1 The Regina Qu'Appelle Health Region ("RQHR") maintains high standards of business and ethical conduct that preserve and enhance public confidence in the integrity of its clinical and business activities. The RQHR expects RQHR representatives to observe these standards while fulfilling their responsibilities to the RQHR.
- 3.2 RQHR Representatives are encouraged and expected to report Wrongdoing which is known or suspected on reasonable grounds. Reports are to be made:
- ☐ directly to a Leader;
  - ☐ by calling the Integrity Assurance reporting hotline – 1-844-766-7341 (toll-free);
  - ☐ in writing to a member of the RQRHA Board.
- 3.3 The RQHR will review reports of Wrongdoing in a prompt and confidential manner.
- 3.4 Anonymous complaints are discouraged as they limit the RQHR's ability to investigate Wrongdoing. Where an anonymous complaint is received, it will be reviewed and addressed to the extent possible.

### 4.0 Roles and Responsibilities:

- 4.1 All RQHR Representatives including Leaders shall:
- ☐ promote a positive and ethical work environment;
  - ☐ respect and operate within the bounds of internal controls and exercise diligence in detecting Wrongdoing;
  - ☐ report reasonable suspicion of Wrongdoing;
  - ☐ maintain confidentiality of information related to an allegation of Wrongdoing and only discuss it with those who have a legitimate need to know;

- actively participate in investigation of reports of Wrongdoing; and
  - not retaliate against or otherwise negatively impact anyone who reports Wrongdoing.
- 4.2 Each Leader including Vice Presidents, Senior Medical Officers, Executive Directors, Department Heads, Directors and Managers shall:
  - encourage reporting of reasonable suspicion of Wrongdoing;
  - review all reports of Wrongdoing received and forward the report to the assigned Designated Officer;
  - advise the Vice President, Human Resource Services of a complaint/concern from a RQHR Representative experiencing reprisal for having made a report of Wrongdoing or participating in the investigation of a report;
  - upon receipt of the outcome of an investigation of a report of Wrongdoing related to an area within their responsibility, determine whether a corrective or disciplinary action up to and including termination of relationship/employment with the RQHR should be imposed; and
  - conduct process reviews following the disposition of each report and make necessary process improvements that will assist in the detection and deterrence of similar events.
- 4.3 Designated Officers shall:
  - be assigned by the President and CEO; the Chair of the RQRHA Board; or the delegate of either, to receive and review a report of Wrongdoing;
  - assess the seriousness of a report and in consultation with others where necessary, determine the manner in which the report will be investigated and identify who will lead the investigation;
  - be responsible for recording and tracking reports received and the outcome of each; and
  - semi-annually provide a summary of the number of reports received and the number of reports where Wrongdoing was found to the Senior Leadership Team and the Governance, People and Performance RQRHA Board Committee.
- 4.4 President and CEO may where appropriate:
  - assign a Designated Officer to review a report of Wrongdoing; and
  - determine if a report of Wrongdoing is to be referred to a law enforcement agency.
- 4.5 Chair, RQRHA Board may where appropriate:
  - assign a Designated Officer to review a report of Wrongdoing; and
  - approve a different process of review and/or investigation of a report of Wrongdoing where necessary to ensure the integrity of the review.

## **5.0 Non-compliance**

- 5.1 RQHR will not take, tolerate or allow any form of reprisal against a RQHR Representative who reports alleged Wrongdoing in good faith.

- 5.2 Any RQHR Representative who is found to have committed Wrongdoing will be subject to corrective or disciplinary action up to and including termination of relationship/employment with the RQHR.
- 5.3 Any RQHR Representative who is found to have made a report which is knowingly false or made with vexatious or malicious intent will be subject to corrective or disciplinary action up to and including termination of relationship/employment with the RQHR.

## **6.0 Related Policies**

- ☐ RQHR “Living Our Values”
- ☐ RQHR Corrective Discipline Policy
- ☐ RQHR Conflict of Interest Policy
- ☐ Practitioner Staff Bylaws



Subject/Title  <p style="text-align: center;"><b>Workplace Harassment</b></p>	Manual: RW Reference Number:  <p style="text-align: center;">210</p>
Approving Authority:  <p style="text-align: center;">President and CEO</p>	Effective Date: September 15, 2014  Revision Dates:
Classification: Human Resources	
Contact for Interpretation: HR Legal and Policy Coordination	

## See related procedure

### 1.0 Policy

The Regina Qu'Appelle Health Region is committed to a Workplace that is free of harassment.

Every person is entitled to a Workplace free of harassment. All Workers are expected to foster and maintain respectful relationships by ensuring their conduct toward others is in keeping with the spirit and intent of this policy and the values of the organization as reflected in RQHR's "Living Our Values".

The Regina Qu'Appelle Health Region will not tolerate harassment in the Workplace.

Complaints of harassment will be dealt with seriously, promptly, objectively and in compliance with RQHR policy; *The Saskatchewan Human Rights Code*; *The Saskatchewan Employment Act*; and where applicable, the Practitioner Staff Bylaws and collective bargaining agreement(s). Where harassment is found to have occurred, corrective action will be taken.

### 2.0 Purpose

The purpose of this policy is to:

- 2.1 provide a safe work environment,
- 2.2 communicate the expected standard of conduct as it relates to Workplace interactions and relationships,
- 2.3 encourage prevention of harassment and early resolution of harassment incidents,
- 2.4 provide an effective system of reporting, investigating and resolving incidents of harassment, and
- 2.5 comply with provincial legislation.

### 3.0 Application

For the purpose of this policy and its accompanying procedure, the following terms are defined:

- 3.1 **Complainant** – is any Worker (as defined in this policy) who makes a Complaint of Harassment under this policy.
- 3.2 **Complaint of Harassment** or **Complaint**– is a complaint alleging harassment in the Workplace made by a Complainant against a Respondent in accordance with this policy and procedure.
- 3.3 **Leader** – is an OOS Leader or a Medical Leader, as appropriate.
- 3.4 **Medical Leader** – includes a section head, department head, physician medical director, senior medical officer, vice president in charge of physician services and associate dean, College of Medicine, University of Saskatchewan.
- 3.5 **OOS Leader** – includes manager, director, executive director, vice president and chief executive officer.
- 3.6 **Respondent** – is any Worker (as defined in this policy), union representative, recipient of a health care service, visitor to a RQHR facility or other person under the direction of the RQHR against whom a Complaint of Harassment is made under this policy.
- 3.7 **Worker** – is any employee, student, volunteer, board member, contract worker or privileged practitioner staff (including contract or fee-for service physicians) who provides a service for the RQHR.
- 3.8 **Workplace** – any work-related setting including but not limited to, the physical work site, washrooms, cafeterias, training sessions, business travel, field locations, conferences, events offered by the RQHR as an employer, work-related social gatherings or any other place where a Worker is required to be in service to the RQHR.

### 4.0 Key Principles

- 4.1 All OOS Leaders/Medical Leaders/In-scope Supervisors are responsible for fostering a work environment free of harassment.
- 4.2 All Workers are responsible for creating and maintaining a respectful Workplace and being aware of the process for addressing concerns regarding harassment.
- 4.3 Harassment can exist even where there is no intention to harass or offend another.
- 4.4 Early problem-solving mechanisms, such as mediation, are preferred approaches to resolve problems at the outset where appropriate. These restorative approaches focus on conflict resolution rather than on blame or punishment.
- 4.5 The best resolutions are those developed with the direct participation of those concerned.
- 4.6 Complaints of Harassment shall be dealt with in a timely manner.
- 4.7 Interference with the resolution of a Complaint by threats, intimidation or retaliation; breaches of confidentiality; or complaints filed in bad faith will not be tolerated.
- 4.8 Corrective action must be appropriate and timely.

## 5.0 Definition of Harassment

5.1 **Harassment is defined in this policy** as it is defined in Occupational Health and Safety, Part III, *The Saskatchewan Employment Act*.

The following is the definition of “harassment” in the Act:

- 3-1(1) (l) “harassment” means any inappropriate conduct, comment, display, action or gesture by a person:
- (i) that either:
    - (A) is based on race, creed, religion, colour, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry or place of origin; or
    - (B) subject to subsections (4) and (5), adversely affects the worker’s psychological or physical well-being and that the person knows or ought reasonably to know would cause a worker to be humiliated or intimidated; and
  - (ii) that constitutes a threat to the health or safety of the worker;
- (4) To constitute harassment for the purposes of paragraph (1)(l)(i)(B), either of the following must be established:
- (a) repeated conduct, comments, displays, actions or gestures;
  - (b) a single, serious occurrence of conduct, or a single, serious comment, display, action or gesture, that has a lasting, harmful effect on the worker.
- (5) For the purposes of paragraph (1)(l)(i)(B), harassment does not include any reasonable action that is taken by an employer, or a manager or supervisor employed or engaged by an employer, relating to the management and direction of the employer’s workers or the place of employment.

5.2 **Specific categories of Harassment** included within the Act definition are harassment based on prohibited grounds, sexual harassment and personal harassment:

(a) **Harassment based on Prohibited Grounds** – is inappropriate conduct, comment, display, action or gesture by a Respondent directed at a Complainant in a Workplace that:

- (1) is made on the basis of race, creed, religion, colour, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry or place of origin; and
- (2) constitutes a threat to the health or safety of the Complainant.

It includes objectionable acts, comments or displays that demean, belittle, or cause personal humiliation or embarrassment, and acts of intimidation or threat made on the basis of prohibited grounds. Harassment can be a form of discrimination.

(b) **Sexual Harassment** - is unsolicited, unwelcome conduct, comment, display, action, gesture or physical contact of a sexual nature by a Respondent directed at a Complainant in a Workplace that is offensive, unsolicited or unwelcome to the Complainant. It may include, but is not limited to:

- any implied or expressed threat of reprisal for refusal to comply with a sexually oriented request,
- unwelcome remarks, jokes, innuendoes, propositions, or taunting about a person's body, attire, sex or sexual orientation,
- displaying pornographic or sexually explicit pictures or materials,
- unwelcome physical contact such as touching, patting or pinching, cornering and close body contact, with an underlying sexual connotation,
- unwelcome invitations or requests, direct or indirect to engage in behaviour of a sexual nature, and
- refusing to work with or have contact with a Worker on-the-job because of his or her sex, gender or sexual orientation.

(c) **Personal Harassment** – is inappropriate conduct, comment, display, action or gesture by a Respondent directed at a Complainant in a Workplace that:

- (1) adversely affects the Complainant's psychological or physical well being, and
- (2) which is known or ought reasonably to be known to cause the Complainant to be humiliated or intimidated.

Personal harassment may involve repeated conduct. It may also involve a single, serious incident that causes a harmful effect on the Complainant. Examples of personal harassment include:

- verbal or written abuse or threats,
- insulting, derogatory or degrading comments, jokes, or gestures,
- bullying,
- personal ridicule or malicious gossip,
- refusing to work or co-operate with others, and
- interference with or vandalism of personal property.

5.3 The definition of "harassment" in an applicable collective bargaining agreement continues to apply to the extent that it is broader than the definition of harassment in this policy.

Harassment on the basis of union membership and/or activity is prohibited.

#### 5.4 **Harassment is not:**

- normal social contact and friendly relations between Workers and/or others that are part of the work environment, based on an objective view of mutual consent,
- day to day managerial/supervisory functions, decisions and activities involving work assignment, performance management and instruction, workplace inspections, implementation of appropriate dress codes or disciplinary action, unless these functions are performed in a manner which constitutes harassment as defined in this policy,

- normal physical contact necessary for performance of the work using acceptable industry standards,
- conduct that all parties agree is welcome and not offensive, unless it is within the context of prohibited grounds, or
- conflict, rudeness or disagreement in the Workplace, where it does not meet the definition of harassment in this policy.

5.5 Nothing in this policy precludes a Worker from accessing his or her rights pursuant to:

- a collective bargaining agreement,
- *The Saskatchewan Human Rights Code*,
- *The Saskatchewan Employment Act* which includes requesting the assistance of an occupational health officer,
- *The Workers' Compensation Act, 1979*, or
- any other legal avenue available.

## 6.0 Responsibilities

6.1 Each **Worker** is responsible to:

- Refrain from causing or participating in the harassment of another person,
- Cooperate in identifying, reporting, and investigating harassment in the Workplace,
- Take personal responsibility for his or her own actions,
- Speak up if he or she is subject to harassment by directly telling the offending person to stop or by reporting the incident in accordance with this policy and procedure, and
- Maintain confidentiality in accordance with this policy when involved in any aspect of a harassment allegation.

6.2 In addition to their responsibilities as Workers, each **OOS Leader/Medical Leader** is responsible to:

- Ensure Workers under his or her direction are aware of this policy and the process to report a Complaint of Harassment,
- Ensure workplace conduct of those under his or her direction is appropriate and compliant with this policy,
- Foster a work environment consistent with the values of the organization where harassing behaviour is not tolerated,
- Set a good example by being a positive role model,
- Respond at the first indication of a harassment incident by following this policy and procedure,
- Treat all allegations of harassment seriously,
- Maintain confidentiality in accordance with this policy when handling a Harassment Complaint, and

- Take corrective action where harassment has occurred in the Workplace.

## **7.0 Confidentiality**

Complaints of Harassment will be handled in a confidential manner in accordance with the requirements of Occupational Health and Safety, Part III, *The Saskatchewan Employment Act*, applicable privacy legislation and the RQHR's policies.

The RQHR will not disclose the name of a Complainant or Respondent or the circumstances related to the Complaint to any person except where disclosure is:

- (a) necessary for the purpose of investigating the Complaint or taking corrective action with respect to the Complaint; or
- (b) required by law or an applicable collective bargaining agreement.

No one involved will discuss or share the information outside the investigative, restorative or corrective process. Information is shared on a "need to know" basis and must not be shared further. Failure to maintain the confidentiality of information acquired during the process, except as noted, may result in disciplinary action up to and including dismissal.

## **8.0 Revision History**

This policy supersedes and replaces:

RHD Policy #1.5.1.14

Abuse/Harassment

<b>Subject/Title</b>  <b><i>Workplace Violence Prevention Policy</i></b>	<b>Manual:</b>  Reference Number: 620
	<b>Effective Date:</b>  <i>Sept 11, 2015</i>
<b>Approving Authority:</b> <i>Keith Dewar, President and CEO</i>	<b>Revision Dates:</b>  <i>New Policy</i>
<b>Classification:</b> <i>Safety</i>	
<b>Contact for Interpretation:</b> <i>Employee Health &amp; Safety</i>	
<b>Source:</b> <i>Human Resources</i>	

## 1.0 Policy

The Regina Qu'Appelle Health Region (RQHR) recognizes that violence in the workplace is an occupational hazard in healthcare, and is committed to providing a safe environment for workers, clients and the public. RQHR will support this commitment by developing, implementing, monitoring and evaluating initiatives in support of this policy via the establishment and maintenance of a Workplace Violence Prevention Program, as part of the Occupational Health and Safety Program.

The RQHR Workplace Violence Prevention Program shall consist of the following elements:

1. Roles and Responsibilities
2. Violence Risk Assessments
3. Policies, procedures and work arrangements/systems
4. Worker and Manager/Supervisor Training
5. Incident Reporting and Investigation
6. Incident follow-up procedures
7. Program Review

The RQHR will not tolerate violence in the workplace. Complaints and situations of aggressive/violent behaviour will be dealt with seriously, promptly, objectively, and in compliance with RQHR Policy, the Practitioner Staff Bylaws and Collective Bargaining Agreement(s), *The Saskatchewan Employment Act* and Occupational Health & Safety Regulations 1996 and the applicable common law and statutes of Saskatchewan and Canada.

## 2.0 Purpose

**2.1** To provide a safe environment for workers, clients and the public; to ensure compliance with the Saskatchewan Employment Act and Occupational Health and Safety Regulations, 1996.

**2.2** Outline and communicate clear expectations for the prevention of and response to violence within the RQHR workplace to ensure workers do not take undue risk in managing potential or actual incidents of violent behaviour.

## 3.0 Application

This policy applies to workers, clients and visitors.

## 4.0 Compliance

RQHR workers in breach of this policy and program will be dealt with in accordance with applicable policies and procedures including but not limited to the RQHR Corrective Discipline Policy and the RQRHA Practitioner Staff Bylaws.

## 5.0 Definitions

**Client** - patients, residents and other persons receiving services or care within RQHR facilities or programs.

**Violence** - the attempted, threatened or actual conduct of a person that causes or is likely to cause physical injury, and includes any threatening statement or behaviour that gives a worker reasonable cause to believe that the worker is at risk of injury. This includes acts of violence that are considered intentional or unintentional due to a medical condition.

For the purpose of this policy, acts of violence include:

- Physical acts such as hitting, shoving, pushing, kicking, scratching, pinching, spitting, etc.
- Any threat, behaviour or action which is perceived to cause physical injury and/or psychological harm, disruption of services, and/or damage to property.
- Verbal threats, threatening gestures, intimidation or other inappropriate activities that are perceived to have intended harm to an individual.
- Physical or sexual assault from a worker, client or visitor.
- Showing or using a weapon while on premises or while receiving RQHR services.
- Any other conduct or act which is perceived as an imminent or potential danger to workplace safety/security.

**Visitor** - any person visiting an RQHR work area who is not a worker or a client.



**Worker** - any worker, student, volunteer, board member, contract worker or privileged practitioner staff (including contract or fee-for service physicians) who provide a service for the RQHR.

**Workplace** - any work related setting including but not limited to, the physical work site, washrooms, cafeteria, training sessions, business travel, field locations, conferences, events offered by the RQHR as an employer, work-related social gatherings or any other place where a worker is required to be in service to the RQHR.

