

BOARD OF HEALTH MEETING

Wednesday, June 7, 2023 9:30 a.m. – 11:30 a.m. In-Person

PLEASE NOTE:
There will be a Closed Session at the beginning of the meeting.

To ensure a quorum we ask that you please RSVP to clovell@hpeph.ca or 613-966-5500, Ext 231

Hastings Prince Edward Public Health

2019 - 2023 Strategic Plan

Our Vision

Healthy Communities, **Healthy People.**

Our Mission

Together with our communities. we help people become as healthy as they can be.

Our Values Show We CARE









Collaboration Advocacy Respect

Excellence

Our Strategic Priorities



Community **Engagement**



Staff Engagement and Culture



Population Health Assessment and Surveillance



Program Standards



Promotion



HASTINGS PRINCE EDWARD Public Health

BOARD OF HEALTH MEETING AGENDA

Wednesday, June 7, 2023 9:30 to 11:30 a.m. In-Person Meeting

- 1. CALL TO ORDER
- 2. LAND ACKNOWLEDGMENT (Board Chair to speak full version)

Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people.

- 3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF
- 4. APPROVAL OF THE AGENDA
- 5. CLOSED SESSION

That the Board of Health convene in closed session for the purpose of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically,

- (d) labour relations or employee negotiations.
- 6. MOTIONS ARISING FROM CLOSED SESSION
- 7. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING
 - 7.1 Meeting Minutes of Wednesday, May 3, 2023 Schedule 7.1
- 8. BUSINESS ARISING FROM THE MINUTES
- 9. **DEPUTATIONS None**
- 10. COMMITTEE REPORTS

10.1	Governance Committee Report - Councillor Kelly	
	10.1.1 Risk Management Progress Report	Schedule 10.1.1
	10.1.2 Update for Strategic Planning 2024	Schedule 10.1.2
	10.1.3 Board Deputations Policy and Procedure	Schedule 10.1.3

11. REPORT OF THE MEDICAL OFFICER OF HEALTH Schedule 11.0

12. **STAFF REPORTS**

12.1	2022 Annual Report	<u>Schedule</u>	<u> 12.1</u>
12.2	Health Promotion Topics - Prioritization Exercise	Schedule	12.2
12.3	Health Equity Overview	Schedule 12	2.3

13. CORRESPONDENCE AND COMMUNICATIONS -

None

14. **NEW BUSINESS**

14.1 Response to Councillor Hirsch
 14.2 Workplace Violence & Harassment Policy Statement
 Schedule 14.1
 Schedule 14.2

15. **INFORMATION ITEMS** (Available for viewing online at hep-ublicHealth.ca)
Schedule 15.0

16. DATE OF NEXT MEETING – Wednesday, September 6, 2023 at 9:30 a.m.

17. ADJOURNMENT



BOARD OF HEALTH MEETING MINUTES

Wednesday, May 3, 2023 Hastings Prince Edward Public Health (HPEPH)

Present: Ms. Jan O'Neill, Mayor, Municipality of Marmora & Lake, County of Hastings, Chair

Dr. Jeffrey Allin, Provincial Representative

Ms. Kimberly Carson, Mayor, Limerick Township, Hastings County

Dr. Craig Ervine, Provincial Representative

Ms. Kate MacNaughton, Councillor, Prince Edward County

Mr. David McCue, Councillor, City of Quinte West Mr. Garnet Thompson, Councillor, City of Belleville

Regrets: Mr. John Hirsch, Councillor, Prince Edward County

Mr. Michael Kotsovos, Councillor, City of Quinte West, Vice Chair

Mr. Sean Kelly, Councillor, City of Belleville

Also Present: Dr. Ian M. Gemmill, Acting Medical Officer of Health

Mr. David Johnston, Director of Corporate Services Ms. Nancy McGeachy, Director of Clinical Programs Ms. Shelly Brown, Director of Community Programs

Ms. Catherine Lovell, Executive Assistant Ms. Katie Mahon, Audit Partner, KPMG LLP

1. CALL TO ORDER

Chair O'Neill called the meeting to order at 9:32 a.m.

2. LAND ACKNOWLEDGMENT - Spoken by Chair O'Neill

3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

There was no disclosure of pecuniary interest.

4. APPROVAL OF THE AGENDA

THAT the agenda for the Board of Health (Board) meeting on Wednesday, May 3, 2023 be approved as circulated.

MOTION:

Moved by: Kim Seconded by: Garnet

CARRIED

5. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING - March 1, 2023

THAT the minutes of the regular meeting of the Board held on March 1, 2023 be approved as circulated.

MOTION:

Moved by: Kim Seconded by: Craig

CARRIED

- 6. BUSINESS ARISING FROM MINUTES None
- 7. **DEPUTATIONS** None
- 8. COMMITTEE REPORTS Finance Committee Garnet Thompson
 - 8.1.1 2023 First Quarter Revenues and Expenses
 - 8.1.2 Summary of Annual Service Plan Submission

THAT the Board receive and approve the 2023 first quarter revenues and expenses report and the Annual Service Plan as circulated.

MOTION

Moved by: David Seconded by: Garnet

CARRIED

8.1.3 Review Audit Findings Report (Presented by Katie Mahon, KPMG)

THAT the Board receive and approve the Audit Findings Report as presented and approve the signing of the Management Representation Letter.

MOTION

Moved by: David Seconded by: Kim

CARRIED

8.1.4 Review of Draft Audited Financial Statements (Presented by Katie Mahon, KPMG)

THAT the Board receive and approve the Draft Audited Financial Statements as presented.

MOTION

Moved by: Garnet Seconded by: Craig

CARRIED

Ms. Mahon introduced herself. She highlighted the fact that there were no significant findings, no deficiencies and no corrected items. Overall, it was a clean audit. She went on to note a few items in the Audit Findings Report and the Financial Statements.

9. REPORT OF THE MEDICAL OFFICER OF HEALTH - Dr. Gemmill

THAT the report of the Medical Officer of Health be received as presented.

MOTION

Moved by: Kate Seconded by: Craig

CARRIED

- Dr. Gemmill noted we are in a period of quiescence with COVID-19. There will be a spring campaign for immunising high-risk individuals.
- Due to the pandemic, regularly scheduled immunizations for children fell to the wayside so we now have to play catch-up. For this reason, school suspensions that would normally happen in April will be put off until September 15, 2023. There are still 1,359 school pupils who have not had all of their mandated immunizations. This extension should provide the time needed for families to get updated.
- Ticks are plentiful this year so the public needs to be vigilant when out walking or working in long brush to check themselves afterwards and to check young children at bath time. Lyme disease is a reportable disease in Ontario but due to the increase in blacklegged tick population, anaplasmosis, babesiosis, and Powassan virus will be added the list of reportable diseases in July 2023.

10. STAFF REPORTS

10.1 Opioid Monitoring Dashboard (Presented by Yvonne DeWit and Jeremy Owens) THAT the staff report be received as presented.

MOTION

Moved by: Jeffrey Seconded by: David CARRIED

- This Dashboard is a monthly summary of opioid harms and other early warning indicators in Hastings and Prince Edward Counties. It was developed in collaboration with many community partners including, Hastings Quinte Paramedic Services, Belleville Police Service and four local OPP detachments.
- There were 181 opioid calls last year (2022) and to date this year there have been 82, so we are trending ahead of the curve. The age group of 25 to 44-year olds had the most visits to emergency departments last year.
- Further discussion took place.

10.2 Ontario Seniors Dental Care Program (Presented by Kelly Palmateer)

THAT the Board receive the staff reports as presented

MOTION

Moved by: Kim Seconded by: Craig

CARRIED

- This program is mandated by the Ontario Public Health Standards under Chronic Disease Prevention and Well-Being. In 2022, Public Health provided 2,509 appointments: 1,646 at the Health Unit and 863 seen by external partners. Ms. Palmateer discussed the number of restorative and preventive services provided in 2022.
- The two dental vans (mobile clinics) are close to being completed. These will be used to serve rural areas, to attend public events and as another operatory to allow more patients to be seen. These vans will also be shared with Kingston Public Health.
- This program has many challenges. We currently have 195 eligible clients on a waiting list even though we have already seen 112 clients this year and demands of the program exceed the current budget from the Ministry. There was further discussion.

11. CORRESPONDENCE AND COMMUNICATIONS - None

12. NEW BUSINESS

Healthy Families funding was brought forward by Councillor MacNaughton on behalf of Councillor Hirsch in his absence. This item will be added to the June Board agenda.

13.INFORMATION ITEMS

THAT the Board of Health receive the information items as circulated.

MOTION

Moved by: David Seconded by: Kim CARRIED

Chair O'Neill drew the Board's attention to the information items listed within the agenda and found on the Public Health website.

14. DATE OF NEXT MEETING – Wednesday, June 7, 2023

15. ADJOURNMENT

THAT this meeting of the Board be adjourned at 10:59 a.m.

MOTION:

Moved by: Kim Seconded by: Kate

CARRIED

Jan O'Neill, Board of Health Chair



То:	Hastings Prince Edward Board of Health
Prepared by:	David Johnston, Director of Corporate Services
Approved by:	Dr. Gemmill, Acting Medical Officer of Health
Date:	Wednesday, June 7, 2023
Subject:	Risk Management Progress Report
Nature of Board Engagement	 ☑ For Information ☑ Strategic Discussion ☑ Board approval and motion required ☑ Compliance with Accountability Framework ☑ Compliance with Program Standards
Action Required:	That the Board of Health review and approve the current Risk Management Progress Report as presented.
Background:	As per the Public Health Accountability Framework, Boards of Health shall have a formal risk management framework in place that identifies, assesses and addresses risks". The rationale for this requirement "Ensures Boards of Health are aware of and are taking action to mitigate known issues that may be creating a risk to the public's health or to the stability or competency of the organization."
	Hastings Prince Edward Public Health (HPEPH) has a comprehensive risk management policy and procedure. The Risk Management Committee has identified 14 risks for the organization, all requiring strategic mitigation action plans.
	The attached progress report lists the most recently identified risks and reflects progress and relevant activities for mitigation. Reports on the progress, resolution or addition of emerging risks in 2023 will be provided at the next Governance committee meeting.

