Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, March 8, 2017 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor,
Peterborough Public Health,
Jackson Square, 185 King Street, Peterborough

1. **Call to Order**
   Mayor Mary Smith, Chair

   1.1. **Opening Statement**
   We acknowledge that where we meet is the land and territory of the Anishnaabeg [Ah-nish-naw-beg] people, and that we gather with gratitude to our Mississauga neighbours. We say "meegwetch" to thank them and other Aboriginal peoples for taking care of this land from time immemorial and for sharing this land with those of us who are newcomers. Out of that gratitude, we are called to treat the land, its plants, animals, stories, and its Peoples with honour and respect. We are all Treaty people.

   1.2. **Welcome: Kathryn Wilson, Councillor, Hiawatha First Nation**

2. **Confirmation of the Agenda**

3. **Declaration of Pecuniary Interest**

4. **Consent Items to be Considered Separately**

   Board Members: *Please identify which items you wish to consider separately for section 9, and advise the Chair when requested. For your convenience, circle the item(s) using the following list:* **9.1.2 9.2.1 9.3.1 9.3.2**

5. **Delegations and Presentations**

   5.1. **Presentation: Peterborough Family Health Team** (p. 5)
   Lori Richey, Executive Director, Peterborough Family Health Team
   - Cover Report
   - Presentation

5.2. **Presentation: Nourish – It Takes a Village** (p. 21)
Joëlle Favreau, Community Development Supervisor, YWCA Peterborough Haliburton
Carolyn Doris, Registered Dietitian, Peterborough Public Health
- Cover Report
- Presentation

6. Confirmation of the Minutes of the Previous Meeting

6.1. **February 11, 2017** (p. 35)
- Cover Report
- Draft Board of Health Minutes, February 11/17

7. Business Arising From the Minutes

8. Staff Reports

8.1. **Staff Presentation: A Day in the Life of a Communications Manager** (p. 43)
Brittany Cadence, Communications Manager
- Cover Report
- Presentation

8.2. **Staff Presentation: Ontario Public Health Standards Modernization** (p. 57)
Dr. Rosana Salvaterra, Medical Officer of Health
- Cover Report
- Presentation

9. Consent Items

9.1. **Correspondence**

9.1.1. **Correspondence for Direction**

9.1.2. **Correspondence for Information** (p. 94)
- Cover Report

a. Jordan's Principle – CELHIN
b. Jordan's Principle – County Council
c. Hiawatha First Nation – Appointment
d. Roselle Martino – OPHS Modernization
e. alPHa – OPHS Modernization
f. Minister Hoskins – Expert Panel

g. Infection Control – Wellington Dufferin Guelph
h. Marijuana – Grey Bruce
i. Marijuana – Windsor Essex
j. Opioid Addiction - Huron
k. Opioid Addiction - Sudbury
l. Opioid Addiction - Windsor Essex

9.2. **Staff Reports**

9.2.1. **Staff Report: 2017-2018 Budget Approval - Infant and Toddler Development Program** (p. 116)
Karen Chomniak, Manager, Family Health
Dale Bolton, Manager, Finance
- Staff Report

9.3. **Committee Reports**

9.3.1. First Nations Committee (p. 119)
Lori Flynn, Chair, First Nations Committee (or designate)
- Cover Report

a. FNC Minutes, Dec 13/16
b. 2-401, Jordan's Principle

9.3.2. Governance Committee (p. 126)
Greg Connolley, Chair, Governance Committee
- Cover Report

a. GC Minutes, Nov. 1/16
b. 2-90 Human Rights and Discrimination
c. 2-92 Workplace Violence and Harassment Prevention
d. 2-185 By-law Number 10, Conduct of Open and In-Camera Meetings
e. 2-402 Immunization

10. New Business

10.1. **Appointment: Councillor Kathryn Wilson, First Nations Committee**
- Cover Report (p. 152)

11. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001:
- *Section 239(2)(b) personal matters about an identifiable individual, including Board employees;*
- *Section 239(2)(d) labour relations or employee negotiations.*

12. Motions for Open Session

13. Date, Time, and Place of the Next Meeting

Date: April 12, 2017
Time: 5:30 p.m.
Location: Administration Building, 123 Paudash Street, Hiawatha First Nation

14. Adjournment

ACCESSIBILITY INFORMATION: Peterborough Public Health is committed to providing information in a format that meets your needs. To request this document in an alternate format, please call us at 705-743-1000.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Peterborough Family Health Team**

Date: March 8, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the following for information:
Presentation: Peterborough Family Health Team
Presenter: Lori Richey, Executive Director, Peterborough Family Health Team.

Peterborough
FAMILY HEALTH TEAM

Supporting Peterborough's Five Family Health Organizations and the residents of Peterborough County

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted Approved Minutes.

Who Are We?

- Established in 2006, the Peterborough Family Health Team (PFHT) works collaboratively with the 5 Family Health Organizations (FHO) in the City & County of Peterborough, providing comprehensive, multi-disciplinary care to over 115,000 patients.

- We have an annual budget of 9.6 million, and 65% of this budget is directly related to patient care

- All community primary care physicians (with the exception of 2 family docs) provide patient care with a multi-disciplinary team approach:

91 Family Physicians
22 Nurse Practitioners
16 Mental Health Clinician and Social Workers
6 Registered Dietitians
3 Pharmacists
26 Registered Nurses & RPNs
\+ Administrative & Support Staff

