

NORTH BAY REGIONAL HEALTH CENTRE (NBRHC)

Policy and Procedure		Policy Number	ADM - 21 <i>Formerly ADM 1-10</i>
Title Code of Conduct		Policy category	<input type="checkbox"/> Departmental <input checked="" type="checkbox"/> Organization Wide <input type="checkbox"/> Board
		Manual	Administrative
		<input type="checkbox"/> New <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Major <input type="checkbox"/> Reviewed, no change	
Origination Date	July 26, 2010	Developer Human Resources Generalist, Policies and Programs	
Effective Date	May 10, 2013		
Cross References (NBRHC or legacy organization policies) Not applicable		Comparable Policy from service provider within NBRHC Facility Aramark, JCI and Securitas adopt this Code	

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

North Bay Regional Health Centre (NBRHC) is dedicated to providing compassionate, quality patient-centered care to each and every person for whom services are provided. The Hospital is also committed to a safe, secure and healthy environment where all people are valued, and which promotes a culture of mutual respect and a work environment that is free from discrimination and harassment.

The Hospital Community (which includes Board members, staff, physicians, volunteers, students, contractors, patients and visitors) is expected to foster a positive, supportive environment by behaving/interacting in a manner that is respectful, civil, polite and in accordance with the Mission, Vision and Values within any NBRHC site or any time when representing the organization.

A code of conduct defines agreed-upon ideals, acceptable and unacceptable conduct, and establishes an agreed-upon standard of behaviour that allows a clear recognition of the level of conduct exhibited by the individual. Our Code of Conduct is built upon the North Bay Regional Health Centre's Mission, Vision and Values of CARE:

I, as a member of the North Bay Regional Health Centre's Hospital Community will conduct myself in accordance with the values-based behaviours.

Compassion:

1. Respects the wishes of all to 'recover' in a manner suitable to the individual's needs.
2. Advocates for those who are unable to do so for themselves.
3. Effectively communicates facts, actions and information, responding in a way that is meaningful to the individual and their supports.
4. Focuses on opportunities that make a difference in people's lives.
5. Enthusiastically goes the extra step to help others.

Accountability:

1. Acts on all commitments demonstrating respect to others.
2. Contributes to the team in order to achieve a common purpose.
3. Takes responsibility for one's own action and works toward resolutions without excuse or blame.
4. Responds to constructive feedback / advice from all with an open mind to improve personal performance.
5. Maintains privacy and confidentiality.
6. Speaks up and offers possible solutions when something is going wrong or doesn't feel right.
7. Does what is right, not necessarily quick or easy.
8. Supports organizational decisions.

Respect:

1. Supports all to ensure they feel valued and listened to.
2. Supports the work and efforts of all beyond own area.
3. Finds common ground between own and other people's perspectives, accepting the other person's perspective as his or her reality.
4. Recognizes and acknowledges the roles and contributions of all as being of equal importance to our organization's success.

Excellence:

1. Speaks positively and enthusiastically of our contribution to the well being of the community.
2. Focuses on the positive.
3. Commits to getting the best results possible through ongoing learning, quality improvement and evaluation.
4. Shares own learning.
5. Considers all available information (including evidence-based) when making decisions to ensure quality.
6. Works hard to ensure that quality and safety are both at the forefront of the work being done.

Examples of unacceptable conduct (considering the context of its occurrence) would include, but are not restricted to, the following:

- Using threatening/abusive language
- Use of patronizing or condescending tone or words
- Expressing any profanity/swearing or making degrading/sarcastic comments
- Making insulting remarks, name calling and using derogatory remarks toward others
- Use of expletives and foul language
- Slamming doors/surfaces
- Using physical contact, invading another's physical or personal space/possessions/property
- Unwanted contact (touching) of an individual
- Exaggerated tone of voice, screaming, yelling
- Threatening body language, facial expressions
- Bullying - A form of repeated, persistent and aggressive behaviour directed at an individual(s) that is intended to cause (or should be known to cause) fear and distress and/or harm to another person's body, feelings, self-esteem or reputation. Bullying may occur, but is not limited to, in a context wherein there is a real or perceived power imbalance.
- Grabbing objects from another individual
- Throwing objects
- Berating individuals, whether in private or in front of others
- Stereotyping
- Coercion through intimidation
- Joke telling and slurs that promote discrimination
- Unprofessional or inappropriate (suggestive) attire
- Gossiping, rumours, and triangulation (e.g. a practice where reporting/communication relationships between two individuals are compromised when one of the individuals shares prejudicial information with others without the individual's knowledge)
- Exclusionary behaviour (e.g. silent treatment on a repeat basis) toward other staff, volunteers, medical practitioners, contract workers, and students
- Infractions under the Human Rights Code: such as race, ancestry, place of origin, colour, ethnic origin, citizenship, creed (religion), sex, sexual orientation, disability, age, marital status, family status, receipt of public assistance, record of offences, gender identity, gender expression
- Violation of the Workplace Violence and Harassment Policy (HS – 10)

NBRHC will not tolerate any violence, bullying, discrimination or harassment. In such cases refer to the Workplace Violence and Harassment Policy HS-10.