	M HASTINGS PRINCE EDWARD Public Health			Ť	IPEPH - RISK I Ident	HPEPH - RISK MANAGEMENT PROGRESS REPORT (2023) Identified March 2022 - October 2022	(1		
Item #	Risk	Category	Likeli hood	Impact	Risk Rating	Mitigation	Lead	Report Dates	Progress
1	Potential increases to wait times for Seniors Dental clients.	Service Delivery, Political	ю	ю	9 Moderate R	1.Additional partnerships with the Dental providers in Belleville 2.Sharing space at Private Dental offices depending on availability of contract /casual dentist(s) 3.Bartner/collaborate with CHCs to provide major dental work including emergencies (Gateway) 4.Dse/create an index to determine patients in need (in progress) 5.Explore potential partnerships with dental colleges to do externships at the PHU 6.Bire new dentist (dentists working 5 days a week at the Belleville office) 7.Bhcrease advocacy for funding (completed, effective)	Manager, Oral Health and Vision	Progress report to BOH in 2023	Ongoing. Additional partnerships have been established for local dental support. HPEPH is requesting additional funding from the Ministry (via ASP submission) to expand opportunities to support a growing backlog of clients. Ministry has been very forthcoming with funding and support so far.
2	Difficulty recruiting dentists for program delivery.	Human Resources, Service Delivery	4	4	16 High Risk	2. Develop casual pool of available dentists - Offer short term contracts- weekly/bi-weekly 3. Detential partnerships with the Dental providers in Belleville 4. Sharing space at Private Dental offices depending on availability of contract/ casual dentist(s) 5. Dental work including emergencies	Manager, Oral Health and Vision	Progress report to BOH in 2023	Remove. Currently fully staffed for Dentist positions. Progress report to Backup part-time dentist identified. BOH in 2023 Considering an initiative to ask local Dentists to donate some time to the mobile dental health units.

	M HASTINGS PRINCE EDWARD Public Health				НЕРН	- RISK MA Identifi	HPEPH - RISK MANAGEMENT PROGRESS REPORT (2023) Identified March 2022 - October 2022	3)		
Item #	Risk	Category	Likeli hood	Impact	Risk	Risk Rating	Mitigation	Lead	Report Dates	Progress
т	Loss of Technology because of Man Made or Natural Disaster impacting 179 North Park Computer Server availability (human error, loss of generator, fire, flood, etc.)	Governance, Organizational, Strategic, IT	2	ιΛ	10 M	loderate-Higł Risk	1. Technology – DR/BC plan redesigned in 2016 to add 3rd party vendor with IAAS. 2. Workloads can be hosted remotely by IAAS vendor. Daily workload replications achieve established RPO and RTO objectives. Completed 2016. 3. Process – Workload replications tested monthly. IT DR/BC procedures testing biannually. Ongoing. 4. Program services status – Unknown, as no significant technology outage to HPEPH programs has ever occurred. Recommend program level operational readiness assessment, plans, & annual tabletop exercise/testing. Ongoing.	IT Manager, Director of Corporate Services	Progress report to BOH in 2023	Remove. Co-locating physical server hardware to a data facility in Fall 2023 to reduce risks of physical equipment damage/failure. Backup systems in place in event of physical equipment failures. HPEPH has remote work available for most positions to support continuity of operations in a disaster.

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Item #	Risk	Category	Likeli hood	Impact	Risk Rating	Mitigation	Lead	Report Dates	Progress
4	Cyber Incident	Information, Knowledge, Governance, IT	7	ις	10 Moderate-Hig	1. People – Delivery of staff awareness campaigns. Development & delivery of training curriculum. Completed 2. Creation & delivery of targeted phishing campaigns. Completed 3. Process – Administrative safeguards/policies & checks for purchasing. Completed 4. Administrative safeguards/policies for safeguard fair use of signing authorities' digital signatures. Completed. 5. Onboarding & offboarding identity management, collection of assets. Completed A semediation for staff falling below phishing campaign testing baseline (email Class of Service change). Completed 7. Technology – legacy technologies provisioned at relevant layers of stack (Gateway - SPAM, IPS, Web, WAF). Endpoint (client AV). Complete 8. ATP with cloud layer (sandboxing) added 2020. Complete 9. SIEM, machine learning/Al added 2021. Complete 10. Immutable layer for remote BC workload backup/replication added 2021. Completed. 11. New switching topology/w further micro segmentation adding 2022. To be completed early	IT Manager, Director of Corporate Services	Progress report to BOH in 2023	Ongoing. Additional technology purchased and deployed to improve defense against potential cyber attacks. Staff trained and processes put in place to increase employee awareness of potential for cyber attacks, specifically phishing attacks against individuals. Data backups in place in the event of a ransomware attack that encrypts current data.
τλ	Unexpected staff leave (AA/EA)	Human Resources, Service Delivery	м	4	12 Moderate-Hig	1. Cross training for all AAs/EA 2. Regular AA/EA meetings; job info sharing Moderate-High 3. Review of tasks/processes to find efficiencies- Risk streamline 4. Dob shadowing during slower times 5. Procedural manual for all positions	Director of Corporate Services, AA's & EA	Progress report to BOH in 2023	Ongoing. In progress, backups for short term LOA's in place. Procedure manuals for some tasks in development.

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Item #	Risk	Category	Likeli hood	Impact	Risk	Risk Rating	Mitigation	Lead	Report Dates	Progress
9	F Unplanned staffing changes due to lack of a multi-year forecasted budget	Financial, Human Resources, Information, Political, Public	ß	4	20	High Risk	 Clarify internal budget cycle dates Apply a projected increase to all budget areas Notify executive and management of draft implications and increase education with management 	Finance Manager, Director of Corporate Services	Progress report to BOH in 2023	Ongoing. Less of a concern post-COVID with some contracts ending, but an ongoing issue when base funding as potential increases are limited to one-time or special funding requests.
7	Lack of detailed fixed asset register/general asset list	Financial, Governance, Public Perception	5	4	20	High Risk	1.Breate easy to follow spreadsheet including asset, location and replacement cost, create procedure to report asset purchase, create videos/photos as back up to spreadsheet.	Finance Manager, Director of Corporate Services	Progress report to BOH in 2023	Ongoing. Initiated. Evaluating tools for asset management and tracking (SAGE ERP module).
∞	Increase in privacy breaches but lack of reporting due to staff fatigue, gap in training, decrease in staff compliance with PHIPA.	Public Perception, Privacy	4	2	8	Moderate Risk	1.Need to update Privacy related policies and procedures. Fall/Winter 2022. 2.Need updated Privacy Training Platform – Spring 2023	Privacy Officer, MOH, Program Managers, Staff	Progress report to BOH in 2023	Remove. Privacy policies reviewed, privacy training modules in development to support privacy training for new hires and refreshers for existing staff. Privacy portfolio moved to a new manager.
Q	Increased staff attrition/turnover/ contracts will lead to continued program disruption.	Human Resources, Operations, Service Delivery	4	4	16	High Risk	Continue to monitor for potential retirements/maternity, personal and STD leaves. Continue to review staff vacancies/requests for replacing staff and consider skills, priorities and program needs. Monitor for positions that are delivered by a single individual and consider cross-training opportunities.	Manager of HR, Director of Corporate Services, Program Managers	Progress report to BOH in 2023	Ongoing. Continuing to address crosstraining, giving additional consideration to jobs that support unique skillsets.
10	Staff redeployments to address future COVID surges may negatively impact client services and increase the risk of sunintended client outcomes.	Public Perception, Operational, Service Delivery, Human Resources	R	4	50	High Risk	 Managers to review Business Continuity Plan Director to meet with Managers to determine minimum # of staff required for essential services Director to meet with IMS Lead Wave 7 plan adjusted 	IMS Lead, Program Managers	Progress report to BOH in 2023	Remove. Pandemic staffing issues no Progress report to longer a risk to regular program delivery. BOH in 2023 Some COVID catch-up work continues and most programs move to pre-COVID work.

