



Board of Health Meeting

St. Thomas Location: 1230 Talbot Street, St. Thomas, Ontario

Talbot Boardroom

MS Teams Participation

Thursday, September 1, 2022

3:00 p.m.

AGENDA

Item	Agenda Item	Lead	Expected Outcome
1.0 COVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum <ul style="list-style-type: none"> Introduction of Guests, Board of Health Members and Staff 	Larry Martin	
1.2	Approval of Agenda	Larry Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Larry Martin	
1.4	Reminder that Meetings are Recorded for minute taking purposes	Larry Martin	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes <ul style="list-style-type: none"> June 2, 2022 	Larry Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	Response to COVID-19 – April 2022 Update June 9, 2022 – Toronto Public Health <i>Summary: This letter summarized the direction that the Toronto Board of Health gave to the Medical Officer of Health to put whatever measures were needed in place to manage COVID-19 in their region and to request Ministry of Health to collect relevant sociodemographic data.</i>	Larry Martin	Receive and File
3.2	Air Quality Concerns July 5, 2022 – Niagara Region <i>Summary: This letter expresses support for the provincial government to update the Ontario Building Code to incorporate higher air quality standards, such that respiratory diseases, especially COVID-19 and other emerging infections, can be sustainably prevented in all new buildings.</i>	Larry Martin	Receive and File
3.3	Decriminalization of Personal Possession of Illicit Drugs July 15, 2022 – Timiskaming Health Unit <i>Summary: This letter expresses support for the federal government of Canada to decriminalize the possession of all illicit drugs for personal use.</i>	Larry Martin	Receive and File
3.4	SWPH Cash Flow Pressures July 8, 2022 – Oxford County <i>Summary: This letter expresses concern for the cash flow pressures related to COVID-19 for SWPH and supports the correspondence sent by SWPH to the Ministry of Health.</i>	Larry Martin	Receive and File

3.5	Healthy Babies Healthy Children (HBHC) Funding July 20, 2022 – Grey Bruce Health Unit <i>Summary: This letter supports Sudbury & Districts Public Health correspondence regarding the lack of funding for the HBHC program.</i>	Larry Martin	Receive and File
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
4.1	Healthy Babies Health Children (HBHC) Funding June 21, 2022 – Sudbury & Districts Public Health <i>Summary: This letter expresses concern regarding the lack of funding for the Healthy Babies Health Children Funding and requests that the Ministry of Children, Community and Social Services review base funding needs for the program to ensure it is sufficiently resourced to meet current and growing needs.</i>	David Smith	Decision
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	Climate Change – Health Impacts, Health Equity, and Resilient Communities	Susan MacIsaac Michelle Alvey	Acceptance
5.2	Governance Standing Committee Report for September 1, 2022	Larry Martin	Acceptance
5.3	Chief Executive Officer's Report for September 1, 2022	Cynthia St. John	Acceptance
5.4	Medical Officer of Health's Report for September 1, 2022	Dr. Ninh Tran	Acceptance
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			
9.1	October 6, 2022 at 3:00 p.m.	Larry Martin	Decision
10.0 ADJOURNMENT			



June 2, 2022
Board of Health Meeting
Minutes

The meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, June 2, 2022 virtually through MS Teams and at the St. Thomas site commencing at 3:01 p.m.

PRESENT:

Ms. L. Baldwin-Sands	Board Member
Mr. T. Comiskey	Board Member
Mr. G. Jones	Board Member
Mr. T. Marks	Board Member
Mr. L. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member
Mr. J. Preston	Board Member (Vice Chair)
Mr. L. Rowden	Board Member
Ms. C. St. John	Chief Executive Officer
Dr. N. Tran	Acting Medical Officer of Health
Ms. A. Koning	Executive Assistant

GUESTS:

Mr. P. Heywood	Program Director
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance
Mr. D. Smith	Program Director
Ms. N. Rowe	Senior Communications Coordinator
Ms. W. Lee	Administrative Assistant
Ms. R. Perry	Woodstock Sentinel-Review

REGRETS:

Mr. D. Warden	Board Member
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1.1 CALL TO ORDER, RECOGNITION OF QUORUM

1.2 AGENDA

Resolution # (2022-BOH-0602-1.2)

Moved by L. Baldwin-Sands

Seconded by T. Marks

That the agenda for the Southwestern Public Health Board of Health meeting for June 2, 2022 be approved.

Carried.

1.3 Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises.

1.4 Reminder that Meetings are Recorded for minute-taking purposes.

2.0 APPROVAL OF MINUTES

Resolution # (2022-BOH-0602-2.1)

Moved by J. Preston

Seconded by L. Rowden

That the minutes for the Southwestern Public Health Board of Health meeting for May 5, 2022 be approved.

Carried.

3.0 CONSENT AGENDA

None at this time.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

None at this time.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Finance and Facilities Standing Committee Report for June 2, 2022

J. Preston reviewed the report.

Resolution # (2022-BOH-0602-5.1A)

Moved by T. Marks

Seconded by L. Martin

That the Board of Health for Southwestern Public Health approve the first quarter financial statements for Southwestern Public Health.

Carried.

S. Molnar asked about the space needs assessment related to remote work and whether a location had been determined to replace existing Woodstock site. J. Preston noted that both matters have yet to be determined as we are in the beginning stages of the space needs assessment.

Resolution # (2022-BOH-0602-5.1B)

Moved by L. Baldwin-Sands

Seconded by T. Comiskey

That the Board of Health receive and file the Amending Agreement between the Ministry of Health and Southwestern Public Health.

Carried.

Resolution # (2022-BOH-0602-5.1)

Moved by T. Marks

Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accept the Finance and Facilities Standing Committee Report for June 2, 2022

Carried.

5.2 Chief Executive Officer's Report for June 2, 2022

C. St. John reviewed her report.

C. St. John highlighted that the Ministry of Health approved all COVID-19 funding at 50%, except for COVID-19 recovery funding, which was not funded at all. She noted that she spoke with the Ministry of Health on June 1st, and she was told that there will be an opportunity to apply for in-year reimbursement after the second quarter. She noted that a key issue will be cashflow in the fall if funding is not timely from the Ministry.

The Board discussed how to address the lack of funding commitment from the Ministry and how to inform our obligated municipalities of the potential need for additional funds to manage potential cashflow concerns. It was noted that funding pre-approval from municipalities would likely be important for municipalities given many municipal councils may face a lame duck situation due to the upcoming municipal elections.

The Board directed staff and the Chair of the Finance and Facilities Standing Committee to draft a letter to the Ministry of Health to seek additional clarity and commitment regarding COVID-19 funding for the remainder of 2022 wherein the letter will express great concern regarding cashflow issues for the fall.

The Board directed staff to draft letters to our obligated municipalities to advise of the Board's intention to issue additional levy notifications in the fall should the Ministry not be timely with their Covid-19 expense reimbursement.

C. St. John reviewed the Association of Local Public Health Agenda (alPHA) resolutions for the June 14, 2022 Annual General Meeting.

The Board shared no concerns regarding the proposed resolutions and supported Dr. Tran, C. St. John, and L. Rowden to vote in support of them.

With respect to the Provincial Cooling Tower Registry for the Public Health Management of Legionella Outbreaks, Dr. Tran noted that public health would benefit tremendously if a provincial registry was accessible. He noted that when public health conducts their outbreak investigations it becomes challenging when they are not aware of cooling towers in the area, particularly as they can be a source of Legionella.

C. St. John noted that C. Richards conducted an interview with CBC regarding the Indirect Impacts of COVID-19. She noted that we are very pleased that this report is getting some traction and, as noted previously, this study will be integrated into future SWPH reports to the Board.

C. St. John noted that SWPH's "We do that, too" campaign has begun. She noted that the emphasis of the strategy is to highlight and remind our community of the many programs and services we offer.

L. Baldwin-Sands asked about future offerings of the MHM program. C. St. John noted that the team will be evaluating the key performance indicators which will inform staff on its success and inform future offerings of this program. She noted that this is one of several comprehensive school health initiatives which will run through to the end of the year. She noted that supports for students' mental wellbeing is a priority for SWPH.

Resolution # (2022-BOH-0602-5.2)

Moved by L. Baldwin-Sands

Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for June 2, 2022.

Carried.

6.0 NEW BUSINESS/OTHER

7.0 TO CLOSED SESSION

Resolution # (2022-BOH-0602-C7)

Moved by L. Rowden

Seconded by G. Jones

That the Board of Health moves to closed session in order to consider one or more the following as outlined in the Ontario Municipal Act:

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- (d) labour relations or employee negotiations;
- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
- (h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
- (i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- (j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
- (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

Other Criteria:

- (a) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or
- (b) an ongoing investigation respecting the municipality, a local board or a municipally-controlled corporation by the Ombudsman appointed under the *Ombudsman Act*, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2022-BOH-0602-C8)

Moved by S. Molnar

Seconded by J. Preston

That the Board of Health rise with a report.

Carried.

Resolution # (2022-BOH-0602-C3.1A)

Moved by S. Molnar

Seconded by T. Comiskey

That the Board of Health receive and file information regarding Southwestern Public Health's annual insurance renewal.

Carried.

Resolution # (2022-BOH-0602-C3.1B)

Moved by T. Marks

Seconded by G. Jones

That the Board of Health for Southwestern Public Health approve the Committee's recommendation to aware the third-party IT managed service provider as described.

Carried.

Resolution # (2022-BOH-0602-C3.1C)

Moved by L. Martin

Seconded by L. Rowden

That the Board of Health for Southwestern Public Health approve the Committee's recommendation to award the third-party temporary staffing services provider agreement as described.

Carried.

Resolution # (2022-BOH-0602-C3.1)

Moved by L. Baldwin-Sands

Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health approve the Finance and Facilities Standing Committee's Report for June 2, 2022.

Carried.

Resolution # (2022-BOH-0602-C3.2)

Moved by T. Comiskey

Seconded by G. Jones

That the Board of Health for Southwestern Public Health approve the Chief Executive Officer's Report for June 2, 2022.

Carried.

10.0 ADJOURNMENT

Resolution # (2022-BOH-0602-10)

Moved by L. Baldwin-Sands

Seconded by S. Molnar

That the meeting adjourns at 3:51 p.m. to meet again on Thursday, September 1, 2022.

Carried.

Confirmed: _____



John D. Elvidge
City Clerk

City Clerk's Office

Secretariat
Julie Amoroso, Board Secretary
Toronto Board of Health
Toronto City Hall, 10th Floor, West Tower
100 Queen Street West
Toronto, Ontario M5H 2N2

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June 9, 2022

SENT VIA E-MAIL

To: Boards of Health in Ontario and the Association of Local Public Health Agencies

Subject: Response to COVID-19 - April 2022 Update (Item HL36.1) (see Part 10 of the Toronto Board of Health's decision on page 2 which is addressed to all Boards of Health in Ontario and the Association of Local Public Health Agencies)

The Toronto Board of Health, during its meeting on April 11, 2022, adopted Item HL36.1, as amended, and:

1. Expressed its full support to the Medical Officer of Health to implement additional measures to address the harm of COVID-19, as needed.
2. Requested the Medical Officer of Health, in partnership with Ontario Health and the City's community and health sector partners, to accelerate the integration of the delivery of on-site COVID-19 vaccination, testing, treatment, and health and social services.
3. Requested the Medical Officer of Health to continue using the VaxTO program for the COVID-19 3rd- and 4th-dose campaign, and to scale up live calling in support of vaccine booster dose uptake.
4. Requested the Province of Ontario to re-enable local Medical Officers of Health to issue letters of instruction as part of the local toolkit to reduce the impact of COVID-19 and help keep people safe.
5. Requested the Medical Officer of Health to implement a public health promotion campaign to inform the public of COVID-19 risks and provide guidance for risk mitigation.
6. Requested the Medical Officer of Health and the Province of Ontario to provide additional focused guidance to help the public discern how best to employ layers of protection against COVID-19 and to provide support to those at greatest risk for severe outcomes from COVID-19, including priority access to testing, personal protective equipment, and other resources to support safer public interactions.

7. Requested the Medical Officer of Health to explore innovative and accessible ways to use data to communicate with the public to enable informed decisions about how best to mitigate the risk of COVID-19.
8. Requested the Ministry of Health and Ontario Health to work with Toronto Public Health, primary care, pharmacies, other health care practitioners, and any other relevant stakeholders, to facilitate access to and increase appropriate uptake of COVID-19 treatments, incorporating core elements such as:
 - a. an information campaign to raise awareness among health care providers and the public of the availability of this effective treatment;
 - b. resources to support health care providers and the public to use available COVID-19 treatments; and
 - c. a strategy to leverage existing community vaccine distribution infrastructure to ensure effective, equitable access to COVID-19 treatment.
9. Requested the Province of Ontario to work with relevant stakeholders and communities to expand the collection of sociodemographic data in the health system (which may include, for example, optimizing the linkage of existing Census data with health data) to ensure that resources are deployed to the populations with the greatest need and to ensure equitable and culturally-safe access to health and social services.
10. Forwarded Part 9 above, concerning the collection of sociodemographic data, to all Boards of Health in Ontario and the Association of Local Public Health Agencies.
11. Requested the Medical Officer of Health to provide public reporting on, and consider for potential inclusion in dashboard changes, the following:
 - a. COVID-19 related hospitalizations among school-aged children and youth;
 - b. transmission of COVID-19 in schools; and
 - c. health workforce absentee data.

To view this item and background information online, please visit:
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2022.HL36.1>.