## **6.0 Responsibilities**

### **6.1 Senior Leadership (Vice Presidents, Executive Directors, & Directors) shall:**

- 6.1.1** Provide a safe, respectful, secure and supportive work environment.
- 6.1.2** Establish and maintain a Workplace Violence Prevention Program that is reasonably practicable to ensure the hazard of workplace violence is addressed appropriately.
- 6.1.3** Ensure appropriate resources are in place to support the Workplace Violence Prevention Program.
- 6.1.4** Ensure worker, clients, and visitors are advised of and comply with the Workplace Violence Prevention Policy and Program.
- 6.1.5** Assign responsibility and accountability for the various aspects of the Workplace Violence Prevention Program to ensure that all managers, supervisors and workers understand their obligations.
- 6.1.6** Support, respond to, and implement appropriate recommendations from the RQHR Occupational Health and Safety Committees in a timely manner.
- 6.1.7** Review quarterly reports of incidents of workplace violence and use this information to improve safety, reduce incidents of violence and make improvements to the Workplace Violence Prevention Policy and Program.

### **6.2 Managers shall:**

- 6.2.1** Ensure workers are advised of and comply with the Workplace Violence Prevention Policy and Program within their areas of accountability.
- 6.2.2** Ensure that risk assessments for workplace violence are completed and that appropriate control methods are implemented to limit exposure to acts of violence within their area of responsibility and to request support from areas as required (e.g., Employee Health and Safety, Patient Safety, Security Services).
- 6.2.3** Ensure all workers that may be exposed to a significant risk of violence are informed of the hazard and the risk assessment results for their work area.

- 6.2.4** Ensure workers receive appropriate training in violence prevention and intervention techniques specific to the hazards and risk level within their work area.
- 6.2.5** Report and document all incidents using the appropriate forms as required:
  - 6.2.5.1 Employee Report of Incident/Hazard and Incident Investigation forms
  - 6.2.5.2 Code White Report form
  - 6.2.5.3 Confidential Occurrence Report form
- 6.2.6** Ensure a worker who has been exposed to or affected by violence in the workplace is provided with an appropriate post-incident debriefing and the offer of Critical Incident Stress Management (CISM) services and information on accessing the RQHR Employee Family Assistance Program (EFAP).
- 6.2.7** Conduct initial investigations on incidents involving violence and if necessary, request support from areas as required (e.g., Employee Health and Safety, Patient Safety, Security Services).
- 6.2.8** Performance manage workers who do not comply with the RQHR Workplace Violence Policy and Program.

### **6.3 Supervisors shall:**

- 6.3.1** Ensure workers are advised of and comply with the Workplace Violence Prevention Policy and Program within their areas of accountability.
- 6.3.2** Participate in risk assessments for workplace violence and assist with the development and implementation of control methods to limit violence within their areas of responsibility.
- 6.3.3** Identify and alert workers and others as required to violent situations and escalate the alert if required (e.g., initiate a Code White response).
- 6.3.4** Inform workers of the potential risk for violent behaviour when providing care to clients with a known history of violence.
- 6.3.5** Participate in the investigation of incidents.
- 6.3.6** Request support from Security Services, Employee Health and Safety, Patient Safety, Occupational Health and Safety Committee, and other services as required.

**6.4 Workers shall:**

- 6.4.1** Be aware of and comply with RQHR Workplace Violence Prevention Policy and Program.
- 6.4.2** Participate in risk assessments for workplace violence and assist with the development and implementation of control methods to limit violence within their work area.
- 6.4.3** Respond to violent situations according to their level of training, knowledge and experience.
- 6.4.4** Report all incidents of violence in compliance with the RQHR Employee Report of Incident/Hazard Policy (RQHR Policy #0205).
- 6.4.5** Participate in violence training programs as required by the RQHR.
- 6.4.6** Be aware of and comply with department specific procedures when dealing with a potential or actual violent situation.

**6.5 Employee Health and Safety Department shall:**

- 6.5.1** Collaborate with appropriate stakeholders on the development and maintenance of the RQHR Workplace Violence Prevention Program.
- 6.5.2** Collaborate with appropriate stakeholders to determine training needs based on the violence risk assessment of the work areas.
- 6.5.3** Coordinate training programs as appropriate.
- 6.5.4** Conduct or participate in incident investigations involving workplace violence and provide recommendations for corrective action plans as appropriate.
- 6.5.5** Follow-up with area Manager to ensure a worker who has been exposed to or affected by violence in the workplace is provided with an appropriate post-incident debriefing and the offer of Critical Incident Stress Management (CISM) services and RQHR Employee Family Assistance Program (EFAP) services.
- 6.5.6** Participate in violence hazard and risk assessments and inspections as required.
- 6.5.7** Provide support or may act as the lead in collaboration with other stakeholders to develop a mutually acceptable action plan.
- 6.5.8** Review and analyze incidents involving violence for trending and provide quarterly reports to the RQHR Senior Leadership Team for review.

**6.6 Security shall:**

- 6.6.1** Respond to and provide immediate assistance to address actual or potential incidents of workplace violence and request assistance from internal and/or external resources as required.
- 6.6.2** Participate in violence hazard and risk assessments and inspections as required.
- 6.6.3** Conduct or participate in incident investigations involving workplace violence and provide recommendations for corrective action plans as appropriate.
- 6.6.4** Collaborate with appropriate stakeholders on the development and maintenance of the RQHR Workplace Violence Prevention Program.
- 6.6.5** Collaborate with other stakeholders, or may be the lead, to develop a mutually acceptable action plan to resolve or prevent workplace violence.
- 6.6.6** Collaborate with appropriate stakeholders to determine additional training needs related to workplace violence.
- 6.6.7** Notify appropriate stakeholders of risk for acts of violence.
- 6.6.8** Liaise with law enforcement agencies and participate in legal processes as required.
- 6.6.9** Advise the worker of their right to report criminal acts to the police, with support of RQHR, if there is a potential for ongoing danger to a worker or if an assault occurs against a worker.

**6.7 Emergency Planner shall:**

- 6.7.1** Identify priorities for emergency response planning processes.
- 6.7.2** Coordinate working groups to review and revise Code White procedures as necessary.
- 6.7.3** Provide support services for emergency events involving violence as required.

**6.8 Patient Safety shall:**

- 6.8.1** Collaborate with appropriate stakeholders on the development and maintenance of the RQHR Workplace Violence Prevention Program.
- 6.8.2** Receive incidents of violence that involve clients.

- 6.8.3** Provide support or may act as the lead in collaboration with other stakeholders in the investigation of violence incidents involving clients.
- 6.8.4** Participate as requested in violence risk assessment.
- 6.8.5** Review and analyze violence incidents involving clients for trending and provide quarterly reports to Senior Leadership for their review.
- 6.8.6** Notify managers and other stakeholders as appropriate of violent incidents involving clients.

**6.9 Occupational Health and Safety Committee shall:**


- 6.9.1** Consult on the development of the RQHR Workplace Violence Prevention Policy and Program.
- 6.9.2** Review quarterly incident reports, conduct facility inspections and provide recommendations for corrective actions.
- 6.9.3** Participate in the review of the RQHR Workplace Violence Prevention Program as required.
- 6.9.4** Respond to worker concerns related to workplace violence.

**7.0 Revision History**

To ensure this policy remains current and up to date, it will be reviewed and updated as required at **least once every three years**, or whenever there is a change of circumstances specific to violence potential.

Revisions:

Date:	By Whom:

	<b>POLICY</b>  Number: 7311-30-022 Title: Workplace Harassment
Authorization  [ ] President and CEO [X] Vice President, People Practice and Quality	Source: Director, Human Resources Cross Index: 7311-30-001 Date Approved: August 10, 2017 Date Revised: Date Effective: August 25, 2017 Date Reaffirmed: Scope: SHR

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## OVERVIEW

Workplace harassment is against the law. It can impact human capacity to thrive and disrupt the delivery of healthcare services. According to the Government of Canada, 40% of Canadian employees experience harassment on a weekly basis.<sup>1</sup> Saskatoon Health Region (SHR) recognizes workplace harassment is a pressing safety issue that requires serious commitment and urgency. This policy and procedure set out the principles necessary to support staff's legal right to a safe workplace by preventing and stopping harassment.

## DEFINITION OF HARASSMENT

**Harassment**<sup>2</sup> based on prohibited grounds (discrimination) includes any inappropriate conduct, comment, display, action or gesture by a person that:

- is made on the basis of race, creed, religion, colour, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry or place of origin; and
- constitutes a threat to the health or safety of the worker (staff).

Harassment based on prohibited grounds (discrimination) extends to sexual harassment and is prohibited in the Saskatchewan Employment Act and Saskatchewan Human Rights Code.<sup>3</sup>

Discrimination may include:

- Mobbing, ostracizing,
- Negative comments about religious affiliation,
- Acts of prejudice with gender identity, gender expression or two-spirit identity,
- Prejudiced slang, phrases or nicknames or stereotypes,
- Disparaging remarks about skin color or other ethnic and/or cultural traits,
- Displaying or sharing hate literature (electronic, hard copy or pictorial materials) that is objectionable and offensive to a particular group or person,
- Unfair treatment of staff because of their union affiliation,
- Blocking opportunity or negatively impacting Staff employment because of a prohibited ground,

<sup>1</sup> <http://www.cih-irsc.gc.ca/e/45838.html>.

<sup>2</sup> Definition pursuant to the Part III of the Saskatchewan Employment Act.

<sup>3</sup> The provisions under the Code regarding discrimination practices in the workplace are found in Sections 10, 16, 17, 18, 27 and 31.

- Offensive gestures or mimicking a visible or invisible impairment,
- Offensive reference to an individual's mental or physical disability,
- Derogatory age-related comments,
- Wearing clothing that could be offensive to a particular group,
- Refusing to work with an individual or excluding him/her from work activities because of a prohibited ground.

**Sexual Harassment** means any conduct, comment, gesture or contact of a sexual nature that is offensive, unsolicited or unwelcome. Sexual harassment may include:

- Any implied or express threat of reprisal for refusing to comply with a sexually-oriented request,
- Unwelcome remarks, lewd jokes, innuendos, propositions or taunting about a person's body, attire, sex or sexual orientation,
- Displaying or sending pornographic or sexually explicit or offensive pictures or materials via text, hardcopy, video or other multimedia platforms,
- Unwelcome physical contact/touching,
- Unwelcome invitations or requests, direct or indirect, to engage in behavior of a sexual nature,
- Refusing to work with or have contact with an individual because of their sex, gender or sexual orientation.

Targets of sexual harassment may be male, female, transgender or transsexual. Sexual harassment may occur between members of the same-sex.

**Personal Harassment<sup>4</sup> (bullying)** includes any inappropriate conduct, comment, display, action or gesture by a person that:

- adversely affects an individual's psychological or physical well-being;
- the perpetrator knows or ought to reasonably know would cause the individual to be humiliated or intimidated, and
- constitutes a threat to the health or safety of the worker (Staff).

To constitute personal harassment, either of the following must be established:

- repeated conduct, comments, displays, actions or gestures, or
- a single, serious comment, display, action or gesture, that has a lasting, harmful effect of the worker (staff).

Personal Harassment may include:

- Mobbing, ostracizing,
- Verbal, electronic or written abuse or threats,
- Insulting, derogatory or degrading comments, jokes or gestures,
- Personal ridicule or malicious gossip,
- Unjustifiable interference with another's work or work sabotage,
- Interference with or vandalizing personal property.

Harassment does not include any reasonable action taken by SHR, or a Manager or supervisor employed or engaged by SHR, relating to the management and direction of SHR Workers (staff) or the place of employment<sup>5</sup> (see *Appendix C, Section 3* of the SHR Harassment Handbook for further information).

The definition of harassment in any applicable collective bargaining agreement continues to apply, in the event that it is more specific than the definition in the Act. For the purposes of this Workplace Harassment policy and procedure, the forgoing definitions of harassment will be applied to SHR harassment investigations.

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<sup>4</sup> Definition pursuant to the Part III of the Act.

<sup>5</sup> Ibid.

## APPLICATION OF TERMS

Definitions are provided in this policy only to the extent necessary. See *Appendix C: SHR Harassment Handbook* for full reference of all terms.

**Bad Faith** means a formal harassment complaint brought with an ulterior motive motivated by ill-will, hostility, malice and/or is discolored by a personal animosity or a lack of fairness or impartiality. It includes a reckless disregard for another's health and safety that is intentionally, knowingly and negligently untrue without reasonable and probable grounds.

**Bona fide** means real, actual and genuine with good faith, earnest and not feigned; sufficiently weight or sufficiently serious grounds.

**Collaborative Processes** means solutions where both parties mutually consent to share responsibility and participate in restoring harmony and resolving differences (e.g., mediation, conciliation, facilitated meetings, coaching conversations, education, and group facilitation). Collaborative processes are a 'no-fault' endeavor that may involve apologies and/or admissions of guilt, but do not normally incorporate employer discipline.

**Complainant** means a person who lodges a complaint.

**Designated Harassment Investigator (DHI)** means the assigned SHR authority who objectively oversees harassment processes in SHR, including receiving and pre-assessing formal harassment complaints for grounds, conducting independent investigations and/or overseeing third-party investigations.

**Formal Harassment Complaint** means a complaint of alleged harassment brought to SHR's attention that is written and submitted using the SHR Harassment Complaint Form. Formal investigations in SHR are complaint-form driven; as such, for a formal complaint to commence, staff are required to submit the *SHR Harassment Complaint Form*. Complaints that are not written on the SHR Harassment Complaint Form may not result in a harassment investigation.

**Harassment Complaint Form** is used by SHR DHI to receive, pre-assess and investigate formal complaints in a consistent and fair manner. The form can help complainants focus their concerns and concisely set out the particulars of their allegations. The form is to be freely accessed in an uncomplicated manner and inclusively available to all staff in SHR. The SHR Harassment Complaint Form is available in *Appendix B* of this policy and procedure.

**Manager** means all in-scope and out-of-scope direct reports, including Department Heads.

**Pre-assessment** means a pre-screening of all formal harassment complaints conducted by the SHR DHI. The main purpose of this initial screening is to determine whether the complaint falls within the definition of harassment (see *Appendix C: SHR Harassment Handbook* for further reference).

**Respondent** means the individual whom a complaint has been lodged against and responds to the complaint.

**Retaliation** (reprisal)<sup>6</sup> means any actions, threats or pressure in any form that may include physical harm, job loss, punitive work assignments or actions impacting salary or wages.

**Staff** means all employees, practitioner staff, professional staff, contractors, students and volunteers.

**Vexatious Complaint** means a complaint made in bad faith.

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<sup>6</sup> SHR Policy: *Speaking Up-Protection of Persons Reporting Wrongdoing*



## 1. PURPOSE

The purpose of this policy is to establish SHR's position and legal requirements regarding harassment.

## 2. PRINCIPLES

- 2.1 SHR is committed to ensuring a safe and productive work environment where the inalienable human rights, dignity and worth of all staff are upheld. Harassment is a right's infringement and against the law. All staff are entitled to a workplace free of harassment; Therefore, SHR has zero tolerance for workplace harassment.
- 2.2 Exposure to harassment can be health harming.
  - 2.2.1 Staff safety takes priority over fostering a future relationship between an alleged harasser and target.
  - 2.2.2 Support with collaborative [processes<sup>7</sup> and relationship building is available in SHR to address less harmful acts than harassment (see SHR Policy: *Respectful Workplace*).
- 2.3 This policy and procedure were developed in compliance with the required provisions in the *Act* and *Saskatchewan Occupational Health and Safety Regulations* (the *Regulations*).

## 3. POLICY

- 3.1 All staff are entitled to lodge a complaint of harassment and do so confidentially without discrimination or retaliation.<sup>8</sup>
  - 3.1.1 It is strictly prohibited to penalize, retaliate or discriminate against any staff in any manner because of their participation with a harassment complaint or when seeking enforcement of this policy and procedure.
    - 3.1.1.1 SHR has zero tolerance for obstructing, retaliating against or inordinately influencing and/or interfering with a DHI tasked with reaching an investigative realization based on the established facts (see *Appendix C, Section 12* SHR Harassment Handbook for more information).
    - 3.1.1.2 Investigative conclusions submitted by the DHI are subject to final review only.
  - 3.1.2 Under no circumstances should a harassment complaint or investigation ever be used as a means of targeting or retaliating against staff because of their membership or affiliation with a union.
  - 3.1.3 SHR will not disclose the name of a complainant, respondent or the circumstances related to the complaint to any person except where disclosure is:
    - 3.1.3.1 Necessary for the purposes of investigating the complaint or taking corrective action with respect to the complaint; or
    - 3.1.3.2 Required by law.<sup>9</sup>
  - 3.1.4 Breaches of confidentiality pertaining to an investigation are strictly prohibited (see *Appendix C, Section 9* SHR Harassment Handbook for more information).

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<sup>7</sup> Section 6 of *Appendix C: SHR Harassment Handbook* outlines the differences between collaborative processes and formal investigations.

<sup>8</sup> Part III, Subsection 3-35 of the *Act*.

<sup>9</sup> Pursuant to the *Regulations*.

- 3.2** A formal harassment complaint should be submitted as soon as possible after the most recent or last event of alleged harassment.
- 3.2.1 SHR does not normally accept a formal harassment complaint where the complaint is made more than one (1) year after the complainant became aware of the alleged harassment.
- 3.3** SHR has no tolerance for vexatious complaints.
- 3.3.1 Allegations made in bad faith can have serious effects on innocent individuals and can needlessly siphon costly resources.
- 3.3.2 Where an investigation determines a vexatious complaint was made, the complainant may be subject to disciplinary action.
- 3.4** All formal harassment complaints will undergo a pre-assessment for grounds. When it is determined a harassment complaint is *bona fide*, a formal investigation will be conducted and a standardized test applied.
- 3.4.1 The criteria to determine whether discrimination and/or personal harassment have occurred form part of this policy and procedure (see Appendix A).
- 3.5** A harassment investigation shall normally be completed within ninety (90) calendar days or less, notwithstanding extenuating circumstances.
- 3.5.1 All reasonable efforts will be made to adhere to the ninety (90) day timeline; however, the interests of speed shall not trump thoroughness and due diligence.<sup>10</sup>
- 3.5.2 Parties to an ongoing investigation may be updated periodically on the status of the investigation timeline.
- 3.6** All harassment complaints, investigations and outcomes shall be documented.
- 3.6.1 At the conclusion of a harassment investigation the DHI will complete a written investigation report memorializing conclusions and reasons for the decision.
- 3.6.2 The complainant, respondent, union representative (or a retained legal counsel), assigned HR consultant, SHR legal counsel, affected Manager and/or executives as applicable will be provided opportunity to review the final report in its entirety. To protect the confidentiality of all parties, the complainant, respondent and authorized supports will be provided read-only<sup>11</sup> access to the final report under the direction and supervision of the DHI. Any third-party disclosure beyond read-only access will be at the sole discretion of SHR legal counsel.
- 3.7** Corroborated cases of harassment impose a legal and ethical obligation to take sufficient action to stop the harassment and prevent its reoccurrence. SHR will take all reasonable corrective action without delay respecting any staff who subjects another to harassment.
- 3.7.1 This duty extends to:
- 3.7.1.1 Incidents that occur at the workplace or during work hours,
- 3.7.1.2 Conduct perpetrated by staff.
- 3.7.1.3 Incidents that occur outside the usual workplace or after work hours that arise out of or are connected to employment, may include business travel, carpooling, social media (e.g., information and communication technologies), attending a

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<sup>10</sup> See Section 16 of the SHR Harassment Handbook for further information.