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Item #		Category	Likeli hood	Impact	Risk	Risk Rating	Mitigation	Lead	Report Dates	Progress
11	Labour Relations Breakdown (Strike)	Financial, Governance, Public Perception, Legal Compliance,	2	Ŋ	10 Mo	oderate-High Risk	1. Educate the Board of Health regarding impact of risk when considering the bargaining mandate. 2. Educate managers on the impact of a strike for each union on their programs and service delivery. 3. Work with relevant Union representatives prior to strike to identify opportunities to reduce the likelihood of strike. 4. Identify potential alternate service providers for affected services	Manager of HR, Director of Corporate Services	Progress report to BOH in 2023	Ongoing. Strike contingency planning documents in the process of being updated to reflect risks associated with a work stoppage. Managers working to identify impacts of a strike to their programs. Risk more relevant to bargaining years (this year).
12	Insufficient Training and Development	Governance, Organizational, Strategic, Political, Legal Compliance, Security, Public	4	4	16	High Risk	 Create an organization-wide training and development plan that addresses current program needs and operational/ organizational needs. Lonsider training requirements at the development stage of any new programs/services. Lonsider training requirements at the development stage of any new programs/services. Lonsider training requirements at the development stage of any new programs/services. Long and ensure those FileHold, OSCAR or Dayforce) and ensure those skills are added to onboarding programs to minimize new employee knowledge gaps. 	Manager of HR, Director of Corporate Services	Progress report to BOH in 2023	Ongoing. In progress. HR working on developing core training modules related to compliance (e.g. health and safety, violence in the workplace). The self-serve training system (Moodle) increasingly leveraged for new hires and as a refresher for existing staff. HR working on the improvement of training records keeping.
13	Extraordinary/Unplanned Costs to Maintain Facilities	Financial, Governance, Operational, Service Delivery	4	4	16	High Risk	Complete a Two-year Budget Forecast Coordinate completion of a new Facilities assessment (2025) Explore replacement of end of life equipment with "right sized"/smaller equipment Explore opportunities to share space/share facility costs	Finance Manager, Manager of Office Services	Progress report to BOH in 2023	Remove. Budget forecast based on current facilities assessment complete. Equipment will be "right-sized" as it hits end-of-life status. Continuing to look at opportunities for savings through shared costs. (e.g. Mobile Dental Clinics)

	M HASTINGS PRINCE EDWARD Public Health				ньерн	- RISK MA Identifie	HPEPH - RISK MANAGEMENT PROGRESS REPORT (2023) Identified March 2022 - October 2022	(£		
Item #	Risk	Category	Likeli hood	Impact	Risk	Risk Rating	Mitigation	Lead	Report Dates	Progress
14	Availability of Skilled/Experienced Program Assistants	Human Resources, Knowledge, Service Delivery, Security, Public Perception	rv	4	20	High Risk	1. Set internal training standards/minimums (customer service as well as computer) 2. Build training completion into contracts 3. Mentor mandatory/scheduled training 4. Explore local community college placement opportunities 5. Explore separate category for "Receptionist"	Manager of Office Services, Manager of HR	Progress report to BOH in 2023	Ongoing. Looking at opportunities to train less experienced applicants for long-term BOH in 2023 work vs increased competition for highly trained local program assistants.



То:	Hastings Prince Edward Board of Health
Prepared by:	David Johnston, Director of Corporate Services
Approved by:	Dr. Gemmill, Acting Medical Officer of Health
Date:	Wednesday, June 7, 2023
Subject:	Update for Strategic Planning for 2024
Nature of Board Engagement	 ☑ For Information ☑ Strategic Discussion ☐ Board approval and motion required ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action Required:	No action required.
Background:	In accordance with the Ministry of Health Accountability Framework – Organizational Requirements, Boards of Health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year. This approach ensures boards of health take a longer term and higher level perspective to addressing local community needs and are establishing organizational priorities for change and growth.
	The current HPEPH strategic plan was developed in 2019 and expires at the end of 2023. To ensure HPEPH continues to remain accountable and focused into 2024 and beyond, a new strategic planning process has been initiated with a series of workshops planned for early Fall 2023.
	The strategic planning process will be supported by Erik Lockhart, Senior Facilitator with Queens University Smith School of Business. Prior work with Mr. Lockhart resulted in an efficient and engaging process that supported multistakeholder engagement. More information will be shared on the workshop schedule as it becomes available.



То:	Hastings Prince Edward Board of Health
Prepared by:	David Johnston, Director of Corporate Services
Approved by:	Dr. Ian Gemmill, Acting Medical Officer of Health
Date:	Wednesday, June 7, 2023
Subject:	Deputation Requests to the Board of Health
Nature of Board Engagement	 ☐ For Information ☐ Strategic Discussion ☑ Board approval and motion required ☑ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action Required:	THAT the Board review and approve the policy and procedures for handling deputation requests from the public.
Background:	Through Good Governance and Management Practices, "boards of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including rules of order and frequency of meetings; preparation of meeting agenda," The Governance Package approved by the Board of Health on May 4, 2022 contains By-Law 2022-04, to establish rules governing the proceedings of the Hastings & Prince Edward Counties Health Unit Board of Health. Deputations (#9) is found under Order of Business. To date there has been no policy or procedures created to address deputations by the public to the Board. While HPEPH does not receive many requests from the public to present to the Board, we do receive many inquiries regarding presenting to the Board. The attached policy and accompanying procedures have been created to address this. In consultation with the Medical Officer of Health, the Chair and Vice Chair of the Board, deputation and delegation policies from a number of other health units and community organizations have been reviewed with relevant sections being adopted to develop the attached policy and procedures.
Recommendation:	 The Board is being asked to approve the policy as submitted. If approved, the policy will be added to the next revision of the Governance Package in 2024. This information will also be added to the website for the public to access.

HASTINGS PRINCE EDWARD PUBLIC HEALTH POLICIES AND PROCEDURES

Section: BOARD OPERATIONS

Policy: Deputation Requests to the Board of Health

Approved by: Hastings Prince Edward Board of Health

Date: TBD

PURPOSE:

1. To provide a clear and consistent process to receive and respond to requests from the public who want to address the Hastings Prince Edward Board of Health (Board).

2. Supports accountability and transparency between the Board and the public.

POLICY:

- The Board of Health will provide access to open meetings for members of the public to observe, or to present issues of public health mandate as noted in the Ministry of Health's Ontario Public Health Standards, by way of a formal deputation.
- 2. All deputations will be reviewed and approved for addition to a Board meeting agenda at the discretion of the Board Chair and Vice Chair in collaboration with the Medical Officer of Health.
- 3. Deputations will only be granted to residents of Hastings and Prince Edward Counties and on issues of interest to the Board.
- 4. Individuals who do not wish to appear in person may submit a written submission for inclusion in the public Board agenda (see Procedure below).
- 5. A deputation to the Board can be made by an individual either on his/her own behalf or as a representative of an organization or community group (delegation) on an approved public health matter (see #2 above).
- 6. Up to two speakers can participate in one deputation, limited to a total of not more than 10 minutes. There will be no more than two deputations per Board meeting.
- 7. Approved deputations will be scheduled at the next possible Board meeting providing it can be added to the agenda without any timing issues or as requested.
- 8. Delegations may only appear once on the same matter within a one-year period, unless a recommendation pertaining to the same matter is included on the agenda within a one-year period and only to provide additional or new information.
- 9. Deputations will not be permitted at Board Committee meetings as these are not decision-making entities and do not consist of all members of the Board.

PROCEDURE:

- Submit a completed Board of Health Deputation Request form found on the Hastings Prince Edward Public Health website at https://www.hpepublichealth.ca/board-of-health/. All fields must be completed with as much information and detail as possible on the subject matter. If you do not have access to the internet/website you can phone Public Health at 613-966-5500, ext. 231 and we will complete a request for you.
- 2. A letter can be submitted, either via Canada Post or by email at info@hpeph.ca noting in the Subject Line: Board of Health Deputation Request. The request should provide the following information:
 - a. Requestor's name, address, telephone number and email address. The Board will not accept anonymous requests or communications.
 - b. Full names of speakers and/or presenters and/or a list of individuals who will be attending the meeting.

HASTINGS PRINCE EDWARD PUBLIC HEALTH POLICIES AND PROCEDURES

Section: BOARD OPERATIONS

Policy: Deputation Requests to the Board of Health

- c. Date you wish to present your deputation to the Board (dates of Board meetings can be found on our website at https://www.hpepublichealth.ca/board-of-health/).
- d. A detailed summary of the subject matter and/or a copy of any materials that will be presented, the outcome that is sought or if for information purposes only and what action is requested by the Board.
 - i. Comments that are submitted anonymously or include defamatory language will not be accepted or form part of the official meeting record.
 - ii. Correspondence must be addressed to the Board of Health.
 - iii. Emails/correspondence sent to individual Board members or Public Health staff that are copied to the Board, MOH or Executive Assistant via cc will not be considered.
- e. An overview of you and/or your group.
- f. Your signature.
- g. If mailing your request, mail to: Hastings Prince Edward Public Health, c/o Board of Health, 179 North Park Street, Belleville, ON K8P 4P1.
- 3. You will be notified if your request is approved/not approved, and if applicable, confirm the date of your deputation. You may be contacted to provide additional information. A date will not be set for the deputation until all information has been received by the Board, as outlined above. A reason will be given if your request is not approved.
- 4. Deputation requests must be received at least 14 days before the date of the meeting at which you wish to speak. Please note, your request, including your contact information will be included in the agenda package for the specified meeting date and therefore will be posted to our website.
- 5. Should you wish to show a PowerPoint presentation, it must be received along with your written/electronic request form so it can be reviewed for acceptable content. If it is approved to be presented, you will be asked to send it electronically at a later specified date.
- 6. Should you wish to record or videotape the proceedings of a Board meeting, you will need to follow the instructions as set out in this Procedures section.
- 7. All material presented and discussed at the Board meeting will become public information.
- 8. If your deputation includes a group of people, you will be required to designate not more than two spokespersons. As noted above, the Board will allow no more that two people to address the Board during the deputation.
- 9. If you or anyone in your group changes the delegation topic to something that was not previously approved is not in keeping with the decorum of the meeting, acts contrary to any of the rules noted below, or in contravention of the Ontario Human Rights Code, you will be asked by the Chair to cease and come to order. If you and/or anyone in your delegation do not cease or come to order you will be asked by the Board Chair to leave the meeting immediately.
 - a. No behaviour is permitted that interrupts the conduct of a meeting.
 - b. No one may use disrespectful language, gestures or offensive words.
 - c. Signs and T-shirts with offensive language or slogans are not permitted.
 - d. Taking photos and/or making recordings of any kind are not permitted unless prior permission has been given.

