

## CODE OF CONDUCT

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<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Clinical	Policy Number: 10076
Approved By: Executive Team Approval Date: February 3 <sup>rd</sup> 2018 Effective Date: August 19, 2019	Original Date: January 4 <sup>th</sup> 2018 Revised Date(s): Next Review Date: February 2022
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**Policy Sponsor:** Chief Talent Officer**Scope/Impact:** All employees, members of the medical staff, volunteers, board members, students, and contractors of CHEO.**Keywords:** Conduct, Ethical, Whistleblower**1. PURPOSE:**

To set out expectations and provide a guide for appropriate and consistent ethical behaviour as well as the prompt resolution of any potential violations.

**2. POLICY:**

**2.1** In keeping with the CHEO mission, vision and values, all employees, members of the medical staff, volunteers, board members, students, and contractors of CHEO (hereinafter referred to as 'individuals') are required to abide by the following Code of Conduct. Individuals will:

- 2.1.1 Conduct themselves in accordance with the highest standards of ethical behaviour which includes identification and mitigation of any actual or perceived conflicts of interest
- 2.1.2 Perform their duties in a manner that establishes, maintains and enhances integrity, confidence, trust and mutual respect
- 2.1.3 Act in accordance with CHEO values and share responsibility for holding one another accountable, being reasonable and fair in their expectations of each other and resolve any conflict in a mature and professional manner
- 2.1.4 Keep abreast of and comply with any new or revised policies and procedures
- 2.1.5 Protect physical, electronic and intellectual property which includes reporting fraud or other unlawful business, research or other activity
- 2.1.6 Carry out their professional duties and/or responsibilities as dictated by the appropriate governing body(ies) and CHEO policy and/or medical by-laws
- 2.1.7 Act professionally, courteously and objectively in all interactions with their co-workers, other employees, members of medical staff, learners, volunteers, patients/clients, family members, the general public and any other individuals with whom they may be in contact in performing their duties
- 2.1.8 Refrain from harassment or discrimination based on race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, age, record of offences, marital status, family status, disability, sexual orientation, sex, gender identity, or gender expression ["prohibited grounds"]. To this end, CHEO will not tolerate, ignore or condone workplace violence or abuse of our employees, members of medical staff, learners, volunteers or any other individuals
- 2.1.9 Refrain from all non-professional activity and inappropriate social contact with clients/patients and families which includes social media

- 2.1.10 Comply with the health and safety program, policies and regulations; work in a manner that protects their safety and the safety of others, and promote a secure and hazard free environment
- 2.1.11 This Code of Conduct is not intended to conflict with CHEO's obligations: to its employees under collective agreements or employment contracts; to members of medical staff as per the Medical Bylaw and conditions of appointment; or, to students and learners under the terms of agreements with the associated educational institution

## **2.2 Consequences of failure to abide by the Code of Conduct**

- 2.2.1 Individuals who act in contravention of the Code of Conduct or policy/procedure, including not reporting any knowledge of allegations of wrongdoing shall be subject to appropriate action
- 2.2.2 Any employee, member of the medical staff, volunteer, board member, or student/learner who is under investigation may be placed on leave, or, as appropriate, be re-assigned to other duties pending completion of the investigation, depending on the particulars of the case that are known to the investigator and the best interests of CHEO. Contracts may be reassigned, suspended, or terminated in the event a contractor is under investigation
- 2.2.3 Confidentiality will be maintained to the extent possible, recognizing that disclosure of information is required in the investigation process. Information disclosed to the respondent must contain sufficient detail to allow for an informed reply by the respondent, but does not usually include the disclosure of any documents/reports submitted by the complainant. Unauthorized disclosure of facts or opinions is prohibited and will have consequences
- 2.2.4 No reprisals will be taken against a person making a complaint in good faith. However, knowingly making a false or frivolous complaint is a violation of the policy and will have consequences. Retaliation against someone who is a witness or is involved in the investigation is prohibited

## **3. RESPONSIBILITIES:**

### **3.1 Human Resources is responsible to:**

- ensure that employees and students/learners acknowledge their understanding and agree to abide by the Code of Conduct, and
- provide support to individuals including complainants, respondents and supervisors including managers, directors, division/department chiefs, vice presidents, Executive Director, Chief of Staff, and President & CEO

### **3.2 Finance is responsible to:**

- ensure that contractors acknowledge their understanding and agree to abide by the Code of Conduct

### **3.3 Volunteer Services is responsible to:**

- ensure that volunteers acknowledge their understanding and agree to abide by the Code of Conduct

### **3.4 The Chief of Staff is responsible to:**

- ensure that members of the medical staff acknowledge their understanding and agree to abide by the Code of Conduct