<sup>11</sup> No pictures or photocopies are permitted during read-only access.

- work-sponsored social event or conference offered by SHR or attending a training session at the request of SHR.
- 3.7.1.4 SHR will ensure that any corrective action taken is communicated to the individual who experienced harassment.
- 3.7.1.5 The degree of communication provided to the complainant about the corrective action will depend on the circumstances and privacy requirements but shall indicate the steps SHR is taking to prevent recurrence.
- 3.8** This policy includes harassment connected to any matter or circumstance arising out of the workplace including conduct perpetrated by a third-party with whom SHR does business with or whom staff is required to meet with. This may include patients, residents, clients, families, contractors (or their staff), and the public.
- 3.8.1 The jurisdiction to investigate and/or sanction conduct can be limited.
- 3.8.2 SHR shall take reasonably practicable action to stop or reduce the risk to its staff of being harassed by third-parties (see *Appendix C, Section 5 SHR Harassment Handbook*).
- 3.9** SHR does not mediate *bona fide* complaints of sexual harassment (see *Appendix C, Section 6 of the SHR Harassment Handbook*).
- 3.10** A complainant may withdraw a formal harassment complaint at any stage of the investigation by submitting a written request to the DHI.
- 3.10.1 Withdrawal of a formal harassment complaint does not prohibit SHR from investigating the complaint to completion, if deemed necessary. Circumstances requiring continued investigation may include:
- There is evidence/suspicion the complainant(s) has been threatened or may fear retaliation.
  - Failure to resolve the matter formally may endanger staff health or safety.
  - The complaint's allegations involve a serious abuse of power.
- 3.10.2 The DHI has unfettered discretion with accepting a withdrawal.
- 3.10.3 Collaborative processes may not be considered after a formal investigation has started (see *Appendix C, Section 6 of the SHR Harassment Handbook*).
- 3.11** Staff may request the assistance of a Saskatchewan Occupational Health and Safety Officer to resolve a Harassment complaint.
- 3.11.1 Prior to requesting the assistance of an officer, the complainant should attempt to resolve the matter with SHR.
- 3.12** A Complainant has a right to file a complaint with the Saskatchewan Human Rights Commission.
- 3.12.1 Nothing in this policy or procedure is intended to discourage or prevent a complainant from exercising any other legal rights pursuant to any other law.
- 3.13** SHR will post a copy of this policy and procedure in a conspicuous place that is readily available to staff.
- 3.14** As a condition of employment, all staff must review this policy and procedure as a component of the pre-employment requirement.

## **4. ROLES AND RESPONSIBILITIES**

### **4.1 All Staff**

- 4.1.1 Refrain from causing or participating in harassment.
- 4.1.2 Conduct themselves in a friendly, courteous manner and be aware that harassing behaviors can cause extraordinary harm.
- 4.1.3 Promote and model a respectful workplace by demonstrating foundational *Respect for People* behaviors in everyday interactions (see SHR Policy: *Respectful Workplace*).
- 4.1.4 Cooperate fully and actively comply and participate with the DHI or designated SHR authority who is exercising a duty imposed by this policy and procedure.
- 4.1.5 Any Staff who witnesses the alleged harassment of other staff or is made aware of alleged acts of harassment must ensure prompt reporting.
  - 4.1.5.1 Bystanders who fail, at minimum, to tell a Manager or SHR authority of destructive or alleged harassing behaviors can be found complicit and party to the harassment if the behavior is ultimately determined to be harassing (see *Appendix C, Section 4* of the SHR Harassment handbook).
- 4.1.6 Pursuant to *Section 3* of this policy, maintain confidentiality and not participate in retaliation, discrimination or obstruction in any manner against any staff because of their participation with a harassment complaint.

### **4.2 Managers**

- 4.2.1 Ensure, insofar as is reasonably practicable, that staff are not exposed to harassment with respect to any matter or circumstance arising out of the workplace.
- 4.2.2 Foster a harassment-free workplace, and be aware of how their actions influence the workplace.
- 4.2.3 Lead by example by modelling and promoting SHR's foundational *Respect for People* behaviors (see SHR Policy: *Respectful Workplace*).
- 4.2.4 Watch for signs that harassment may be occurring (e.g., rumours, chronic conflict, destructive Staff behaviours, poisoned work environment, increased absenteeism, decreased motivation, reduced job performance and increased staff turnover).
- 4.2.5 If aware of destructive staff behaviors, must ensure prompt action is taken to stop the matter from escalating into harassment and prevent reoccurrence.
  - 4.2.5.1 If a Manager willfully fails to intervene and the destructive behavior is ultimately found to be harassment, the Manager can be found complicit and party to the harassment of staff. Substantiated acts of a failure to intervene will not be tolerated and may be subject to appropriate discipline.
- 4.2.6 Not arbitrarily dismiss or ridicule a staff concern of alleged harassment. All complaints of harassment must be taken seriously where staff will not be discouraged from pursuing or resolving a *Bona fide* complaint in accordance with this policy and procedure.
- 4.2.7 Intervene with third-party harassers (see *Appendix C, Section 5* of the *SHR Harassment Handbook*).
- 4.2.8 Take corrective action when an investigative finding of harassment is made or when it required to enforce confidentiality, prevent discrimination or retaliation against staff who make a harassment complaint.

- 4.2.9 Full cooperation and compliance with the DHI or designate authority who is exercising a duty imposed by this policy and procedure.

#### **4.3 Designated Harassment Investigator (DHI)**

- 4.3.1 Provide operational oversight for SHR harassment processes.
- 4.3.2 Receive and pre-assesses harassment complaints for grounds.
- 4.3.3 Conduct independent investigations and/or oversee third-party harassment investigations.
- 4.3.4 Have adequate knowledge and training of how to conduct an investigation appropriate in the circumstances.
- 4.3.5 Recuse from all conflicts of interest and not be directly involved in any incident or harassment complaint under investigation by the DHI office.
- 4.3.6 Shall not be under the direct report of an alleged harasser.

#### **4.4 Ethics Services**

- 4.4.1 Ethics Services may be consulted on clarification of ethical obligations.

### **5. NON-COMPLIANCE/CORRECTIVE ACTION**

Non-compliance with this policy or procedure may be subject to disciplinary action up to and including termination of employment and/or suspension of privileges.

With all corroborated acts of harassment, corrective action, sufficient to ensure the harassment stops and does not occur again, will be taken respecting any Staff who subjects another to harassment.

In addition, the Act<sup>12</sup> can include the levy of summary conviction fines pertaining to serious breach of this policy, procedure or SHR Harassment Handbook. Fines can be allocated to individual staff guilty of an offense and/or allocated to SHR if guilty of an offense.

If discipline is to be considered post investigation, an impartial party other than the DHI will recommend and deliver.<sup>13</sup> When appropriate, the DHI will submit non-disciplinary remedial recommendations to assist in the prevention and/or detection of similar events.

### **6. POLICY MANAGEMENT**

The management of this policy and procedure including education, implementation, monitoring and amendment the responsibility of the Director, Human Resources.

A review of efficacy will occur every two (2) years unless circumstances warrant a review in the interim.

### **7. REFERENCES**

See Procedure.

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<sup>12</sup> Division 12: 3-78(g) and 3-79

<sup>13</sup> Disciplinary recommendations emanating from a DHI can expose an investigation to a bias claim that the findings were solely constructed to support a pre-determined state of mind.

## PROCEDURE

Number: 7311-30-022

Title: Workplace Harassment

### Authorization

- [ ] President and CEO  
[X] Vice President, People Practice and Quality

Source: Director, Human Resources  
Cross Index: 7311-30-001  
Date Approved: August 10, 2017  
Date Revised:  
Date Effective: August 25, 2017  
Date Reaffirmed:  
Scope: SHR

## PRELIMINARY MATTERS

Any situation involving criminal behavior, violent acts of force, aggression, or where staff safety and security is under threat of violence should be reported immediately to:

- SHR Security Services (on any SHR phone dial #321)
- SHR Safety Alert System (urban: 306.655.1600, rural: 1.866.966.0820), and/or
- When appropriate, the applicable police service (city police, RCMP).

Workplace harassment left unchecked has the potential to escalate into violent behavior. Violence against staff may come from colleagues, patients, clients, residents, visitors, third-party contractors, physicians, students or volunteers. All incidents of violent force or threats of a violent nature must be reported and will be assessed and/or investigated (see SHR Policy: *Violence Management*).

## DEFINITIONS

See *Appendix C: SHR Harassment Handbook* for full reference of all terms.

### 1. PURPOSE

The purpose of this procedure is to establish the process for managing harassment complaints, including submitting, receiving and responding to a complaint.

### 2. PRINCIPLES

**2.1** SHR has a legal and ethical duty to act fairly and make decisions using a fair and transparent procedure (procedural justice) when carrying out harassment investigations.

**2.1.1** All affected staff in a harassment investigation have a right to not be deprived of the principles of fundamental justice and procedural fairness (see *Appendix C, Section 7*, SHR Harassment Handbook).

**2.1.2** The principles of procedural fairness apply evenly to all affected parties, including out-of-scope personnel not affiliated with a trade union.

**2.2** There are two types of Harassment complaint options in SHR: informal and formal.

### 3. INFORMAL HARASSMENT COMPLAINT

Informal complainants are complaints of alleged harassment brought to SHR's attention that are not written nor formally submitted. Complaints that are not submitted in writing on the SHR Harassment Complaint Form may not result in a formal Harassment investigation.

Informal harassment complaints can occur when:

- a complainant suspects they have been the target of harassment but is not sure,
- is hesitant to submit a formal written complaint,
- may only want information or indirect assistance in stopping the offending behavior from continuing, or
- wants to determine a course of action, without a formal investigation.

The informal complaint process is in place because a lack of a formalized complaint does not mean there is no problem to address. Using informal complaint procedures, complainants can maintain more control over the remedy.

### **3.1 Informal Complaint where the alleged harasser is not named**

Sometimes a complainant may not wish to identify the alleged harasser nor ask for *direct* intervention. A complainant may only want information, advice or *indirect* assistance in stopping the offending behavior from continuing. When no harasser is named, the Manager or designated authority uses the following strategies to respond:

Step 1: Offer Employee and Family Assistance Program (EFAP).

Step 2: Review the contents of the Workplace Harassment Policy and Procedure with the complainant.

Step 3: Outline the protections, duties and obligations (e.g., retaliation, confidentiality) involved with complaint processes (see *Appendix C, Sections 9 & 10* of the SHR Harassment Handbook).

Step 4: Provide the complainant guidance, when appropriate, to object to the alleged harasser (See *Appendix C, Section 2* of SHR Harassment Handbook). Maintain a documented audit trail of all discussions and actions taken.

Step 5: Indirectly intervene by arranging for all staff to attend educational programming pertaining to harassment-free workplaces. Re-circulate SHR Policy: Workplace Harassment, SHR Harassment Handbook and SHR Policy: *Respect and Dignity*.

Step 6: Monitor and measure the scenario. Meet with the complainant frequently to enquire if matters are improving. Maintain a documented audit trail of all discussions and actions taken.

At any time during the forgoing steps, the complainant is encouraged to file a formal harassment complaint when the matter poses a serious threat to the health and safety of the complainant or other staff; is potentially criminal in nature, or where circumstances lead SHR to suspect intervention and educational activities may not prevent the alleged harassment from recurring.

### **3.2 Informal Complaint where the alleged harasser is named**

On occasion, complainants are willing to provide the name of the alleged harasser but are reluctant to submit a formal written complaint. Similarly, on occasion complainants are willing to provide the name of the alleged harasser but do not want the alleged harasser to know their identity.

These scenarios can be difficult, however, when the identity of an alleged harasser is divulged, SHR has a duty to intervene and protect a complainant, notwithstanding their requests for anonymity. The Manager or designated authority will intervene as follows:

Step 1: Offer EFAP to the complainant.

Step 2: Explore the complainant's reluctance. Discuss the process for making a formal harassment complaint, review the contents of the Workplace Harassment Policy and Procedure.

Step 3: Outline the protections, duties and obligations (e.g., retaliation, confidentiality) involved with complaint processes and empower complainant to overcome power imbalance concerns. (see *Appendix C, Sections 9 & 10* of the SHR Harassment Handbook)

Step 4: Provide the complainant guidance, when appropriate, to object to the alleged harasser (See *Appendix C, Section 2* of SHR Harassment Handbook). Maintain a documented audit trail of all discussions and actions taken.

Step 5: If the complainant is unable to independently intervene with the alleged harasser or if it is determined the complainant's intervention has not stopped the offending behavior, the Manager or designate has a duty to promptly intervene with all affected parties. At this stage, protecting Staff safety is prioritized over maintaining complainant anonymity. Problem solving consultations with human resource specialists, leadership consultants, mediators, practitioner staff affairs and/or union representatives can occur. The Manager, as appropriate, may explore mediation, coaching conversations or performance management in order to prevent further disruption, harm or injury. The forgoing options can potentially remedy the matter without the use of a formal harassment complaint. EFAP should also be offered to the respondent at this stage in the process.

At any time during the forgoing steps, the complainant is encouraged to file a formal harassment complaint when the matter poses a serious threat to the health and safety of the complainant or other staff; is potentially criminal in nature, or where circumstances lead SHR to suspect intervention and educational activities may not prevent the alleged harassment from recurring.

#### **4. FORMAL HARASSMENT COMPLAINT**

**4.1** For a formal harassment complainant to commence it must be made in writing using the *SHR Harassment Complaint Form* (see *Appendix B*).

4.1.1 Complaints that are not submitted on the Harassment Complaint Form may not result in a harassment investigation.<sup>14</sup>

4.1.2 It is assumed at this stage the complainant is aware of and believes the matter cannot otherwise be resolved with collaborative processes (*Appendix C, Section 6* of the SHR Harassment handbook), or that the informal harassment complaint process will not prevent the alleged harassment from recurring.

#### **4.2 Steps for staff to submit a Formal Harassment Complaint**

*Step 1:* If applicable, EFAP is available for supports.

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<sup>14</sup> Staff who submit a written harassment complaint but fail to use the SHR Complaint Form will be asked to resubmit on the required form, unless there exceptional circumstances.



Step 2: Prior to submitting a formal complaint, the complainant shall review the workplace Harassment Policy and Procedure in full to become particularly familiar with:

- Appendix A.
- Appendix C, Sections 3 and 7, The SHR Harassment Handbook

Step 3: Phone the SHR Safety Alert System (urban: 306.655.1600, rural: 1.866.966.0820) to inform SHR you are submitting a formal harassment complaint.

Step 4: Complete the SHR Harassment Complaint Form. The signed form can be submitted to the DHI or your Manager. The Manager is only expected to receive the complaint, not conduct a pre-assessment for grounds nor carry out any investigative processes.

#### **4.3 Pre-assessment of the Formal Harassment Complaint**

Step 5: Upon receipt of the complaint, the DHI will pre-assess<sup>15</sup> the complaint for grounds for whether it falls within the definition of Harassment:

Step **5a**: If the DHI is satisfied the complaint has grounds it will be formally investigated as alleged harassment. The DHI will inform the complainant and advise of all rights and responsibilities.

Step **5b**: If the complaint does not have grounds, the complainant will be informed in writing and a harassment investigation will not commence. Alternate avenues of remedy may be explored. If the complainant feels SHR has failed to resolve the matter, they may seek the assistance of a Saskatchewan Occupational Health officer.

#### **4.4 Consideration of Interim Safety Measures**

Step 6: Prior to notifying the respondent, the DHI shall consider interim safety measures. If it is believed a Complainant may be exposed to harmful behaviors or retaliation while waiting for investigation resolution, immediate action must be taken. Depending on the prevailing circumstances, nature of the complaint and applicable collective bargaining agreements, separating the respondent from the complainant is preferred and may include measures such as:

- temporary shift rearrangement;
- reassignment of duties;
- role relocation, or
- the respondent may be suspended pending final determination of the investigation.

#### **4.5 Notifying the Respondent**

Step 7: The DHI will:

- notify the respondent in writing and provide the written complaint;
- provide the SHR Workplace Harassment Policy, Procedure and SHR Harassment Handbook;
- advise of all rights and responsibilities, notably, to maintain confidentiality and avoid retaliation. Respondents should be made aware of their access to EFAP services.

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<sup>15</sup> During a Pre-assessment evidence related to an alleged activity may need to be examined and preserved before the suspected person(s) become aware of an investigation.

#### **4.6 Investigation**

Step 8: What is harassment, is a question of fact. The corroboration of events verified through reliable oral, physical or documentary evidence is desired. The complainant, respondent and applicable witnesses<sup>16</sup> will be interviewed<sup>17</sup> separately and privately. Relevant witnesses may be identified by the DHI as necessary to conduct a thorough investigation.<sup>18</sup> Respondents are presumed innocent unless the facts say otherwise. In addition to rights outlined in *Appendix C, Section 7* SHR Harassment Handbook, the Respondent will have a right to:

- offer evidence;
- offer witnesses, and
- rebut all relevant evidence/allegations.
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Step 9: As appropriate, supplementary (re-direct) interviews will be conducted to further clarify facts and ensure the Respondent a Full Answer and Defense to all allegations.