For further information see General Expectations for Deputations and for Observers.

Created: TBD Page 2 of 2



Board of Health Deputation Request Form

First Name:			L	ast N	lame:			
Street Address:								
City/Town:					Postal Code:			
Phone:					Alterna Phone:			
Email:								
Municipality you	□City of B	وااوريناام	□City o	of Oui	inta Wa	et		
live in	-		-					
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Signature (by ente	ring your full na	ame below	, this will	l serve	as your	signat	ture)	

See below for more information regarding speaking at and attending Board meetings.



То:	Hastings Prince Edward Board of Health
Prepared by:	Dr. Ian M. Gemmill, Acting Medical Officer of Health and CEO
Date:	Wednesday, June 7, 2023
Subject:	Report of the Medical Officer of Health
Nature of Board Engagement	 ☑ For Information ☐ Strategic Discussion ☐ Board approval and motion required ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action Required:	No action required.
Respiratory Infections	 I am pleased to report that respiratory infections continue to be monitored at low levels. The percentage of testing that is positive for coronavirus is approximately 7.9% for Ontario, while the percentage of testing that is positive for influenza is 1.8%. Locally as well, the number of cases of these two respiratory infections is low. The spring campaign to immunize against coronavirus continues, with an average of 150 people per week with available spots for 250 at HPEPH's clinics.
Invasive Group A Streptococcus	The Office of the Chief MOH has notified local public health agencies across the province of an increase in activity by invasive group A streptococcus, the bacterium that causes necrotising fasciitis. As a result, HPEPH has notified local providers of health care with information on this issue, to ensure a high index of suspicion when a patient presents with relevant symptoms.
Food literacy and fun at Queen Elizabeth Public School	 Members of the Healthy Schools team (HST) just wrapped up a series of food literacy classes with the Grade 4/5 and 5/6 students at Queen Elizabeth Public School. Over four weeks, the HST turned classrooms into bustling kitchens and facilitated sessions aimed at making food fun, helping students to build food skills, learning to make easy, nutritious food and expanding palates and knowledge of food through hands-on exposure. Lessons covered different aspects of food education, including food safety, holding and using a knife safely, names and uses for common kitchen equipment, measuring ingredients accurately, following a recipe, and exploring food using the senses. The highlight of each session was the hands-on food preparation. Students eagerly jumped into action, working together to create delicious recipes from scratch. Among other menu items, students made hummus, cinnamon nachos with fruit salsa, chunky applesauce, and the extremely popular "pizza-dillas" (pizza quesadillas). The students had a blast while learning valuable skills and exploring food together.

- When asked to evaluate their experience, 97 per cent of students reported learning something new and 90 per cent had tried a new food. Unsurprisingly, when asked what they liked most about the sessions, the overwhelming majority answered, "the food." Student feedback also included these enthusiastic comments:
 - "It was really fun; we should do it again!"
 - "I really liked the people who came in."
 - "You guys slay."
- The educators also completed evaluations, writing, "Thank you so much for taking the time to share this great experience with our students!" and "The staff were AMAZING with students. I would love to have this program in my class for next year."
- A sincere thank you to Wia Baker and Rebecca Mathers, who provided essential support for this food literacy series. Thank you also to Brooke Cousins and Kristina Smith for jumping in on short notice when extra assistance was needed.
- Finally, thank you to Jennine Seaman for not only sharing her expertise and creating such an incredible opportunity for students to engage and learn, but also for helping the HST highlight this impactful event!

Summer Food Safety

- June 7 is World Food Safety Day, which draws attention to food standards - Food standards save lives.
- <u>Food safety</u> is the science of handling, preparing and storing food to reduce the risk of foodborne illnesses. Food contaminated with harmful bacteria, viruses, parasites, chemicals or other impurities can cause many illnesses.
- Foodborne diseases affect 1 in 10 people worldwide each year, and food standards help us to ensure that what we eat is safe.
- Public Health Ontario's <u>research</u> estimates that every year in Ontario, foodborne illnesses are responsible for:
 - o 70 deaths
 - 6,600 hospitalizations
 - 41,000 emergency department visits
 - o 137,000 physician visits
- Knowing how to protect yourself from foodborne illness is important to keep you safe and healthy.

Summer Food Safety Tips

- If you're taking hot or cold food for school or a gathering, keep hot foods hot (60° C or warmer) and cold foods cold (4° C or colder).
- For hot foods, use insulated thermal containers or wrap hot food in foil and cover with heavy towels.

- Cold foods can be kept in coolers containing ice or frozen gel packs. Use a thermometer to check your food is kept below 4°C.
- Don't serve raw eggs or consume ingredients containing raw eggs. They
 may contain bacteria such as Salmonella or pathogenic (illness-causing)
 E. coli.
- If you're making ice-cream or dessert this summer, consider using pasteurized eggs in recipes that don't involve cooking the eggs.
- Barbequing this summer? Here are a few tips to avoid getting sick:
 - Marinate and store raw meat at 4° C or lower.
 - Wash hands after handling raw meat.
 - Avoid cross-contamination of ready to eat foods with raw meat.
 - Use a clean plate when taking food off the grill.
 - Use a digital food thermometer to ensure you have cooked meat thoroughly.
- Home-canning? Use validated recipes and good food safety practices to control or eliminate the growth of microorganisms and produce a safe canned product. For more information, review PHO's <u>Literature Review</u> on Home Canning.

Violence Prevention

- In 2018, primary violence prevention was added to the Ontario Public Health Standards (OPHS).
- Primary prevention focuses on trying to stop violence before it occurs through activities such as promoting healthy relationship skills, reducing risk factors for violent behaviour such as substance use and poor mental health, and strengthening protective factors such as positive parenting practices.
- The Foundational Standards team recently completed a prioritization exercise and identified injury prevention, including violence, as a current priority for public health.
- To determine where public health can play a role in violence prevention, Hastings Prince Edward Public Health has undertaken an evidence review of local, provincial, and federal data to determine what other health units are doing regarding violence, and to assess the state of violence in our region.
- Currently, we are working to analyze local data about the presence of violence in our region; however, preliminary data show that in 2022, Belleville Police Services had a 12% increase in assault calls for service, while Prince Edward County OPP led 233 domestic violence investigations.
- Although violence can affect everyone, the data also show that two
 populations are over-represented in the statistics: women and children,
 especially in rural areas.
- Recently, an inquest into the murders of three women Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam – by the same former partner in Renfrew County has brought attention to intimate partner violence in Ontario. As a result, PEC Council recently declared intimate partner

	violence as an epidemic.
	 Once local data analysis is complete, information from the evidence review will be presented at a future Board meeting.
Provincial Events	
Office of the Chief MOH	• The first meeting of the (provincial) Public Health Leadership Table, which comprises representation from the Office of the Chief Medical officer of Health (OCMOH), Public Health Ontario (PHO) and the members of the executive committee of the Council of Ontario's Medical officers of Health (COMOH), took place on April 27. This forum is to be a strategically focused table that, amongst other things, contributes to the review of the Ontario Public Health Standards. Emergency preparedness will be an area for immediate scrutiny, in keeping with the theme of the Chief MOH's Annual Report, presented to the board at its meeting in May 2023.
Public Health Ontario	Public Health Ontario's (PHO) next strategic plan is under development and a process of consultation will be undertaken, with a focus on PHO's support for the field. In addition, two reports have been released recently, on drug-resistant Shigellosis and Gonorrhea.
	 PHO has also developed an interactive respiratory pathogen online tool that will serve as a one-stop shop for the data currently published in different reports. The first phase will launch in early autumn and will expand over subsequent months.
Personal Comment	 Finally, I would like to convey to the board what a pleasure it is to work with the board, management and staff of HPEPH again. I am very pleased to have had this opportunity to get to rekindle acquaintances, and to meet new colleagues.

2022 ANNUAL REPORT Schedule 12.1



Together with our communities, we help people become as healthy as they can be.

Message from the Board of Health Chair and the Medical Officer of Health

Schedule 12.1

The year 2022 marked the third year of our ongoing COVID-19 response. It was also a year of recovery and the resumption of much of the public health work that was put on hold in 2020 when the majority of our staff were redeployed to respond to the biggest public health challenge of the past century.

And while the year presented many challenges as we faced multiple waves of COVID-19 and new variants of concern emerged, there were many achievements to celebrate.

When we transitioned to a long-term COVID-19 vaccination strategy in March, 88 per cent of the adults living in Hastings and Prince Edward Counties (HPEC) had been vaccinated against the virus. This level of protection has been critical in helping reduce severe COVID-19 related illness in our region. These efforts were achievable only because of the outstanding work of our dedicated staff, the collaboration and support of our community partners and the commitment of local residents who continued to follow public health guidance and get vaccinated.

Unfortunately, the pandemic magnified existing health inequities in our community, and there has been a measurable increase in substance use and factors that contribute to chronic disease. The pandemic also had a negative impact on mental health. If unaddressed, these shifts will put further demands on health resources in the future. The work of public health is essential to protecting the health of the population and preventing disease and injury before it occurs, and is critical to the long-term sustainability of our health care system.