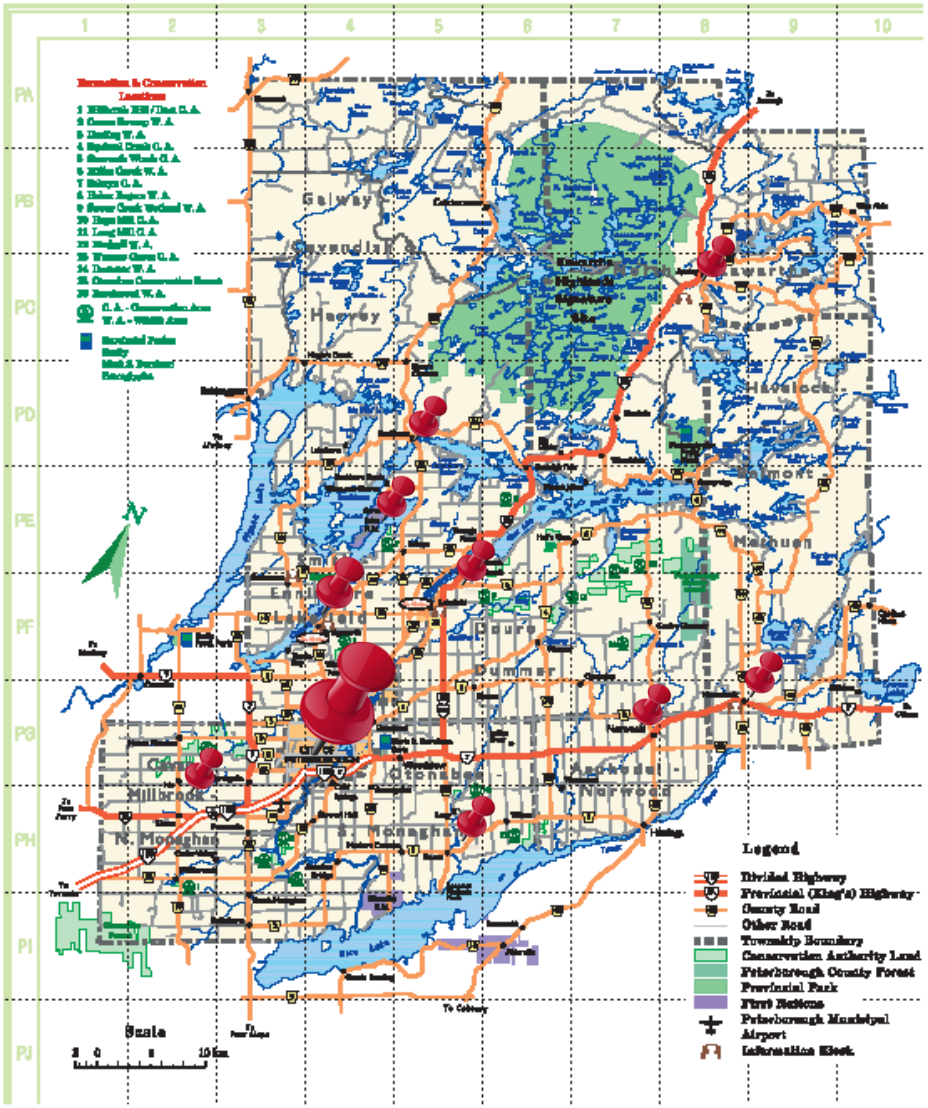
Peterborough
FAMILY HEALTH TEAM

PFHT Locations

Our network of health care providers are located within 23 areas throughout the County and City. Our administrative head office is located at 185 King Street.

There are 16 location within the city plus locations in:

- Apsley
- Buckhorn
- Curve Lake
- Lakefield
- Bridgenorth
- Millbrook
- Norwood



Peterborough

Peterborough
FAMILY HEALTH TEAM

Mission: As a provincial health care leader and community partner, the Peterborough Family Health Team coordinates and empowers family practice centred multidisciplinary teams to provide high quality, evidence-based, primary care to meet the needs of all residents of Peterborough County.

Key Directions for Success

1. Lead locally and provincially through collaboration and integration.

Health system integration and community collaboration is critical to the best possible patient care, we will be bold in leveraging our unique position as the primary care provider in our community to lead locally and provincially.

2. Meet the diverse needs of all the residents of our community.

We know there's no one-size-fits-all approach to primary care. Our organization is uniquely positioned to be able to customize care for the residents of this region. We will work to understand the diverse needs - existing and emerging – of the residents in the region, and to design and deliver programs and services to meet them.

3. Enhance team-based patient-centred care.

We believe that a team-based approach affords the best opportunity to provide high quality, comprehensive care to patients, and to increase capacity across the primary health care system in our community. We are committed to elevating our team-based approach, strengthening relationships, enhancing communication, and facilitating the development of a deeply integrated, patient-centred, local health system.

4. Support primary care delivery through organizational effectiveness.

PFHT is an organization that delivers direct patient care and works to build capacity within the local health system. To excel we embrace progressive practices as an employer, we operate with a service mindset, and we hold ourselves accountable to high standards of performance.

Peterborough FAMILY HEALTH TEAM

Programs

Mental Health Programs

Mindfulness Program

Led by Mental Health Clinicians

This program teaches patients how to implement mindfulness meditation in everyday life. With participants to grounding themselves in the present moment, they will disengage from worries about the future and regrets of the past.

Mindfulness helps people experiencing stress and challenges in any area of their life.

Anxiety and Depression

Led by Mental Health Clinicians

The psycho-educational program teaches in-depth information about depression and anxiety and its global impact on a person. By focusing on strategies that can reduce and eliminate various symptoms, participants have a greater ability to self-regulate and symptom manage.

Programs

Nutrition Programs

Craving Change™

Led by Registered Dietitians

This group program focuses on why you eat the way you do. Its designed to help participants identify and change problematic eating behaviours.

Healthy You

Led by Registered Dietitians

This group program promotes and encourages those to make healthy lifestyle changes. This program provides an opportunity for nutrition education, skill development and peer support.

Programs

Diabetes Prevention

Led by Registered Dietitians

Promoting healthy lifestyle changes will help support healthy blood sugar control. Through early detection research shows that lifestyle changes are more effective than medications to delay or even possibly prevent diabetes.

Heart Health

Led by Registered Dietitians

This program promotes healthy lifestyle changes that support heart health. This includes making lifestyle changes to improve cholesterol levels, blood pressure and reducing risk of heart disease.

Programs

FHT to Quit

Led by Pharmacist, Mental Health Clinician & Registered Nurse

This smoking cessation program provides education, supportive counselling, relapse prevention, pharmacotherapy and free nicotine replacement therapy (NRT).

Congestive Heart Failure

Led by Registered Dietitian & Pharmacist

This program promotes healthy lifestyle changes that support congestive heart failure management. Nutrition plays a significant role in the self-management of congestive heart failure. Additionally, our pharmacist also reviews medications.