Yours sincerely,



Julie Amoroso
Board Secretary
Toronto Board of Health

Sent (via e-mail) to the following Boards of Health in Ontario and the Association of Local Public Health Agencies:

- Algoma Public Health Board of Health, c/o Mayor Sally Hagman, Chair
- Brant County Board of Health, c/o Councillor John Bell, Chair
- Chatham-Kent Board of Health, c/o Councillor Joe Faas, Chair
- City of Hamilton Board of Health, c/o Mayor Fred Eisenberger, Chair
- Durham Region Board of Health (Health and Social Services Committee), c/o John Henry, Durham Regional Chair
- Eastern Ontario Health Unit Board of Health, c/o Councillor Syd Gardiner, Chair
- Grey Bruce Health Unit Board of Health, c/o Mayor Sue Paterson, Chair
- Haldimand-Norfolk Health Unit Board of Health, c/o Mayor Kristal Chopp, Chair
- Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health, c/o Councillor Doug Elmslie, Chair
- Halton Region Board of Health (Regional Council), c/o Gary Carr, Halton Regional Chair
- Hastings Prince Edward Public Health Board of Health, c/o Mayor Jo-Anne Albert, Chair
- Huron Perth Public Health Board of Health, c/o Councillor Kathy Vassilakos, Chair
- Kingston, Frontenac, Lennox & Addington Public Health Board of Health, c/o Deputy Warden and Mayor, Denis Doyle, Chair
- Lambton County Board of Health (County Council), c/o County Warden and Mayor, Kevin Marriott, Chair
- Leeds, Grenville & Lanark District Health Unit Board of Health, c/o Mayor Doug Malanka, Chair
- Middlesex-London Health Unit Board of Health, c/o Councillor Maureen Cassidy, Chair
- Niagara Region Board of Health (Regional Council), c/o Jim Bradley, Regional Chair
- North Bay Parry Sound District Health Unit Board of Health, c/o Nancy Jacko, Chair
- Northwestern Health Unit Board of Health, c/o Mayor Doug Lawrance, Chair
- Ottawa Board of Health, c/o Councillor Keith Egli, Chair
- Peterborough Public Health Board of Health, c/o Deputy Warden and Mayor Andy Mitchell, Chair
- Porcupine Health Unit Board of Health, c/o Mayor Sue Perras, Chair
- Public Health Sudbury & Districts Board of Health, c/o Councillor René Lapierre, Chair
- Region of Peel Board of Health (Regional Council), c/o Nando Iannicca, Regional Chair and Chief Executive Officer
- Region of Waterloo Board of Health (Region of Waterloo Council), c/o Karen Redman, Regional Chair
- Renfrew County and District Health Unit Board of Health, c/o Ann Aikens, Chair
- Simcoe Muskoka District Health Unit Board of Health, c/o Deputy Mayor and Councillor Anita Dubeau, Chair
- Southwestern Public Health Board of Health (Oxford, Elgin and St. Thomas), c/o Warden Larry Martin, Chair
- Thunder Bay District Health Unit Board of Health, c/o Councillor James McPherson, Chair
- Timiskaming Health Unit Board of Health, c/o Mayor Carman Kidd, Chair

- Wellington-Dufferin-Guelph Public Health Board of Health, c/o Mayor and Councillor George Bridge, Chair
- Windsor-Essex County Health Unit Board of Health, c/o Warden and Mayor Gary McNamara, Chair
- York Region Board of Health (York Regional Council), c/o Wayne Emmerson, York Region Chairman and Chief Executive Officer
- Dr. Paul Roumeliotis, Association of Local Public Health Agencies, President, COMOH Representative, East Region

cc (via e-mail):

- Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health



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July 5, 2022

The Honourable Dominic LeBlanc

sent by e-mail

Minister of Intergovernmental Affairs, Infrastructure and Communities

House of Commons

Ottawa, ON K1A 0A6

Dear Minister LeBlanc,

On June 23, 2022, the Niagara Region Board of Health endorsed a motion to urge that two measures be adopted to help protect Ontarians and Canadians from COVID-19 over the long-term:

1. Updating the Ontario Building Code as well as the National Building Code of Canada, and any other applicable building standards, to incorporate higher air quality standards such that respiratory diseases, especially COVID-19 and other emerging infections, can be sustainably prevented in all new buildings, with regular updates to these building codes as best available evidence evolves;
2. Furthermore, in order to ensure the benefits are available to existing buildings, our Region is asking for a fund to be established to support small businesses and local organizations to upgrade the ventilation and filtration in their existing buildings, as well as invest in validated air cleaning/disinfection technologies with demonstrated safety and effectiveness, so that current public spaces and workspaces can be made safer from COVID-19 and other respiratory infections, including future pandemics of a respiratory virus.

The motion passed by our Board of Health is enclosed.

Prior to the COVID-19 pandemic, air has been known to play a role in human health by facilitating the transmission of infectious agents such as the influenza virus or pollutants such as cigarette smoke. A range of negative health outcomes are possible depending on the agent, with outcomes ranging from infectious symptoms all the way to exacerbation of asthma in children and cancers. Research is clarifying the much greater role air plays in COVID-19 transmission but it is now clear that a properly performing air handling system represents a critical tool that can help reduce the risk of COVID-19 as summarized by Public Health

Ontario¹ and the Public Health Agency of Canada². As discussed by the Centres of Disease Control and Prevention³, appropriate ventilation can help reduce the concentration of COVID-19 viral particles present and can be combined with other recommendations including using the highest efficiency filter appropriate and other emerging air cleaning/disinfection technologies.

Although the risk of infectious disease transmission can never be completely eliminated, adding another layer of protection will not only substantially protect those most vulnerable to serious outcomes but will also reduce the need for disruptive measures, such as lockdowns, to protect the health of Ontarians and Canadians. This will help society to remain open with the economy continuing to function as these automatic measures work continuously in the background, while also ensuring our society is more resilient to future respiratory infection pandemics.

As an additional benefit, Health Canada has identified numerous indoor air pollutants which can cause negative health effects typically seen on longer time scales due to chronic nature of low-level exposure. Improving indoor air quality can also have long-term benefits in preventing these diseases from occurring in the first place and by preventing the worsening of pre-existing conditions.

As any amendments to the Ontario Building Code will not apply retroactively, it is important to establish a means to support existing businesses and organizations to make any necessary changes. This will not only help to protect the health of the public immediately but also ensure these benefits are distributed equitably throughout Ontario as opposed to only being available to highly-resourced communities. Improving aged and inefficient air handling systems coupled with other building improvements, such as those listed in the Canada Greener Homes Initiative, could also help meet climate change goals thereby providing further benefits.

¹ [Public Health Ontario. Heating, ventilation and air conditioning \(HVAC\) systems in buildings and COVID-19](https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/09/covid-19-hvac-systems-in-buildings.pdf?la=en). Toronto, ON: Queen's Printer for Ontario; 2021 Mar. (<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/09/covid-19-hvac-systems-in-buildings.pdf?la=en>)

² [Public Health Agency of Canada. COVID-19: Guidance on indoor ventilation during the pandemic](https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-indoor-ventilation-covid-19-pandemic.html). Ottawa, ON: Government of Canada; 2021 Jan 18. (<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-indoor-ventilation-covid-19-pandemic.html>)

³ [Centres for Disease Control & Prevention. COVID-19 – Ventilation in Buildings](https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html) Atlanta, GA: U.S. Department of Health & Human Services; 2021 Jun 2. (<https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>)

To: Hon. Dominic LeBlanc
Re: Improving Air Quality to
Sustainably Prevent COVID-19

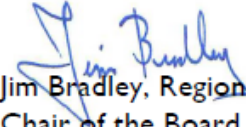
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July 6, 2022

Simply put, improving the indoor air Ontarians and Canadians breathe is not only good for their health but also for society and the economy. Moreover, it provides an opportunity to advance our climate change objectives.

Thank you for your consideration around this important issue and our Region keenly awaits your response.

Yours truly,


Jim Bradley, Regional Chair
Chair of the Board of Health
Niagara Region

cc: Hon. Chrystia Freeland, Minister of Finance
Hon. Jean-Yves Duclos, Minister of Health
Hon. Mary Ng, Minister of International Trade, Export Promotion, Small Business and
Economic Development
Dr. Theresa Tam, Chief Public Health Officer of Canada

Dean Allison, MP, Niagara West
Vance Badawey, MP, Niagara Centre
Tony Baldinelli, MP, Niagara Falls
Chris Bittle, MP, St. Catharines
Ontario's Boards of Health

Enclosure

5.2 PHD 10-2022

Improving Indoor Air Quality to Sustainably Prevent COVID-19, Improve Health & Keep Society Open for Good

Moved by Councillor Witteveen
Seconded by Councillor Butters

That Report PHD 10-2022, dated June 14, 2022, respecting Improving Indoor Air Quality to Sustainably Prevent COVID-19, Improve Health & Keep Society Open for Good, **BE RECEIVED** and the following recommendations **BE APPROVED**:

1. That Regional Council, as the Board of Health, **DIRECT** the Chair to write to the Provincial Government (Minister of Health; the Minister of Municipal Affairs and Housing; the Minister of Finance; and the Chief Medical Officer of Health) and the Federal Government (Minister of Health; Minister of Intergovernmental Affairs, Infrastructure and Communities; Minister of International Trade, Export Promotion, Small Business and Economic Development; Minister of Finance; and the Chief Public Health Officer) requesting that they urgently:
 - 1.1 Update building codes to incorporate higher standards of air quality such that respiratory diseases, especially COVID-19 and other emerging infections, can be sustainably prevented in all new buildings, with regular updates to these building codes, as best available evidence evolves; and
 - 1.2 Create a fund to support small business and local organizations to upgrade the ventilation and filtration in their existing buildings, as well as, invest in validated air cleaning/disinfection technologies with demonstrated safety and effectiveness, so that current public spaces and workspaces can be made safer from COVID-19 and other respiratory infections, including future pandemics of a respiratory virus; and
2. That the above correspondence **BE SHARED** with Niagara's Members of Provincial Parliament, Members of Parliament, and all Ontario Boards of Health.

Carried



Services de santé du
TIMISKAMING
 Health Unit
Enhancing your health in so many ways.

Head Office:

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Englehart Tel.: 705-544-2221 Fax: 705-544-8698
 Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

July 15, 2022

Hon. Jean-Yves Duclos
 Minister of Health
 House of Commons
 Ottawa, ON K1A 0A6

Dear Minister Duclos:

Re: Decriminalization of Personal Possession of Illicit Drugs

On June 8, 2022, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered a staff report related to addressing substance use related harms.

Motion (#25R-2022) was passed which included the following:

That the Timiskaming Board of Health support the call on the federal government to decriminalize the possession of all illicit drugs for personal use as an evidence-informed approach that acknowledges that substance use is a health issue and not one of morality, will power or criminal justice and, further that the federal government support the immediate scale up of prevention, harm reduction, and treatment services...

The Timiskaming Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,

Carman Kidd, Board of Health Chair

- C: Hon. Carolyn Bennett, Minister of Mental Health and Addictions / Associate Minister of Health
 Hon. Anthony Rota, Member of Parliament Nipissing-Timiskaming
 Hon. Charlie Angus, Member of Parliament Timmins-James Bay
 Jeff McGuire, Executive Director, Ontario Association of Chiefs of Police
 Aviva Rotenberg, Executive Director, Canadian Association of Chiefs of Police
 Loretta Ryan, Executive Director, Association of Local Public Health Agencies

July 8, 2022

The Honourable Steve Clark, Minister of Municipal Affairs and Housing
The Honourable Sylvia Jones, Minister of Health

VIA EMAIL

Please be advised that at its meeting of June 22, 2022, Oxford County Council adopted the following resolution in response to the attached correspondence from Southwestern Public Health (SWPH) regarding an interim 2022 levy due to cash flow pressures related to COVID-19:

Moved By: Stephen Molnar

Seconded By: David Mayberry

Resolved that the correspondence from Southwestern Public Health dated June 15, 2022 informing of a potential interim additional 2022 levy being imposed to fund cashflow pressures related to COVID-19 response expenditures until the costs are reimbursed by the Ministry of Health be received;

And further, that County Council authorizes the County's portion of the interim additional levy in the amount of \$2,219,015 be funded by the General Reserve, if required;

And further, that if the additional funds are requested and transferred to Southwestern Public Health, that they be requested to refund the interim additional levy to the County immediately upon receipt of the Ministry of Health's reimbursement of Southwestern Public Health's COVID-19 response related expenditures;

And further, that the County write to the Minister of Municipal Affairs and Housing and the Minister of Health to express our concern of this cash flow situation and its effect of applying pressure to SWPH cash flow during this time when their focus needs to be on vaccination work.

Respectfully yours,



Warden Larry Martin
Oxford County

Encl.

Cc: Southwestern Public Health

**Elgin St. Thomas Site**

Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site

410 Buller Street
Woodstock, ON
N4S 4N2

June 15, 2022

Mr. Michael Duben, Chief Administrative Officer
Ms. Lynn Buchner, Director of Corporate Services
County of Oxford
21 Reeve Street
Woodstock, ON N4S 7Y3

Dear Michael and Lynn,

This letter is being sent to you to make you aware of SWPH's 2022 cashflow concerns related to Covid-19 expenditures.

SWPH has recently received its 2022 funding letter from the Ministry of Health which is good news given it arrived earlier than in most years. Unfortunately, SWPH received Ministry of Health approval for only half of the Covid-19 funding requested for Covid-19 response work including vaccination efforts (approximately \$7,000,000 unfunded). To our knowledge, this was the case for all health units. Instead, the Ministry has indicated we can apply for additional funding through the Ministry's in-year extraordinary expenditures reimbursement process. Using this process, we may end up with a significant delay in receiving the actual approval and cashflow from the Ministry resulting in cash flow concerns at the health unit level.