#### **4.7 Distribution of the investigation report**

Step 10: The reasons for the final investigation decision will be provided as per *Appendix C, Section 8* of the SHR Harassment Handbook.

#### **4.8 Corrective action**

Step 11: For all corroborated acts of harassment, corrective action will be taken by management sufficient to ensure the harassment stops and does not occur again.

### **5. NON-COMPLIANCE/CORRECTIVE ACTION**

See Policy.

### **6. PROCEDURE MANAGEMENT**

See Policy.

### **7. REFERENCES**

Amalgamated Transit Union, Local 113 v Toronto Transit Commission (Use of Social Media Grievance) 2016, O.C.A.A. No 267.

B.C and B.C.G.E.U. [1998] 2 SCR 214.

Black's Law Dictionary 9<sup>th</sup> Edition; Ed, B. Garner. (West Group, 2009).

*Faryna v. Chorney* [1952] 2 D.L.R 354.

*Hadzic v. Pizza Hut Canada*. [1999] B.C.H.R.T.D. No. 44.

*Janzen v. Platy Enterprises Ltd.*, [1989] 1 SCR 1252.

*Harassment prevention: An employer's guide for developing a harassment Policy*, Ministry of Labour Relations and Workplace Safety, Occupational Health and Safety Division (2016)

*RQHR Harassment Policy and Procedures* (2014)

*Saskatchewan Employment Act* (2013).

*Saskatchewan Human Rights Code* (1979).

*Saskatchewan Occupation Health and Safety Regulations* (1996).

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<sup>16</sup> The DHI will make reasonable efforts to interview any relevant witnesses who are not Staff employed by the SHR, if identified.

<sup>17</sup> All interviewees will be provided opportunity to review their statements for accuracy. The order of interviews and selection of witnesses will be at the discretion of the DHI.

<sup>18</sup> Any Witness interviewed in a Harassment investigation will be advised that their identities will not be disclosed in any investigation report or to the Complainant or Respondent except as required by law or to the extent necessary to allow a Respondent a Full Answer and Defense.

R. v. Ewanchuk, [1999] 1 SCR 330.  
*F.H. v. McDougal* (2008).  
SHR Code of Conduct Policy (2008).  
SHR Foundational Behaviors (2016) as per *SHR Respect and Dignity Policy*.  
SHR Our Values in Action Policy (2008).  
*SHR Respect and Dignity Policy* (2017)  
SHR Social Media Policy (2012).  
*SHR Speaking Up-Protection of Persons Reporting Wrongdoing Policy* (2011).  
<http://www.cihr-irsc.gc.ca/e/45838.html> (harassment statistics).  
<http://www.rcmp-grc.gc.ca/cycp-cpcj/bull-inti/index-eng.htm> (Cyber Bullying).  
Workplace Bullying Institute: <http://www.workplacebullying.org/>.

### CRITERIA TO ESTABLISH WHETHER DISCRIMINATION HAS OCCURRED<sup>19</sup>

#### Criteria to test Harassment based on prohibited grounds (discrimination)

To substantiate discrimination, the complainant must demonstrate on a balance of probabilities:

- A) That the conduct, comment, display, action or gesture applies to one or more of **prohibited grounds** in *Act* and/or Saskatchewan Human Right's Code (1979).
- B) That the harassment occurred on the **worksite** (workplace) or arises out of or is connected to one's employment.
- C) That the conduct, comment, display, action or gesture falls into the domain of **inappropriate**. To be sufficiently serious enough to fall into this domain, inappropriate conduct is not just offensive and unwelcome but is also a marked departure of SHR values. It is motivated by ill-will or by a purposeful and/or reckless indifference to how others perceive our actions.
- D) That the conduct, comment, display, action or gesture constitutes a real **threat to the health and safety** of staff. Assessing whether a real threat occurred is fact-specific and includes the subjective perspective of the complainant along with the objective assessment of the investigator.
- E) That there is **reliable evidence** to support the claim. What is harassment is a question of fact and must be determined according to the objective facts of the situation. The corroboration of various events verified through reliable oral, physical or documentary evidence is desired. Reliable confirmation via corroboration can strengthen the probability that an event did or did not occur and make the foundation of facts more certain.
- F) That the complainant has met their **Burden of Proof**. The complainant has the sole responsibility (e.g., burden) to prove the allegations (see definition in SHR Harassment Handbook). Where it is determined at the pre-assessment phase that the complainant has failed to meet their burden, SHR will not investigate the complaint as harassment. Strictly enforcing the burden of proof can play a practical role in preventing frivolous or vexatious complaints.

During a formal investigation, in order to make a finding of based on prohibited grounds (discrimination), each of the above elements (A thru F) must be present. If even one of the elements cannot be proven, the complaint will not succeed.

#### Other key criteria for testing discrimination

##### Credibility

The issue of credibility<sup>20</sup> is pertinent and is particularly relevant when discrimination allegations occur without witness. Assessing credibility is also important when facts are in dispute, when cognitive impairments are present, differing versions of events are offered or where corroborating oral, documentary and physical evidence is lacking. When evidence is lacking, the assertions of one party over another will not be accepted *Prima Facie* simply because that party says it is so.

When evidence is lacking, inconsistencies will not only be assessed on subjective elements such as demeanor, powers of observation, recall or whether a witness carries the conviction of telling the truth, but also on the surrounding conditions and other known or reliable facts.<sup>21</sup>

<sup>19</sup> As per the SHR's interpretation of the *Act*.

<sup>20</sup> The issue of determining credibility is especially relevant in discrimination claims, but the principles are applied to both discrimination and personal harassment investigations.

<sup>21</sup> *F.H. v. McDougal* [2008].

A credibility assessment also includes factors as judgment, memory and ability to describe clearly what was seen and heard and whether the evidence of a witness is in harmony with what a practical and informed person would readily recognize as probable in those conditions.<sup>22</sup> Other factors include witness motives, their relationship to the parties, the internal and external consistency of their evidence, and inconsistencies and contradictions in relation to other witnesses' evidence.<sup>23</sup> When forming conclusions, the investigator will take into account the credibility of all parties interviewed.

### **Single Act**

According to the Act, for harassment to be deemed discriminatory it can be a mere single act, does not need to be accompanied by a long-lasting harmful effect nor does it need to be repeated or escalate. In addition, harassment can be deemed discriminatory even if the respondent did not specifically target the complainant (e.g., displaying an offensive poster or making discriminatory comments overheard by another individual). All staff in SHR must take care to ensure his or her conduct is not discriminatory in any way.

With any case of harassment, and sexual harassment in particular, a single incident may be viewed to be more significant in circumstances when the relationship at work is one where the respondent has influence and/or positional status with regard to impacting workplace conditions (e.g., career advancement, performance reviews, work assignments and progressive discipline). When there is an imbalance of power, what appears to be consensual may in actuality be unwelcome conduct. Scrupulous attention will be given if a complainant's fear is exacerbated by the status of the respondent.

### **Detrimental Effect with Sexual Harassment**

The Supreme Court of Canada has found that it is not necessary to find staff has suffered detrimental job-specific consequences in order for a finding of sexual harassment to be made; if the complainant's work environment itself is detrimentally affected, a finding of sexual harassment can be made.<sup>24</sup>

Every corroborated case of sexual harassment is a case of sex discrimination because the complainant was subjected to a disadvantage due to their orientation; hence, a disadvantage that no others were subjected because they did not carry that orientation.<sup>25</sup>

### **Consent**

As it speaks to actions connected to the workplace, it should never be presumed that consent was given or implied in the absence of a clear, positive agreement between parties. This may include statements or jokes that could be construed as controversial or a monogamous touch (e.g. hug). In the absence of consent, an individual's right to work without having to worry about any kind of pressure can be violated. The easiest way to determine if a person wants to give consent is to simply ask. Express consent is a process that must be asked for every step of the way and all reasonable steps must be taken. This eliminates the uncertainty of guessing and trying to interpret signals. Consent must be clear and unambiguous for each participant at every stage of a conversation or action. The absence of "no" should not be understood to mean "yes." As such, SHR will not accept an implied silence or passivity as a form of consent for inappropriate sexual behaviors.<sup>26</sup>

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<sup>22</sup> *Faryna v. Chorney* [1952] 2 D.L.R 354.

<sup>23</sup> *Hadzic v. Pizza Hut Canada*. [1999] B.C.H.R.T.D. No. 44.

<sup>24</sup> *Janzen v. Platy Enterprises Ltd.*, [1989] 1 SCR 1252.

<sup>25</sup> *Ibid.*

<sup>26</sup> *R. v. Ewanchuk*, [1999] 1 SCR 330.

## CRITERIA TO ESTABLISH WHETHER PERSONAL HARASSMENT HAS OCCURRED<sup>27</sup>

### Criteria to test Personal Harassment (bullying)

To substantiate personal harassment, the complainant must demonstrate on a Balance of Probabilities:

- A) That the conduct, comment, display, action or gesture falls into the domain of **inappropriate**. To be sufficiently serious enough to fall into this domain, inappropriate conduct is not just offensive and unwelcome but is also a marked departure of SHR values. It is motivated by ill-will or by a wanton and/or reckless indifference to how others perceive our actions.
- B) That the harassment occurred on the **worksite** (workplace) or arises out of or is connected to one's employment.
- C) That the conduct, comment, display, action or gesture constitutes a real **threat to the health and safety** of the individual. Assessing whether a real threat occurred is fact-specific and includes the subjective perspective of the complainant along with the objective assessment of the investigator.
- D) That there is **reliable evidence** to support the claim. What is harassment is a question of fact and must be determined according to the objective facts of the situation. The corroboration of various events verified through reliable oral, physical or documentary evidence is desired. Reliable confirmation via corroboration can strengthen the probability that an event did or did not occur and make the foundation of facts more certain.
- E) That the **respondent knows or ought reasonably to know** that the inappropriate conduct, comment, display, action or gesture would cause an individual to be humiliated or intimidated. The investigator will objectively consider whether the actions under investigation would be such that a reasonable respondent should have known or ought to reasonably have known they would cause humiliation or intimidation.
- F) That the alleged inappropriate conduct, comment, display, action or gesture **adversely affected an individual's psychological or physical well-being**. A health-harming adverse effect on well-being must be caused by or directly associated with the harassment.
- G) The harassment must be **repeated**, or if a **single serious incident** it must be accompanied by a lasting harmful effect. With any case of a single incident, the matter may be viewed to be more significant in circumstances when the relationship at work is one where the respondent has influence and/or positional power with regard to impacting workplace conditions, career advancement, performance reviews, work assignments and progressive discipline.
- H) That the complainant has met their **Burden of Proof**. The complainant has the sole responsibility (e.g., burden) to prove the allegations (see definition in Appendix C, SHR Harassment Handbook). Where it is determined at the pre-assessment phase that the complainant has failed to meet their burden, SHR will not investigate the complaint as harassment. Strictly enforcing the burden of proof can play a practical role in preventing frivolous or vexatious complaints.

During a formal investigation, in order to make a finding of personal harassment, each of the above elements (A thru H) must be present. If even one of the elements cannot be proven, the complaint will not succeed.

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<sup>27</sup> SHR's interpretation of the Act.

## **Other key criteria for testing Personal Harassment**

### ***Reasonability***

An integral part of testing whether personal harassment has occurred is assessing whether the harasser knew or ought to have reasonably known their actions could cause a staff member to be humiliated or intimidated. As such, personal harassment can exist even when there is no intention to harass or offend another. The motive behind an act of personal harassment can be of little relevance to the determination of whether harassment occurred. For example, a motive to harm is not needed to support a finding of personal harassment. Harmful conduct that is humiliating and intimidating may be actionable even when the harasser had the best of intentions. This provision is included in the test for personal harassment because inadvertently injuring staff via personal harassment can potentially be no less damaging than an intentional act, especially when an abuse of positional power or status is involved. As such, all staff in SHR must always take care to ensure his or her conduct is not harmful to another.

### ***Both Harassment types***

Under some circumstances, the conduct under investigation can fall under the rubric of both harassment types. For instance, sexual Harassment may also have elements of personal harassment. Under these circumstances, the complainant must formally allege both discrimination and personal harassment and the criteria must be met for both.

## SHR HARASSMENT COMPLAINT FORM

Today's date

\_\_\_\_\_  
(dd/mm/yyyy)

### Complainant

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Street or P.O Box City Postal Code

Email address \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

My work phone is a private office/area? Yes ☐ No ☐

I can be phoned on my cell phone? Yes ☐ No ☐

Department \_\_\_\_\_ Site \_\_\_\_\_

Manager \_\_\_\_\_

Affiliation: SEIU ☐ HSAS ☐ SUN ☐ out-of-scope ☐ Physician ☐ Other ☐ \_\_\_\_\_

I have contacted the SHR Safety Alert System phone line? Yes ☐ No ☐

### Respondent(s)

Name of Respondent(s) \_\_\_\_\_

Respondent's Department \_\_\_\_\_ Site \_\_\_\_\_

Respondent's Manager \_\_\_\_\_

### Witness Contact Information

Name \_\_\_\_\_  
First Last

Department/location \_\_\_\_\_

Phone \_\_\_\_\_



## Written Complaint

Please check boxes as appropriate:

- [1] Prior to writing your complaint, you must:
- ☐ Review the Workplace Harassment Policy and Procedure, most notably, Appendix A.
- [2] Check off the boxes below when writing your complaint. Your complaint should include:
- ☐ Date, location and time of each specific incident.
  - ☐ If more than one incident, number them in order of date.
  - ☐ Names of all persons involved and/or Witnesses who may have heard or saw the conduct under question.
  - ☐ Supporting evidence, if available (i.e., documents, journals, notes, reports, physical evidence, electronic communications, pictures, ect).
- [3] In your opinion is the alleged Harassment based on any of the following prohibited grounds ? Check the boxes that apply:
- |   |  |   |                                   |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Family Status | <input type="checkbox"/> Sex                          | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Nationality        | <input type="checkbox"/> Disability    | <input type="checkbox"/> Age                          | <input type="checkbox"/> Colour   |
| <input type="checkbox"/> Place of Origin    | <input type="checkbox"/> Creed         | <input type="checkbox"/> Receipt of Public Assistance |                                   |
| <input type="checkbox"/> Physical Size      | <input type="checkbox"/> Colour/race   | <input type="checkbox"/> Gender identity/expression   |                                   |
| <input type="checkbox"/> Marital Status     | <input type="checkbox"/> Ancestry      | <input type="checkbox"/> NONE OF THE ABOVE            |                                   |
- [4] If not based on any of the above prohibited grounds, is the alleged Harassment based on either of the following:
- ☐ Repeated incidents that have caused you to be humiliated or intimidated.
- OR
- ☐ A single serious incident that has had a lasting harmful effect on you.
- [5] PROVIDE WRITTEN DETAILS OF YOUR COMPLAINT *[fillable PDF]*

## Additional Questions

1. Do you currently feel safe in your Workplace?
2. Have you, or are you currently missing any work because of the alleged Harassment (i.e., sick time, disability, WCB, leaves)?
3. Have your working conditions been altered because of the alleged Harassment (i.e., involuntary or voluntary job relocation or transfer, changes in duties or job performance)?
4. Have you discussed the alleged Harassment with a Manager and what problem solving action was taken?
5. Have you tried to resolve the matter directly with the Respondent or have you told the Respondent the behavior is objectionable and must stop?

6. Is the Respondent equal, below or above you in the Workplace hierarchy?
7. Have you been involved in a Harassment investigation in the past?
8. Have you submitted this Harassment complaint to a Saskatchewan Occupational Health Officer?
9. Have you submitted this Harassment complaint to the Saskatchewan Human Right's Commission?

### **Declaration**

- ☐ I hereby acknowledge a copy of this complaint will be provided to the alleged harasser for the purpose of investigating this complaint.
- ☐ I hereby confirm the statement(s) contained in this complaint are true to the best of my knowledge.

Signature \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_

**Please submit completed form to HR Central (or your Manager) by hand, registered mail or email:**

**HR Central**  
HRCentral@saskatoonhealthregion.ca  
NAW – Level 1  
715 Queen Street, Saskatoon SK  
S7K 4X4

**Need confidential help completing this form? Please contact your Manager or union.**

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## DEFINITIONS

For the purposes of SHR Harassment policy, procedure and this handbook, the following terms apply:

**Bad Faith** means a formal harassment complaint brought with an ulterior motive motivated by ill-will, hostility, malice and/or is discolored by a personal animosity or a lack of fairness or impartiality. It includes a reckless disregard for another's health and safety that is intentionally, knowingly and negligently untrue without reasonable and probable grounds.

**Balance of Probabilities** means the standard of proof used when making a final investigative determination. It is a yardstick that harassment investigators use to gauge whether the evidence is sufficient enough to make a finding. The balance of probabilities is applied by scrutinizing the evidence to determine whether it is more likely than not that an alleged event occurred. If a complainant is successful in proving their case, it is said that the case was proven by a preponderance (e.g., weight) of the evidence. The standard of proof is met if the allegation is more likely to be true than not true. In short, the standard is satisfied if there is greater than 50% chance that the allegation is true. When applying the balance of probabilities, SHR follows the principles outlined in the Supreme Court in *F.H. v. McDougal*.<sup>28</sup>

**Bona fide** means real, actual and genuine with good faith, earnest and not feigned; sufficiently weight or sufficiently serious grounds.

**Burden of Proof** means a complainant's responsibility (e.g., burden) to prove their harassment allegations by providing reliable evidence that is clear, cogent and convincing. The veracity and origin of evidence is crucial to meeting the burden. This means the complainant must provide the investigator a persuasive element of evidentiary proof (witnesses, documents, credible recall, etc.) on a balance of probabilities that harassment actually occurred. The burden of proof always lies with the complainant (person who lays charges) and their version of events must be more likely true than the person who responds with an opposing opinion (the respondent). Where it is determined at the pre-assessment phase that the complainant has failed to meet their burden, SHR will not investigate the complaint as harassment and alternative remedy may be explored.