Services

Clinical Support Services (CSS)

Led by Nurse Practitioner, Registered Nurse & Registered Practical Nurse

Ensuring that patients being discharged from hospital are receiving a follow-up appointment with the family physician or nurse practitioner within 7-14 days of discharge.

New projects include the attachment of newborn babies and mother with a primary care provider and a collaborative COPD program with Peterborough Regional Health Centre.

INR Clinic

Led by Pharmacist

Some Family Health Team pharmacists and physicians work together to provide a convenient, one-stop monitoring program for patients on blood thinning medication and need their blood clotting time (INR) monitored regularly to ensure that their medication dosage is safe and effective. This service allows us to adjust their medication as required in minutes rather than days all within a single appointment.

Peterborough
FAMILY HEALTH TEAM

Statistics

During the fiscal year of April 1, 2015 – March 31, 2016 our Allied Health Professionals provided care to 124,027 patients for the following reasons:

- Acute & Episodic Care 84,201
- Chronic Disease 27,914
- Health Promotion 11,912

The breakdown by profession:

- NP = 41,907
- Registered Dietitian = 4862
- Mental Health Clinician = 11,375
- RN/RPN = 47,738
- Pharmacist = 18,241

Peterborough
FAMILY HEALTH TEAM

Managed Entry

- Effective February 1, 2015 the ability to join a Family Health Organization (FHO) was restricted to areas designated as “high need” only. While some communities located in the County were deemed under-serviced, Peterborough City was not.

- While physicians are free to practice in other payment models, the team based model of the FHO is superior to all other physician practice models and 89 of 91 family physicians practicing locally are part of a FHO. In addition, Family Health Team resources are currently only accessible to physicians practising in a FHO model, thereby creating a two-tiered medical system within our community.

- Our main recruitment pool are new medical graduates, and they are being trained to work in a team environment and are not looking to practice as a solo fee-for-service physician.

Peterborough
FAMILY HEALTH TEAM

Managed Entry

- Current unattached patients in Peterborough County total 9,084; the bulk of these residents live within the city of Peterborough

- In September 2016, PFHT submitted a business plan, that has been backed by the Cental East LHIN, to the Ministry of Health & Long-Term Care requesting 7 additional FHO physicians to be located within the sub region area.

- We have yet to receive a response from this proposal and will begin lobbying – **I require your support to do this**.

Peterborough
FAMILY HEALTH TEAM

Physician Recruitment

The Peterborough Family Health Team assumed responsibility for physician recruitment on July 1, 2015. Since that time the following movement has taken place:

- Dr. Kathleen Nicholls - NEW
- Dr. Marie-Helen LaPlante - NEW
- Dr. Colin Matheson – replaced Dr. Sue Gleeson
- Dr. Anusha Kathiravelu – replaced Dr. Goodge
- Dr. Luke Bowley – replacing retiring physician not yet made public (Oct. 2017)
- Temporary coverage for maternity leave
- Actively recruiting for 2 other pending retirements (not yet announced)

Questions?

Thank you for your time today.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Nourish – It Takes A Village**

Date: March 8, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the following for information:
Presentation: Nourish – It Takes a Village
Presenters:
Joëlle Favreau, Community Development Supervisor, YWCA Peterborough Haliburton
Carolyn Doris, Registered Dietitian, Peterborough Public Health

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NOURISH

BELONGING THROUGH FOOD

‘It takes a village’

YWCA PETERBOROUGH HALIBURTON

Peterborough Public Health

GreenUP

COIN

Community Food Security

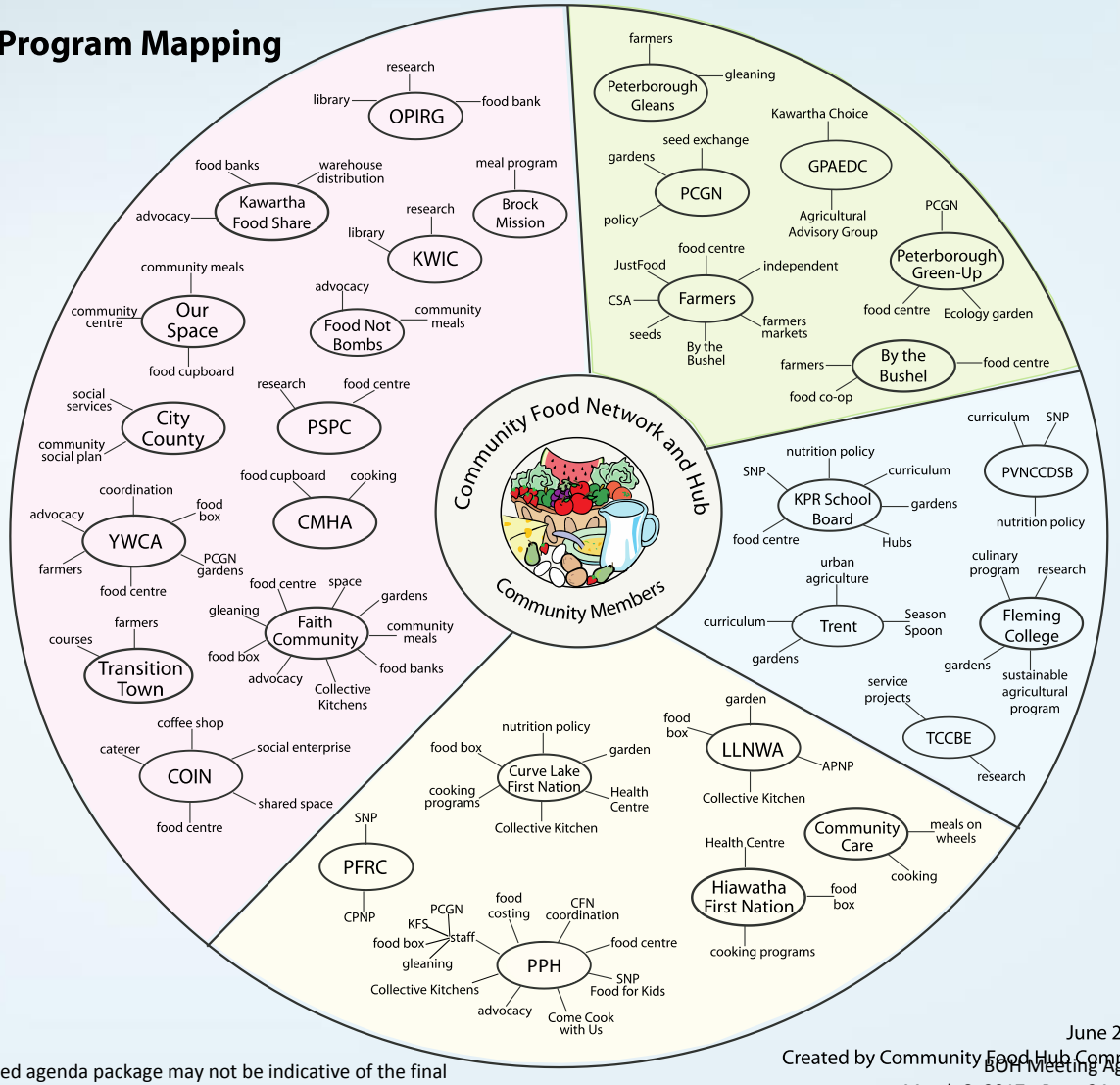
A community enjoys food security when:

- all people, at all times, have physical & economic access to nutritious, safe, personally and culturally appropriate foods,
- food is produced in ways that are environmentally sound, socially just, and promote community self reliance, and
- food is provided in a manner that promotes human dignity.

Peterborough Community Food Program Mapping

COMMUNITY MAPPING LEGEND (March 22, 2011)

APCP - Aboriginal Prenatal Nutrition Program
CMHA – Canadian Mental Health Assn.
COIN – Community Opportunity and Innovation Network
CPNP – Canada Prenatal Nutrition Program
GPAEDC – Greater Peterborough Area Economic Development Corporation
KPRDSB – Kawartha Pine Ridge District School Board
KWIC – Kawartha World Issues Centre
LLNWA – Lovesick Lake Native Womens Assn.
OPIRG – Ontario Public Interest Research Group
PCGN – Peterborough Community Garden Network
PCCHU – Peterborough County City Health Unit
PFRC – Peterborough Family Resource Centre
PSPC - Peterborough Social Planning Council
PVNCCDSB – Peterborough Victoria Northumberland Clarington District School
Board
SNP – Student Nutrition Program
TCCBE – Trent Centre for Community Based Education



Agriculture/Growing Food
Education
Health
Community Organizations

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Short-term Relief

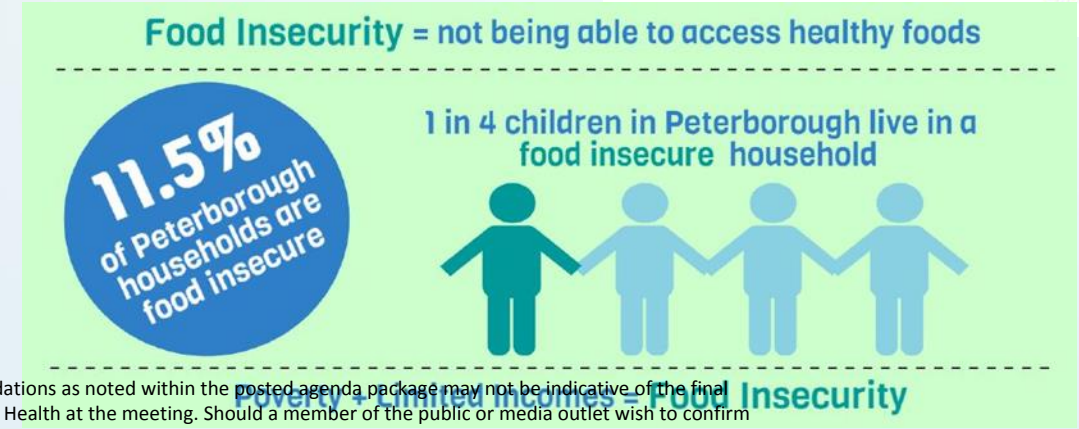
Building Capacity

System change

Building communities where everyone has access to healthy food

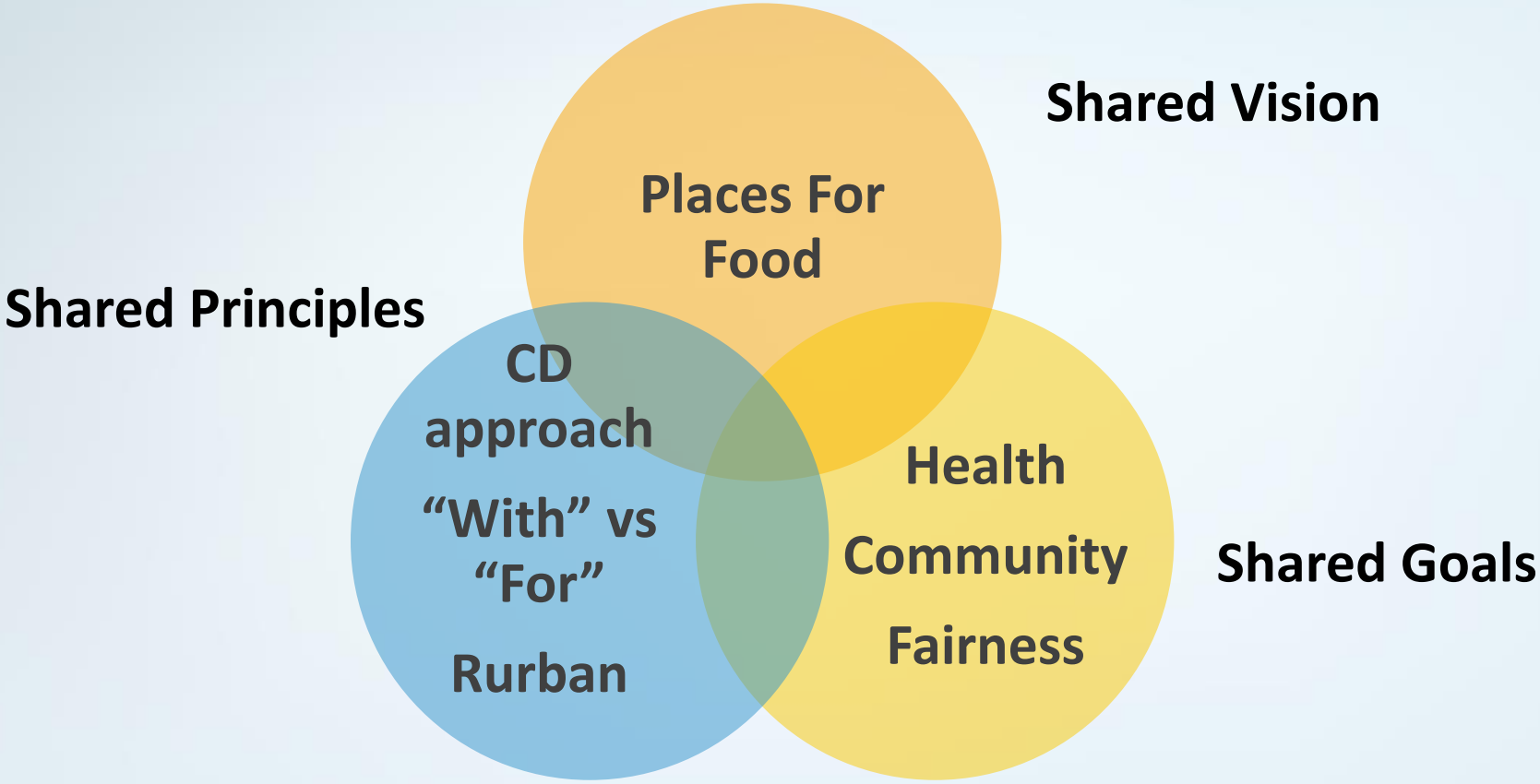
What Sprouted First?