To manage this concern, staff have continued to monitor cash flow and discuss projections with the Finance and Facilities Committee. Also, like last year, SWPH has once again increased its line of credit from \$800,000 to the maximum of \$3,000,000 for the balance of 2022.

Due to the potential cashflow situation, the Board of Health has requested that we inform you of the potential need to levy each of the obligated municipalities proportionately of a total of \$4,000,000. The Line of Credit and this additional Levy will ensure that SWPH's financial obligations are met bridging the gap between now and the date the Ministry of Health reimburses SWPH for all its Covid-19 expenditures. Given it is a municipal election year, the Board flagged the need to advise you now so that any municipal council decisions needed could be made before the fall, in advance of an additional levy notification.

If you have any questions, please don't hesitate to contact us.

Larry G Martin

Cynthia St. John

copy: Board of Health members, SWPH
Monica Nusink, Director of Finance, SWPH

July 20, 2022

Ministry of Children, Community and Social Services
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Support for a Local Board of Health

On June 24, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from Public Health Sudbury & Districts regarding Healthy Babies Healthy Children funding. The following motion was passed:

Motion No: 2022-49

Moved by: Alan Barfoot

Seconded by: Luke Charbonneau

“THAT, the Board of Health endorse the correspondence from Sudbury & Districts Public Health regarding Healthy Babies Healthy Children Funding.”

Carried.

Sincerely,



Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound
Honourable Brian Saunderson, MPP for Simcoe-Grey
Honourable Lisa Thompson, MPP for Huron-Bruce
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Encl.
/mh

A healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5

www.publichealthgreybruce.on.ca



**Public Health
Santé publique**
SUDBURY & DISTRICTS

June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Healthy Babies Healthy Children Funding

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at its meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

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Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais

1.866.522.9200

phsd.ca



This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for
Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child
Health



June 21, 2022

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Ministry of Children, Community and Social Services
Government of Ontario
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Thank you for your attention to this important public health issue.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for
Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child
Health

MEETING DATE: September 1, 2022

SUBMITTED BY: Susan MacIsaac, Program Director

SUBMITTED TO: ☒ Board of Health
☐ Finance & Facilities Standing Committee
☐ Governance Standing Committee
☐ Transition Governance Committee

PURPOSE: ☐ Decision
☐ Discussion
☒ Receive and File

AGENDA ITEM # 5.1

RESOLUTION # 2022-BOH-0901-5.1

MOTION: 2022-BOH-0901-5.1

That the Board of Health for Southwestern Public Health receives, for information, an overview of Southwestern Public Health's activities in support of climate action.

Recommendation:

That the Board of Health receives, for information, an overview of Southwestern Public Health's activities in support of climate action, as outlined in this report.

Accountability:

The Board of Health is overseeing compliance with the Healthy Environments and Climate Change Guideline, Ontario Public Health Standard. The Healthy Environments Program Standard aims to reduce exposure to health hazards and promote the development of healthy built and natural environments. The standard also requires Southwestern Public Health (SWPH) to work with others to mitigate and help with adaptation to existing and emerging risks, including the impacts of a changing climate.

Provincial requirements include:

- identifying risk factors through environmental surveillance and epidemiological analysis, priority health needs, and health impacts associated with climate change to inform activities and programs,

- collaborating with community partners to develop effective strategies to reduce exposure to health hazards associated with climate change and promote healthy natural and built environments,
- implementing public health interventions to reduce exposures to health hazards, including climate change mitigation and adaptation actions,
- developing communication strategies to address local needs about climate change to ensure the public and stakeholders are aware of the links between their actions and climate change, and
- engaging in community and multi-sectoral collaboration with municipal and other relevant partners to promote healthy built and natural environments.

Purpose:

To provide the Board of Health with information on the progress and next steps for climate change mitigation and adaptation in Oxford, Elgin, and the City of St. Thomas.

Evidence:

Climate change is resulting in impacts across the globe, including in Canada. Environment and Climate Change Canada stated that Canada's rate of warming is about twice the global rate, and Canada's north is warming at more than double the global rate.¹ Ontario has experienced warming and more frequent extreme heat waves, droughts, windstorms, torrential rain events, and flooding. Between 1948 and 2008, the average annual temperature in Ontario increased by approximately 1.5 degrees Celsius. In Ontario, we can expect average temperatures to rise by as much as 3 to 8 degrees Celsius over the next century.² Warmer temperatures will result in milder winters, longer growing seasons, and a higher frequency of severe weather events such as record-breaking storms, floods, droughts, and heat waves. The expected changes in our climate will have a significant impact on all sectors of our province.¹

Climate change is a threat multiplier, disproportionately affecting those who already experience structural disadvantage due to factors such as racism, colonialism, and low income.² The health impacts from climate change in Oxford, Elgin, and the City of St. Thomas are anticipated to be significant, especially with our most vulnerable populations. The health impacts include:³

- more heat-related illness and respiratory and cardiovascular disorders due to rising temperatures and reduced air quality,
- increased risk of vector-borne diseases transmitted by mosquitoes and ticks due to rising summer temperatures, shorter winters, ecological changes, and increased human exposure,
- increased risk of food and waterborne illnesses,
- aggravation of allergy symptoms and respiratory conditions due to increased pollen and spore production as summer temperatures increase and the winters become shorter,
- injury, illness, or loss of life due to damage and weakening of infrastructure from extreme weather events such as flooding, ice, and windstorms, and
- mental health impacts from climate change.⁴

SWPH Achievements thus far:

Southwestern Public Health has completed an extreme heat vulnerability assessment for the region. The results showed the number, duration, and strength of heat waves will increase in the future. The report identifies older adults; socially disadvantaged individuals; newcomers to Canada; and individuals working outdoors, in trades, transport and equipment operating occupations, and manufacturing and utilities as our population's most vulnerable to the health impacts of a warming climate

Southwestern Public Health has effectively implemented a Heat Alert Response System to inform municipal partners and community stakeholders when we are facing an extreme heat event and to signal the initiation of their response plans.

Southwestern Public Health has completed an evaluation of current Official Plan policies to determine the level of support for climate change and health equity policy and to identify opportunities for policy improvements that could be considered at the time municipal Official Plans come up for review.

Southwestern Public Health has completed a scan and identified existing heating and cooling centers in each of our municipalities and SWPH communicates regularly with residents on where to access heating and cooling centers in their communities.

Next Steps

SWPH' ongoing efforts in mitigation and adaptation measures to protect our residents from the health impacts of a changing climate will continue. These efforts include:

- developing a SWPH Climate Change Strategy,
- implementing recommendations made in the heat vulnerability assessment,
- educating vulnerable residents on the health effects of climate change and how to protect themselves,
- educating residents and vulnerable population service providers on how to prevent and treat heat-related illnesses,
- collaborating internally with SWPH staff working on health equity and the built environment and commit to intersectoral action to achieve health equity and climate change in all policies,
- engaging decision-makers in other sectors to protect our health systems, and
- engaging external stakeholders and communities in actioning climate change mitigation and adaptation plans.

References

¹ Bush E, Lemmen DS. Canada's Changing Climate Report; Government of Canada. Ottawa, ON, Canada. 2019.444 p. Report number: ISBN: 978-0-660-30222-5

² National Collaborating Centre for Determinants of Health. Climate change resilience part 1: COVID-19 underscores the need to address inequity and transform systems [Blog post]. April 30, 2021. Available from: <https://nccdh.ca/blog/entry/climate-change-resilience-part-1>

³ Gough W, Anderson V, Herod K. Ontario climate change and health modelling study: report. Ontario Ministry of Health and Long-Term Care, Queen's Printer for Ontario. Toronto, ON, Canada 2016. 30 p. Report number: ISBN. 2016:978-1.

⁴ Hayes K, Blashki G, Wiseman J, Burke S, Reifels L. Climate change and mental health: Risks, impacts and priority actions. Int J Ment Health Syst. 2018 Dec;12(1):1-2



MEETING DATE: September 1, 2022

SUBMITTED BY: Larry Martin, Chair, Governance Standing Committee

SUBMITTED TO: ☒ Board of Health
☐ Finance & Facilities Standing Committee
☐ Governance Standing Committee
☐ Transition Governance Committee

PURPOSE: ☒ Decision
☐ Discussion
☒ Receive and File

AGENDA ITEM # 5.2

RESOLUTION # 2022-BOH-0901-5.2

The Governance Standing Committee (FFSC) met on June 15th, 2022, to consider several items. A brief synopsis and various recommendations are below.

1. Board of Health By-Laws and Board of Health Policies (Decision):

Below is a list of policies that the Committee reviewed and is recommending for approval as presented. Many of the policy amendments were minor housekeeping changes or alignment to current practices. All policies are attached with the amendments noted in red.

Policy Section	Policy #/Name
General Governance	BOH-GOV-040 Audio Recording of Board of Health Meetings
	BOH-GOV-060 Terms for Election of Officers
	BOH-GOV-070 Board Member Orientation
Policy Management	BOH-PM-010 Policy Adherence and Policy Development

Finance	BOH-FIN-030 Budgets
	BOH-FIN-050 Board Member Allowable Expenses (Conferences/Workshops/Educational)
Human Resources	BOH-HR-030 CEO and MOH Performance Appraisal
	BOH-HR-040 Delegation of Duties of MOH and CEO
	BOH-HR-050 In Memorial Acknowledgement
	BOH-HR-060 Covid-19 Immunization
Miscellaneous	BOH-MISC-010 Sewage System Building Code

MOTION: (2022-BOH-0901-5.1A)

That the Board of Health approve the following updated policies and procedures as presented:

- BOH-GOV-040, BOH-GOV-060, BOH-GOV-070
- BOH-PM-010
- BOH-FIN-030
- BOH-HR-030, BOH-HR-040, BOH-HR-050, BOH-HR-060
- BOH-MISC-010

Attached is Bylaw No. 1 that has several recommended amendments, and like above, the bylaw changes are housekeeping changes, clarity of practice, and updated language according to changes in an Act.

MOTION: (2022-BOH-0901-5.1B)

That the Board of Health approve the updated By-law 1.0 for Oxford Elgin St. Thomas Health Unit as presented.

2. Review of Evaluation Tools (Decision):

As per the Committee workplan, the Committee reviewed the Board of Health evaluations. The Committee is recommending minor changes to the Quarterly Meeting Evaluation tool to reflect the new ways of meeting both in-person and virtually, as well as ensuring administrative processes are working. The tool is attached for your reference.

MOTION: (2022-BOH-0901-5.1C)

That the Governance Standing Committee recommend to the Board of Health to approve the updated Board of Health Quarterly Meeting Evaluation tool as presented.

MOTION: (2022-BOH-0901-5.1)

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee report for September 1, 2022.

SECTION:	Governance	APPROVED BY:	Board of Health
NUMBER:	BOH-GOV-040	REVISED:	<u>TBD</u>
DATE:	May 1, 2018		

Audio Recording of Board of Health Meetings

Purpose:

The purpose is to provide for an accurate and comprehensive record of Board of Health and Board of Health Standing, Ad Hoc, and Advisory Committee meetings.

Policy:

All meetings of the Board of Health and Board of Health Standing, Ad Hoc, and Advisory Committees will be audio recorded for the purposes of accuracy and completeness in developing official meeting minutes.

Procedure:

- 1) At the commencement of each meeting, the Chair shall notify those present, including members of the public that an audio recording of the meeting will be made for the duration of the meeting.
- 2) Audio recordings of meetings are securely kept ~~locked in~~by the Executive Assistant's office.
- 3) Once the minutes from a meeting are written and approved, the audio recording will be promptly erased.

SECTION:	Governance	APPROVED BY:	Board of Health
NUMBER:	BOH-GOV-060	REVISED:	TBD
DATE:	May 1, 2018		

Terms for Election of Officers

Purpose:

The purpose is to promote continuity by ensuring members elected to be chair or vice-chair may serve for two consecutive terms.

Policy:

In accordance with the Health Protection and Promotion Act Section 52, at the first meeting of the Board of Health in each year, the members shall elect one member to be chair and one to be vice-chair.

In accordance with By-Law [No. 1#1](#), any member of the Board of Health may ~~be elected~~serve as an Officer of the Board in the position of chair or vice-chair, provided they are elected. The term for each ~~O~~fficer position shall be one year.

Incumbents may be re-elected for a total of two consecutive terms before a ~~one-year~~one-year break in the role served, before being re-elected for another term.

References: (including relevant legislation):

- Section 52, Health Protection and Promotion Act.
- By-Law [No. #1](#) – Southwestern Public Health

SECTION:	Governance	APPROVED BY:	Board of Health
NUMBER:	BOH-GOV-070	REVISED:	<u>TBD</u>
DATE:	May 1, 2018		

Board Member Orientation

Purpose:

To ensure that all Board of Health members are aware of their roles and responsibilities and emerging issues to effectively discharge their duties as Board members.

Policy:

New Board members shall receive a formal orientation to their roles and responsibilities as Board members and Southwestern Public Health as an organization within three months of their appointment to the Board of Health.

Orientation is also an ongoing process and Board members are encouraged to identify individual needs for orientation outside of the formal process.

Procedure:

1. New Board Members will complete their formal orientation within three months of their appointment to the Board of Health.
2. Upon appointment, new members will be provided with access to the Southwestern Public Health Board portal and subsequent orientation documents.
3. An orientation session is conducted by the CEO and any other appropriate Health Unit staff. Every effort will be made to conduct the orientation session prior to the Board member's first Board of Health meeting.