**Cognitive Impairment** means diagnosed deficits such as intellectual disabilities, learning disorders, drug-induced impairment (irreversible or reversible), brain injuries, neurological diseases or mental illness.

**Collaborative Processes** means solutions where both parties mutually consent to share responsibility and participate in restoring harmony and resolving differences (e.g., mediation, conciliation, facilitated meetings, coaching conversations, education, and group facilitation). Collaborative processes are a 'no-fault' endeavor that may involve apologies and/or admissions of guilt, but do not normally incorporate employer discipline.

**Complainant** means a person who lodges a complaint.

**Cyber-Harassment**<sup>29</sup> means the use of information communication technologies such as the internet, social media, websites, email, text messaging and instant messaging to harass another. It can include discrimination and/or Personal Harassment:

- i) Sending intimidating or threatening emails or text/instant messages.

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<sup>28</sup> *F.H. v. McDougal* [2008] 3 SCR 41.

<sup>29</sup> Adapted from <http://www.rcmp-grc.gc.ca/cycp-cpcj/bull-inti/index-eng.htm>.

- ii) Posting embarrassing photos.
- iii) Creating a website to demean.
- iv) Pretending to be someone by using their name.
- v) Tricking someone into revealing personal or embarrassing information and posting it to others.
- vi) Posting information that falsely discredits or humiliates.

Cyber-harassment affects targets in different ways than traditional Harassment. It is often present 24/7 and therefore reaches the comfort of a home — typically a safe space from traditional forms of workplace harassment.

**Designated Harassment Investigator (DHI)** means the assigned SHR authority who objectively oversees harassment processes in SHR, including receiving and pre-assessing formal harassment complaints for grounds, conducting independent investigations and/or overseeing third-party investigations.

**Employee Family Assistance Program (EFAP)** means a no-cost service to staff, offering immediate and confidential professional help for any work, health or life concern. EFAP services are available twenty four hours a day at 1.844.336.3136 or [workhealthlife.com](http://workhealthlife.com).

**Express Consent** may be verbal, nonverbal or written form and is clearly and unmistakably stated. Not left to inference or interpretation.

**Formal Harassment Complaint** means a complaint of alleged harassment brought to SHR's attention that is written and submitted using the SHR Harassment Complaint Form. Formal investigations in SHR are complaint-form driven; as such, for a formal complaint to commence, staff is required to submit the SHR Harassment Complaint Form. Complaints that are not written on the Harassment Complaint Form will not normally result in a harassment investigation.

**Frivolous Complaint** means a harassment complaint that is groundless and therefore lacks evidentiary basis or legal merit. It is not *Bona fide* and has little prospect of success as it presents no rational argument and/or is untrue by a mistake in judgement, inexperience or because of an honest error of perception.

**Full Answer and Defense** means a right a respondent has to be informed of all the allegations and allowed to respond in a manner sufficient to permit a robust defense prior to an investigate conclusion.

**Harassment**<sup>30</sup> based on prohibited grounds (discrimination) means any inappropriate conduct, comment, display, action or gesture by a person that:

- is made on the basis of race, creed, religion, colour, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry or place of origin; and
- constitutes a threat to the health or safety of the worker (wtaff). This type of harassment extends to sexual harassment and is prohibited in the *Act* and *The Saskatchewan Human Rights Code*.<sup>31</sup>

**Harassment Complaint Form** is used by SHR DHI to receive, pre-assess and investigate formal complaints in a consistent and fair manner. The form can help complainants focus their concerns and concisely set out the particulars of their allegations. The form is to be freely accessed in an uncomplicated manner and inclusively available to all staff in SHR. The SHR Harassment Complaint Form is available in Appendix B of this policy and procedure.

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<sup>30</sup> Definition pursuant to the Part III of the *Saskatchewan Employment Act (the Act)*.

<sup>31</sup> The provisions under the Code regarding discrimination practices in the workplace are found in Sections 10, 16, 17, 18, 27 and 31.

**Implied Consent** means consent which is not expressly granted by a person by spoken or written word, but rather granted by a person's actions and the facts and circumstances of a particular situation.

**Informal Harassment Complaints** means complaints of alleged harassment brought to SHR's attention that are not written or formalized. On occasion a complainant may not wish to identify the alleged harasser or ask for direct intervention from SHR. The complainant may only want information, advice or indirect assistance in stopping the offending behavior. Informal harassment complaints will not normally result in a formal harassment investigation.

**Manager** means all in-scope and out-of-scope direct reports, including Department Heads.

**Mobbing** means harassment of a staff member by his or her colleague(s). Mobbing typically arises from peer pressure and involves multiple co-workers. Mobbing can involve overt behaviors such as petty fault finding and physical intimidation. More often, however, it takes covert forms such as ignoring or excluding a staff member from social situations and team communications. Mobbing could be intentional or unintentional and can be present in both types of harassment defined in SHR Policy and Procedure. Staff particularly vulnerable to mobbing are those not in the dominant culture because they do not share the same creed, orientation, gender or level of ability. Mobbing severely affects the ability to take part with dignity in the workplace.

**Poisoned Work Environment** means a workplace wherein comments or behaviors create a hostile or offensive environment for staff or groups and negatively affects communication and productivity. These activities (e.g., yelling, slamming doors, pounding a desk, etc.) are not always nor necessarily directed at anyone in particular.

**Pre-assessment** means a pre-screening of all formal harassment complaints conducted by the SHR DHI. The main purpose of this initial screening is to determine whether the complaint falls within the definition of harassment. In doing so the DHI may choose to identify the plausibility of a triggering event; gather readily available or pre-established evidence that may support or negate the need for a harassment investigation; examine whether the evidence is first-hand or hearsay; preserve and collect evidence that may be vulnerable to destruction or conduct background interviews with persons who can offer initial details. Pre-assessments do not provide definitive investigative findings; rather, they are a passive probe to ensure a complainant's concerns are directed to the right mechanism to find the right solution. Where a DHI conducts a pre-assessment and is not satisfied with grounds, a harassment investigation will not commence and alternate avenues of remedy may be explored.

**Prima facie** means a fact presumed to be true unless disproved by some evidence to the contrary.

**Personal Harassment<sup>32</sup> (bullying)** means any inappropriate conduct, comment, display, action or gesture by a person that:

- adversely affects an individual's psychological or physical well-being;
- the perpetrator knows or ought to reasonably know would cause the individual to be humiliated or intimidated, and
- constitutes a threat to the health or safety of the worker (staff).

To constitute personal harassment, either of the following must be established:

- repeated conduct, comments, displays, actions or gestures, or
- a single, serious comment, display, action or gesture, that has a lasting, harmful effect of the worker (Staff).

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<sup>32</sup> Pursuant to the Part III of the Act.

**Physician** means any fee for service, Staff or contractor whom SHR has awarded medical privileges.

**Sexual Harassment** means any conduct, comment, gesture or contact of a sexual nature that is offensive, unsolicited or unwelcome.

**Social Media** means all forms of user-generated content created or exchanged online. Social Media may include:

- i) Virtual worlds/social networking sites (e.g. Facebook, LinkedIn, Instagram, Myspace, Snapchat, Pinterest, Tumblr, Reddit, Yik Yak, Classmates, myYearbook, Vine, VK, Tinder, WhatsApp, YouTube, blogs, wikis, file sharing (video/audio), and Twitter);
- ii) Video and photo sharing websites (e.g. YouTube, Flickr, PSP);
- iii) Blogging sites (including corporate blogs, personal blogs or blogs hosted by media publications);
- iv) Forums, discussion boards (Yahoo Groups, Google Groups), news article comments and online encyclopedias/wikis (e.g. Wikipedia).<sup>33</sup>

**Staff** means all employees, practitioner staff, professional staff, contractors, students and volunteers.

**Respondent** means the individual whom a complaint has been lodged against and responds to the complaint.

**Retaliation (reprisal)**<sup>34</sup> means any actions, threats or pressure in any form that may include physical harm, job loss, punitive work assignments or actions impacting salary or wages.

**Vexatious Complaint** means a complaint made in Bad Faith.

**Violence** means the attempt, threat or actual conduct of a person (intentional or not) that causes or is likely to cause injury. This may involve the application of physical force with or without weapons. It includes any threatening statement or behavior that gives staff reasonable cause to believe they are at risk of injury.<sup>35</sup>

**Witness** means a person who is interviewed during an investigation to obtain what they may have heard, seen or otherwise observed.

**Workplace Bullying** means repeated or a single grave act of health harming mistreatment by one or more people by verbal and/or physical abuse, threats, intimidation, humiliation, work interference, sabotage, exploitation of a known vulnerability, or any combination of the foregoing. In the *Act*, personal harassment is synonymous with workplace bullying.

**Workplace** means a work-related area or setting at the place of employment where staff is required or permitted to be present.

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<sup>33</sup> SHR Policy: *Social Media*.

<sup>34</sup> SHR Policy: *Speaking Up-Protection of Persons reporting Wrongdoing*.

<sup>35</sup> Adapted from SHR Policy: *Violence Management*, and Part III, *Saskatchewan Occupational Health and Safety Regulations*.

## 1. TAKING ACTION TO PREVENT HARASSMENT

SHR is committed to the principle that prevention is by far the best means of combatting harassment with education, early intervention and a strong leadership commitment to promoting a harassment-free workplace. As it speaks to prevention, investigations, policies and enforcement measures are only a small part of the equation. As such, SHR acknowledges that prevention is fully in its purview and span of control; hence, since harassment is a workplace problem, it follows that it requires workplace solutions.

### 1.1 Tips for Harassment prevention

SHR encourages and invites you to speak out about destructive workplace behaviors, conflict and harassment. Contact your Manager for help with skill building in identifying, coping and addressing disruptive behaviors in a healthy safe manner.

- Get educated by familiarizing yourself with SHR Harassment Policy, Procedure and this Handbook along with SHR Policy: Respect and Dignity. Understand what Harassment is and why psychological safety is important.
- Be alert by keeping an eye out for signs of harassment.
- SHR's Values serve as a guidepost. Set the tone by continually living and modeling our values of respect, compassion, excellence, stewardship and collaboration as per SHR Code of Conduct and Values in Action policies.
- If you see others engaging in offensive behavior and if you feel safe to do so, suggest they stop it. Hold others accountable by making it clear you will not tolerate harassing behaviors. If you need advice on how to best handle a situation, seek it from your Manager or union.
- Seek help for unresolved conflict by advising your Manager or union.
- Find ways to prevent unresolved differences from escalating into harassment and deal with them quickly when they occur.
- Accept responsibility for your own actions and reactions and how they impact others.
- Be part of the resolution for problematic workplace conditions.
- When in doubt, don't say it, don't do it.
- If your behavior is unwelcome, stop the behavior.
- Do not make assumptions; do not assume that friendliness equals sexual interest and that the lack of objection means people are not offended.
- Avoid gossip, critical words and hurtful actions.
- Recognize the benefit of cultural diversity in the workplace.

## 2. TARGETS OF HARASSMENT: HOW AND WHEN TO OBJECT

### 2.1 When a target of harassment should not object

Staff who feel they are being harassed are not encouraged to confront an alleged harasser if:

- i) They are reluctant to do so, or
- ii) The harassment is of a serious nature or if the harasser denies the alleged conduct.

Harassment is always unwanted and undeserved; hence, at no time is a target of harassment ever viewed as responsible for causing their harassment, especially if they were unable or did not object. A failure to object is not a sign that harassment is not occurring.



## **2.2 When it is okay for a target of Harassment to object**

It is possible an alleged harasser may not be aware how their actions are affecting others. In some cases, speaking to the alleged harasser about the inappropriate behavior can help resolve a situation. In circumstances where a Staff member feels safe to address objectionable behavior, it is desirable that an alleged harasser be made aware and given the opportunity to stop. When a Staff member feels safe to object, it can be effective to informally speak with the alleged harasser in private. In other instances, it may be most effective if a Staff member chooses to informally speak to their alleged harasser with the assistance of a third-party (e.g., Manager, union) or submit an objection to the alleged harasser in writing.

## **2.3 How to object**

If a staff member believes they have been subjected to alleged harassment, and feel safe to do so, can object in following manner:

Step 1: Make it clear to the individual (verbally or in writing) that her/his actions are not welcome and tell them a failure to stop will result in a Formal Harassment Complaint.

Step 2: Keep a factual record. Document details such as the date and time the alleged Harassment occurred, the location, frequency, witnesses to any disrespectful behavior and all objections made to the alleged harasser, including the impact of the behavior on you. Preserve copies of pertinent documentation (e.g., letters, emails, pictures, texts, etc.).

Step 3: If the alleged Harassment does not stop after you object, contact your Manager, the SHR Safety Reporting Line (urban: 306.655.1600, rural: 1.866.966.0820), or your applicable union.

Set firm limits when objecting by using the following script suggestions:

- *"I feel uncomfortable when..."*
- *"I want you to stop..."*
- *"If you do not stop I will have to report you."*

When objecting, focus on the unacceptable behavior rather than attacking the alleged harasser. Avoid power struggles and saying anything that could be perceived as abusive language. Avoid blaming language such as *"you always..."*. Instead, describe the outcome with *"I"* statements such as *"when you criticize me in front of patients I feel they lose confidence in my abilities."* Help the harasser understand the situation in which the behavior occurs and the impact on yourself and others. Encourage constructive solutions, ask *"what can be done to make it okay again, how can we turn this into something that will be better."*

## **3. WHAT IS NOT HARASSMENT**

### **3.1 Right to direct the workforce**

Harassment does not include any reasonable action taken by SHR, or a Manager or supervisor employed or engaged by SHR, relating to the management and direction of SHR staff or the place of employment.<sup>36</sup> Harassment does not extend nor apply to day-to-day management or management decisions including but limited to:

- Work assignments,
- Job assessment, evaluation,

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<sup>36</sup> Pursuant to Part III of the Act.

- Just cause disciplinary action and progressive discipline,
- Absenteeism,
- Reference checks,
- Organizational changes,
- Workplace inspections,
- Implementation of dress codes,
- Workplace investigations.

Some Management actions and decisions are not harassment, even if they sometimes involve unpleasant consequences. Management actions, however, must be carried out in a manner that is reasonable and not abusive. Should any managerial action fall into the domain of alleged harassment, this policy will come into effect and any real or perceived abuse of positional power (via acts of omission or commission) will be given scrupulous attention.

### **3.2 Other actions that are not Harassment**

- Consensual relationships expressly welcomed by staff. However, if a Staff member feels discomfort with such behavior and/or the behavior persists after one party has clearly expressed discomfort or objected, then it may qualify as harassment.
- An isolated minor incident for which a person has promptly apologized.
- Physical conduct necessary for the performance of the work using accepted industry standards.
- Conduct which *all* parties agree is inoffensive or welcome. Note, conduct can be deemed inappropriate when a staff member clearly communicated discomfort but the conduct continued. If a staff member was unable to object, scrupulous attention will be given to whether they felt unsafe to do so.
- Disagreements in the workplace that are not based on one of the prohibited grounds.
- Expressing opinions that are different from others, unless those opinions fall within the prohibited grounds.

### **3.3 Workplace conflict is not Harassment**

Workplace conflict can involve improper and even disrespectful actions but is not the same as harassment. It can be difficult for staff to know the difference between Harassment and conflict, as they can appear similar. However, they are two distinct behaviors requiring distinctly different interventions. Harassment is more severe than conflict as it has more in common with violence, interpersonal abuse and workplace trauma than with workplace disagreements.

Not every workplace indiscretion, petty act or thoughtless and insensitive word is intended to be captured by the definition of harassment. To qualify as Harassment, the entire criterion in the harassment policy and procedure's *Appendix A* must be met.

Conflict is often an unavoidable part of work; in fact, healthy disagreement and constructive conflict is characteristic of high performing teams. On the other hand, unresolved conflict not dealt with properly or proactively has the potential to escalate and take the form of harassment.

Harassment process should not be used to address conflict. Knowing the differences between conflict and harassment can assist staff and interveners with identifying the right mechanism to find the right solution.

<b>CONFLICT TRAITS<sup>37</sup></b>	<b>HARASSMENT TRAITS</b>
Normal, acceptable and unavoidable part of human interaction. More often than not unsettling, but can still have constructive outcomes.	Not considered normal everyday Workplace behavior. More often than not destructive.
Those involved perceive each other to have equal power in the Workplace. Whoever has more positional influence (outranks) is not a core concern nor in play.	Imbalance of a real or imagined positional power or status is often in play. The imbalance is aggressively exploited as vulnerability. Harassers do not want a relationship of equals.
While interaction can get emotional or heated, control over the other is not the prime focus.	Seeking control and domination over the other, physically and emotionally, is the primary impulse.
Conflict is commonly a two-way street, often viewed by the parties as unwelcome and uncomfortable. Workers (Staff) often find themselves reacting to a conflict, versus (knowingly) initiating.	Harassers welcome, initiate and push destructive conflict. Attacks are largely unsolicited and unidirectional (a one-sided pattern) with a cruelty of purpose.
Time loss from work and fleeing the work environment is less common.	Time loss from work is more common. Increased absenteeism, decreased motivation, declining job performance and unit turnover are symptomatic of harassment. Targets will often eventually flee a marginalized environment. Medical is often sought as targets commonly experience difficulty getting whole.
Workers (Staff) in conflict rarely want to cause each other real harm. The conflict is often situational wherein they did not choose to be in conflict with each other. Prefer to avoid one another until the conflict is resolved.	Collisions are sought because the harasser carries powerful feelings of dislike and a strong desire to hurt the other. They intentionally seek, target and deliberately cause confrontations to elicit high emotion and reactions.
Conflict more often than not deals with isolated and episodic events, flaring up only occasionally where the harm is fleeting and not long lasting.	Harassment often involves a persistent and repeated pattern of severe health harming behavior. The behavior often cumulatively escalates over time with increased frequency and hostility.
Conflict is often fueled by poor communication, differences of opinion, inability of Workers (Staff) to control emotions, murky standard work and expectations. Workplace conflicts can be interpersonal but on balance are more often impersonal, sparked by a Workplace issue. They are rarely sparked by an ulterior or threatening agenda.	Harassment involves a high severity of contempt and disregard over another's deservedness. It involves very intimate, personal-orientated attacks on another's character that are often irrelevant to work (e.g., name calling based on appearance or prohibited grounds, belittling based on half-truths and distortion). The maltreatment is unscrupulous and aimed at the person, not an issue. Often has a predatory agenda to ostracize, intimidate and incapacitate.
Conflict instills worry and distress but there often an underlying understanding why the conflict started. Real fear does not predominate. Parties are generally not frightened of one another.	Harassment instills palpable fear for one's safety. A target feels shock, disbelief and has difficulty finding meaning with why the matter has escalated. Targets can have intrusive thoughts and feel under threat.
Those in conflict often want to maintain confidentiality, prefer a private approach to remedy, are not proud a conflict is occurring.	Harassers will often openly broadcast to colleagues (rumor monger). They often form camps to manage the target's reputation covertly and overtly. The goal is to make things public to increase their sphere of influence.
Those in conflict will often and/or eventually take responsibility for their point of view, are willing to reach compromise and have capacity to express remorse for how the conflict evolved. To resolve, they are apt to internalize and take some level of ownership.	Harassers often refuse to apologize, will more often counter-accuse more versus admit wrongdoing, will show very little empathy and humility. They are apt to externalize blame and rarely demonstrate voluntary remorse. They have the potential to retaliate in order to get 'one up' and keep a target off balance.
Those in ongoing conflict will often problem solve using words and overt actions. Conflict can have elements of passive aggressiveness; however, those elements do not define the conflict.	Harassers will more consistently use covert ways to socially isolate a target and establish control and dominance such as paralinguistic cues (glaring eye contact, huff and puffs, slam things, frowns, tone of voice, very fast or slow rate of speech) or use indirect Violence (silent treatment, gossip, public humiliations).