The Board of Health (BOH) continues to advocate for the resources needed to support public health as it works to protect the health of our residents. In 2022, the BOH:

- advocated to the Ontario Ministry of Health for more funding to support public health's oral health program as a component of a comprehensive oral health strategy;
- continued their call for the Ministries of Health and Education, as well as local school boards, to support ongoing funding for HPEPH's school-focused nursing initiative;
- advocated to the federal and provincial Ministries of Health to increase the minimum provincial purchase age for vaping and tobacco products to 21 years of age (currently 19) under the Smoke-Free Ontario Act, 2017; and

BOARD OF HEALTH

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VICE CHAIR

Michael Kotsovos Councillor, City of Quinte West

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Kimberly Carson, Mayor, Limerick Township, County of Hastings

David McCue, Councillor, City of Quinte West

PROVINCIAL APPOINTEES

Dr. Jeffrey Allin Dr. Craig Ervine

committed to engage with community partners and work together to respond to the drug poisoning crisis in our community and beyond.

We stand committed to our core values of collaboration, advocacy, respect and excellence as we continue our work delivering evidence-based public health programs and services in our community. This Annual Report provides highlights of the work we did in 2022 to support the needs of our residents as we continue to fulfil the requirements of Ontario's Public Health Standards, and meet our commitment of helping our residents become as healthy as they can be.



Ethem Tournisher

Dr. Ethan Toumishey MD, MPH, CCFP, FRCPC Medical Officer of Health & CEO Hastings Prince Edward Public Health



Janet E. O'Mill

Jan O'Neill Chair, Hastings Prince Edward Board of Health Mayor, Municipality of Marmora and Lake County of Hastings

2022 by the Numbers

In 2022, we worked to respond to the pandemic and advance our strategic priorities. We continued to deliver programs and services to ensure our compliance with the Ontario Public Health Standards and help the residents of Hastings and Prince Edward Counties (HPEC) achieve optimal health. This infographic highlights some key statistics from our work.







51,572 pageviews



of the COVID-19 Dashboard









291

in-person breastfeeding consultations

695 visits

completed by HBHC Public Health Nurses and Family Home Visitors



76

media releases issued



264

under the Smoke-Free Ontario Act, 2017



013

rabies investigations



101 small drinking water systems inspections



1,976

food premises inspections



personal services / setting inspections



238

recreational water inspections

214 smoking cessation consultations by phone

5,855
Naloxone kits

distributed in conjunction with community partners

417 cases

of reportable sexually transmitted infections followed-up to ensure treatment and contact notification



10,025

137 clients

received smoking cessation counselling by phone with nicotine replacement therapy support



38 IPAC consultations with schools



9 Healthy Schools Newsletters distributed



3,276 school oral heath screenings completed at 33 schools

2,509 appointments for seniors at HPEPH clinics and other dental partners under the Ontario

dental partners under the Ontario Seniors Dental Care Program



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Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people.



То:	Hastings Prince Edward Board of Health
Prepared By:	Emily Tubbs, Manager, Foundational Standards and Communications
Approved By:	Shelly Brown, Director of Community Programs
Date:	Wednesday, June 7, 2023
Subject:	Health Promotion Topics – Prioritization Exercise
Nature of Board Engagement:	 ☑ For Information ☐ Strategic Discussion ☐ Board approval and motion required ☐ Compliance with Accountability Framework ☑ Compliance with Program Standards
Action Required:	No action required.
Background:	In 2019, Hastings Prince Edward Public Health (HPEPH) initiated an exercise to assess priorities for organizational health promotion activities using the Ontario Public Health Standards (OPHS) Public Health Programs and Services Framework Principles of Need, Impact, Partnership & Collaboration. The exercise was conducted in two parts.
	 Phase 1 (2019-2020) identified topic areas for prioritization from 3 standards - Chronic Disease Prevention and Well-Being, Healthy Growth and Development, and Substance Use and Injury Prevention. Phase 2 was completed in 2022 and identified topic areas for prioritization from 5 standards - Food Safety, Healthy Environments, Immunization, Infectious and Communicable Diseases Prevention and Control and Safe Water.
	Topics were prioritized using existing indicators to quantify local needs, measuring the local health status against that of the province and our peers. In addition, the exercise also considered the appropriate role for HPEPH, the potential magnitude of impact, the most influential social determinants of health (SDOH), as well as existing and potential community partnerships. Topics from both areas were assigned a level of priority for allocation of health promotion resources and efforts – from low to very high. This prioritization of health promotion activities across all program standards will allow HPEPH to apply a systems-level approach to decision-making across the organization.
	Reviewing and acting on the results of the priority setting exercise is important for HPEPH, as every Ontario Public Health Standard indicates that local public health agencies should be developing programs based on local need.
	This project contributed to three key activities of the Strategic Plan – identifying local priorities (Health Promotion), optimizing the allocation of resources (Program Standards), and continually reviewing our programs and services (Population Health Assessment and Surveillance).
	Recommendations from both Phase 1 and Phase 2 were consolidated and prioritized as a whole. Overall recommendations include, but are not limited to, joint operational planning for related programs, use of Health Care Provider (HCP) engagement committee as a connection point for coordinated engagement with HCPs, identifying priority populations for select topic areas, developing key

	messages, using the planning cycle to establish evidence informed health promotion interventions and focus interventions on ages/stages with greatest impact, considering health promotion training, and reviewing staffing in accordance with health promotion priorities.
	The Medical Officer of Health, Program Directors and Managers have already begun to act on many of these recommendations and will continue to use this information to apply a systems-level approach to decision making across the organization, within programs and annual operational plans.
Reviewed By:	Dr. Ian M. Gemmill, Acting Medical Officer of Health and CEO

Schedule 12.2



Health Promotion Prioritization Exercise

Emily Tubbs

Manager, Foundational Standards &
Communications

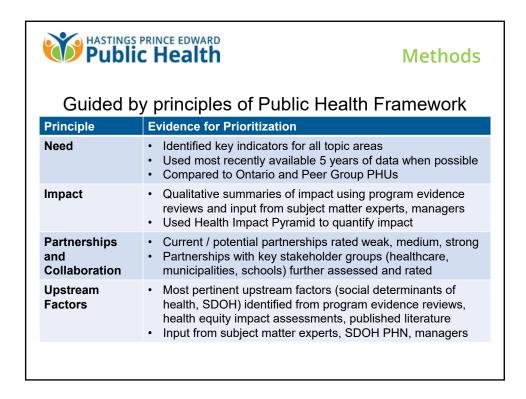
Board of Health Wednesday, June 7, 2023

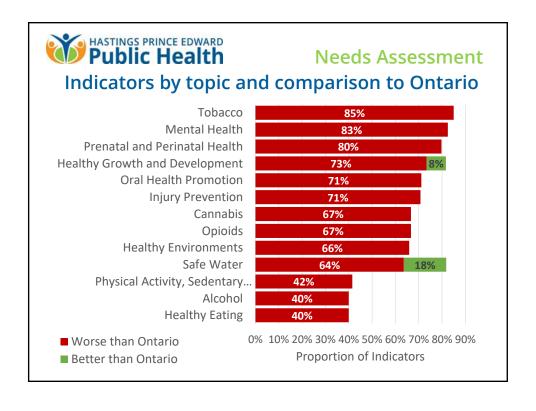
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Background

- Health promotion core public health function
- Health promotion prioritization exercise launched in 2019
 - Phase 1 3 standards (2020)
 - Phase 2 5 standards (2022)
- Used existing indicators to identify local needs
- Recommendations from both phases consolidated and prioritized
- Overall recommendations allow systems level approach to decision-making







Overall Priorities

Phase 1 and 2 results

Priority Level	Topics
Very High	Prenatal and Perinatal Health
High	Cannabis Healthy Growth and Development Mental Health Tobacco Injury Prevention Oral Health Promotion
Moderate	Alcohol Healthy Eating Healthy Environments Opioids Physical Activity, Sedentary Behaviour and Sleep Safe Water



Recommendations

Overall recommendations – both phases

Include but not limited to...

- · Joint operational planning for health promotion activities
- · Increase use of eBulletin to engage with HCPs
- · Identify priority populations for high priority topic areas
- Contribute to joint community initiatives relevant to public health mandate
- Focus intervention efforts on populations with greatest impact, using planning cycle to inform interventions
- Use prioritization to align health promotion staff resources (healthy schools, municipalities, priority areas)

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Schedule 12.2



Implementation

Acting on the recommendations

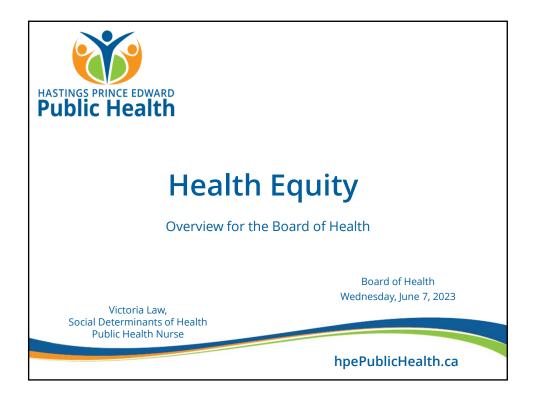
- ✓ Reallocation of health promoters into Healthy Schools and Healthy Communities
- √ Joint operational planning in progress
- ✓ Launch of HCP Engagement Committee
- ✓ Program reviews underway, priority population guide launched
- ✓ Involvement in community initiatives such as HPE Planning Table for Children and Youth, CSWB, OHT and more
- ✓ Planning cycle helps identify evidence informed interventions
- ✓ Expand coordination of social media/promotion based on local epidemiology and need