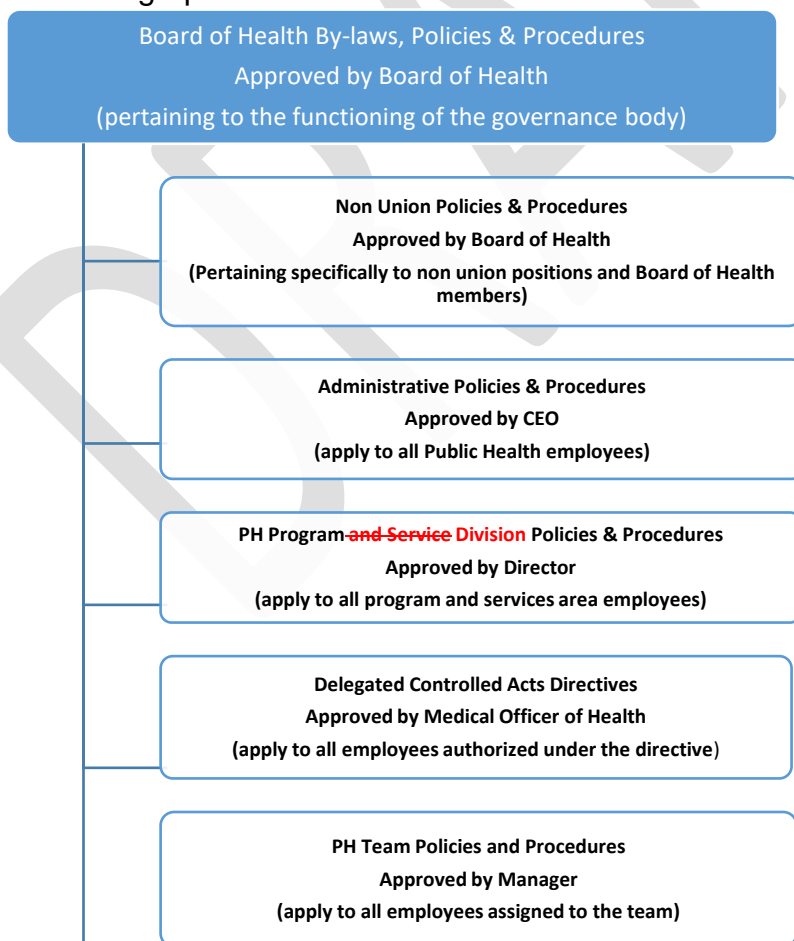
4. Orientation activities for all Board members shall occur on an on-going basis and shall include information on the following topics:
 - a. The agency's structure, vision, mission, and goals and objectives,
 - b. The agency's strategic plan, the planning process, its relationship to the operational plan, and performance monitoring,
 - c. Overview of the community's demographics,
 - d. The agency's operations, programs and services,
 - e. Current issues in the provincial public health system,
 - f. The provincial government structure and the funding streams of the applicable ministries and other funders,
 - g. The duties and responsibilities of board members, and
 - h. The fiduciary responsibilities in terms of trusteeship, due diligence, avoiding conflict of interest, maintaining confidentiality, strategic oversight, ethical and compliance oversight, stakeholder engagement, ~~–~~ risk management oversight, and succession planning.
5. Board Members are encouraged to attend orientation sessions with relevant provincial public health associations and other associations, when offered. Registration details are facilitated through the CEO and Executive Assistant.
6. Board Members should identify any further orientation needs related to specific health unit programs to the CEO for follow up.

SECTION:	Policy Management	APPROVED BY:	Board of Health
NUMBER:	BOH-PM-010	REVISED:	<u>TBD</u>
DATE:	May 1, 2018		

Policy Adherence and Policy Development

Policy:

Board of Health members, non-union and front-line employees are responsible for adhering to all applicable policies and procedures of the organization. In addition, each employee is responsible for adhering to their assigned program and services policies and procedures. See graphic below.



Board of Health and non union policies and procedures shall be reviewed biennially by the CEO or his/her designate to ensure applicability, and ~~and~~ the potential need for any amendments and/or additions. The biennial review does not negate the possibility of an amendment to an existing and/or creation of an additional policy prior to the scheduled review.

Procedure:

The Executive Assistant ~~that manages the policies and procedures~~ will track when policies are required to be reviewed.

The CEO will undertake a review of each policy according to the review schedule.

The CEO will bring forward to the Governance Committee, Board of Health any amendments and/or additions to Board of Health policies. The CEO will bring forward to the Board of Health, any amendments and/or additions to the ~~or~~ Non Union policies.

SECTION:	Financial	APPROVED BY:	Board of Health
NUMBER:	BOH-FIN-030	REVISED:	TBD
DATE:	May 1, 2018		

Budgets

Preamble:

Oxford Elgin St. Thomas Health Unit (OESTHU) has several different operating budgets for the various programs and services operated by Southwestern Public Health. Several budgets have different cycles (I.e. ending March 31, December 31). Some budgets are already determined by the funder (I.e. Ministry of Health ~~and Long Term Care~~), others have a pre-determined allocation only, and others have no pre-determined allocation and/or only general expectations.

Policy:

The Finance and Facilities Standing Committee will review and recommend approval to the Board of Health the annual operating budgets for the health unit as prepared by the CEO or his/her designate.

Budgets approved by the Board of Health are funded in accordance with Sections 72 and 76 of the Health Protection and Promotion Act.

The Chief Executive Officer shall:

- ensure that all annual operating budgets are prepared and presented to the Finance and Facilities Standing Committee in accordance with all Board and Ministries' guidelines;
- have over-all responsibility for the control of expenditures as authorized by Board and Ministry approvals of the individual annual operating budgets under the jurisdiction of the Board;
- have over-all responsibility for the approval of specific funded programs and services budgets of any amount up to \$100,000 noting any budgets in excess of \$100,000 must first require Board approval:-
- ensure the security of all funds, grants and monies received in the course of provision of service by the programs under the jurisdiction of the Board; and

- ensure that all reports are prepared and distributed to the appropriate bodies, in accordance with established Board and Ministry(ies) guidelines.

References (including relevant legislation):

- Sections 72 and 76 of the Health Protection and Promotion Act.

DRAFT

SECTION:	Financial	APPROVED BY:	Board of Health
NUMBER:	BOH-FIN-050	REVISED:	TBD
DATE:	May 1, 2018		

Board Member Allowable Expenses (Conferences/Workshops/Educational)

Purpose:

The purpose is to provide Board members with the opportunity to participate in continuing education events relevant to their roles and responsibilities and to ensure there is reasonable compensation for such.

Policy:

Board members may attend conferences, workshops, training events and other educational sessions subject to the following guidelines:

- All Board members are encouraged to attend one conference annually related to public health.
- The number of delegates to other conferences, workshops, and courses shall be determined on a case by case basis by the Board.
- Each Board member may attend up to two conferences, workshops or courses per year, unless otherwise determined by the Board.
- Attendance at Conferences is subject to availability of the funds approved for Board conferences in each year's budget.
- Original itemized receipts (including date, place and cost) are required for meals, and other allowable expenses such as parking, taxis, bus in order to be eligible for reimbursement.
- Should a Board member's spouse/partner/guest accompany the Board member, the Board member will pay any additional costs (travel, registration, meals).
- Reimbursement for allowable expenses shall be in accordance with the rates established in non-union policies.

Authorization:

- ~~a) Attendance of Board members at conferences, workshops, training events and other educational sessions must be pre-approved by the Chair.~~
- ~~b) Attendance of Board Chair is approved by the Vice-Chair.~~

Procedure:

1) Request to Attend:

- a) The Board member will ~~complete~~ notify the Board of Health Chair of their interest in attending the conference, workshop, training events, or other educational sessions ~~requisition (conferences, workshops, training events and other educational sessions) and submit to the Board Chair for authorization.~~
- b) The ~~signed and approved~~ relevant forms and any other relevant documentation is forwarded to the CEO for processing by the Executive Assistant.
- c) Registration, accommodation and travel (train & plane) bookings will be made by the Executive Assistant.

2) Eligible Expenses

- a) Registration fees of the Board member attending conferences, workshops, training events and other educational sessions are eligible for reimbursement.
- b) Travel Expenses:
 - i) If Board member is travelling by Car:
 - Parking and mileage are reimbursed in accordance with non-union policy.
 - Any fines incurred related to parking or driving violations are the sole responsibility of the Board member.
 - ii) If Board member is travelling by Train:
 - Business class may be booked provided that government or non-profit rates are sought.
 - When traveling business class, the meal cost cannot be separately claimed, as a meal is included in the cost of a business class ticket.
 - iii) If Board member is travelling by plane:
 - Economy class may be booked by the Executive Assistant seeking the most economical rate available.
- c) Accommodation Expenses:
 - i) Accommodation for a single room on site or within reasonable distance is eligible for reimbursement. The number of nights is dependent on the location, travel arrangements and agenda (start/end times) and number of days the event is scheduled.
 - ii) Additional room charges for meals and parking are eligible for reimbursement up to the amounts stated in section (d). Charges for internet (WIFI) connection are eligible for reimbursement. The Board member is responsible for all other charges made to the room.
- d) Meals:

- i) The cost of meals may be covered when meals are not included as part of the conference registration and/or included in the meeting.
- ii) Reimbursement for meals expenses is up to the rates set out below including tips/gratuities (taxes included). Tips/gratuities should not exceed 15% of the meal before taxes
 - Up to \$20.00 is allowed for breakfast
 - Up to \$25.00 is allowed for lunch
 - Up to \$40.00 is allowed for dinner
- iii) Reimbursement of expenses must not include any alcoholic beverages.

3) Submission and Payment of Expenses:

- a) Upon return from the conferences, workshops, training events and-or other educational sessions:
 - i) The Board member will:
 - Complete the statement of Travelling Expenses Form
 - Attach all appropriate itemized receipts
 - Sign the form and forward the documentation to the CEO
 - ii) The CEO will:
 - Review the expense claim and sign
 - Forward the claim to Finance for processing
 - iii) Finance will:
 - Issue payment of the claim within 30 days of receipt of the claim.

SECTION:	Human Resources	APPROVED BY:	Board of Health
NUMBER:	BOH-HR-030	REVISED:	<u>TBD</u>
DATE:	May 1, 2018		

CEO & MOH Performance Appraisals

Purpose:

To ensure that regular performance appraisals are completed in a timely manner and in accordance with human resources best practices.

Policy:

The Board of Health will conduct performance appraisals with both the Chief Executive Officer (CEO) and the Medical Officer of Health (MOH) albeit separately, at least once every two years or more often as determined by the Board. For example, on an annual basis they may discuss with the Board performance goals related to short term strategic outcomes and accountability framework outputs.

Procedure:

1. Each review will be conducted by the Chair and Vice-Chair of the Board and the incumbent and in accordance with the non-union performance development process. A meeting to discuss the review results will be held with the Chair, Vice Chair, and incumbent. Following that meeting, the Board will be informed of the outcomes of said review and discuss accordingly.
2. Any employees including the incumbent and the Recording Secretary will leave the Board meeting for that Board discussion.
3. Following the Board discussion, the incumbent will be made aware of the final results of the review in writing and a copy of the review will be placed in the employee's personnel file.

SECTION:	Human Resources	APPROVED BY:	Board of Health
NUMBER:	BOH-HR-040	REVISED:	<u>TBD</u>
DATE:	May 1, 2018		

Delegation of Duties: CEO & MOH

Purpose:

To outline the delegation of duties requirements and responsibilities for the positions of CEO and MOH.

Policy:

The Board of Health recognizes that the duties of the Medical Officer of Health and the Chief Executive Officer are required to be carried out, even in the case of vacation and short leaves.

The Board of Health shall ensure that the Medical Officer of Health and Chief Executive Officer shall have coverage for his/her positions while away from the office on vacations and leaves. Such coverage is required when the Medical Officer of Health or Chief Executive Officer cannot be reached for consultation or to attend to a matter in person.

Procedure:

MOH Coverage:

The CEO and MOH will ensure that, in accordance with the Health Protection and Promotion Act, Southwestern Public Health enter into Mutual Aide Agreements between neighbouring public health units which include the provision of Acting Medical Officer of Health when the Medical Officer of Health is absent or unable to act and there is no Associate Medical Officer of Health appointed. Therefore, the parties agree that any party may request Acting Medical Officer of Health coverage from any of the other parties.

Further, in addition to the Mutual Aid Agreement established, Southwestern Public Health may also arrange for coverage from other neighbouring Medical Officers of Health from time to time.

CEO Coverage:

The CEO will arrange for coverage from available Directors within the organization. If required, remuneration for coverage will be paid to the person(s) acting in accordance with the non-union policy covering such.

DRAFT

SECTION:	Human Resources	APPROVED BY:	Board of Health
NUMBER:	BOH-HR-050	REVISED:	<u>TBD</u>
DATE:	May 1, 2018		

In Memorial Acknowledgement

Purpose:

To acknowledge the death of an employee's family member.

Policy:

In the case of a death of an immediate family member (spouse/partner, mother, father, sister, brother, child, step-child) of an employee or Board of Health member, the Board of Health of Southwestern Public Health will acknowledge the death by making a donation to a charity in the amount of up to \$60.00 ~~up to \$100.00~~ or sending a floral arrangement or fruit basket to the employee.

In the case of a death of other family members of an employee or Board of Health member, the Board of Health will send a card.

Procedure:

- 1) In the case of an employee, the employee's supervisor will notify the Executive Assistant with the applicable details:
 - i) Name of the employee,
 - ii) Name of deceased family member.
 - iii) Relationship to employee, and
 - iv) Charity of Choice as per the obituary or employee's choice.
- 2) In the case of a Board of Health member, the Executive Assistant will take care of the arrangements as noted above.