Peterborough Community Garden Network

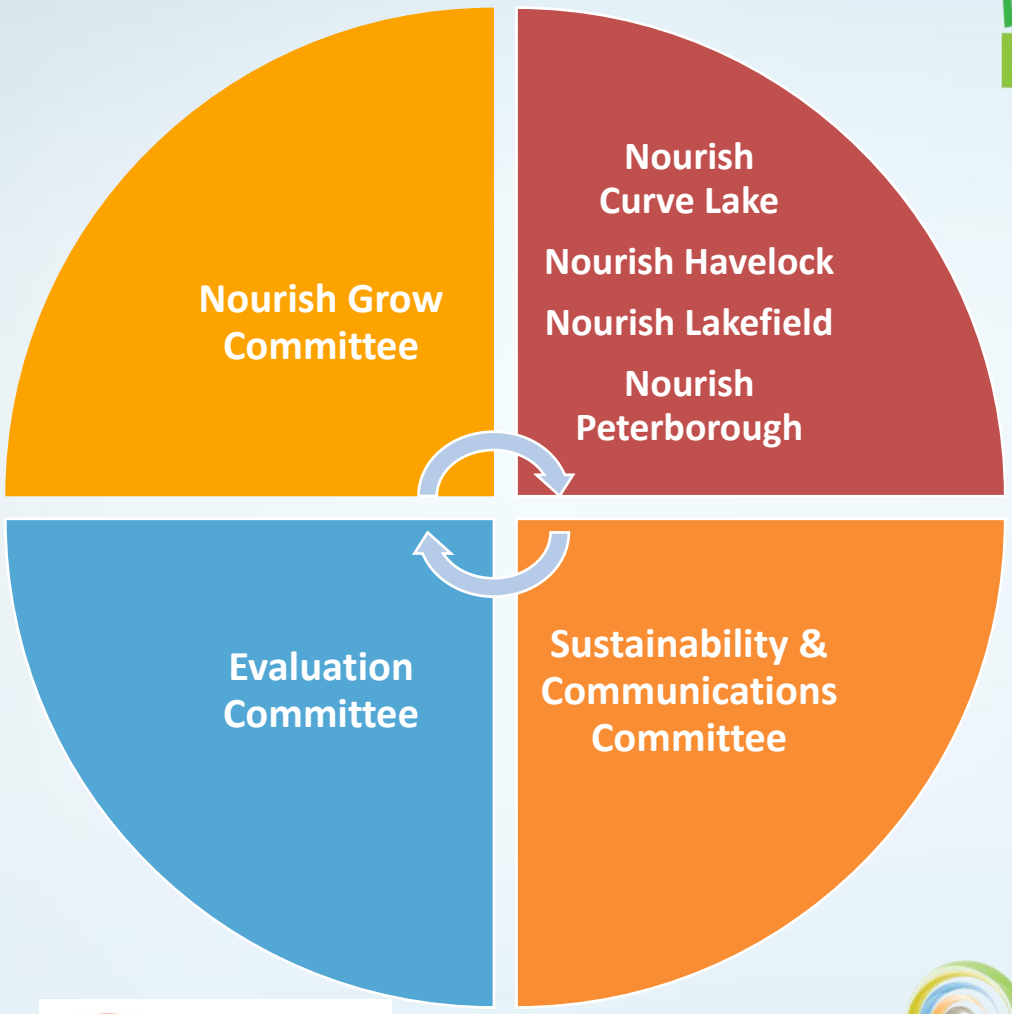


The Stop Community Food Centre – October 2009

It Takes A Village to build community food security - Collaborative Project



Governance Structure



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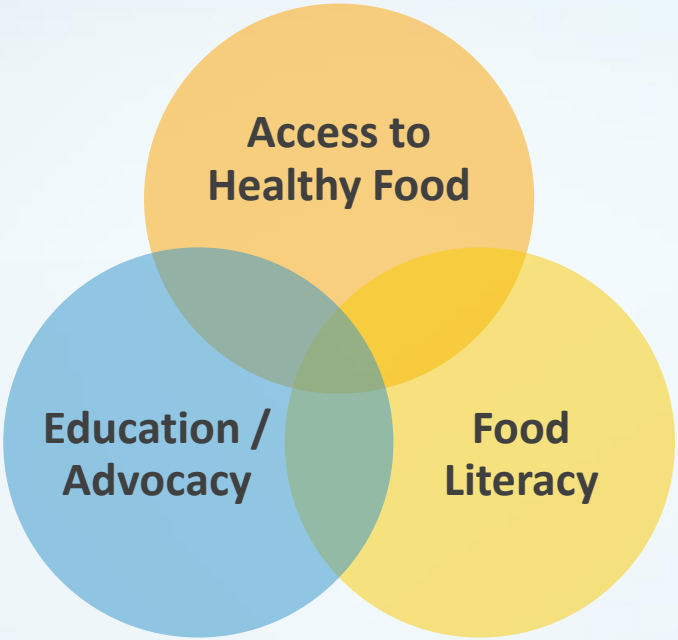
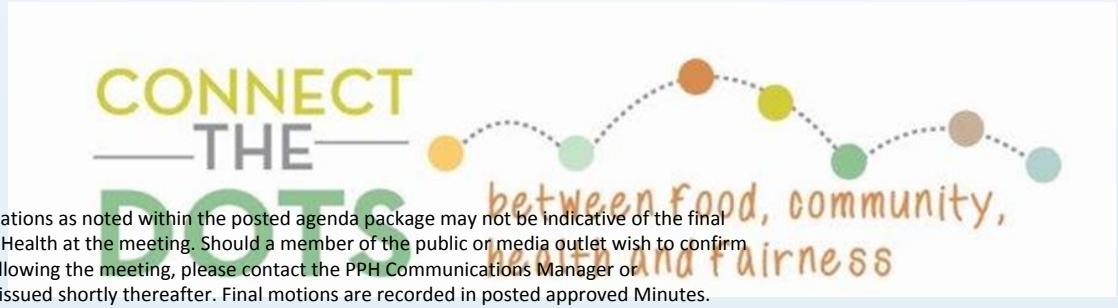
Nourish Project – Theory of Change

Nourish Market Dollars
JustFood Box Program



Peer Advocacy Work
Basic Income Campaign

Gardening, Cooking, Canning Series
A Taste of Nourish



Deficit-Based	Strengths-Based
Charitable philosophy: "feed the hungry" - clear division & hierarchy between volunteers/staff & clients - clients feel judged to be "lesser" - disempowering	**Individual empowerment (IE):** - start where clients are - meeting needs with dignity & respect - everyone has something to contribute - clients are "experts" in their own lives
Expert philosophy: "improve the nutritional status of vulnerable groups" - "expert" paid staff know that clients need skills & education, better access to healthy food - may extend to neighbourhood deficits (e.g., "food deserts)	**Community development:** - incorporates IE but seeks to connect with other organizations - build community capacity & networks of support for collective action - commitment to diversity & social justice in community

Dr. Elaine Power, Nov. 14 2016

NOURISH

BELONGING THROUGH FOOD

2015-2016 IMPACT REPORT

YWCA PETERBOROUGH HALIBURTON

Peterborough Public Health

GreenUP

COIN

[Impact Report Link]

Ontario Trillium Foundation
Fondation Trillium de l'Ontario

An agency of the Government of Ontario.
Relève du gouvernement de l'Ontario.

WORKING FOR A HEALTHY GOOD FOOD ORGANIZATION AND FAIR FOOD SYSTEM

IN ALLIANCE WITH
COMMUNITY FOOD CENTRES CANADA

Questions?

Your thoughts……
What key learnings are you most interested in from this collaborative project?

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Board of Health Minutes - February 11, 2017**

Date: March 8, 2017

Proposed Recommendation:

That the minutes of the meeting held on February 11, 2017, of the Board of Health for Peterborough Public Health, be approved as circulated.

Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Saturday, February 11, 2017 – 9:00 a.m.
Dr. J.K. Edwards Board Room
Jackson Square, 185 King Street

In Attendance:

Board Members:	**Deputy Mayor John Fallis**
	Ms. Kerri Davies
	Councillor Henry Clarke
	Councillor Gary Baldwin
	Councillor Lesley Parnell
	Mr. Gregory Connolley
	Chief Phyllis Williams
	Mayor Mary Smith, Chair
	Mr. Andy Sharpe
Regrets:	**Mayor Rick Woodcock**
Staff:	**Mr. Larry Stinson, Director of Operations**
	Ms. Natalie Garnett, Recorder
	Dr. Rosana Salvaterra, Medical Officer of Health
	Ms. Patti Fitzgerald, Assistant Director, Chief Nursing and Privacy Officer
	Ms. Brittany Cadence, Manager, Communication Services
	Dale Bolton, Manager, Finance

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1. Call to Order

Mayor Smith, Chair called the meeting to order at 9:01 a.m.

2. Confirmation of the Agenda

2.1 Confirm Agenda for February 11, 2017

MOTION:
That the agenda be approved as circulated.

Moved:	Mayor Clarke
Seconded:	Mr. Connolley
Motion carried.	(M-2017-014)

2.2 Consent Items

MOTION:
That the following items be passed as part of the Consent Agenda: 8.2.b, 8.2.c, 8.2.d., 8.2.e.
Moved: Councillor Baldwin
Seconded: Ms. Davies
Motion carried. (M-2017-015)

MOTION:
That the Staff Report: Q4 2106 Public Health Programs Report be received for information.
Moved: Councillor Baldwin
Seconded: Ms. Davies
Motion carried. (M-2017-015)

MOTION:
That the Staff Report: Q4 2106 Corporate Services Report be received for information.
Moved: Councillor Baldwin
Seconded: Ms. Davies
Motion carried. (M-2017-015)

MOTION:
That the Staff Report: 2016 Donations, be received for information.
Moved: Councillor Baldwin
Seconded: Ms. Davies
Motion carried. (M-2017-015)

MOTION:
That the Staff Report: Summary of Research Activities (2016) be received for information.
Moved: Councillor Baldwin
Seconded: Ms. Davies
Motion carried. (M-2017-015)

3. Declaration of Pecuniary Interest

Councillor Clarke declared an interest in items 8.1. (b) 16k, and 8.2.(a), as he employed by a company which produces sugar-sweetened beverages.