<sup>37</sup> Adapted from the Workplace Bullying Institute.

#### 4. BYSTANDERS TO HARASSMENT

A purpose of this SHR Policy and Procedure is to promote a strong internal responsibility system where all staff understands they have a shared role to play in preventing and stopping alleged harassment. In short, *safety is no accident*. All SHR staff who witness an alleged act of harassment or destructive behavior have a duty to report the situation to their Manager. The employer, typically represented by Managers, in turn, has a legal duty to ensure all reports of alleged harassment are reasonably addressed without delay.

A robust harassment reporting culture is an essential element of a healthy and safe workplace. Doing nothing to support a target of harassment is not a neutral act as it puts targets at a disadvantage. In sum, for harassment to thrive it often requires team approval, secrecy, shame and silent witnesses allowing a harasser to allegedly harass.

You are a bystander if you:

- i) Stand by and say nothing when Staff is being abused by another or by a third-party.
- ii) Feel peer pressure if you do not appear to support an alleged harasser's actions.
- iii) Fear that you may be the next target.

If you Witness alleged harassment:

*Step 1:* If you feel safe, speak up and make it known that you do not approve of the behavior. If you do not feel safe objecting to the alleged harasser, tell a Manager immediately.

*Step 2:* Report the incident the SHR Safety Alert System (urban: 306.655.1600, rural:1.866.966.0820)

*Step 3:* Lend a supportive ear to co-workers who may be experiencing harassment, encourage them to seek help and options for resolution.

*Step 4:* Where applicable, tell your union representative.

*Step 5:* Cooperate fully with any investigations or remedies.

SHR upholds the principle that work is one of the most fundamental aspects in a person's life, providing people with a means of financial support and, as importantly, a contributory role in society. Employment is an essential component of a sense of identity, self-worth and emotional well-being. For many staff in SHR, apart from family, workplace relationships are some of the most meaningful relationships in their lives<sup>38</sup> and harassment poses a threat to this well-being. As such, any staff member who witnesses the harassment of other staff must ensure prompt reporting.

Pursuant to the Act,<sup>39</sup> all staff must take reasonable care to protect his or her health and safety and the health and safety of other staff who may be affected by his or her acts or omissions. Bystanders who fail, at minimum, to tell their Manager of destructive or alleged harassing behaviors can be found complicit and party to the harassment if the observed/ignored behavior is ultimately deemed harassing. Substantiated acts of a bystander failing to report will not be tolerated and may be subject to appropriate discipline.

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<sup>38</sup> Amalgamated Transit Union, Local 113 v Toronto Transit Commission (Use of Social Media Grievance) 2016, O.C.A.A. No 267.

<sup>39</sup> Part III, 3-10.

## 5. THIRD-PARTY HARASSERS

SHR's harassment policy covers alleged harassment connected to any matter or circumstance arising out of the workplace including conduct perpetrated by a third-party with whom SHR does business with or which whom staff is required to meet with. This may include patients, clients, residents, families, contractors or their staff and the public.

SHR and Managers have a duty to intervene with third-party harassers. However, third-parties are not under the employer's full direction, and therefore the jurisdiction to investigate and/or sanction conduct can be limited. SHR shall take reasonably practicable action to stop or reduce the risk to its staff of being harassed by third-parties as follows:

### 5.1 External contractors

- i) Provide SHR Harassment Policy, Procedure and Handbook to and/or post in a location visible to contractors.
- ii) Ensure contractors and their workers (staff) are contractually subject to the behavioral expectations SHR Harassment Policy, Procedure and Handbook binding them to accept and meet the terms herein.
- iii) Promptly take action by warning harassing conduct will not be tolerated and if necessary, limiting, cancelling or suspending services and/or removing contractors who participate in alleged harassment.

### 5.2 Cognitively intact service users

- i) When the alleged harasser is a cognitively intact service user (patient, client, resident) or connected to a service user (family or other visitors), it is recommended that all details of the observed situation be thoroughly documented<sup>40</sup> in the health record. Determine the potential cause of the alleged harassing behaviors and put measures in place to eliminate the likelihood of further incidents. Ensure all staff are aware of the behaviors; place feedback on the care plan and any communication binder(s) and discuss at team meetings and/or shift briefings.
- ii) When a cognitively intact service user has been asked to stop harassing Staff but they continue, management has the right to make it clear no further incidents will be tolerated under any circumstances or the service user may risk discharge and/or a modification or refusal of service.

### 5.3 Cognitively Impaired service users

When a cognitively Impaired service user engages in abusive actions, Staff should closely follow any safe Workplace practices and procedures already in place (e.g., behavioural care plans, etc.), seek expertise and thoroughly chart and communicate openly as a care team to problem solve.

### 5.4 Third-party Violence

Workplace harassment left unchecked has the potential to escalate into violent behavior. All incidents of third-party violent force or threats of a violent nature must be reported and will be assessed and/or investigated. Refer to SHR Policy: *Violence Management*.

### 5.5 Physicians

Physicians (e.g., fee for service, Staff or contractors) whom SHR has awarded medical privileges are fully subject to the terms of conditions of SHR Harassment

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<sup>40</sup> Documenting can gain more credibility with the issue and help SHR objectively determine the facts.

Policy Procedure and Handbook. *SRHA Practitioner Staff By-Laws* come into effect if the need arises to sanction a physician. SHR Senior Medical Officer, the Director of Practitioner Affairs and SHR Legal Counsel are to be informed without unreasonable delay of all harassment complaints involving physicians.

## **6. COLLABORATIVE PROCESSES VS. FORMAL HARASSMENT INVESTIGATIONS**

Second only to preventing destructive behaviors and conflict from escalating into harassment, is the goal of investigating harassment complaints as soon as possible in the least disruptive manner.

As harassment and conflict are distinct from one another, two distinctly different interventions (collaborative and formal) are available in SHR.

### **6.1 Formal Harassment investigations**

Formal investigations are enforcement measures designed to stop harassment related right's infringement(s). A formal investigation does not rebuild relationships. A formal investigation's central functions are:

- (i) Protect staff safety.
- (ii) Make findings of fact with whether harassment took place.
- (iii) Prevent recurrence by imposing sanctions or conditions.

The full process for how a formal written complaint of harassment can be found in SHR Harassment Policy and Procedure.

### **6.2 Collaborative Processes**

Collaborative processes are informal solutions designed to address workplace conflict and disagreements. They can be preventative or reactive and commonly involve conflict mediation, but can also include education and coaching. Collaborative processes can provide staff opportunity to understand one another and work together to repair the harm done to restore harmony. They can include apologies and admissions but do not incorporate employer discipline; hence, in lieu of punishment, they are a 'no-fault' endeavor. A shared responsibility is emphasized between parties to resolve differences and create a preferred future.

Confidential support with collaborative processes is available via:

- i) Manager.
- ii) Applicable union.
- iii) EFAP (1.844.336.3136 [workhealthlife.com](http://workhealthlife.com)).
- iv) SHR Safety Alert System (urban: 306.655.1600, rural: 1.866.966.0820).

### 6.3 Comparing Collaborative Processes and Harassment Investigations

COLLABORATIVE PROCESSES (e.g., MEDIATION)	HARASSMENT INVESTIGATIONS
Designed to address Workplace conflict.	Designed to address a violation of a Worker's (Staff) legal right to Harassment free Workplace.
Immediate focus is to resolve conflict, no legislative duties involved.	Focus is immediate safety and protecting the Complainant. Fostering a future relationship between a Complainant and Respondent is secondary to safety. Legislative duties involved.
Future harmony is often restored between parties.	Future harmony between parties is rarely restored. Relationships between key parties are further hardened and often result in permanent impasse.
Focused on establishing increased understanding between the parties.	Focused on determining facts.
A voluntarily process, typically only considered a viable option if <u>both parties</u> mutually consent to participate.	Once an investigation has begun, it is an involuntary process. Consent is not a factor in determining whether to investigate.
The parties lead.	SHR leads.
Parties encouraged to collaborate, emphasizes a shared responsibility.	Collaboration discouraged, one party is often made responsible over the other.
Brings Workers (Staff) together in same room.	Separates Workers (Staff). There is never a joint meeting during an investigation.
Affected parties control the process and outcome.	SHR controls the process. Outcome is imposed, unilateral and often binding.
On balance, is not prohibitively time consuming nor overly disruptive to a work unit.	Can be very time consuming and temporarily destabilizing to a work unit.
Operates separate from disciplinary systems with no-fault resolutions. No documentation placed on either Worker's (Staff) personnel files.	Acts as an arm of SHR Department of Labour Relations, authority is used to stop and deter. Disciplinary sanctions can result with documentation placed on the disciplined Worker's (Staff) personnel file.
The process remains confidential.	The process remains confidential but disclosure is often necessary for purposes of investigation, with taking corrective action or when required by law.

### 6.4 When Collaborative Processes are appropriate and not appropriate

After a formal harassment complaint has been pre-assessed for grounds and accepted as *Bona fide*, SHR then has a legal duty to investigate and if applicable take corrective action to ensure no staff is subjected to alleged health harming behaviors.

An important outcome of the pre-assessment screening process is that a formal investigation will only commence after it has been determined that collaborative processes may not prevent the alleged harassment from recurring or that the informal harassment complaint process is not appropriate. If collaborative processes have already been ruled out for reasons of safety, they will not normally be considered after a formal investigation has started.

SHR will not ridicule, undermine or prevent staff who submit *Bona fide* complaints from accessing harassment rights and remedies available under the law. As such, only after a full investigation is completed and after a harasser's conduct is addressed will collaborative processes normally be considered.

Post harassment investigation, mediation or facilitated discussions may be especially relevant if the investigation concludes no harassment took place. Under these circumstances, if the parties are open to negotiate and/or the complainant does not fear retaliation or loss of face, mediation can prove beneficial. Mediation can clear the

air, rebuild strained relationships, help maintain a professional work relationship, clarify outstanding questions and help the respondent to recognize the adverse impact. If a complainant feels threatened, coerced or otherwise unable to express concerns and negotiate post investigation, collaborative processes will not be considered. Scrupulous attention will always be given with whether mediating could escalate the complainant's experience by alienating, re-traumatizing or causing shame and self-blame.

#### **6.5 SHR does not mediate *Bona fide* complaints of alleged Sexual Harassment**

When it is determined that a complaint of sexual harassment has grounds for investigation, mediation will not normally be pursued by SHR as remedy. Mediation could dismiss and ridicule the seriousness of a complaint and block effective action with safeguarding ongoing security. Sexual harassment is often unidirectional and can involve a power imbalance. No behavior from a complainant can ever justify becoming a target of sexual harassment; hence, when a sexualized act lacks consent, there is no shared responsibility to remedy.

The duty to prevent recurring sexual harassment fundamentally lies with SHR and the offender and is never an ongoing responsibility of a target, even partially, to solely prevent further acts or get along with a sexual harasser in the future. Mediating sexual harassment can send wrong message to staff and can dampen the organizational desire to report alleged sexual harassment.

#### **6.6 Collaborative Processes and formal investigations to not replace one another**

Where it is determined staff is experiencing unresolved conflict, formal harassment investigative processes will not be used as an alternative to managing and problem solving. Alternatively, using harassment processes to address conflict can minimize the ability of mediation to bring parties together with minimal disruption to build better relationships in the future.

When it is determined a harassment complaint is *Bona fide*, collaborative processes will not normally be used as an alternative to investigating. All *Bona fide* complaints of harassment will be taken seriously and staff will not be discouraged from pursuing or resolving a complaint in accordance with the harassment policy and procedure.

### **7. WORKER (Staff) RIGHTS DURING INVESTIGATION**

#### **7.1 Procedural fairness (natural justice)**

The following dictates of procedural fairness apply to SHR harassment investigations:

1. The right to lodge a complaint without it being ridiculed or arbitrarily dismissed and to have it acted upon in a timely manner.
2. The right to refuse mediation.
3. The right to a full and answer and defense wherein details about the fullest nature of the complaint will be disclosed to you prior to being interviewed.
4. The right to adequate notice and to be present.
5. The right to a qualified, impartial investigator.
6. The right to a presumption of innocence unless proven otherwise.
7. The right to be represented.
8. The right to pursue other legal support.
9. The right to confidentiality.
10. The right to submit a complaint without retaliation or discrimination.
11. The right to be heard and make arguments against the totality of allegations.



12. The right to seek the assistance of a Saskatchewan Occupational Health Officer prior, during or after a complaint is investigated.
13. The right to file a harassment complaint with the Saskatchewan Human Rights Commission under the *Saskatchewan Human Rights Code*.
14. The right to be provided a reason for a decision in writing following an investigation.
15. The right to appeal a decision via a collective bargaining agreement.

## **8. DOCUMENTING INVESTIGATIONS**

### **8.1 Distribution of the final investigative report**

At the conclusion of a harassment investigation the DHI will complete a written investigation report memorializing conclusions and reasons for the decision.

The complainant, respondent, union representative (or a retained legal counsel), assigned HR consultant, SHR legal counsel, affected Manager and/or executives as applicable will be provided opportunity to review the final report in its entirety. To protect the confidentiality of all parties, the complainant, respondent and authorized supports will be provided read-only<sup>41</sup> access to the final report under the direction and supervision of the DHI. Any third-party disclosure beyond read-only access will be at the sole discretion of SHR legal counsel.

### **8.2 Record retention**

No record of a harassment complaint or final report will be kept on a staff personnel file unless corrective disciplinary action resulted. If disciplinary action flows, the letter of discipline will be accompanied by the investigation report until the time the discipline expires, wherein it would then be removed from the personnel file.

Human Resources shall retain all documents related to a complaint for seven (7) years following the conclusion of the complaint.

### **8.3 Document disclosure**

All documents, full statements and related materials obtained during the course of a harassment investigation, including the names and copies of witness statements, shall not be disclosed to any unauthorized person unless required by law.

## **9. CONFIDENTIALITY**

### **9.1 Staff obligations during a harassment investigation**

All staff entrusted with information to a harassment investigation will be reminded at the earliest investigative stages to uphold the strictest confidentiality. Those entrusted to information shall not speak to any<sup>42</sup> staff about the investigation, especially staff who may be involved in and/or impacted by an investigation. This obligation is active during an ongoing investigation, after an investigation has concluded and includes any reference to investigation reports or sanctions thereof.

Persons in a legitimate need-to-know whom staff may speak to about an investigation include an assigned union representative, legal counsel and EFAP services. External supports (e.g., family, friend) may be spoken to under the following circumstances:

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<sup>41</sup> No pictures or photocopies are permitted during read-only access.

<sup>42</sup> Instructions will be provided on a case-by-case basis with whether a Supervisor is a need-to-know.

- External support must not be SHR staff.
- It is the responsibility of the affected staff member to ensure all conversations remain confidential.
- No identifying information pertaining to a patient/client/resident is divulged.

All allegations of confidentiality breaches will be promptly addressed. A breach of confidentiality is a serious offence; unauthorized disclosures of information may be subject to disciplinary action.

## **9.2 SHR obligations during a harassment investigation**

SHR will not disclose the name of a complainant, respondent or the circumstances related to the complaint to any person except where disclosure is:

- i) Necessary for the purposes of investigating the complaint or taking corrective action with respect to the complaint; or
- ii) Required by law.

## **9.3 Witness confidentiality during a harassment investigation**

Any Witness interviewed in a Harassment investigation will be advised that their identities will not be disclosed in any investigation report or to the Complainant or Respondent except as required by law or to the extent necessary to allow a Respondent a Full Answer and Defense. For the purposes of investigation reports, Witness identities will be de-identified (e.g., Witness A, B, C, etc.).

# **10. RETALIATION**

All SHR staff have a right to lodge a complaint of harassment without retaliation. It is strictly prohibited and a serious offense for any person involved in a SHR investigation to be penalized or retaliated against in any manner because of their participation in an investigation. All staff involved in a harassment investigation will be reminded at the earliest investigative stages to avoid any real or perceived retaliation.

Action will be taken to prevent retaliation against a complainant who makes a harassment complaint in good faith. All reports of retaliation will be promptly addressed and any substantiated acts of retaliation may be subject to disciplinary action.