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То:	Hastings Prince Edward Board of Health
Prepared by:	Victoria Law, SDOH Public Health Nurse
Approved by:	Emily Tubbs, Foundational Standards and Communications Manager
Date:	Wednesday, June 7, 2023
Subject:	Health Equity Overview
Nature of Board Engagement	 ☑ For Information ☐ Strategic Discussion ☐ Board approval and motion required ☐ Compliance with Accountability Framework ☑ Compliance with Program Standards
Action Required:	No action required
Background:	Hastings Prince Edward Public Health (HPEPH) has a responsibility to help reduce health inequities across Hastings and Prince Edward Counties (HPEC). Health equity means that all people have a fair chance to reach their full health potential. Health Equity is a core element of the Ontario Public Health Standards under the Foundational Standards, and the accompanying Health Equity Guideline. HPEPH is working to address health equity. The Foundational Standards and Communications team provides guidance on issues related to health equity. Tools have been developed to support this work, including integration of the Ministry of Health Equity Impact Assessment (HEIA) into the HPEPH planning cycle. A priority population identification guide has also been developed, which is integrated into the planning cycle and helps staff to accurately identify priority populations or those who serve to benefit the most from our programs. Efforts are underway to build internal capacity for health equity through staff training. Health equity modules will be offered to staff this summer and integrated into onboarding procedures to establish baseline knowledge. In addition, many frontline staff will complete the San'yas Indigenous Cultural Safety training this year, with plans to continue to offer training in future years. Integrating health equity into programming will help support those who stand to benefit the most from our services. The BOH is encouraged to consider health equity when undertaking long-term planning. Health equity training modules will be shared with the Board of Health once available.
Reviewed By:	Dr. Ian M. Gemmill, Acting Medical Officer of Health and CEO
Reviewed by:	Dr. fari w. Gerniniii, Acting Medical Officer of Health and GEO





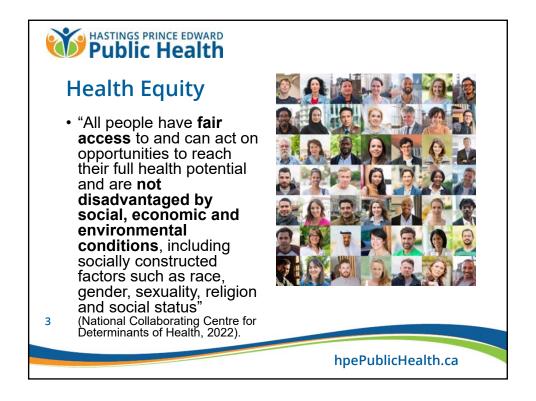
Objectives

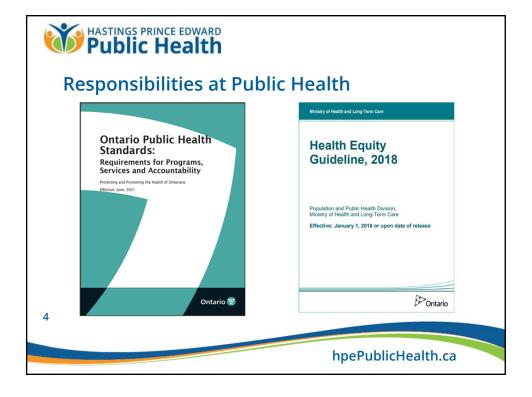
- Overview of health equity
- Identify responsibilities of public health to address health equity
- Provide examples of health equity in HPEPH programs
- Encourage reflection on the importance of health equity efforts over the long term

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Schedule 12.3





Schedule 12.3







Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health		
Prepared by:	Nancy McGeachy, Director of Clinical Services and CNO		
Approved by:	Dr. Ian M. Gemmill, Acting Medical Officer of Health and CEO		
Date:	Wednesday, June 7, 2023		
Subject:	Response to Request from Councillor Hirsch		
Nature of Board Engagement	 ☑ For Information ☐ Strategic Discussion ☐ Board approval and motion required ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards 		
Action Required:	No action required.		
Background:	Key data presented in March:		
	 Rate of pregnancy in young women under the age of 24 is decreasing; however, HPEPH's rate is higher than our peer comparison and the provincial average. This is also true in rates of smoking or experiencing anxiety or depression during pregnancy. Infants with parents or parenting partners with a history of depression, anxiety, or other mental illness continues to increase. Hastings and Prince Edward Counties (HPEC) show higher rates of children who are vulnerable in one or more domains on the Early Development Instrument (EDI). The EDI provides an indication of school readiness through assessment of physical health, social competence, emotional maturity, language and communication skills and cognitive development. In response to these data, as well as consideration of recommendations from the 2019 Healthy Growth and Development Program Review, the following initiatives/ 		
	 programs are being introduced in 2023. These measures, it is hoped, will address some of these issues, and mitigate their effects. Reviewing and adjusting programs is an important way to ensure that the threats to health that are found through surveillance are addressed. Monitoring to assess the effects will be ongoing. The Nurse-Family Partnership (NFP) is an evidence-based intervention that is implemented under the umbrella of the Healthy Babies Healthy Children home visiting program. The NFP is a licenced program that requires strong adherence to program fidelity and is delivered by public health nurses. It's three goals are to improve pregnancy outcomes, infant and child development and improve parent's health and economic self sufficiency. The NFP program has specific criteria for eligibility: First pregnancy or first-time parenting, 24 years of age or younger, Limited support and resources (socioeconomic disadvantage), or Enrollment or first visit by the end of the 28th week of pregnancy. 		

- Prenatal clients who are ineligible for NFP will be referred to the Healthy Babies Healthy Children program.
- NFP has been shown through several Randomized Control Trials to significantly improve the health of women during their first pregnancy and the health of their children.
- Key outcomes from NFP that address HPEPH indicators include a reduction in behavioural and intellectual concerns in children by age 6, fewer emergency department visits, reduction in preterm delivery in women who smoke and a reduction in closely spaced births allowing achievement of educational and employment goals.
- This spring, the Healthy Families team will be completing universal screening of perinatal mental health using the Edinburgh Postnatal Depression Scale (EPDS) and has developed a referral pathway to help to ensure that mothers who are struggling with mood disorders can have access to services.
- HPEPH is also introducing Steps to Wellness, which is a PHN-Delivered Group Cognitive Behaviour Therapy (CBT) program for women experiencing prenatal and postpartum mood disorders. It was developed by a Psychiatrist and Clinical Epidemiologist, Dr. Ryan Van Lieshout at McMaster University, and piloted by Niagara Region Public Health. It is a nine-week series that helps women to develop the skills needed to manage depression and anxiety.

Healthy Families is also leading community-wide implementation of Ages & Stages Questionnaires® (ASQ) screening. ASQ is a screening tool that pinpoints developmental progress in children between the ages of one month to 5 ½ years. Community implementation of ASQ screening will lead to more standardized and frequent opportunities for childhood screening as the evidence shows that the earlier development is assessed, the greater the chance that a child has to reach his or her potential.

Conclusions / Recommended Action:

HPEPH will continue to monitor these indicators as well as data from the new interventions to determine their impact on the key data presented.

It is recommended that Healthy Families provide an update in the spring of 2024 to report on the positive outcomes from NFP, *Steps to Wellness* & ASQ screening.



Board of Health Briefing Note

То:	Hastings Prince Edward Board of Health		
Prepared by:	Cindy Tindal, Manager, HR & OD & Denise Hughes, HR Generalist		
Approved by:	David Johnston, Director of Corporate Services		
Date:	Wednesday, June 7, 2023		
Subject:	Workplace Violence & Harassment Policy Statement & Procedure Updates		
Nature of Board Engagement	 ☑ For Information ☐ Strategic Discussion ☑ Board approval and motion required ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards 		
Action Required:	THAT the Board of Health review and approve the Policy Statement by having the Board Chair sign the Statement.		
Background and Current Status:	 Ministry of Labour, Immigration, Training & Skills Development (MLITSD) Orders were recently received to add the following to the harassment policy and program. Measures and procedures for workers to report incidents of workplace harassment to a person other than the manager if the manager is the alleged harasser. How the results of the investigation will be communicated including any corrective action that has been taken or that will be taken as a result of the investigation. Providing appropriate training for the worker on the contents of the updated policy and program. 		
Key Considerations and Options:	Violence & Harassment Policy updated to include: If the Manager is the alleged harasser, staff are to seek consultation with any other management staff or Human Resources. Both the worker who has allegedly experienced workplace harassment and the alleged harasser (if he or she is a worker of HPEPH) will be provided with a summary of the results of the investigation and of any corrective action that has been taken or that will be taken as a result of the investigation. Training: all workers will be provided with information and instruction on the contents of the HPEPH workplace violence and harassment policy and programs. Anti-Discrimination Anti-Harassment Procedure updated to include: Added OHS Act Definitions Complaint Procedure section: investigated in an appropriate manner based on the circumstances. Informal Complaint Procedure section: Added requirement to report the situation to his or her direct manager (d) Instruction to not discuss situation (f) Written Summary report details Added section on Recordkeeping (MLITSD Guidance) Added section on Appropriate Investigation (MLITSD Guidance)		

	 Added section on Results of the investigation (MLITSD Guidance) Added section on Review the Workplace Harassment Program (MLITSD) Guidance)
	Added section on Training (MLITSD Guidance)
Reviewed By:	Dr. Ian M. Gemmill, Acting Medical Officer of Health and CEO

Section: HEALTH AND SAFETY
Sub Section: Corporate Statements

Policy Title: Workplace Violence & Harassment Policy Statement

Approved By: Hastings Prince Edward Board of Health

Date: May 10, 2023

In accordance with the Occupational Health and Safety Act, and the Ontario Human Rights Code, the management of Hastings Prince Edward Public Health (HPEPH) is committed to protecting staff from abusive or violent behaviour and will take all reasonable precautions to prevent violence and protect employees from acts of violence in the workplace.

HPEPH is also committed to providing a fair and equitable work environment where all individuals are treated with respect and dignity. This policy will confirm that violence, harassment, and discrimination will not be tolerated in the workplace.