SECTION:	Human Resources	APPROVED BY:	Board of Health
NUMBER:	BOH-HR-060	REVISED:	<u>TBD</u>
DATE:	October 7, 2021		

COVID-19 Board of Health Immunization Policy

PREAMBLE:

As a health system organization, Southwestern Public Health (“SWPH”) recognizes the importance of immunization of all individuals who work in the organization and support the delivery of or who directly deliver services to clients. SWPH is committed to improving the health system, to creating a healthier community, to championing a culture of quality and safety, and to supporting the health and well-being of our employees, students, and volunteers.

COVID-19 is an acute respiratory illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus. It is characterized by fever, cough, shortness of breath and several other symptoms. Asymptomatic infection and subsequent transmission have been documented. COVID-19 is primarily transmitted person to person through respiratory droplets.

SCOPE:

This policy applies to all members of the Board of Health for SWPH.

PURPOSE:

The purpose of this policy is to outline the parameters and expectations related to COVID-19 immunization, including the tracking of vaccinations received, the medical exemption process for those who have a medical contraindication to COVID-19 vaccines, and the steps required for those who decline vaccination (or decline to disclose their vaccination status) to ensure that SWPH provides and maintains a safe work environment.

In consultation with the SWPH's Medical Officer of Health, vaccination against COVID-19 is strongly recommended for the following reasons:

1. To achieve high rates of COVID-19 vaccination and herd immunity in order to:
 - a) Protect clients who interact with and receive services from employees and volunteers of SWPH,
 - b) Protect SWPH employees and volunteers,
 - c) Protect colleagues and family including those who may be at high risk for serious health effects related to COVID-19 illness, and
 - d) Minimize the risk of COVID-19 transmission among the workforce and protect SWPH's ability to provide its services to its clients and community.
2. To assist with determining and adjusting infection prevention and control practices and Personal Protective Equipment (PPE) needs.
3. To inform SWPH's continuity of operations plan and service delivery models. Knowledge of SWPH's vaccination rate will permit better decision making on resumption of programs and services.
4. To ensure that SWPH has a governing body that is ready and able to govern SWPH without interruption.

POLICY:

~~By October 31, 2021, a~~ All Board of Health members who are governed by this policy are required to have completed one of the following actions:

- 1) Be fully vaccinated including eligible up-to-date booster doses for COVID-19 and provide valid proof of vaccination to SWPH Human Resources:
 - ~~a. If the individual has only received the first dose of a multi-dose COVID-19 vaccination series approved by Health Canada, provide proof of this first dose.~~
 - ~~b. After the final dose in a series is received, within two (2) business days, provide valid proof of administration of the final dose.~~

OR

- 2) Provide acceptable written proof of medical exemption from their physician or nurse practitioner to SWPH's Human Resources office that indicates:
 - a. That the person cannot be vaccinated against COVID-19 due to a documented medical reason,
 - b. The effective time period for the medical reason (i.e., permanent or time limited), and
 - c. Once the effective time period has expired (if applicable), provide evidence that steps have been taken to be vaccinated (in accordance with action 1 as set out above).

NOTE A: As outlined by the Canadian College of Physicians and Surgeons (CPSO) on September 1, 2021, there are very few acceptable medical exemptions to the COVID-19 vaccination.

~~Where a Board of Health member has received only their first dose and the member is in the process of obtaining their second as set out in 1) above, or where a member has a medical exemption, as set out in 2) above, the member will be required to wear face masks and eye protection at all times regardless of physical distancing measures (when attending SWPH locations to perform Board member work, and the member will be required to demonstrate proof of a completed rapid antigen test — demonstrating negative results prior to entry into any of the SWPH facilities or locations. Note that any applicable expense, but not limited to, , time and mileage will be at the board member's expense, in addition to any other requirements or recommendations that may now or later be imposed by SWPH, or by law.~~

~~**NOTE B: To be considered fully vaccinated you must complete the full dose regimen for any Canadian accepted vaccine and wait 14 days following the last dose.**~~

~~**NOTE C: In conjunction with all public health protocols, guidance and policies, all individuals must not attend a SWPH location if they demonstrate symptoms of COVID-19 or are otherwise unable to successfully complete the provincial government's COVID-19 self-assessment.**~~

~~NOTE D: This policy and the administration of the procedures herein, will be done so in accordance with the Ontario Human Rights Code, Employment Standards Act, Occupational Health and Safety Act, and any other applicable legislation.~~

PROCEDURE:

- a) Board members are to submit Proof of Covid-19 vaccination to the Human Resources department via secure Laserfiche form, [C19BOHStatus](#)^[A1].
- b) For those who cannot be vaccinated due to medical reason/contraindication, proof of this medical exemption must be provided by their physician or nurse practitioner indicating whether the medical exemption is permanent or time limited. If time-limited, the note must indicate how long it is expected to last. This medical exemption correspondence is to be submitted to the Human Resources department via secure Laserfiche form, [C19BOHStatus](#)
- ~~c) Where a Board of Health member of SWPH is not able to obtain a COVID-19 vaccine for a reason related to a protected ground as set out in the Ontario Human Rights Code, the member is required to contact Derek McDonald, Director, Corporate Services & Human Resources (Telephone — (519) 631-9900~~

~~ext. 1250 / Email – dmcDonald@swpublichealth.ca), to further discuss their situation and whether, accommodation is possible. When a board member providing governance responsibilities to SWPH is able to be accommodated, the member will be required to wear a face mask and eye protection at all times regardless of physical distancing measures (when working at SWPH locations), and the member will be required to demonstrate proof of a completed rapid antigen test – demonstrating negative results prior to entry into any of the facilities or locations of SWPH. Proof of results can be submitted to the Human Resources department at [C19BOHAntigen](#). Note that any applicable expense, but not limited to, time and mileage will be at the individual's expense, in addition to any other requirements or recommendations that may now or later be imposed by SWPH, or by law.~~

d)c) _____ For any new Board of Health members, members will be informed about this policy and the criteria set upon commencement of their term with SWPH. A copy of this policy will be included in all Board of Health correspondence at the point of commencement of their term as a member of SWPH. In addition, this policy will be as part of the Board of Health orientation for each new member.

e)d) _____ If an individual has received a vaccine in the province of Ontario, the only acceptable proof of vaccination is the receipt provided by the Ministry of Health. SWPH reserves the right to accept other forms of proof should they become available. For people who have been vaccinated outside of Ontario, acceptable proof is based on the criteria provided by the province/state in which they received their vaccine but only Government of Canada National Advisory Committee on Immunization NACI approved vaccines will be accepted. Proof shall include the person's name, date of birth, date of vaccination, vaccine name, lot number, and name of the health care practitioner administering the vaccine.

f)e) A board member who does not have a copy of their vaccination receipt can download their COVID-19 vaccine receipt here: <http://covid19.ontariohealth.ca/>.

g)f) Board of Health members who do not have an up-to-date health card, can contact the health unit that administered the vaccine for help in obtaining a copy of their vaccination receipt.

h)g) _____ Board of Health members that are not vaccinated may be subject to restrictions that do not apply to vaccinated personnel such as, but not limited to:

- In the event of a COVID-19 outbreak, increased community transmission or at the discretion of the Chair of the Board of Health, non-vaccinated Board of Health members may not be able to perform their regular tasks. For those who are non-vaccinated without a medical exemption, they may need to be excluded from participation with Board of Health activity.

h) SWPH will follow provincial guidelines to determine if Board of Health members are to be excluded from SWPH activities when meeting identified criteria (e.g., having a high-risk contact with a positive Covid-19 person, etc.). Board of Health restrictions may differ depending on the individual's vaccination status (partial or ~~fully up-to-date vaccination~~ vaccinated).

i) Board of Health individual vaccination status (i.e., partially vaccinated, ~~fully up-to-date vaccinated~~ vaccination or medically exempt) will be kept confidential and tracked by Human Resources.

j) Where Board of Health members have not complied with the above criteria, the Board Chair will be informed by Human Resources that the member has no recorded status. It is the responsibility of the Chair of the Board of Health to follow up with the individual to ensure they comply with this policy.

COLLECTION AND DISCLOSURE OF INFORMATION:

SWPH may collect statistics in relation to vaccination rates, total number of individuals covered by this policy, total number of individuals who have provided proof under each option as set out above, and other relevant information related to this policy. SWPH may also report this information to applicable government agencies and the public as required.

ENFORCEMENT:

Any Board of Health member failing to adhere to this policy may impact the ability of the Board of Health member to provide governance of SWPH. As such, the following two steps as outlined in the Code of Conduct will be actioned:

- Request that the Board member resign; or
- Seek dismissal of the Board member based on regulations relevant as to how the Board member was appointed.

This policy and the consequences for breach of this policy will be applied in a manner which complies with the Ontario *Human Rights Code*, *Employment Standards Act*, *Occupational Health and Safety Act*, and any other applicable legislation.

SWPH reserves the right to amend this policy as may be necessary or appropriate.

RELATED DOCUMENTS:

C19BOHStatus

SECTION:	Miscellaneous	APPROVED BY:	Board of Health
NUMBER:	BOH-MISC-010	REVISED:	
DATE:	May 1, 2018		

Sewage Systems Part 8 Of The Ontario Building Code Act^[CSJ1]

Purpose:

The purpose is to ensure compliance with the Building Code Act and Part 8 Sewage Systems of the Ontario Building Code including inspections and fees, that have a design capacity of 10,000 litres per day or less, pertaining to any municipalities within the County of Oxford that has entered into an agreement with Southwestern Public Health as per Section 6(2) of the Ontario Building Code.

Policy:

The Board of Health for Southwestern Public Health will, under a signed agreement with a local area municipality within the County of Oxford, provide the enforcement of provisions of the Building Code Act pertaining to sewage systems.

The Board of Health shall appoint a Chief Building Official and Inspectors for the purposes of sewage systems under Section 6.2 (4) of the Building Code Act. Such persons appointed must meet the qualifications and registration as required in S. 3.1.4 Division C, Part 3 of the Ontario Building Code and shall be appointed as Inspectors for purposes of Part 8 under the Code.

The Board of Health will ensure compliance with all required by-laws, resolution and regulations respecting sewage systems in accordance with s.7 of the Building Code Act pertaining to fees, classes of permits, and forms.

References: (including relevant legislation)
Building Code Act, 1992, S.O. 1992, c23



BY-LAWS

FOR THE BOARD OF HEALTH
FOR OXFORD ELGIN ST. THOMAS HEALTH UNIT

BY-LAW NO. 1 - CONDUCT OF THE AFFAIRS
BY-LAW NO. 2 - BANKING AND FINANCE
BY-LAW NO. 3 - MANAGEMENT OF THE PROPERTY

PREPARED BY:

Amy C. Dale, Legal Counsel for SWPH
Cynthia St. John, Executive Director
Approved May 1, 2018



BOARD OF HEALTH FOR THE
OXFORD ELGIN ST. THOMAS HEALTH UNIT
BY-LAW NO.1

A by-law relating generally to the **conduct of the affairs**
of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT o/a Southwestern Public
Health,
including, but not limited to, the calling and proceedings at meetings.

BE IT ENACTED as a By-Law of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT as follows:

1. **Interpretation.** In this by-law and all other by-laws of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT, unless the context otherwise specifies or requires:
 - a. "Act" means the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7, as amended;
 - b. "Board" means the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT o/a Southwestern Public Health;
 - c. "By-law" means the by-law of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT from time to time in force and effect;
 - d. "Corporation" means the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT. The Act deems that the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT is a corporation, without share capital;
 - e. "Municipal Act" means the *Municipal Act*, 2001, S.O. 2001, c. 25, as amended;
 - f. "Regulations" means the Regulations made under the Act, as from time to time amended, and every regulation that may be substituted therefore and, in the case of such substitution, any references in the by-laws of the Board of Health for the Oxford Elgin St. Thomas Health Unit to provisions of the Regulations shall be read as references to the substituted provisions therefore in the new Regulations;
 - g. All terms which are contained in the By-laws and which are defined in the Act or the Regulations shall have the meanings respectively given to such terms in the Act or the Regulations;

- h. Words importing the singular number only shall include the plural and vice versa and words importing a specific gender shall include the other genders;
- i. The headings used in the by-laws are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions; and
- j. The *Corporations Act*, R.S.O. 1990, c. C. 38 and the *Corporations Information Act*, R.S.O. 1990, c. C. 39 do not apply to a Board of Health.

DESIGNATION OF HEAD

- 2. **Designation of Head.** As required by the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, C. M.56, as amended, the Board thereby designates the Chair of the Board as the Head of the Oxford Elgin St. Thomas Health Unit for the purposes of that Act. The Chair of the Board shall provide for all other institutional requirements regarding access and privacy as set out in the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information and Protection Act*.

MEMBERSHIP

- 3. **Numbers.** The members of the Board are appointed by the Councils of the County of Oxford, the County of Elgin and the City of St. Thomas and by the Lieutenant Governor in Council for Ontario as provided for in the Act.
 - a. The membership of the Board shall be as follows:
 - i. Four municipal members to be appointed by the Council of the County of Oxford;
 - ii. Two municipal members to be appointed by the Council of the County of Elgin;
 - iii. Two municipal members to be appointed by the Council of the City of St. Thomas; and
 - iv. Up to three members to be appointed by the Lieutenant Governor in Council for Ontario.
- 4. **Ex-Officio Members.** The Chief Executive Officer and Medical Officer of Health are ex- officio members of the Board.
- 5. **Secretary-Treasurer.** The Chief Executive Officer shall be duly appointed as Secretary- Treasurer of the Board.