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1. **January 11, 2017**

MOTION:
That the minutes of the Board of Health for the Peterborough Public Health meeting held on January 11, 2017 be approved as circulated.
Moved: Councillor Parnell
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-016)

6. Business Arising From the Minutes

7. Staff Reports

7.1 Staff Report: Budget Approval – Ministry of Health and Long-Term Care 100% Funded Programs (2017)

MOTION:
That the Board of Health for Peterborough Public Health approve the 2017 budgets for Ministry of Health and Long-Term Care 100% funded programs as follows:

- *Chief Nursing Officer - $126,250*
- *Infection Prevention and Control Nurses - $94,300*
- *Infectious Diseases Control - $228,345*
- *Social Determent of Health Nurses - $190,675*
- *Enhanced Safe Water - $15,500*
- *Enhanced Food Safety (Haines) - $25,000*
- *Needle Exchange Initiative - $60,000*
- *Electronic Cigarettes Act - $30,500*
- *Smoke-Free Ontario - $388,800*
- *Healthy Smiles Ontario - $763, 100*

Moved: Councillor Clarke
Seconded: Mr. Sharpe
Motion carried. (M-2017-017)

7.2 Staff Report: Budget Approval – One-Time Funding Requests (2017)

MOTION:

- *That the Board of Health for Peterborough Public Health received the staff report, Budget Approval – One-Time Funding Requests (2017) for approval; and*
- *Approve the following one-time funding requests for inclusion in the 2017 Ministry*

of Health and Long-Term Care Budget Submission:

- *Inclusive Prenatal Curriculum - $10,000*
- *Public Health Inspector Student Practicum - $30,000*
- *Radon Testing Promotion - $10,000*
- *Arts Based Secondary School Health Promotion - $20,000*
- *Evidence Based Decision Making Guide - $10,000*
- *Website Accessibility - $25,000*
- *Server Update - $47,000*
- *Indigenous Health Strategy Development- $20,000*
- *Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations - $30,000*
- *Extraordinary Costs for Enforcement of Healthy Menu Choices Act- $49,300*

Moved: Deputy Mayor Fallis
Seconded: Chief Williams
Motion carried. (M-2017-018)

8. Consent Items

8.1.a. Correspondence for Direction

Due to his previously declared interest, Councillor Clarke did not discuss or vote on the following item.

MOTION:
That the Board of Health for Peterborough Public Health:

- *receive the correspondence dated January 20, 2017 from Lynn Fawn, Deputy Clerk, County of Peterborough copied to Peterborough Public Health, regarding a County Council resolution requesting the development of a National Pharmacare Program; and,*
- *endorse the resolution and communicate this support to the Rt. Hon. Justin Trudeau, with copies to Minister Philpott, Minister Hoskins, Peterborough County Council, local MPs, local MPPs, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

Moved: Ms. Davies
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-019)

8.1.b. Correspondence for Information

MOTION:
That the Board of Health for Peterborough Public Health receive and provide copies to the City, County and First Nations Councils of the following:

Letter dated January 18, 2017 from Minister Hoskins regarding the Public Health Expert Panel.

Moved: Deputy Mayor Fallis
Seconded: Councillor Parnell
Motion carried. (M-2017-020)

MOTION:

That the Board of Health for Peterborough Public Health receive:

- *The Letter dated November 25, 2016 from the Board Chair to Mayor Bennett and City Council regarding Anti-Contraband Tobacco Campaigns.*
- *Letter dated November 28, 2016 from the Board Chair to Minister Hoskins regarding Hepatitis C.*
- *Email dated January 9, 2017 from Roselle Martino, Ministry of Health and Long-Term Care (MOHLTC), in response to the Board Chair's initial letter dated October 6, 2016, regarding human papillomavirus (HPV) immunization program funding.*
- *E-newsletter dated January 10, 2017 from alPHa.*
- *Letter dated January 19, 2017 from alPHa regarding Basic Income Guarantee Pilot Consultation.*
- *Letter dated January 23, 2017 from Minister Hoskins in response to the Board Chair's initial letter dated November 28, 2016, regarding Hepatitis C.*
- *E-newsletter dated February 2, 2017 from alPHa.*
- *Letter dated February 2, 2017 from the Board Chair to Dr. Williams, Ontario Chief Medical Officer of Health, regarding the Provincial Opioid Action Plan.*
- *Letter dated February 2, 2017 from the Board Chair to Dr. Gerace, Registrar, College of Physicians and Surgeons of Ontario, regarding opioid addiction and overdose.*
- *Letter dated February 2, 2017 from the Board Chair to Peterborough Municipal Councils regarding addressing the hazards of gambling*
- *Letter dated February 2, 2017 from the Board Chair to Minister Hoskins, regarding the health hazards from gambling.*
- *Letter dated February 2, 2017 from the Board Chair to the Middlesex London Board of Health regarding Jordan's Principle.*
- *Letter dated February 2, 2017 from the Board Chair to the Chair of the Standing Committee on Social Policy regarding Bill 6, Ministry of Community Social Services Amendment Act (Social Assistance Research Commission), 2016.*
- *Letter dated February 6, 2017 from alPHa Board of Health Section representative, Durham Regional Councillor and Pickering Councillor David Pickles to Central East Board of Health Chairs, regarding an update on the alPHa Board of Directors.*
- *Letters/Resolutions from other local public health agencies:*

  <u>Anti-Contraband Tobacco Campaign</u>

  Algoma

Anti-Contraband Tobacco Campaign
Sudbury District

Bill S-228, An Act to amend the Food and Drugs Act
Middlesex London
Sudbury District

Cannabis Control
Sudbury District

Human papillomavirus program funding
Huron
Simcoe Muskoka

Ontario Public Health Standards Modernization
Windsor Essex

Opioid Addiction and Overdose
Grey Bruce

Oral Health Programs for Low-Income Adults and Seniors
Lambton

Moved: Councillor Baldwin
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-021)

Due to his previously declared conflict, Councillor Clarke did not discuss or vote on the following item.