Workplace violence means:

- the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker
- an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker
- a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise
 physical force against the worker, in a workplace, that could cause physical injury to the worker

Workplace harassment means:

- engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome or
- workplace sexual harassment

Workplace sexual harassment means:

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

Discrimination is the act of treating someone differently, by denying a benefit or imposing additional or unfair burdens upon them on the basis of certain personal characteristics protected by law.

Workplace harassment typically takes place more than once over a period of time, with the intent of embarrassing, offending or humiliating someone. Harassment may include such behaviour as name-calling; making inappropriate jokes or remarks that demean, ridicule or intimidate; stereotyping based on someone's personal characteristics or background; displaying or circulating offensive pictures or material; workplace bullying; offensive or intimidating phone calls or emails; inappropriate sexual touching, advances, suggestions or requests; as well as other forms of offensive and insulting behaviour.

Workplace harassment may include incidents that occur beyond the normal workplace. For example, comments posted on social media or other unwelcome behaviour towards co-workers outside of working hours may constitute workplace harassment.

Workplace harassment and discrimination often take place based on certain personal characteristics protected by law, including without limitation: race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offences, marital status, family status, or disability.

As per the Workplace Violence and Risk Assessment & Anti-Discrimination Anti-Harassment Procedures:

Section: HEALTH AND SAFETY
Sub-Section: Corporate Statements

Policy Title: Workplace Violence & Harassment Policy Statement

- Management will provide training about workplace violence prevention to all staff, and conduct workplace hazard assessments.
- Where events are escalating or appear to have the potential to become violent, staff are expected to take any reasonable actions to diffuse, avoid or remove themselves from potential harm.
- In threatening or violent situations staff should call the authorities (e.g. police or EMS) for immediate help first and contact his or her manager after the immediate situation is resolved.
- When past abuse or violent behaviours are a risk factor, staff will be informed as required and the manager will take reasonable precautions or make changes to the service delivery to protect staff.

When harassing, discriminatory, threatening or violent events occur, staff shall inform their Manager as soon as possible. If the Manager is the alleged harasser, staff are to seek consultation with any other management staff or Human Resources.

Upon notification, HPEPH management will;

- Take immediate action as needed and reasonable to protect staff.
- Investigate, report and deal with incidents of workplace violence or harassment in a timely manner. The
 complainant and alleged offender shall be treated fairly while preserving the dignity and self-respect of
 all persons involved.
- Maintain information confidential to the degree it does not interfere with the investigation.

Both the worker who has allegedly experienced workplace harassment and the alleged harasser (if he or she is a worker of HPEPH) will be provided with a summary of the results of the investigation and of any corrective action that has been taken or that will be taken as a result of the investigation.

This policy also includes issues of domestic violence. To the extent that a worker is being subjected to domestic violence, and believes that a spouse or partner may pose a risk to them in the workplace, the worker is encouraged to report those concerns to management or human resources so that appropriate precautions can be taken.

Workplace violence and harassment or discrimination is not condoned in any way from staff and will be dealt with using corrective action up to and including termination. Where the abusive person is a member of the public appropriate action may include issuing a no trespassing notice, referral to police for investigation under the Criminal Code, withdrawal of services, severing the relationship or any other action necessary to protect the security of staff.

Application

This policy applies to all employees, students, volunteers, suppliers, clients, visitors and anyone else on our premises or conducting business with HPEPH. This policy will be reviewed, signed and dated annually.

Training

All workers will be provided with information and instruction on the contents of the HPEPH workplace violence and harassment policy and programs.

Reviewed and Approved by:		
Jan O'Neill, Board of Health Chair	Date	
Created: July, 2010 Revised: May 10, 2023		

Section: HUMAN RESOURCES

Sub-Section: Standards of Conduct and Performance Management Policy Title: Anti-Discrimination Anti-Harassment Procedure

Approved by: Medical Officer of Health

Date: May 10, 2023

PURPOSE:

To affirm the Hastings & Prince Edward Public Health's commitment to providing a workplace free of discrimination and harassment; to clarify conduct that constitutes workplace discrimination and harassment; and, to provide an effective and fair complaint procedure to report such conduct.

POLICY:

It is the Health Unit's policy that all employees, students, volunteers, applicants, customers, independent contractors, vendors and other third parties at the workplace enjoy a safe, professional, respectful and productive work environment, free from behavior, actions or language constituting discrimination or harassment.

The Health Unit has "zero tolerance" for discrimination or harassment of any kind. Any employee engaging in workplace discrimination or harassment will be subject to corrective action up to and including termination of their employment. Management who know or should have known of workplace discrimination or harassment and fail to report such behavior, or fail to take immediate and appropriate corrective action, will be subject to corrective action up to and including dismissal.

Workplace discrimination and harassment

Discrimination is any practice or behaviour which results in the negative valuing, stereotyping, or discriminatory treatment of individuals and/or groups as defined by the provisions of the *Ontario Human Rights Code*.

The Ontario Human Rights Code further defines harassment as "a course of vexatious comment or conduct that is known, or ought reasonably to be known, to be unwelcome."

The Occupational Health and Safety Act defines Workplace Harassment as:

- (a) engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome, or
- (b) workplace sexual harassment;

"workplace sexual harassment" means,

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

Vexatious means - causing or tending to cause annoyance, frustration, or worry.

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Discrimination and harassment consists of offensive verbal or physical conduct toward an individual based on that person's age, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed, disability, family status, marital status (including single status), gender identity, gender expression, record of offences (except Federal offences that have not been pardoned), sex (including pregnancy and breastfeeding) and sexual orientation or other legally protected class and which, to a reasonable person, creates an intimidating, hostile or abusive work environment or has the effect of unreasonably interfering with an individual's work performance or employment opportunities.

Some examples of harassing or discriminatory behavior are:

- Visual messages, pictures, materials or innuendoes which are degrading or reflect disparagingly upon a person or class of persons;
- Slurs and jokes about a person or class of persons which have the effect of stereotyping individuals, such as those who are disabled, homosexual, or of a racial group;
- Derogatory remarks or innuendoes about a person's national origin, race, age, religion, language or accent, or disability;
- Refusal to work with an individual because of his or her racial or ethnic background; and,
- Offensive, hostile, or intimidating comments or conduct violating provisions in the Code that creates a "poisoned or toxic" environment for individuals or groups.

Some examples of sexual harassment include:

- Unwelcome touching, such as hugging, shoulder rubbing, or pinching;
- Sexual innuendoes, teasing and other sexual talk such as "dirty" jokes, commenting on a person's body or repeated unwelcome requests for dates;
- Display of sexually explicit pictures, magazine, calendars etc.; and,
- A threat or an actual reprisal against a person who rejects a sexual advance.

Workplace Harassment Does Not Include the Following

Reasonable action or conduct by an employer, manager or supervisor that is part of his or her normal work function is not considered to be workplace harassment or discrimination. This includes situations where conflict can arise in the normal exercise of supervisory responsibilities, including work assignments, scheduling, training, direction, instruction, counselling and corrective action. Differences of opinion or minor disagreements between co-workers would also not generally be considered workplace harassment or discrimination.

COMPLAINT PROCEDURE:

Allegations of harassment or discrimination will be promptly and thoroughly investigated in an appropriate manner based on the circumstances. Additionally, corrective action, up to and including termination, will be taken, as appropriate. The investigation will be conducted in a confidential manner to the extent possible.

No employee will be penalized, reprimanded or otherwise retaliated against for reporting harassment or discrimination, for filing a complaint under this policy or for providing information or otherwise participating in a complaint investigation. Any employee that feels they have been retaliated against under this policy should contact the Manager, Human

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Resources & Organizational Development (Manager, Human Resources) or Director, Corporate Services immediately.

In all cases where a manager is notified or becomes aware of a matter that may constitute discrimination or harassment, the Manager, Human Resources or Director, Corporate Services must be notified immediately.

The Manager, Human Resources will determine the level of investigation based on information provided by a manager or a concerned staff member.

a. Informal Complaint Procedure

Any individual who believes he or she is being discriminated against or harassed on the above prohibited grounds is expected to:

- a. Approach the individual personally or in writing, (if the person who is feeling discriminated against or harassed feels comfortable), informing them that the behaviour is unwelcome and must stop. In many cases, the individual may be unaware that the behaviour is unwelcome, and an informal discussion will resolve the problem. AND,
- b. Report the situation to their direct manager.
 - If the manager is the alleged harasser or for some reason the individual does not wish to discuss the problem with their manager, they should seek consultation from any other management staff or Human Resources.
- c. If approaching the individual seems either inappropriate or embarrassing, they should seek consultation from their direct manager, Director or Human Resources. The Manager or Manager, Human Resources will provide coaching as to options available to resolve the concern and will provide assistance to the employee to take appropriate action, as required.
- d. Written documentation of the incident(s) and the attempted resolution process should be dated and signed and kept by both the individual alleging the harassment and the management staff involved. This information will be maintained in confidence, except where disclosure is necessary for further investigation of the complaint or for taking appropriate corrective action. A copy of the report will be forwarded to Human Resources for centralized record keeping purposes.

b. Formal Complaint Procedure

- a. In serious cases of alleged harassment/discrimination, or if the attempted resolution is not satisfactory through the informal complaint stage, or in the event the behaviour continues despite the informal resolution process, a formal complaint may be lodged by the individual being subjected to the harassment or discrimination. A formal complaint will be made in writing and given to the complainant's direct manager, Director or Manager, Human Resources.
- b. After any formal complaint is received, it will be shared with the Manager, Human Resources who is responsible to lead the investigation of the complaint. Should the Manager, Human Resources be the alleged harasser, the Director, Corporate Services will conduct the investigation. Should the Director, Corporate Services be

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the alleged harasser, the Medical Officer of Health will be responsible for the investigation. Should the Medical Officer of Health be the alleged harasser, the Board Chair will be responsible for the investigation. In some cases, the services of an independent outside investigator will be used. The decision to do so will rest with the Manager, Human Resources, in consultation with Executive.