ATTENDANCE FOR THE BOARD OF HEALTH MEETINGS

- 6. **Attendance.** Members are required to attend all Board meetings. The Chief Executive Officer and Medical Officer of Health shall attend all meetings of the Board except on matters that relate to their remuneration or the performance of their respective duties.
- 7. **Directors.** Directors of the Oxford Elgin St. Thomas Health Unit shall be present at regular Board meetings, as required, to discuss agenda items related to their area(s) of responsibility.
- 8. **Recording Secretary.** The Executive Assistant to the Chief Executive Officer shall be the Recording Secretary of the Board meetings.

9. **Unexcused Absences.** Unexcused absences of a member from three consecutive Board meetings in a calendar year shall mean that the appointing Municipal Council shall be so notified, in writing, by the Chair of the Board of the said unexcused absences and of the Board's request that the appointing Municipal Council review the member's appointment and a copy of the letter sent to the absentee Board member.
10. **Leave of Absence.** The Board may, upon receipt of a written request, extend to any Board member a leave of absence for a definitive period of time. During any Board approved leave of absence, paragraph 9, above, shall not apply.

BOARD MEMBERS

11. **Remuneration - Expenses.** The Remuneration of Board members shall be in accordance with the Act. The Board shall pay the reasonable and actual expenses of each member of the Board in accordance with the Act and the policies of the OXFORD ELGIN ST. THOMAS HEALTH UNIT.
12. **Term of Office.** The term of office of a municipal member of the Board continues during the pleasure of the Council that appointed the municipal member but, unless ended sooner, ends with the ending of the term of office of the Council.
13. **Disqualification.** The seat of a municipal member of the Board becomes vacant for the same reasons that the seat of a member of council becomes vacant under subsection 259(1) of the *Municipal Act*, 2001, as amended. No person whose services are employed by the Board is qualified to be a member of the Board.
14. **Vacancy.** Where a vacancy occurs on the Board by the death, disqualification, resignation or removal of a member, the person or body that appointed the member shall appoint a person forthwith to fill the vacancy for the remainder of the term of the member.
15. **Oath of Confidentiality.** Each member of the Board is required to execute an Oath of Confidentiality agreeing to uphold the privacy of personal information and personal health information that may come to their attention in the course of their being a member of the Board, whether or not such information arises inside or outside of meetings of the Board, arises in Closed Session, and regardless of what form the personal information and/or personal health information is received by the Board member.

MEETINGS OF THE BOARD

16. **First Meeting of the Year.** The Board shall hold its first meeting of the year not later than the first day of March.
17. **Number of Meetings.** Regular meetings of the Board shall be held at least eight times annually on such a day, hour and place as the Board shall determine.
18. **Meetings in July and August.** Meetings generally do not occur in the summer months of July and August unless at the call of the Chair.

19. **Special Meetings.** Special meetings may be called by the Chair or, in their absence, the Vice Chair at any time that it is deemed advisable and necessary or by a majority vote at any regular meeting at which quorum is present. The Secretary-Treasurer may call a meeting of the Board upon being petitioned, in writing, by a majority of the members to do so.
20. **Notice.** Members of the Board will be notified of any special meetings by email and board portal.
21. **Omission of Notice.** The accidental omission to give notice of any meeting of the Board to, or the non-receipt of any notice by, any person shall not invalidate any resolution passed or any proceeding taken at such meeting.
22. **Adjournment.** Any meeting of the Board may be adjourned from time to time by the chair of the meeting, with the consent of the majority of those attending the meeting, to a fixed time and place. Notice of any adjourned meeting of the Board is not required to be given if the time and place of the adjourned meeting is announced at the original meeting. Any adjourned meeting shall be duly constituted if held in accordance with the terms of the adjournment and a quorum is present thereat. The members who formed a quorum at the original meeting are not required to form the quorum at the adjourned meeting. If there is no quorum present at the adjourned meeting, the original meeting shall be deemed to have terminated forthwith after its adjournment. Any business may be brought before or dealt with at any adjourned meeting which might have been brought before or dealt with at the original meeting in accordance with the notice calling the same.
23. **Quorum.** A majority of the members of the Board (50% plus 1) fixed under paragraph 3, hereof, shall form a quorum for the transaction of business and, notwithstanding any vacancy among the Board members, a quorum of board members may exercise all the powers of the Board. No business shall be transacted at a meeting of the Board unless a quorum of the Board members is present. The appointed hour having been struck and a quorum being present, the Chair shall call the meeting to order. If, fifteen minutes after the appointed hour have elapsed and the Chair, or the Vice Chair, as the case may be, has not yet appeared and a quorum is present, the members may appoint one of themselves or the Secretary-Treasurer to chair the meeting until the arrival of the Chair or Vice Chair. If thirty (30) minutes after the appointed hour, a quorum is not present, then the meeting shall stand adjourned until the next regular meeting, an adjourned meeting, or a newly scheduled meeting. The Recording Secretary shall record the names of all members present and not present at the meeting.
24. **Electronic Participation.** In a meeting which is open to the public, members of the Board may participate by means of such telephone, electronic or other communication facilities as permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously, and a Board member participating in such meeting by such means is deemed for the purpose of the Act to be present at that meeting, counted in quorum and in voting. ~~However, any such member(s) participating electronically shall not be counted in determining whether or not a quorum of members is present at any point in time.~~
25. **Voting.** Questions arising at any meeting of the Board members shall be decided by a majority vote evidenced by a show of hands. The Chair and each Board member present where not otherwise disqualified from voting, shall vote on all questions. In the case of a tie vote, the Chair of the meeting

in addition to their original vote, shall not have a second casting vote and the motion will be lost. If the Chair decides to take part in any debate, he/she may leave the chair to do so, providing a member is appointed to fill the position of Chair until the question is decided.

26. **Recorded Vote.** Any member may request a recorded vote and each member present, and not disqualified from voting by virtue of any legislation or declared conflict of interest, must then announce their vote. To abstain or fail to vote under such circumstances is deemed to be a negative vote. When a recorded vote is requested, the names of those voted for and those who voted against the question shall be called and entered upon the minutes in alphabetical order. When a question is put and "carried" without a dissent or a call for a recorded vote, then the matter will be deemed to be carried unanimously by those present.

DECLARATION OF PECUNIARY INTEREST -CONFLICT OF INTEREST

27. **Declaration of Pecuniary Interest.** Where a Board member, either on their or their own behalf or while acting for, by, with or through another, has any pecuniary interest direct or indirect in any matter and is present at a meeting of the Board at which the matter is the subject of consideration, the member,
- a. shall, prior to any consideration of the matter at the meeting disclose the interest and the general nature thereof;
 - b. shall not be present or take part in the discussion of, or vote on any question in respect of the matter; and
 - c. shall not attempt in any way, whether before during or after the meeting, to influence the voting on any such question.

Where the meeting referred to above is not open to the public, in addition to complying with the requirements set forth above, the member shall forthwith leave the meeting or the part of the meeting during which the matter is under consideration.

Where the interest of a member has not been disclosed as required by reason of the member's absence from the meeting referred to therein the member shall disclose the interest and otherwise comply the requirements first set forth above at the first meeting of the Board attended by the member thereafter.

Every declaration of interest and the general nature thereof made by a Board member shall, where the meeting is open to the public, be recorded in the minutes of the meeting by the Recording Secretary. Where the meeting is not open to the public, every declaration of interest made by a Board member, but not the general nature of that interest shall, be recorded in the minutes of the next meeting that is open to the public.

28. **Quorum Deemed.** Where the number of members who, by reason of the provisions of the *Municipal Conflict of Interest Act* and hereof, are disabled from participating in a meeting is such that at that meeting the remaining members are not of sufficient number to constitute a quorum, then, despite any other general or special Act, the remaining number of members shall be deemed to constitute a quorum, provided such number is not less than two.

BOARD PACKAGES, AGENDA, MINUTES, AND REPORTS

29. **Board Packages.** The agenda, minutes of the previous meeting, and written reports are to be sent to Board members via electronic means approximately one week in advance of the scheduled meeting. The agenda and notice of the meeting are to be posted on Oxford Elgin St. Thomas Health Unit's website approximately one week prior to the meeting. Written reports are available at or after the Board meeting.
30. **Agendas.** For all regular and special Board meetings, an agenda shall be drafted by the Secretary-Treasurer and approved by the Chair of the Board. If for any reason, copies of the agenda shall not have reached members before the meeting, the member(s) will advise of such and the agenda shall be provided by the Secretary-Treasurer at the opening of the meeting. Any member wishing to introduce business additional to that set out in the agenda must make the request during the "Agenda" portion of the agenda and must receive unanimous consent by the members present to introduce additional business. If unanimous consent is not obtained, the member may give notice of motion to discuss the business at the next regularly scheduled meeting of the Board. The motion must be seconded.
31. **Minutes.** The Recording Secretary records the minutes of the meeting and submits them to the Secretary-Treasurer for review. The minutes of the previous meeting shall be circulated to the Board approximately one week prior to the next regularly scheduled meeting. At the regularly scheduled meeting, a motion will be entertained to have the minutes approved and adopted as circulated or in the case of corrections, approved and adopted as amended with the amendments specifically stated. If the minutes of the previous Board meeting were not circulated in advance, the Secretary-Treasurer shall read them, but no motion or discussion shall be allowed on the minutes except in regard to their accuracy. After the confirmation and adoption of the minutes, they shall be signed by the Chair. The official signed minutes of the Board shall be posted by the Recording Secretary on the Oxford Elgin St. Thomas Health Unit's website.
32. **Reports.** The Chief Executive Officer, Medical Officer of Health, and specific Director [CSU] reports are to be provided in writing to the Board approximately one week prior to the meeting. In some circumstances, a revised report or additional report may be forthcoming on a matter where the timing of such does not coincide with the preparation of the Board packages.

ORDER OF BUSINESS FOR REGULAR MEETINGS

33. **Agenda.** The agenda items shall include but not be limited to:
- a. Call to Order;
 - b. Land Acknowledgement;
 - ~~b~~c. Agenda - amendments or corrections of, adoption of;
 - ~~c~~d. Minutes - amendments or corrections of, adoption of;
 - ~~d~~e. Reminder to disclose Pecuniary Interest and/Conflict of Interest, and the general nature thereof when the item arises;
 - ~~e~~f. Staff Reports/Presentations;
 - ~~f~~g. Closed session – motion to go into closed session;
 - ~~g~~h. Rising and reporting of closed session;

~~hi.~~ Adjournment.

ORDER OF BUSINESS FOR SPECIAL MEETINGS

34. **Drafting the Agenda.** An agenda shall be drafted by the Secretary-Treasurer and approved by the Chair of the Board.
35. **Copies of the Agenda.** If for any reason, copies of the agenda shall not have reached members before the meeting, the member(s) will advise of such and the agenda shall be provided by the Secretary-Treasurer at the opening of the meeting.
36. **Additional Business.** The agenda shall not contain business other than those subjects for which the special meeting was called.
37. **Agenda.** The agenda items shall include but not be limited to:
 - a. Call to Order;
 - ~~b.~~ **Land Acknowledgement**
 - ~~bc.~~ Agenda - adoption of;
 - ~~cd.~~ Reminder to disclose Pecuniary Interest and/Conflict of Interest, and the general nature thereof when the item arises;
 - ~~de.~~ Business – item for which the special meeting was called; and
 - ~~ef.~~ Adjournment.
38. **Closed Session.** It is noted that should the item of business for which the special meeting was called be a matter for Closed Session, a motion to go into Closed Session and a motion to rise and report from closed session would also be included on the agenda.

BOARD OF HEALTH MEETINGS – PROCEDURES

39. **Invitation of a Non-Board Member.** Any person that wishes to address the Board, who is not a Board member, shall not be allowed to address the Board except upon invitation of the Chair and the Board members.
40. **Board Member.** No member shall be allowed to speak more than once upon any question before the meeting unless expressly permitted to do so by the Chair, except the mover of the original motion who shall have the right of replying when all members choosing to speak shall have spoken. An amendment being moved, seconded and put by the Chair, any member, even though she/he has spoken on the original motion, may speak again on the amendment. No member shall speak for more than five minutes at one time. Members wishing to raise points of order or explanation must first obtain the permission of the Chair, and must raise the matter immediately following from when the alleged breach occurred. A member wishing to explain a material part of their speech which may have been misconstrued or misunderstood may be granted their privilege by the Chair, providing that, in so doing, they do not introduce any new matter. Any member may formally second any motion of amendment and reserve their speech until a later period in the debate.

41. **Selection of Speakers.** Every member, before speaking, shall ask permission to speak and address the Chair as "M_ Chair". The Chair, if the request is in order, shall grant permission to speak and address the member as "Member (last name)". When more than one member is recognized to speak, the first to be recognized shall be given precedence, the decision resting with the Chair. Thereafter, the members shall be called upon by the Chair to speak in the order in which they were recognized.
42. **Interruption.** If any member interrupts the speaker, or uses abusive language, or causes disturbance or refuses to obey the Chair when called to order, they shall be named by the Chair. They shall thereupon be expelled from the meeting and shall not be allowed to enter again until an apology satisfactory to the Board has been given. No member shall leave the meeting before its adjournment without the permission of the Chair.
43. **Conduct During Board Meetings.** All members of the Board shall at all times use temperate language and conduct themselves in an appropriate manner. If, at any time, intemperate or insulting language is used against the Chair or the Board or any of its members or staff, the offending member shall respectfully apologize and retract their statement.
44. **Order and Procedure.** All members shall abide by the Chair's decision or that of the Board with regard to matters of order and procedure. If any member continues to abuse their position in the Board after being named by the Chair, the Chair shall have the power to have them removed from the Board meeting until the meeting is over or until the member apologizes in full to the Chair and the members.