**3.5 Employees, members of the medical staff, volunteers, board members, students, other learners and contractors are responsible to:**

- be knowledgeable about, and abide by the Code of Conduct and related policies
- self-disclose any situations which would constitute a real or perceived breach or potential breach of the Code of Conduct
- bring to the attention of the appropriate person any suspected breach of trust or other wrongdoing, and
- cooperate fully during any investigation of suspected wrongdoing in relation to any activities outlined in this Code of Conduct

**3.6 Immediate Managers/Directors and Division/Department Chiefs are responsible to:**

- ensure that their employees, members of the medical staff, volunteers, students/learners and contractors are aware of, and act in compliance with this Code of Conduct and any related policies
- ensure that each reported incident of suspected wrongdoing is investigated in a timely fashion, and any violations are dealt with firmly and fairly, and
- make every effort to establish and maintain adequate systems, procedures and controls to prevent breach of trust, conflict of interest, or any other form of wrongdoing

**3.7 Vice Presidents and Chief of Staff are responsible to:**

- ensure that all reported incidents are investigated in a timely manner, and
- ensure that appropriate action is taken

**3.8 President & CEO and Chair of the Board is responsible to:**

- ensure that Board members acknowledge their understanding and agree to abide by the of the Code of Conduct
- ensure that all reported incidents are investigated in a timely manner; and
- ensure that appropriate action is taken

**4. PROCEDURE:**

**4.1 Employees**, members of the medical staff, volunteers, students/learners and contractors who find they may be or suspect someone else may be in breach of the Code of Conduct must bring any breach or potential breach to the attention of their direct supervisor and the Vice President, People, Strategy & Performance (in the cases where the complainant is an employee, volunteer, student, or contractor) or the Chief of Staff (in cases where the complainant is a member of medical staff or medical student, resident or fellow) or to the President & CEO if the complaint involves the Vice President of People, Strategy & Performance or Chief of Staff, providing specific details of the (actual or potential) breach.

**4.2** The individual to whom the (actual or potential) breach has been reported (or their designate) will conduct an investigation, or, depending on the nature of the breach, ensure an investigation is conducted. Every reasonable effort will be made to resolve the actual or perceived breach.

**4.3** Depending on the specifics of each case, it may be necessary to involve Security staff or to obtain external expertise in the review and/or investigation of the case.

**4.4** In the event the individual suspected of a breach or potential breach is the President & CEO or Chief of Staff, the breach or potential breach should be brought to the attention of the Chair of the Board.

**4.5** Board members who find they may be or suspect someone else may be in breach of the Code of Conduct must bring any breach or potential breach to the attention of the Chair of the Board. The Chair of the Board will ensure an investigation is conducted and appropriate action is taken.

## 5. CROSS-REFERENCES:

Harmonized policies:

- Workplace Harassment and Discrimination Prevention Policy
- Protection of Employee Personal Information Policy

Until such time as a new policy and procedure is approved, at CHEO, refer to

- CHEO Canvassing and Soliciting Policy
- CHEO Conflict of Interest Policy
- CHEO Copyrights Policy
- CHEO Dress Code of Conduct Policy
- CHEO Employment of Relatives Policy
- CHEO Incident Reporting Policy
- CHEO Intellectual Property Development Policy
- CHEO Media Relations Policy
- CHEO Protection of Employee Personal Information Policy
- CHEO Removal of Hospital Equipment Policy
- CHEO Violence in the Workplace Policy
- CHEO Workplace Conflict/Complaint Resolution Policy
- CHEO Workplace Harassment and Discrimination Prevention Policy

Until such time as a new policy and procedure is approved, at OCTC, refer to

- OCTC Reporting Abuse and Neglect
- OCTC Conflict of Interest Policy
- OCTC Progressive Discipline Policy
- OCTC Volunteer Progressive Discipline

## 6. REFERENCES:

Ontario Human Rights Code

## DEFINITIONS:

**Individual:** includes employees, members of the medical staff (including physicians, dentists and PhD clinicians), volunteers, board members, students and learners (including medical students, residents and fellows), and contractors of CHEO.

**Complainant:** the individual whom has disclosed that he or she believes a breach or violation of the Code of Conduct has occurred.

**Respondent:** the individual named by the complainant whom has breached or violated the Code of Conduct

**Version History:**

Date	List of minor revisions	List of major revisions
<b>4 Jan 2018</b>	<ul style="list-style-type: none"><li>• Harmonized policies:<ul style="list-style-type: none"><li>• CHEO Policy "Ethical Code of Conduct"</li><li>• Policy OCTC Professional; Conduct and Code of Conduct</li></ul></li></ul>	