# **11. VEXATIOUS COMPLAINTS**

SHR has no tolerance for vexatious complaints intentionally fashioned to harm. Investigations are disruptive and allegations made in bad faith can have serious effects on innocent individuals and can needlessly siphon costly resources. Where an investigation determines that a vexatious complaint was made, the complainant may be subject to disciplinary action.

# **12. DESIGNATED HARASSMENT INVESTIGATOR (DHI)**

## **12.1 Investigator qualifications**

The DHI is the assigned authority who objectively oversees SHR harassment processes, including receiving and pre-assessing complaints for grounds, conducting independent investigations and/or overseeing third-party investigations.

The DHI shall have adequate knowledge and training of how to conduct an investigation appropriate in the circumstances.

## **12.2 Investigator objectivity**

A bedrock of procedural fairness is that staff have a right to an investigation without bias. Harassment investigations must be carried out with a substantial degree of investigator detachment; hence, it is the job of the DHI to care solely

about the investigative process and not about the specifics of the outcome. All investigative decisions shall be based on observable phenomena, not influenced by mind-dependent emotions or personal prejudices.

The DHI shall have no preconceived opinion or predisposition. The DHI will assume a position of disinterestedness and impartiality; any personal or professional stake in an investigative outcome shall be declared by the DHI who will recuse immediately and permitted to do so without any consequence.

### **12.3 Investigator protection from Retaliation**

Central to public trust is SHR's ability to objectively police itself; therefore, maintaining a measure of investigative sovereignty and independence is critical to the credibility of harassment processes. SHR has zero tolerance for discriminating or retaliating against a DHI tasked with reaching an investigative realization based on the established facts. Pursuant to the Act,<sup>43</sup> SHR and its Managers must not discriminate against any DHI who investigates and provides information about offenses committed by SHR, its officers or staff, if such information has been provided to the DHI in the enforcement of the Harassment Policy, Procedure or Handbook.

### **12.4 Investigator independence from chain of command influence**

A mandatory requirement for DHI objectivity is a reasonable arm's length independence from the immediate chain of command. This independence extends beyond the state of mind or attitude of the DHI and involves the status or relationship of the investigative decision-maker to the affected executives and parties. Maintaining a measure of investigative insulation is critical to the credibility of an investigation in that SHR executive body, along with its DHI, be seen as independent.

SHR has zero tolerance for obstructing or inordinately influencing a DHI tasked with reaching an investigative realization based on the established facts. As such, control and responsibility for an investigative finding will rest with the DHI. Investigative conclusions submitted by the DHI are subject to final review only; any inappropriate decision making pressure — overt or covert — from any SHR official will not be tolerated.<sup>44</sup>

Moreover, the DHI must not be directly involved in the incident or complaint and must not be under the direct control of the alleged harasser.

### **12.5 Investigator independence to set timelines**

No timelines shall be unilaterally placed onto an investigation outcome. Unreasonably pressuring a DHI for quick action is a form of investigative interference and can contaminate an investigation's thoroughness, objectivity and optic of independence. Decision-making responsibility for an investigative timeline shall rest solely with the DHI and there is no tolerance for corruptive or subversive timeline interference.

As appropriate during an investigation, the DHI shall keep all parties, notably the union and/or external legal counsel, apprised of timelines.

## **13. HARASSMENT ALLEGATIONS INVOLVING CORPORATE OFFICERS**

SHR corporate officers are subject to SHR Harassment Policy, Procedures and Handbook. When allegations of Harassment implicate Directors, Vice Presidents or a CEO, the following oversight protocols are in effect.

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<sup>43</sup> Ibid.

<sup>44</sup> Including DHI oversight pertaining to third-party investigations.

### **13.1 Allegations implicating a Director**

In a circumstance where allegations implicate a SHR Director, the DHI may independently lead an investigation and/or provide oversight to a third-party investigative firm as per the discretion of the Vice President People, Practice and Quality and Director, Human Resources. The need for Board familiarity and/or oversight as at the discretion of the Vice President, People, Practice and Quality and CEO.

### **13.2 Allegations implicating a Vice President**

In allegations implicating Vice Presidents, SRHA board involvement is desired and achieved through a sub-committee. The role of a sub-committee is to commission and retain a third-party investigator, receive the final report on the findings and assist in making subsequent decisions about the course of action to be followed.

### **13.3 Allegations implicating a CEO**

In a circumstance where allegations implicate a CEO, the Chair will work in chorus with the Ministry in oversight.

## **14. THIRD-PARTY HARASSMENT INVESTIGATORS**

### **14.1 Conditions when a third-party investigator may be required**

Third-party Harassment investigators are visiting investigators who are retained under contract.

Third-party investigators may be required:

- When a conflict of interest is declared by a DHI.
- When there is a need for an increased measure of investigative independence.<sup>45</sup>
- When it is anticipated that findings will be relied upon outside the organization (e.g., counter-parties, public enquiries).
- When the matter calls for the application of a very specialized skill-set.
- When there is limited availability of internal resources in relation to the predicted length and scope of a pending investigation.

### **14.2 Third-party investigation oversight**

The DHI will provide operational oversight<sup>46</sup> to all third-party harassment investigations in SHR. Ultimate determinative control and responsibility for a finding will rest with the third-party. The DHI will strive to ensure a third-party investigator's decision-making is insulated and independent from any influence — overt or covert — from any SHR official or department.

## **15. OTHER OPTIONS FOR REMEDY**

### **15.1 Saskatchewan Occupational Health and Safety Division**

Pursuant to the *Regulations*,<sup>47</sup> nothing in this Workplace Harassment Policy Procedure or Handbook prevents or discourages staff from referring a harassment complaint to the Saskatchewan Occupational Health and Safety Division or from requesting the assistance of an occupational health officer to resolve a complaint of harassment. An officer can be contacted at

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<sup>45</sup> For example, when corporate officers are facing allegations or when the Ministry mandates/contravenes SHR to investigate a matter.

<sup>46</sup> Including selection, establishing contractual terms of reference, logistical support, instructions re scope, aiding with access to internal policies and procedures and communication updates to affected parties.

<sup>47</sup> Part III, Section 36.

1.800.667.5023; Ministry of Labour Relations and Workplace Safety, 8<sup>th</sup> Floor, 122 3<sup>rd</sup> Avenue North, Saskatoon, Canada S7K 2H6.

Prior to requesting the assistance of an officer, the complainant should try and resolve the matter with SHR. If the complainant feels SHR has failed in resolving the matter, they may contact the Ministry for assistance.

If a staff member requests the assistance of an officer after SHR has attempted to resolve the matter, the officer may investigate to determine whether SHR has complied with the legislation and has taken reasonable action.

The officer may do the following:

- When harassment has not taken place no further action is required; however, the officer may recommend how to resolve the matter.
- When harassment has not taken place under the Act, but has taken place under SHR policy, the officer will recommend the employer implement the Harassment policy.
- When harassment has taken place under the Act, and it is likely to be continued or repeated, the officer will direct the employer to stop the harassment.

#### **15.2 Saskatchewan Human Rights Commission**

Pursuant to the Regulations,<sup>48</sup> a complainant has a right to file a harassment complaint with the Saskatchewan Human Rights Commission under the *Saskatchewan Human Rights Code*.

#### **15.3 Collective bargaining agreement**

Nothing in the SHR Harassment Policy, Procedure or Handbook precludes a complainant from accessing his or her rights pursuant to a collective bargaining agreement.

#### **15.4 Other legal avenues**

Pursuant to the *Regulations*,<sup>49</sup> nothing in SHR Harassment Policy, Procedure or Handbook is intended to discourage or prevent a complainant from exercising any other legal rights pursuant to any other law.

### **16. TIME LIMITS**

#### **16.1 Staff timelines to submit a formal harassment complaint**

A formal harassment complaint should be submitted as soon as possible after the most recent or last event of alleged harassment.

Historic events can present investigative challenges with reconstructing the past. Notwithstanding extenuating circumstances, SHR may refuse to accept a harassment complaint where the complaint is made more than one (1) year after the worker (staff) making the complaint became aware of the alleged Harassment.

#### **16.2 Employer timelines for the completion of a harassment investigation**

No unnecessary delay should occur between receiving the complaint, conducting the investigation, preparing investigation report and taking corrective action following an investigation.

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<sup>48</sup> Ibid.

<sup>49</sup> Ibid.

An investigation shall normally be completed within ninety (90) calendar days or less, notwithstanding extenuating circumstances. Parties to an ongoing investigation shall be updated periodically on the status of the investigation timeline.

A specialized and complex undertaking, a harassment investigation requires careful preparation, planning and coordination. To be thorough and fair, investigators are required to persevere until the fact-pattern is clearly understood and this can take considerable time.<sup>50</sup>

A rushed investigation can create unreliable conclusions and can pose numerous negative outcomes for all parties. If corrective action flows from an investigative finding there is little tolerance for errors, missteps or omissions caused by a rushed fact finding process. Canadian courts, unions, tribunals and adjudicators are increasingly expressing expectations that harassment investigations are carried out with procedural exactitude and meticulous care.

All reasonable efforts will be made to adhere to the 90 day timeline; however, the interests of speed shall not trump thoroughness and due diligence.<sup>51</sup>

## **17. CORRECTIVE ACTION**

If discipline is to be considered post investigation, an impartial party other than the DHI will recommend and deliver discipline.<sup>52</sup> As appropriate, the DHI may submit non-disciplinary remedial recommendations to assist in the prevention and/or detection of similar events.

Corroborated cases of harassment impose a legal and ethical obligation on SHR to take action to stop the harassment and prevent its reoccurrence. Appropriate corrective action — sufficient to ensure the harassment stops and does not occur again — will be taken respecting any worker (staff) who subjects another to harassment.

SHR will ensure that any corrective action taken is communicated to a complainant who experienced harassment. The degree of communication provided about the corrective action will depend on the circumstances and privacy laws but shall indicate the steps SHR is taking to prevent recurrence.

After corrective action has been taken, the Manager must follow up with the complainant to ensure it was effective. If the complainant indicates alleged harassment has recurred or if alleged retaliation has resulted, the Manager shall take additional or alternative corrective action. Further investigation may be necessary.

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<sup>50</sup> An investigation's length is often proportionate to the complexity of the complaint. For instance, if the alleged Harassment took months or years to unfold, an investigation is unlikely to be completed in mere day or weeks.

<sup>51</sup> Also see section 13.5 of this Procedure.

<sup>52</sup> Disciplinary recommendations emanating from a DHI can expose an investigation to a bias claim that the findings were solely constructed to support a pre-determined state of mind.

## REFERENCES

Amalgamated Transit Union, Local 113 v Toronto Transit Commission (Use of Social Media Grievance) 2016, O.C.A.A. No 267.  
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SHR Code of Conduct Policy (2008).  
SHR Foundational Behaviors (2016) as per *SHR Respect and Dignity Policy*.  
SHR Our Values in Action Policy (2008).  
*SHR Respect and Dignity Policy* (2017)  
SHR Social Media Policy (2012).  
*SHR Speaking Up-Protection of Persons Reporting Wrongdoing Policy* (2011).  
<http://www.cihr-irsc.gc.ca/e/45838.html> (harassment statistics).  
<http://www.rcmp-grc.gc.ca/cycp-cpcj/bull-inti/index-eng.htm> (Cyber Bullying).  
Workplace Bullying Institute, <http://www.workplacebullying.org/>.

	<b>POLICY</b>  Number: 7311-30-001 Title: Respectful Workplace
Authorization  [ ] President and CEO [ X ] Vice President, People Practice and Quality	Source: Director, Organizational Learning and Leadership Cross Index: 7311-30-022 Date Approved: April 19, 2011 Date Revised: August 10, 2017 Date Effective: August 25, 2017 Date Reaffirmed: Scope: SHR

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## OVERVIEW

This is a respectful workplace policy. If behaviour constitutes harassment see SHR Policy: *Workplace Harassment* (*link to be inserted*). If behaviour or actions are of a violent nature see SHR Policy: [Violence Management](#) (*link inserted*).

Saskatoon Health Region (SHR) is committed to promoting a respectful and psychologically safe Workplace. This policy assists with building awareness of:

- The responsibility for all staff to ensure a respectful and healthy Workplace as established in SHR's [Code of Conduct/Our Values in Action](#) (*links inserted*) and SHR's *Respect for People* (foundational behaviours document) see Appendix A, and
- Professional behavior and the different forms/ranges of disrespectful/disruptive behaviour.

This policy supports a respectful workplace for all staff, describes SHR's duty and staff responsibilities. The procedure addresses prevention strategies, the processes to follow to resolve interpersonal conflict related to perceived disrespectful, unprofessional or disruptive behavior.

## DEFINITIONS

**Conflict** means a disagreement between staff. It may or may not be characterized by a breakdown in communication between two or more individuals that impact their ability to work safely, productively and cooperatively in the workplace. Constructive conflict is characteristic of a high performing team. Destructive conflict is characterized by disrespectful/disruptive behavior (see below).

**Disrespectful/Disruptive Behaviour** means actions including, but not limited to, yelling, intimidation, social isolation and exclusion in the Workplace, ridicule and humiliation in person or in front of others, verbal threats and offensive gestures, Workplace gossip, sabotaging someone's work; may include non-verbal communication. Examples include, but are not limited to: eye rolling, heavy sighs, slamming a book shut, glaring at someone, raising one eyebrow to convey disbelief, or even being silent.



**Respectful Workplace** means an environment characterized by behaviours consistent with SHR values, *Code of Conduct /Our Values in Action*, and *Respect for People* (foundational behaviours).

**Manager** means in-scope or out of scope direct report or Department Head.

**Staff** means SHR employees, practitioner staff, professional staff, contractors, vendors, students and volunteers.

**Workplace** means any SHR owned, operated and leased facility/home; includes washrooms, locker rooms, cafeterias, the grounds, vehicle or mobile equipment used or likely to be used for work purposes (e.g. social media) by staff in any occupation, client's residence, training sessions, business travel, conferences, and offsite activity organized by the workplace, etc. Workplace also includes anywhere SHR services are provided in the community.

## 1. PURPOSE

The purpose of this policy is to facilitate creating and sustaining a respectful workplace and support staff when experiencing perceived disrespectful/disruptive behavior.

## 2. PRINCIPLES

2.1 Staff have the right to work in a workplace where staff are treated respectfully.

- All individuals have the right to be treated fairly and deserve to be treated with respect and dignity.
- Every individual has the right to work in a safe, respectful workplace.
- Every individual must take personal responsibility for developing constructive and respectful work relationships.
- Conflict is a normal part of human interaction and is expected in the workplace.
- Every individual will be supported to use collaborative problem solving when resolving conflict.
- Every individual is responsible for their own behaviour.

2.2 SHR has the responsibility to create a respectful workplace.

2.3. Staff have the responsibility to treat colleagues respectfully.

## 3. POLICY

3.1 SHR is committed to providing a respectful workplace that supports staff to work safely and provide safe care by promoting understanding of our diversity and respect for our commonalities as individuals.

3.2 SHR does not tolerate disrespectful/disruptive behaviour and appropriate action will be taken to address disrespectful/disruptive behavior in the workplace.

3.2.1 Staff shall refrain from causing or participating in disrespectful treatment of others.

3.2.2 Staff shall co-operate and collaborate to resolve issues of perceived disrespect.<sup>1</sup>

3.3 Respectful behavior is expected from all staff.

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<sup>1</sup> Reference Section 4(b) and 4(c) of *The Occupational Health and Safety Act, 1993*,

- 3.4** The following actions contribute to a respectful workplace. Each SHR staff member is accountable for their behavior and must always;
- 3.4.1 Be respectful,
  - 3.4.2 Speak up and give feedback respectfully when perceived disrespect is occurring,
  - 3.4.3 Be present, listen actively and ask questions to understand and mutually agree on resolution, and
  - 3.4.4 Seek the support needed and offer support to maintain a respectful workplace.
- 3.5** Managers who are aware of concerns, or receive a complaint with regard to perceived disrespectful/disruptive behaviour are required to:
- 3.5.1 Treat all concerns/complaints seriously and in a confidential manner,
  - 3.5.2 Support resolution of the problem immediately and/or
  - 3.5.3 Seek the assistance of an Organizational Learning and Leadership (OLL) Consultant or other Human Resource professional.
- 3.6** All requests for assistance with resolving conflict will be handled with respect for individual privacy, however, there is no guarantee of anonymity.
- 3.6.1 SHR will not disclose the identity of the individuals involved to others, except where disclosure is necessary for the purposes of resolving the issue(s), or taking corrective action with respect to the concern/complaint, or where such disclosure is required bylaw.<sup>2</sup>
- 3.7** As a condition of employment, all potential employees must review this policy as a component of the on-line pre-employment requirement.

#### **4. ROLES AND RESPONSIBILITIES**

##### **4.1 All Staff**

- 4.1.1 Conduct themselves in a manner which supports the creation of a respectful workplace for self and others.
- 4.1.2 Address issues in a timely manner when behavior is perceived to be disrespectful/disruptive.
- 4.1.3 Empathetically listen to others when approached to understand their perspective and adjust behaviour as necessary.
- 4.1.4 Promote and model a respectful workplace by demonstrating *Respect for People* (see Appendix A) in everyday interactions.
- 4.1.5 Engage in managing conflict constructively as outlined in the procedure.

##### **4.2 Managers**

- 4.2.1 Model *Respect for People* in all daily activities (see Appendix A).
- 4.2.2 Create and maintain a respectful workplace in the team(s) for which responsible.
- 4.2.3 Ensure that situations of perceived disrespectful/disruptive behaviour are supported for collaborative resolution in a timely manner.
  - 4.2.3.1 A Manager that ignores a respectful workplace issue may become a party to the issue.

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<sup>2</sup> The Occupational Health and Safety Regulations, 1996, Saskatchewan section 36(1)(f)

4.2.3.2 If prior knowledge is proven, and the problem is ignored, appropriate action will be taken by SHR.

4.2.4 Managers of staff who do not have online access to SHR's policies and procedures are required to post a physical/hard copy of this policy in a visible place that is readily available for reference by staff<sup>3</sup>

## **5. POLICY MANAGEMENT**

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of Director, Organizational Learning and Leadership.