MOTIONS AND AMENDMENTS

45. **Original Motion and Amendments.** The first proposition on any particular subject shall be known as the original motion and all succeeding propositions on that subject shall be called amendments.
46. **Procedures.** Every motion or amendment must be moved and seconded by members actually present at the meeting before it can be discussed, debated or put from the Chair and wherever possible should be set forth in writing. When a motion is seconded, it shall be ready by the Chair or Recording Secretary before a debate. When a question is under debate, no motion shall be received unless to commit it, to amend it, to postpone it, to adjourn it, or to move the previous question
47. **Withdrawals or Additions.** After a motion is read by the Chair or Recording Secretary, it shall be deemed in the possession of the Board, but may, with the permission of the Board, be withdrawn at any time before discussion or amendment. Any motion properly moved and seconded must be presented to the Board.
48. **Amendments.** The main question may be amended only once after which the original amendment shall be voted upon and, if carried, shall stand instead of the original motion, and if lost, the main question will be recalled. A further amendment may then be put and voted upon. Every amendment submitted shall be in writing and shall be decided or withdrawn before the main question is put to the vote.
49. **Reconsidering - Rescinding.** No motion to reconsider a resolution entered upon the minutes shall be received or put, unless a notice of intention to introduce such rescinding motion shall have been made in writing at the previous meeting.

ADJOURNMENTS

50. **Adjournments.** A motion to adjourn the Board meeting or adjourn the debate shall always be in order, but, if it is defeated, then no second motion to the same effect shall be made.

CLOSED SESSION

51. **Closed Session.** A Closed Session is defined as a private session where only Board members and invited staff and professional advisors such as legal counsel are present and excludes all others, including the public and the media. The Board may resolve to go into Closed Session if the subject matter to be considered falls within one of the following categories:
- (a) the security of the property of the municipality or local board;
 - (b) personal matters about an identifiable individual, including municipal or local board employees;
 - (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
 - (d) labour relations or employee negotiations;
 - (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
 - (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
 - (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
 - (h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
 - (i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
 - (j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
 - (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

Other Criteria:

- (a) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or

- (b) an ongoing investigation respecting the municipality, a local board or a municipally-controlled corporation by the Ombudsman appointed under the *Ombudsman Act*, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

52. **Procedural Votes.** Only procedural votes or those related to the giving of advice and direction to staff can take place in Closed Session.
53. **Procedure.** When a decision to go into Closed Session is made, the Board shall state, by resolution, the following:
- a. The fact of the holding of a Closed Session;
 - b. The general nature of the matter to be considered at the Closed Session; and
 - c. That all matters to be considered are to be held as strictly confidential, the content of which matters, discussions, documents or related information is not to be disclosed to any persons, media or other organizations.
54. **Rules.** Rules of the Board shall be observed in the Closed Session meeting except those limiting the number of times a member may speak.
55. **Quorum Voting.** The rules for quorum and voting shall be the same for the Closed Session as for the open session.
56. **Questions of Order.** Questions of order arising in the Closed Session shall be decided by the Chair.
57. **Agenda.** A written agenda shall be prepared by the Secretary-Treasurer for every Closed Session meeting and approved by the Board Chair.
58. **Completion of the Closed Session.** The Board shall rise with a report upon completion of the Closed Session.
59. **Order of Business.** The order of business for closed session meetings shall be:
- a. Reminder to disclose Pecuniary Interest and/or Conflict of Interest, and the general nature thereof when the item arises;
 - b. Report from the Chief Executive Officer regarding item(s) on the Closed Session Agenda; and
 - c. Business: unfinished, new or arising for correspondence received – listed under one of the categories of subject matter to be discussed under which a meeting may be closed.
60. **Absence of the Chair.** In the absence of the Chair or whoever has been designated to chair the meeting of the Closed Session, one of the other members shall be elected to preside until the arrival of the designated Chair.

61. **Confidential Notes.** Notes of meetings of Closed Session shall be recorded by the Recording Secretary and, after execution by the Board Chair, shall be maintained by the Secretary-Treasurer in a manner to protect the confidentiality of confidential personal information contained therein.
62. **Breach of the Rules.** If a member disregards the rules of the Board or a decision of the Chair of a Closed Session on questions of order or practice or upon the interpretation of the rules set out, and persists in such conduct after having been called to order by the said Chair, the Chair shall forthwith put the question with no amendment, adjournment, or debate, "that the member shall be ordered to leave their seat for the duration of the meeting". If, following such vote by the members, the member apologizes, they may, by a further vote of the members, be permitted to retake their seat.
63. **Breach of Confidentiality.** If a member of the Board disregards the rules of the Board respecting the requirement to maintain the confidentiality of matters and related information arising in a Closed Session, or disregards their own Oath of Confidentiality respecting the security of personal information and/or personal health information, the Board may call for the member to resign as a member of the Board.

OFFICERS

64. **Chief Executive Officer.** The Chief Executive Officer will chair the first Board meeting of the year until a Chair has been elected.
65. **Election and Removal of the Chair and Vice Chair.** Any member of the Board may serve as an officer of the Board. The Chair and Vice Chair shall be elected at the first meeting of the Board each year. Nominations for Chair and Vice-Chair will be solicited at the first meeting and a majority vote will determine the election result. If more than one nomination is received for each Officer position, a secret ballot will be conducted. The ballots will be distributed by the Recording Secretary and counted by the Secretary-Treasurer. All officers shall serve for a term of one calendar year or until their successors are elected and qualified. In extenuating circumstances, for which an explanation is provided to the Board, an officer may serve for a second consecutive year subject to being elected and qualified.
66. **Vacancy.** Any Chair or Vice Chair vacancy shall be filled by a special election held at the next meeting following announcement of the vacancy.
67. **Appointment of the Medical Officer of Health.** The Board shall appoint a full-time Medical Officer of Health and may appoint one or more Associate Medical Officers of Health of the Board. Where the office of Medical Officer of Health of the Board is vacant or the Medical Officer of Health is absent or unable to act, and there is no Associate Medical Officer of Health of the Board or the Associate Medical Officer of Health is absent or unable to act, the Board shall forthwith appoint a physician as Acting Medical Officer of Health, which Acting Medical Officer of Health shall perform the duties and have the authority to exercise the powers of the Medical Officer of Health of the Board.
68. **Eligibility for Appointment.** A Medical Officer of Health or an Associate Medical Officer of Health must have the following credentials,

- a. He or she is a physician;
 - b. He or she possesses the qualifications and requirements prescribed by the regulations to the Act for the position; and
 - c. The Minister approves the proposed appointment.
69. **Vacancy.** If the position of Medical Officer of Health of the Board becomes vacant, the Board and the Minister, acting in concert, shall work expeditiously towards filling the position with a full-time Medical Officer of Health.
70. **Dismissal of Medical Officer of Health.** A decision by the Board to dismiss the Medical Officer of Health or an Associate Medical Officer of Health from office is not effective unless,
- a. the decision is carried by the vote of two-thirds of the members of the Board; and
 - b. The Minister consents in writing to the dismissal.
71. **Dismissal of Chief Executive Officer.** A decision of the Board to dismiss the Chief Executive Officer is not effective unless the decision is carried by the vote of two-thirds of the members of the Board.
72. **Notice and Attendance.** The Board shall not vote on the dismissal of the Medical Officer of Health or the Chief Executive Officer unless the Board has given to the Medical Officer of Health or Chief Executive Officer,
- a. Reasonable written notice of the time, place and purpose of the meeting at which the dismissal is to be considered;
 - b. A written statement of the reason for the proposal to dismiss the Medical Officer of Health or the Chief Executive Officer; and
 - c. An opportunity to attend and to make representations to the Board at the meeting.
73. **Duties of Officers.**
- a. The Chair Shall:
 - i. Preside at all meetings of the Board;
 - ii. Preserve order and proper conduct during meetings;
 - iii. Keep a speakers list recognizing members who wish to speak on a matter;
 - iv. Issue a final ruling on any question of order and/or procedure unless challenged by way of a motion or appeal by not less than two members, and thereafter a majority of the members present shall vote in support of such challenge;
 - v. Inform the members when it is the opinion of the Chair that a motion is contrary to the rules and privileges of the Board; and
 - vi. Remind members of their obligations of confidentiality with respect to matters and information arising in Closed Session.
 - b. The Vice Chair Shall:
 - i. Preside in the absence of the Chair; and
 - ii. Carry out the duties of the Chair as noted.

c. The Medical Officer of Health Shall:

- i. Be responsible for and shall report to the Board on issues relating to the protection and the promotion of the public's health.

d. The Chief Executive Officer Shall:

- i. Be responsible for the day-to-day operations, policies and directives, program and service delivery, matters of human resources and finances of the OXFORD ELGIN ST. THOMAS HEALTH UNIT, and for keeping the Board apprised of such matters.

COMMITTEES

74. **Committees**. The Board may establish, by resolution, standing committees of the Board as it deems necessary. Special ad hoc committees may also be established, and the members appointed for a specific purpose for a specific period of time. Such committees shall be deemed to be discharged when their purpose has been achieved or when the specific period of time has lapsed. Electronic participation in such meetings is allowable including being counted in quorum and voting.

RULES OF ORDER

75. **Robert's Rules of Order**. The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the Board may adopt.

AFFILIATION

76. **Affiliation**. The OXFORD ELGIN ST. THOMAS HEALTH UNIT o/a Southwestern Public Health may hold membership in various agencies (i.e. Ontario Public Health Association, Association of Local Public Health Agencies, Ontario Hospital Association, etc.) as needed. The Board may be entitled to representation at meetings of various membership organizations. Should voting be required at such meetings, proxy representations with authority to vote shall be appointed and authorized by the Board whenever necessary.

ENACTED the 1st day of May, 2018.



Chair, Board of Health



Chief Executive Officer

DRAFT



CEO REPORT

Open Session

MEETING DATE: September 1, 2022

SUBMITTED BY: Cynthia St. John, CEO (written as of August 23, 2022)

SUBMITTED TO: ☒ Board of Health
☐ Finance & Facilities Standing Committee
☐ Governance Standing Committee
☐ Transition Governance Committee

PURPOSE: ☒ Decision
☐ Discussion
☒ Receive and File

AGENDA ITEM # 5.3

RESOLUTION # 2022-BOH-0901-5.3

1. SWPH Program Updates (Receive and File):

To keep the Board apprised of the current and planned public health programs and services, below is an update for your information. At the outset, I want to highlight that the staff teams have done a great job re-energizing our temporarily halted programs and services while still responding to the pandemic. You will see throughout this update that public health has its own version of 'surgical backlog' that needs to be addressed and there is no shortage of catch up work while also reimagining some familiar work.

1.1 Infectious Disease Prevention and Control Program

Outbreaks and Case Management

Outbreaks in congregate settings, hospitalizations due to COVID-19 and cases in those eligible for testing are increasing. There have been 34 outbreak investigations in the months of July 15 – August 15. This is an increase from 15 in the previous month (June 15 – July 15). SWPH continues to support staff at long-term care homes, retirement homes and congregate living settings such as group homes with infection prevention and control guidance.

Investigations of diseases of public health significance (DOPHS) have continued to increase in the last month. Some of this increase is related to travel and increased social activity.

Campylobacter is the most common DOPHS reported in the last month. The number of confirmed cases per month is similar to pre-pandemic rate.

Dr. Tran will provide a detailed report this month on COVID-19 and what we can anticipate, monkeypox, and polio.

1.2 Vaccine Programs

a. Covid Vaccination Program

The COVID-19 Mass Immunization Clinics continue to operate in locations through the City of St. Thomas, Elgin County and Oxford County on a walk-in basis. The Ministry of Ontario GOVAXX bus is also in our area three times a week to ensure we have vaccine coverage for all of our catchment area.

As of August 12, 2022, 1% of the SWPH population who are six months to five years had received one dose of vaccine. We expect this number to increase with the anticipated release of the Pfizer product for this age group along with children preparing to return to school. Currently, 55% of our population twelve and over have received a third dose of the COVID-19 vaccine.

Regular check-ins with our long-term care facilities, retirement homes, and congregate living facilities have been happening to ensure their residents are up to date with vaccination. These places will be responsible for vaccinating their own individuals this fall.

As of August 12, nearly 95% of our 70+ population have received a third dose of the vaccine, and nearly 62% have received a fourth dose, both above total provincial percentage. We also continue to work with Oxford EMS, as they are vaccinating clients associated with their paramedicine program in their homes and who are facing access issues.

Fall planning for COVID-19 vaccination is well underway. There are plans in place for the expected release of a new bivalent vaccine designed to target Omicron plus the original COVID strains that will likely see a surge in people seeking vaccination at our clinics. There are plans to reintroduce a booking system, and a staffing plan has been created to ensure those seeking vaccination are able to receive one in a timely manner.

b. Vaccine Preventable Diseases Program

Our immunization team has been pleased with the response by families to get “caught up” on childhood vaccinations following a comprehensive record review of all Elementary school students and all Secondary school students in the provincial vaccine repository known as Panorama. Weekly vaccination clinics are available by appointment at our St. Thomas and Woodstock offices and community outreach clinics have been offered in Aylmer, Tillsonburg and Ingersoll throughout the summer. Clinic bookings have been brisk and families have reported appreciating the opportunities to be vaccinated by SWPH as many primary care providers continue to struggle with backlogs of patient requests from the COVID19 pandemic impacts.