RESPONSIBILITY:

All board members, staff, physicians, volunteers, students and contractors will read and acknowledge the provisions of the Code of Conduct upon hire. All employees will reaffirm their understanding of the Code of Conduct with every Employee Development Review completed.

Unacceptable behaviour that is unaddressed, and not redirected, is more likely to continue and/or deteriorate to more destructive levels, and so can be a warning indicator, while disruptive behaviour that is addressed is more likely to stop, improve and prevent such deterioration.

Step #1: Let the person know:

It is every member of the Hospital Community's responsibility to notify another that your perception of the behaviour/action displayed is inappropriate and that you would like it to stop immediately. In the event that an individual (*the complainant*) believes that a breach of the Code of Conduct has occurred, it is the responsibility of this individual to bring the specific conduct to the attention of the person who they believe to be in breach (*the respondent*) and request that the conduct cease or that a new understanding is agreed upon. All reports will be treated confidentially. (Please refer to the Code of Conduct Tool Kit for tools to help you)

The intent of this step is to encourage open dialogue between the complainant and the respondent in an attempt to clarify and resolve the complaint, and/or gain better understanding/agreement/resolve.

**There may be circumstances that prevent the complainant from discussing the incident with the respondent directly prior to talking to his or her direct supervisor. In such situations, it is recommended that Step 2 be initiated.*

Step #2: Talk with your direct Supervisor:

Following Step 1, and where there is no satisfactory understanding or resolution, (e.g. the respondent was unwilling to listen or acknowledge your concerns or behaviour continues), the Complainant is encouraged to first discuss the matter with his/her supervisor within (10) days of the circumstances occurring. The supervisor shall respond verbally to the complainant within five (5) days of the discussion of the complaint. The parties involved are encouraged to attempt to devise a resolution to the complaint. Should the complaint involve one's supervisor, the report should then be referred to the next most responsible member of management. (See Step #3)

Step #3: Put it in writing:

Every attempt should be made to approach your direct Supervisor for assistance in resolving the issue. Where there is no satisfactory resolution after Step #2, or if you are uncomfortable approaching your Supervisor to assist, you can approach your union representative (if applicable), or the next responsible member of management and/or a member of the Human Resources team for assistance and support. Documentation regarding why you feel you cannot approach your Supervisor, or why you feel the matter has not been adequately resolved at Step #2, will be required at this Step to initiate further follow-up/investigation.

Every effort will be made to process your complaint in a timely and fair manner. Every claim is different and therefore agreed upon timelines and procedures will vary.

Step #4: Follow Up/Investigation:

The investigation may be conducted by a single individual or a team of individuals (the Investigation Team), and may include:

- The Supervisor/ Manager/Director and/or
- A representative of Human Resources, and/or
- A representative of Risk Management, and/or
- Professional Practice Leader, and/or
- A member of the local union (in accordance with the applicable collective agreement), and/or
- A qualified external investigator to complete the investigation

The investigation must be conducted in a confidential, timely manner and open communication will be maintained between all parties involved. The complainant and the respondent will receive a status update every two (2) weeks by the investigative lead unless otherwise mutually agreed upon. Where the complainant and respondent has not received a status update or resolution he/she may address this issue with the Chief Human Resources Officer.

REPRISAL:

The Hospital will not allow any form of reprisal against those who report such an incident in good faith. Complaints found to be trivial, frivolous, and vexatious or made in bad faith, shall be considered a violation of this Code of Conduct and dealt with accordingly.

CORRECTIVE ACTION:

Individual breaches of this code will be subject to corrective action which may or may not include the following remedies as per the North Bay Regional Health Centre policies, collective agreements, non-union terms of employment, human resource and policies and procedures and applicable legislation:

- A verbal or written apology
- Counseling / education
- Suspension
- Being reported to your professional College
- Termination of relationship with North Bay Regional Health Centre

Patients, residents, clients/outpatients or visitors found to be engaged in violations of the code of conduct may be subject to remedy. Such remedies may include removal of visitation rights or discharge, if appropriate. A patient/client whose judgment is impaired (temporarily or permanently) on account of their mental or cognitive state (e.g. post-operative delirium, dementia, brain injury, psychoses, developmental delay/disability, and autism) may not be responsible for their actions. In such cases appropriate action(s) will be as per the procedure for patients/clients, outlined in the organization's Workplace Violence and Harassment HS-10.

Paul Heinrich
President/Chief Executive Officer