- c. Investigations will be thorough and prompt. Information gathered will include the date, time and location of the incident(s) and a description of the incident(s). The investigation will include an interview with the complainant, the alleged harasser and any other persons who may provide pertinent information.
 - Information will be documented and will be maintained in confidence, except where disclosure is necessary for investigating the complaint or taking appropriate corrective action. Information will only be shared on a clear need to know basis.
- d. While the investigation is on-going, the worker who has allegedly experienced harassment, the alleged harasser(s) and any witnesses will be instructed not to discuss the complaint, incident or the investigation with other workers or witnesses unless necessary to obtain advice about their rights.
- e. Where harassment or discrimination has been founded, appropriate corrective measures will be taken, up to and including dismissal.
- f. Both the worker who has allegedly experienced workplace harassment and the alleged harasser (if he or she is a worker of HPEPH) will be provided with a summary in writing, of the results of the investigation and of any corrective action that has been taken or that will be taken as a result of the investigation. The summary will contain:
 - a. Complainant and Respondent names
 - b. Timeframe of incidents
 - c. Allegations
 - d. Determination of whether or not situation constitutes Workplace Harassment.
 - e. Reason for situation constituting Workplace Harassment
 - f. Action plan including expectations, discipline level, expectation of no reprisal
 - g. Individual's signature with date signed

Nothing in this policy prevents or discourages an individual from filing an application with the Human Rights Tribunal of Ontario on a matter related to Ontario's *Human Rights Code* or to exercise any other legal avenues that may be available

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APPENDIX: Ministry of Labour, Immigration, Training & Skills Development Code of Practice Information

APPROPRIATE INVESTIGATION:

An employer must ensure an investigation appropriate in the circumstances is conducted when:

- a. the employer or a supervisor becomes aware of an incident of workplace harassment by the worker who allegedly experienced it or another worker; or
- b. a complaint, whether in writing or verbal, of workplace harassment is made to the employer, supervisor, or the employer's designated person.

An investigation must be completed within 90 calendar days or less unless there are extenuating circumstances warranting a longer investigation (e.g. more than five witnesses, key witness unavailable due to illness).

The supervisor, manager or person conducting the investigation must not be the alleged harasser and must not be under the direct control of the alleged harasser. The person must be able to conduct an objective investigation. The supervisor, manager or designated person conducting the investigation on behalf of the employer must, at a minimum, complete the following seven steps to an investigation:

- The investigator must ensure the investigation is kept confidential and identifying
 information is not disclosed unless necessary to conduct the investigation or as
 required by law. The investigator must remind the worker who allegedly experienced
 workplace harassment, the alleged harasser(s) and any witnesses of any
 confidentiality requirements under the employer's workplace harassment program.
- 2. The investigator must thoroughly interview both the worker who has allegedly experienced workplace harassment and the alleged harasser(s), if the alleged harasser(s) is a worker of the employer. If the alleged harasser is not a worker of the employer, the investigator must make reasonable efforts to interview the alleged harasser, if the alleged harasser is known to the employer.
- The alleged harasser(s) must be given the opportunity to respond to the specific allegations raised by the worker. In some circumstances, the worker who has allegedly experienced workplace harassment should be given a reasonable opportunity to reply.
- 4. The investigator must separately interview any relevant witnesses employed by the employer who may be identified by either the worker who has allegedly experienced workplace harassment, the alleged harasser(s) or as necessary to conduct a thorough investigation. The investigator must make reasonable efforts to interview any relevant witnesses who are not employed by the employer if there are any identified by either the worker who has allegedly experienced workplace harassment, the alleged harasser(s) or as necessary to conduct a thorough investigation.
- 5. The investigator must collect and review any relevant documents.

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- 6. The investigator must take appropriate notes and statements during interviews with the worker who has allegedly experienced workplace harassment, the alleged harasser(s) and any witnesses.
- 7. The investigator must prepare a written report summarizing the steps taken during the investigation, the complaint, the allegations of the worker claiming harassment, the response from the alleged harasser(s), the evidence of any witnesses and the evidence gathered. The report must set out findings of fact and come to a conclusion about whether workplace harassment was found or not. The report must be provided to the employer, supervisor or designated person to take appropriate action.

RESULTS OF THE INVESTIGATION:

The employer must ensure that the results of the investigation and any corrective action are provided to the worker who allegedly experienced workplace harassment and the alleged harasser(s), if they are a worker of the employer, in writing.

The results of the investigation are not the same as the investigation report. The results of the investigation are a summary of the findings of the investigation. The results must be communicated in writing within ten (10) calendar days of the investigation being concluded to the worker who has experienced the alleged harassment.

The employer must also ensure that any corrective action taken, if any (or to be taken) is communicated to the worker who allegedly experienced workplace harassment and the alleged harasser(s), if the alleged harasser(s) are/is a worker of the employer. The amount of information provided about the corrective action will depend on the circumstances but must indicate what steps the employer has taken or will take to prevent a similar incident of workplace harassment if workplace harassment was found. The corrective action, if any, must be communicated in writing within ten (10) calendar days of the investigation being concluded.

RECORDKEEPING:

Human Resources will maintain all associated records of all complaints or incidents of workplace harassment including:

- a) a copy of the complaint or details about the incident;
- b) a record of the investigation including notes;
- c) copy of witness statements, if any;
- d) a copy of the results of the investigation that were provided to the worker who reported workplace harassment and the alleged harasser; and
- e) a copy of any corrective action taken to address the complaint or incident of workplace harassment.

The documents associated with a workplace harassment complaint, incident and/or investigation must not be disclosed unless necessary to investigate an incident or complaint of workplace harassment, take corrective action or otherwise as required by law.

For the OHSA purposes, records must be kept for at least one year from the conclusion of the investigation.

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REVIEW THE WORKPLACE HARASSMENT PROGRAM:

The employer must ensure its workplace harassment program is reviewed annually or when any gaps or deficiencies in its program are identified as a result of an investigation.

TRAINING:

To comply with this Code of Practice, an employer must provide all workers with information and instruction on the contents of the employer's workplace harassment policy and program. Workers must be instructed on:

- what conduct is considered workplace harassment, including workplace sexual harassment, and how to recognize it;
- how and to whom to report an incident of workplace harassment;
- how the employer will investigate and deal with an incident or complaint of workplace harassment; and
- how the employer will report the results of the investigation to the worker who allegedly experienced workplace harassment and the alleged harasser, if the alleged harasser is a worker of the employer.

All workers, as defined by the <u>Occupational Health and Safety Act</u> (OHSA), must be provided with information and instruction on the contents of the employer's workplace harassment policy and program including, but not limited to, regular workers, new hires, contract, casual, temporary, part-time and student workers.

If there are substantial changes to the policy or program, the employer must ensure workers are informed of the changes and instruction must be provided.

Workers must receive information and instruction in a manner and language they would reasonably understand.

Supervisors and managers must be provided with additional information and instruction, on how to recognize workplace harassment and how to handle a complaint of workplace harassment.

Investigators whether a manager, supervisor, human resource representative or a person designated by the employer, must receive information and instruction on how to conduct an investigation appropriate in the circumstances, including not to disclose identifying information unless it is necessary to conduct the investigation, take corrective action or otherwise required by law.

Joint health and safety committee must receive information and instruction on the employer's workplace harassment program including how to help a worker report an incident of workplace harassment and resources available to a worker who has allegedly experienced harassment.

Created: March 19, 2014 Revised: May 10, 2023

Listing of Information Items Board of Health Meeting – June 7, 2023

- 1. Middlesex-London Health Unit Report No. 25-23 Monitoring food affordability and implications for public policy and action dated April 20, 2023
- 2. Sudbury & Districts Public Health Letter to Sylvia Jones re Support for the 2022 annual report of the Chief Medical Officer of Health for Ontario dated May 4, 2023
- 3. Peterborough Public Health Letter to Justin Trudeau re Bill S-254, An act to amend the food and Drugs Act (warning label on alcoholic beverages) dated May 4, 2023
- 4. Chatham-Kent Public Health Letter to Doug Ford, Sylvia Jones and Michael Parsa re income-based policy solutions to reduce household food insecurity dated April 25, 2023
- Chatham-Kent Public Health Letter to Doug Ford and Sylvia Jones re universal, nocost coverage for all prescription contraceptive options to all people living in Ontario dated April 25, 2023
- 6. Timiskaming Health Unit Letter to Doug Ford, Sylvia Jones and Michael Parsa re addressing household food insecurity in Ontario dated May 8, 2023
- 7. Sudbury & Districts Public Health Letter to Doug Ford re Bill 93, Joshua's Law (Lifejackets for Life), 2023 dated May 16, 2023
- 8. Hamilton Public Health Letter to Sylvia Jones and Michael Tibollo re declarations of emergency in the areas of homelessness, mental health and opioid overdoses/poisoning dated May 11, 2023
- 9. Peterborough Public Health Letter to Sylvia Jones re Peterborough Public Health 2024 budget dated May 19, 2023
- Sudbury & Districts Public Health Letter to Jean-Yves Duclos, Dominic LeBlanc, Sylvia Jones and Steve Clark re support for improved indoor air quality in public settings dated May 30, 2023

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