The health unit will be planning a “return to normal” programming this Fall with:

1. Round 1 of Grade 7 / Grade 8 catch up in-school vaccinations (Hepatitis B, Human Papilloma Virus and Meningococcal vaccines).
2. Continued weekly clinics by appointments to provide publicly funded vaccines to those who need it.
3. Comprehensive record review for all Secondary school students (in accordance with the Immunization of School Pupils Acts [ISPA]) including the issuance of suspension notices if records and / or vaccinations are not up-to-date by the required timelines. **Note:** SWPH works very closely with families and Health Care Providers to ensure suspensions from school are avoided whenever possible.
4. Launch of the Universal Influenza Immunization Program (UIIP). We are responsible for the storage, handling and shipments of thousands of doses of “Flu” vaccine to local health care provider offices, local Long-Term Care and Retirement Homes, hospitals and participating community agencies. SWPH will not be offering Flu clinics as we focus our efforts on the provision of COVID19 mass immunization planning. A small number of appointments will be available on our website for infants / toddlers who are ages 6 months – 2 years who are not able to be vaccinated at local pharmacies.

1.3 Environmental Health Program

For this month’s Board of Health meeting, I asked the team to prepare an overview of our climate change work to-date and what we will be doing going forward. Climate change is resulting in impacts across the globe, including in Canada and public health plays an important role in this work. The team will present an overview of the work and a supplemental board report has also been prepared for your information.

1.4 Chronic Disease and Injury Prevention Program

The team has been busy developing program plans with some exciting programs. One such program includes the Smoking Cessation Partnership Program, supported by Public Health Agency of Canada (PHAC) funding, that officially launched on July 4. This initiative aims to expand a tobacco cessation program geared to those living with low income and/or those with a mental health diagnosis. The program, delivered through community partners such as local pharmacies, provides tobacco cessation counselling, behaviour change skills and free pharmacotherapy to individuals in our region. Throughout June and July, participating pharmacies received training on the new enrollment process and evaluation data collection tools. The communications campaign developed to boost program awareness is well underway and has generated increased interest in the program. As a result, two additional pharmacies have also come on board and signed partnership agreements. The project will end on March 31, 2026.

1.5 Healthy Schools Program

This staff team's priorities for the coming school year are mental health, substance use and parent engagement. Below are some highlights of this work for the 2022-2023 school year.

Mental Health

- Public health nurses will offer a comprehensive, highly evaluated program *called Healthy Relationships Plus Program (HRPP)* to grade 7/8 students in our higher-risk schools. This program focuses on relationship-building and conflict resolution skills. The program will be offered with the classroom teacher's support to ensure the skills learned are practiced throughout the year. The schools and school boards have identified the skills covered in this program as lacking, given the pandemic and the significant period of reduced social connections.
- A mental health series will be rolled out to all schools each month with a different topic. This series involves strategies to address positive body image, digital literacy and online safety, empathy and mindfulness. Each month will have curriculum-connected resources, announcements, activities, and suggested readings for the classes.

Substance Use

- The team is working in collaboration with Middlesex London Health Unit (MLHU) to develop new resources and a return of community and school-based substance use prevention work. More in a future board report.

Parent Engagement

- Parent engagement is a new area of focus for our team, and it is a priority for our schools and school boards. The rationale for this focus is that the literature notes in order for children and youth to succeed, they require safe, stable, nurturing relationships with caring adults. This is also critical to success in schools. Unfortunately, through the pandemic, parents could not interact with schools in many traditional ways. In addition, local data shows a decline in adult mental health, affecting the quality of the relationship and support children will receive. This summer, we collaborated with the school boards and MLHU on a situational assessment regarding parental engagement. This situational assessment will inform our approach to this work in the future.

1.6 Oral Health Program

The COVID -19 pandemic and the redeployment of dental staff disrupted the School-based Oral Health Screening and Surveillance Program delivered by public health units across Ontario (including Southwestern Public Health). The upcoming 2022-23 school year will be the first year since the 2019-20 school year that all public and private schools will be provided with this program. We anticipate lots of work associated with this program this school year.

1.7 Emergency Management Program

An emergency preparedness workplan and framework for emergency management have been developed to guide this program moving forward.

A hazard identification and risk assessment (HIRA) has been completed with a focus on public health hazards as a foundational element to the Emergency Management program. We plan on using this assessment to inform future planning and response efforts to specific hazards within the Southwestern Public Health region.

Work has begun with our After-Action Review (AAR) of SWPH's organizational response to COVID-19. This review will be led by members of our staff team. Data collection and analysis will occur this fall. Final report is tentatively scheduled for end December 2022. Even though we are still in the pandemic, we don't want to leave it too late to complete an AAR so that it can help shape our continued response and help inform future responses to yet to happen emergencies.

2. Association of Municipalities of Ontario (AMO) Conference Event:

The recent AMO Conference was well attended with over 2300 delegates. I was pleased to be invited to present at the conference as part of a panel focused on the public health lessons learned from the pandemic and what should be considered in the future design of public health. The panel included Dr. Lawrence Low, Medical Officer of Health, Peel Public Health, Keith Egli, Councillor, City of Ottawa, Trudy Sachowski, President, alPHa, and me. While each of us offered our own perspectives, a very common theme was that it is important to study what went well and what did not and that public health is most successful when its design and implementation is locally driven.

3. Follow-up re: potential SWPH cash flow concerns (Receive and File):

In follow-up from our previous meeting, I can confirm that SWPH issued a letter to our obligated municipalities regarding potential cash flow concerns that SWPH may experience in the coming months.

A more comprehensive report will come forward at the next Finance and Facilities Standing Committee meeting in September, however I would like to advise that as of right now, our cashflow situation is stable. Our most current revised projections (based on COVID-19 vaccination uptake and response demands) do not forecast cashflow issues for the remaining of 2022. I am confident that this is welcome news and following our September Committee meeting, we will write to our municipal funding partners with the same message and also to thank them for the efforts they undertook to address the cashflow concerns.

4. Quarterly Board Meeting Evaluation (Receive and File):

The Board is required (based upon policy) to evaluate its meetings on a quarterly basis. Results from each quarterly Board of Health meeting evaluation will be tabulated and shared with the Board.

The quarterly meeting evaluation form for September's meeting will be emailed following our meeting. Board members are asked to complete this evaluation no later than September 9, 2022.

MOTION: 2022-BOH-0901-5.3

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for September 1, 2022.

MEETING DATE: September 1, 2022

SUBMITTED BY: Dr. Ninh Tran, MOH (written as of 12:00 noon, August 23, 2022)

SUBMITTED TO: ☒ Board of Health
☐ Finance & Facilities Standing Committee
☐ Governance Standing Committee
☐ Transition Governance Committee

PURPOSE: ☐ Decision
☐ Discussion
☒ Receive and File

AGENDA ITEM # 5.4

RESOLUTION # 2022-BOH-0901-5.4

1) COVID-19 and Diseases of Public Health Significance (Receive and File):

COVID-19 CURRENT STATE:

Over 2 years have passed since the World Health Organization (WHO) declared SARS-CoV-2 a Public Health Emergency of International Concern on January 30, 2020, and a pandemic on March 11, 2020. We have already experienced numerous waves fueled by the evolution of the virus and its variants and sub-variants, including Alpha, Beta, Delta, Omicron (including BA.1 and BA.2) and now Omicron BA.5, with each evolution leading to a more transmissible form and greater vaccine escape. We are currently in the 7th wave (Omicron, BA.5) with indicators such as wastewater surveillance data signaling this surge is plateauing or beginning to decline. At the time of this report, Southwestern Public Health (SWPH) has reported a cumulative case count of 15,062 residents as positive for COVID-19, of which 197 cases are active and 174 are deceased.

Of note is the pattern of surging COVID-19 infections approximately every 3 to 4 months due to new variants or sub-variants as well as waning immunity in the general population. If this pattern continues, we will likely experience another significant wave this fall in October or November, a situation that will be exacerbated by cooler weather and more indoor activities and the emergence of seasonal respiratory viruses such as influenza and the common cold.

Our current focus thus lies with ensuring residents are [up to date with all recommended COVID-19 vaccine doses](#), including any booster dose(s) when eligible:

- The age of eligible residents for COVID-19 vaccine has expanded further and can now be administered to [children as young as 6 months of age](#);
- [First booster doses for children 5 to 11 years](#) of age are now available;
- Fourth dose boosters are now offered to anyone 18 years of age or older; and
- A [bivalent vaccine](#) (in distribution in the United Kingdom already) has shown to be more effective against Omicron variants and is currently under review by Health Canada and expected to be available this fall for any resident who has already received their primary two-dose series.

COVID-19 will likely remain a significant and ongoing health hazard in our communities for the foreseeable future. With that in mind, we continue to promote an array of invaluable tools in our management, treatment, and prevention of COVID-19, including [testing](#), [antiviral treatment options](#), infection prevention and control recommendations for [individuals](#) and [businesses](#), and [safe and effective vaccines](#) available at our local public health clinics, pop-up or mobile clinics, local pharmacy, or primary care provider. There have been significant advances in our fight against COVID-19 – I urge all of us to continue to take action, use the tools we have available, and make the most of what we have for the health of our local residents and the revitalization of our communities.

MONKEYPOX UPDATE

[Monkeypox](#), an illness caused by an orthopox virus, is a rare but emerging Disease of Public Health Significance (DOPHS) in Ontario. Monkeypox is caused by a virus usually endemic in Central and Western Africa; however, since May 2022, there have been cases of monkeypox in several countries where the disease is not normally found, including Canada. Monkeypox is a rare viral illness that causes fever, headache, swollen lymph nodes and tiredness, followed by a rash over a person's body. It is usually spread by very close contact with someone who has the virus.

Significant health promotion campaigns are underway around the world to raise awareness in order to limit exposures and contain the spread of this contagious pathogen. Anyone can get monkeypox. However, during this current outbreak, gay, bisexual, and men who have sex with men have been impacted the most. At this time, monkeypox has mostly spread between people who had close intimate/sexual contact with a person who has the virus. The virus also does not spread through casual contact. Human-to-human transmission can result from close contact with infected respiratory secretions, skin lesions of an infected person, or recently contaminated objects. Transmission via droplet respiratory particles usually requires prolonged face-to-face contact ([World Health Organization, 2022](#)).

Limited numbers of the [Imvamune®](#) vaccine (initially approved for active immunization against smallpox in 2013) have been released to the province by the federal government and are available as a pre-exposure prevention (PrEP) strategy (taking two weeks to launch immune response) and a post-exposure protection (PEP) strategy (to reduce the severity of illness for those who are identified as close contacts). The Ministry of Health has identified the following criteria for pre-exposure vaccination with a single dose of Imvamune®:

Trans or cis-gender individuals, 18 years of age and older, who self-identify as belonging to the gay, bisexual, and other men who have sex with men (gbMSM) community, AND at least one of the following:

- Identified as a contact of someone who recently tested positive for monkeypox, OR
- Had two or more sexual partners within the last 21 days, or may be planning to, OR
- Diagnosed with chlamydia, gonorrhea, or syphilis infection in the past two months, OR
- Attended bath houses, sex clubs and other venues for sexual contact within the last 21 days. This includes workers and volunteers, OR
- Had anonymous/casual sex in the last 21 days, for example using an online dating or hookup app, or engaging or planning to engage in sex work.

At the time of this report, there have been no cases of Monkeypox identified in the SWPH region. SWPH secured a number of vaccines for PrEP administration in our clinics. Over the summer, we held Monkeypox scheduled appointment clinics on Thursdays in St. Thomas (0830 – 1630) and Fridays (0830 – 1630) in Woodstock. As of August 15th, 61 doses of Imvamune® vaccine were provided through our Sexual Health clinical services. Many who attended for vaccination have also taken the opportunity to participate in testing and health teaching related to sexual health and reducing risks.

POLIO UPDATE:

[Polio](#), or poliomyelitis, is an infectious disease caused by the poliovirus. Although most people who become infected will not have serious symptoms, a small proportion of infections do lead to more significant neurological complications, including irreversible paralysis. Symptoms of minor illness include fever, headache, nausea, and vomiting. Poliovirus is transmitted from person to person mainly by contact with secretions or feces from an infected person. As a result of vaccination, Canada has been polio free since 1994.

However, polio threatens to re-emerge in Canada, particularly in those unvaccinated or under-vaccinated. Recently, polio has been identified as circulating in parts of the U.S (including New York State) and the U.K., on the heels of a March 2022 [outbreak in Israel](#). Given the recent activity of polio in New York State, we must consider the susceptibility and vulnerability of local Southwestern Ontario areas and populations that are under-immunized or unvaccinated - polio importation and outbreak are real possibilities. SWPH will be planning outreach campaigns to our local communities and health care providers to raise awareness of this re-emerging disease in hopes of improving vaccination rates.

MOH CONCLUSION:

With COVID-19, we see a prolonged fight against an ever-mutating foe that forces us to remain alert and justifiably cautious; with Monkeypox, we see the abrupt emergence of a new infectious disease of public health significance; and with Polio, we see a global re-emergence occurring in areas where vaccination rates are lower or access to preventative health care is disrupted by COVID-19, conflicts, or neglect. If there is one key lesson to learn from these three

unique infectious diseases it is that personal vigilance over infection prevention and control practices and an abundance of caution should be the new normal. As we look to a new school year and cooler months that will cause us all to move indoors as well as the expected rise of seasonal infections, I strongly urge the continued use of good hand hygiene, cleaning of surfaces, staying home when sick, masking if you are recovering from an illness, maintaining your distance if possible, and staying up to date on your vaccinations.

In addition to managing COVID-19, Monkeypox, Polio and any other emerging infectious diseases, I look forward to supporting all of our public health programs, including the resumption of many programs and services. As we enter the fall months, I will also be focusing on key strategic public health issues such as the opioid/drug poisoning crisis and climate change, working with regional stakeholders and organizations as well as provincial colleagues to consider how best to serve and support our many and diverse communities.

MOTION: 2022-BOH-0901-5.4

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for September 1, 2022.