## **6. NON-COMPLIANCE/BREACH**

Non-compliance with policy may result in disciplinary action up to and including termination of employment, privileges or relationship with SHR.

*The Occupational Health and Safety Act* can also apply a levy of fines pertaining to serious breaches of this policy.

## **7. REFERENCES**

Respectful Workplace Policy, Capital Health, 2012  
SHR Policy: *Code of Conduct /Our Values in Action*  
SHR Policy: *Speaking Up-Protection of Persons reporting Wrongdoing*  
The Criminal Code. Chapter S-24.1 of the *Statutes of Saskatchewan*  
*The Occupational Health and Safety Act*, Saskatchewan

## **8. SUPPORTING DOCUMENTS**

Work Standard: [Introducing Respect for People Behaviours](#)

*The Saskatchewan Human Rights Code*, Sections 10, 16, 17, 18, 27 and 31

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<sup>3</sup> *The Occupational Health and Safety Regulations, Saskatchewan 1996, S.36(2)(b)*

## PROCEDURE

Number: 7311-30-001

Title: Respectful Workplace

### Authorization

- [ ] President and CEO  
[ X] Vice President, People Practice and Quality

Source: Director, Organizational Learning and Leadership

Cross Index: 7311-30-022

Date Approved: April 19, 2011

Date Revised: August 10, 2017

Date Effective: August 25, 2017

Date Reaffirmed:

Scope: SHR

## OVERVIEW

Conflict is an inevitable part of work life. When conflict is managed effectively, it promotes a safe environment where healthy problem solving and innovation can occur. When conflict negatively affects the ability to work safely and/or impacts patient, client, resident service/ team morale, timely action must be taken to restore a healthy climate.

## PREVENTION STRATEGIES

The following are prevention strategies for creating and maintaining a respectful workplace to allow us to work safely and provide safe care:

### All Staff:

- Take responsibility for your own actions and behaviours; ensure actions and behaviors are respectful;
- When in doubt, don't say it, don't do it;
- Build open, trusting and professional relationships with others;
- Speak up if you feel unsafe and give feedback respectfully.
- Hold safe discussions to collaborate, problem solve and resolve differences in a professional manner;
- Ask for help when you need it by talking to your Manager and reporting your concerns (see SHR Policy: Safety Reporting);
- If you receive feedback that your behaviour is unwelcome: listen to understand, ask questions and adjust your behavior as necessary;
- Don't make assumptions about other's behaviour and do not assume that a lack of comment about your behavior means individuals are not offended;
- Bystanders are expected to actively address disrespectful/disruptive behaviour when it is safe for them to do so, or to make others aware of the behaviour so that steps can be taken to address it;
- If you see others engaging in disrespectful/disruptive behavior (such as gossip), suggest they stop it. By remaining silent or doing nothing, bystanders may create the perception, intentionally or unintentionally, of tolerating or supporting disrespectful/disruptive behavior;
- Comply with SHR's Code of Conduct/*Our Values in Action* and *Respect for People* behaviours into your daily routine; and
- Apologize when you recognize your own words and actions have negatively impacted someone else.
- Take the time to learn about the cultures of other staff, patients, clients and residents. Find out how they culturally deal with conflict.

## **Managers**

- Involve teams in the development of, and compliance with, team agreements or a team charter around respectful behavior;
- Address inappropriate behavior by coaching, facilitating conversations, and/or taking corrective action in a timely manner.
- Access the services of an Organizational Learning and Leadership, Human Resources, or Representative Workforce/First Nation and Metis Health Services (FNMHS) to support building a respectful and culturally safe workplace as appropriate,
- Access the tools on the respectful workplace Infonet site to support building a respectful workplace.
- When disrespectful/disruptive behaviour is reported to a Manager or other leader, they are requested to take the following steps:
  - Assess and determine the nature of the issue and resolve, if possible;
  - If at any point the issue is suspected to be harassment, see SHR Policy: *Workplace Harassment*;
  - If at any point the issue is deemed to be violence, refer to SHR Policy: *Violence Management*;
  - Support and coach individuals in attempt to address disrespectful/disruptive behaviour themselves and/or facilitate conversation between the individuals.
- Refer staff to available resources such as the Employee and Family Assistance Program (EFAP) and their union and/ or FNMHS;
- Seek the support of EFAP which has other resources to support leaders in dealing with staff to staff conflict.

### **1. PURPOSE**

The purpose of this procedure is to establish the process for managing concerns related to perceived disrespect in the Workplace.

### **2. PRINCIPLE**

- 2.1** The procedure below applies to conflict or perceived disrespect **between or among staff.**
- 2.2** If the concern relates to disrespect between patient/client/resident/family member and staff, report the concern as a safety incident (see SHR Policy: Safety Reporting).
  - 2.2.1 Occupational Health and Safety will be assigned to support resolution of staff safety concerns.
  - 2.2.2 The Client Representative Office will be assigned to support resolution of patient/client/resident/family member concerns.
  - 2.2.3 The manager will investigate incidents of patient/client/resident/family physical or verbal violence towards staff and may contact Occupational Health and Safety for support of resolution.

### **3. PROCEDURE**

#### **Managing Conflict**

- 3.1** When staff have experienced perceived disrespectful/disruptive behavior related to respect, and they are able to talk to the individual, they must do so with the intention of restoring harmony and resolving differences.

- 3.1.1 If the staff member is unable to address the other individual, they should speak to their Manager and ask for support (see 3.3 below).
- 3.2** When self-directed resolution is a possibility, the staff member is asked to take the following steps:
  - 3.2.1 Assess their own feelings,
  - 3.2.2 Approach the other individual and arrange for a time and location that would be private and confidential between the two parties,
  - 3.2.3 Describe to the other individual their observable, objective behaviour (e.g. what is seen and heard),
  - 3.2.4 Express the impact of the behaviour on self, team, patient/client/resident/family member,
  - 3.2.5 Ask the other individual for their perspective,
  - 3.2.6 Brainstorm options for problem solving and decide on how to move forward respectfully and collaboratively,
  - 3.2.7 Give each other your word that the conversation will remain confidential,
  - 3.2.8 When the working relationship is restored, celebrate your success.
- 3.3** When self-directed resolution is either not appropriate or has not been successful, the staff member must speak with their Manager and ask for their support to resolve the concern collaboratively.
  - 3.3.1 Staff members may also seek the positive support of others for resolution, including the EFAP or their union.
- 3.4** When none of the steps above are successful in resolving the concern, or when a staff member's concern relates to their Manager, and the staff member is unable to address directly, report the concern as a safety incident (see SHR Policy: *Safety Reporting*) and request help in resolution.
  - 3.4.1 If the concern is between two staff members, the safety incident will be forwarded to the Manager to support resolution.
  - 3.4.2 If the concern is between a staff member and their Manager, it will be forwarded to the Director (or next level Manager, as appropriate) of that area to support resolution.
  - 3.4.3 When the working relationship is restored, celebrate your success.
- 3.5** When the steps listed above are either not appropriate for the situation or do not result in resolution of the concerns, the Manager may choose to involve other parties for problem solving or corrective action up to and including termination, if warranted.
  - 3.5.1 These parties may include, but are not limited to: Organizational Learning and Leadership, FNMHS, Labour Relations, a designated Lead Investigator, Employee Wellness and Accommodations, Ethics Services, Legal Counsel and/or Privacy Officers.
- 3.6** When a first time incident occurs regarding a negative interaction between a physician and staff member, Practitioner Staff Affairs encourages first time incidents be raised immediately using steps as set out in 3.2.
  - 3.6.1 If the staff member is unable to address the issue with the physician, they should speak to their Manager and ask for support.

- 3.6.2 The Manager may call Practitioner Staff Affairs for advice and/or assistance in resolving the matter.
- 3.6.3 Practitioner Staff Bylaws, requires defined steps be followed regarding formal and informal resolution. Should a Manager feel the incident was not able to be resolved with an informal discussion, Practitioner Staff Affairs will require that the Manager complete a PSA Complaint form regarding a physician that provides all context around the incident.
- 3.6.4 Practitioner Staff Affairs will then work in conjunction with the physician and the associated Department.
- 3.6.5 Should the physician experience re-occurring incidents the tiered response will be escalated within Practitioner Staff Affairs Office to support the physician in self-corrected behaviors.

**3.7** When the steps listed above are either not appropriate for the situation or do not result in resolution of the concerns, Practitioner Staff Affairs may choose to use formal discipline measures that can include suspension of privileges and/or hold a formal disciplinary hearing as set out in the Bylaws.

**4. PROCEDURE MANAGEMENT**

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the Director, Organizational Learning and Leadership.


**5. NON-COMPLIANCE/BREACH**

Non-compliance with procedure may result in disciplinary action up to and including termination of employment, privileges or relationship with SHR.

**6. REFERENCES**

*SHR Code of Conduct Policy/ Our Values in Action*

*SHR Policy: Speaking Up-Protection of Persons reporting Wrongdoing Policy*

	<b>POLICIES &amp; PROCEDURES</b>  Number: 7311-10-003 Title: SPEAKING-UP - PROTECTION OF PERSONS REPORTING WRONGDOING
Authorization  <input checked="" type="checkbox"/> President and CEO <input type="checkbox"/> Vice President, Finance and Administration	Source: Director, Privacy and Compliance Cross Index: 7311-10-002, 7311-30-001, 7311-30-005, 7311-40-002 Date Approved: December 15, 2008 Date Revised: January 10, 2011 Date Reaffirmed: Date Effective: January 17, 2011 Scope: SHR

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## OVERVIEW

*All staff has the responsibility to promote a positive and ethical work environment; to respect and operate within the bounds of internal controls and exercise diligence in preventing losses because of fraudulent acts. Any report of wrongdoing will be investigated.*

## DEFINITIONS

**All staff and stakeholders** mean SHR employees, practitioner staff, professional staff, contractors, vendors, volunteers and students.

**Reporting wrongdoing** means giving information about a potential wrongdoing, illegal, underhanded or inappropriate practice.

**Reprisal** means actions, threats or pressure in any form including, but not limited to, physical harm, job loss, punitive work assignments or actions impacting salary or wages.

**Wrongdoing** means involvement in any unethical behavior and can include, but is not limited to:

- Knowingly breaching federal or provincial laws or regulations, whether civil or criminal
- A breach or failure to comply with SHR's *Our Values in Action* and /or an affiliates *Code of Conduct*
- A breach or failure to comply with any approved SHR policy
- Unprofessional conduct or conduct that is below recognized and established standards of practice
- Dangerous practice likely to cause physical harm or damage to any person or property
- Abuse of power or authority for any unauthorized or ulterior purpose
- Unfair discrimination in the course of employment or provision of services
- Misuse and/or misappropriation of SHR assets or funds



## **1. PURPOSE**

The purpose of this policy is to provide a method for reporting wrongdoing that allows individuals to bring forward information, in good faith, without fear of reprisal.

## **2. PRINCIPLES**

- 2.1 SHR expects all staff and stakeholders to uphold the reputation of SHR and maintain public confidence.
- 2.2 SHR must be given the opportunity to take corrective action against anyone who commits a wrongdoing.

## **3. POLICY**

- 3.1 Saskatoon Health Region (SHR) employees, practitioner staff, professional staff, contractors, vendors, volunteers, affiliates, students are free to make known, without fear of reprisal, reports of wrongdoing within SHR.
- 3.2 SHR will not take, tolerate or allow any form of reprisal against any individual who reports an alleged wrongdoing in good faith.
- 3.3 Anyone who has been asked to commit a wrongdoing or who believes that a wrongdoing has been committed shall immediately report the matter within SHR.
- 3.4 SHR shall fully investigate any suspected acts of wrongdoing in a prompt and confidential manner.
- 3.5 The individual who made the report shall be kept informed, to the extent possible, about the progress of the review.
- 3.6 SHR staff who are found to have committed a wrongdoing are subject to disciplinary action, up to and including termination of employment.
- 3.7 Anyone who makes a report of wrongdoing in bad faith or with malicious intention shall be subject to disciplinary action, up to and including termination of employment.
- 3.8 Anyone contacted by the media with respect to a suspected wrongdoing shall refer the media to the Director, Communications.

## **4. ROLES AND RESPONSIBILITIES**

### **4.1 Vice Presidents, Executive Directors, Directors, Managers and Supervisors**

- 4.1.1 Promote a positive and ethical work environment.
- 4.1.2 Ensure control measures are implemented within respective departments to prevent and detect wrongdoing.
- 4.1.3 Hold all suspected wrongdoing information received in the strictest confidence.
- 4.1.4 Ensure that the suspicion of a wrong doing is reported.
- 4.1.5 Promptly advise the Vice President, People Strategies of complaints/concerns from employees regarding experiencing reprisal, for having made a report of wrongdoing or having participated in an investigation of wrongdoing.

### **4.2 All staff and stakeholders**

- 4.2.1 Promote a positive and ethical work environment.

- 4.2.2 Respect and operate within the bounds of internal controls and exercise diligence in detecting wrongdoing.
- 4.2.3 Report witnessed and suspected incidents of wrongdoing to their supervisor/manager. Anyone reporting a potential wrongdoing in good faith will not be penalized or reprimanded.
- 4.2.4 Do not discuss suspected incidents of wrongdoing with anyone inside or outside of SHR other than those who have a legitimate need to know such results in order to perform their duties and responsibilities.
- 4.2.5 Actively participate in investigations of wrongdoing.
- 4.2.6 Hold all suspected wrongdoing information received in the strictest confidence.

#### **4.3 Directors/Managers/Supervisors**

- 4.3.1 Review all reports received of suspected wrongdoings and forwards the alleged incident to the appropriate department (e.g. Risk, Privacy and Compliance, OH&S, Security, Labour Relations).
- 4.3.2 Share information only on a legitimate need to know basis, with senior leadership, the Authority, Audit and Finance Committee, and/or law enforcement agencies.
- 4.3.3 Conduct process reviews, as directed, that surround the disposition of each incident and to make process improvements that will assist in the detection and deterrence of similar events within their respective departments.

#### **4.4 Vice Presidents**

- 4.4.1 Review all reports received of suspected wrongdoings.
- 4.4.2 Make decisions, in consultation with the Vice President, People Strategies, regarding disciplinary action.

#### **4.5 Vice President People Strategies**

- 4.5.1 Advise on issues relating to disciplinary actions.

#### **4.6 President and CEO**

- 4.6.1 Make decisions to refer the incident to a law enforcement agency, when applicable.

### **5. POLICY MANAGEMENT**


The management of this policy including education, implementation, monitoring and amendment is the responsibility of the Director, Privacy and Compliance.

### **6. NON-COMPLIANCE/BREACH**

- 6.1 Where a wrongdoing is substantiated, those involved in the wrongdoing shall be subject to disciplinary action up to and including termination and possible criminal prosecution as warranted.
- 6.2 Where an act of reprisal is substantiated, those involved in the act(s) shall be subject to disciplinary action up to and including termination of employment.
- 6.3 Anyone who makes a report of wrongdoing in bad faith or with malicious intention shall be subject to disciplinary action, up to and including termination of employment.

**7. REFERENCES**

*The Whistleblower Protection Act* (Government of Saskatchewan, Bill 203 of 2001)  
*Employee Onus to Report Suspected Fraud or Similar Illegal Acts (Policy)*; Saskatchewan Ministry of Finance, Provincial Comptroller's Division, Financial Administration Manual. March 3, 2008.  
*Our Values in Action/Code of Conduct*  
SHR Policy *Conflict of Interest*  
SHR Policy *Respect and Dignity*  
SHR Policy *Fraud and Irregularity*

	<b>PROCEDURE</b>  Number: 7311-10-003 Title: Reporting of Wrongdoing
Authorization  [ X ] President and CEO [   ] Vice President, Finance and Administration	Source: Director, Privacy and Compliance Cross Index: Date Approved: December 15, 2008 Date Revised: January 10, 2011 Date Reaffirmed: Date Effective: January 17, 2011 Scope: SHR

## 1. PURPOSE

The purpose of this procedure is to establish the process for reporting of wrongdoing.

## 2. PROCEDURE

### 2.1 Reporting

Suspected instances of wrongdoing must be reported. Notifications apply as follows:

2.1.1 All staff report suspected instances of wrongdoing to their immediate supervisor. It is the responsibility of a supervisor to ensure that the suspicion of wrongdoing is reviewed and/or reported to the responsible authority within the region (e.g. Risk Management, Privacy and Compliance, Occupational Health and Safety, Security, Labour Relations).

- If the report involves a suspected incident of Fraud, see SHR Policy/Procedure *Fraud and Irregularity (Reporting)*.

2.1.2 Any person(s) suspected of wrongdoing should not be confronted prior to commencement of the investigative process. Records related to the activity may need to be examined before the suspected person(s) becomes aware of any review.

### 2.2 Responding/Review

2.2.1 The responsible authority, in consultation with the supervisor, will assess all reports for reasonable and probable grounds to warrant a review.

2.2.2 The responsible authority will communicate with the person who made the allegation, to keep them informed regarding the progress of the review and/or investigation, unless that communication is not reasonably possible.

### 2.3 The Review

2.3.1 The responsible authority will conduct a review, according to predetermined protocols.

- 2.3.2 If the alleged wrongdoing involves a violation of federal or provincial laws or regulations, whether civil or criminal the matter must be referred to the President and CEO.
- 2.3.3 If an allegation or complaint cannot, for any reason, be satisfactorily examined and dealt with through these procedures, the Chair of the Saskatoon Regional Health Authority has final responsibility for determining an alternative approach.

## **2.4 Decision**

- 2.4.1 Any decision to take disciplinary action will be made in consultation with the Vice-President People Strategies, or a representative. People Strategies or a representative will provide guidance related to discipline as a result of any response to or investigation of fraud or irregularity. Any disciplinary action initiated as a result of an investigation pursuant to this procedure will adhere to the applicable collective agreement.
- 2.4.2 The Director/Manager will review existing procedures within the department to assist in the prevention or detection of similar events.

## **3. PROCEDURE MANAGEMENT**

The management of this procedure including procedure education, implementation, monitoring and amendment is the responsibility of the Director, Privacy and Compliance.