MOTION:
That the Board of Health for Peterborough Public Health receive:
Sugar Sweetened Beverages
Sudbury District
Moved: Mr. Sharpe
Seconded: Councillor Parnell
Motion carried. (M-2017-022)

9. New Business

10. In Camera to Discuss Confidential Matters

MOTION:
That the Board of Health for Peterborough Public Health go In Camera to discuss one item under Section 239(2)(b) Personal matters about an identifiable individual, including municipal or local board employees; one item under Section 239(2)(c) A proposed or pending acquisition of land by the Board; and, one item under Section 239(2)(d) Labour relations or employee negotiations, at 9:34 a.m.
Moved: Councillor Clarke
Seconded: Chief Williams
Motion carried. (M-2017-023)

MOTION:
That the Board of Health for Peterborough Public Health rise from In Camera at 9:52 a.m.
Moved: Deputy Mayor Fallis
Seconded: Councillor Parnell
Motion carried. (M-2017-024)

11. Motions from In Camera for Open Session

12. Date, Time, and Place of the Next Meeting

The next meeting will be held March 8, 2017 in the Dr. J.K. Edwards Board Room, 3rd Floor, Peterborough Public Health, Jackson Square, 185 King Street, Peterborough, 5:30 p.m.

13. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Councillor Clarke
Seconded by: Councillor Parnell
Motion carried. (M-2017-025)

The meeting was adjourned at 9:53 a.m.

Chairperson

Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **A Day in the Life of a Communications Manager**

Date: March 8, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the following for information:
Presentation: A Day in the Life of a Communications Manager
Presenter: Brittany Cadence, Manager, Communications

A Day in the Life…

…of a Communications Manager

By: Brittany Cadence

March 8, 2017

Peterborough Public Health

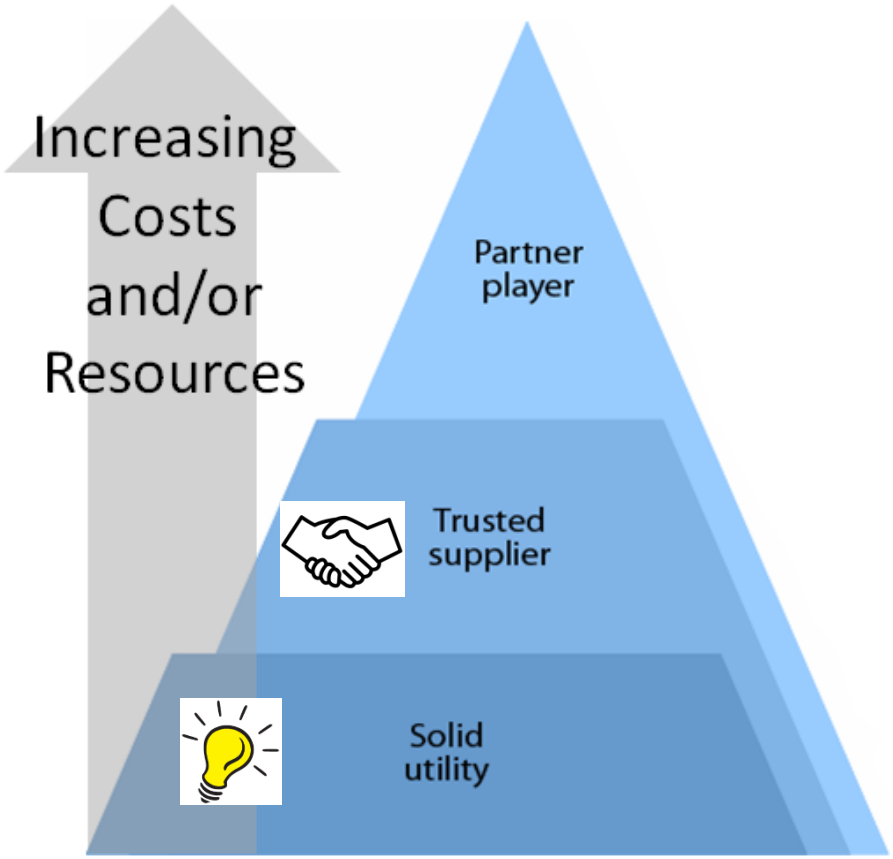
Your IT/Comms Team!

Strategy First!

Information Technology

Communications

IT Strategy



IT is integral to how we do business: IT organization is expected to closely partner with the business to help identify, plan and deliver significant business transformation initiatives - plus be a trusted supplier.

IT delivers critical functionality and services: IT organization is expected to deliver application projects on time and on budget, based upon the operating units requirements and priorities - plus be a solid utility.

Keep the lights on: The IT organization is expected to provide cost effective-dial tone reliability with transparent costs.

Communications Strategy

To improve public health outcomes in our community by:

- communicating effectively,
- fostering strong relationships, and
- building trust in the public health system.

Peterborough Public Health

Communications Objectives

- Equitable access to public health information
- Nurture two-way communications
- Promote PPH as a credible source of information
- Improve internal communications
- Improve operational efficiency

Morning

6:00 a.m.	Prenatal Health Fair release issued
6:30 a.m.	Mumps inquiry – CHEX Morning Show
8:30 a.m.	Media monitoring, emails
9:30 a.m.	Meet with ID nurses re: radio ads
10:30 a.m.	Work on radio campaign, emails
11:00 a.m.	Media call re: Nutrition Month, HUB post
11:30 a.m.	Follow up with IT Projects

Afternoon

12 noon	Phone server issue, all-staff communication
12:30 p.m.	Emails, lunch
1:15 p.m.	CHEX interview request – mumps
2:00 p.m.	Interview preparations, meet with HR
3:00 p.m.	CHEX Interview support
4:00 p.m.	Emails, check in with staff
4:30 p.m.	Head out for volunteer work with CCRC

Topics covered

1. Mumps
2. Immunization records/suspensions – radio and social media campaign
3. Anti-vaccination
4. Prenatal Health Fair on March 6
5. Preparing for summer student placement
6. Nutrition Month – media call and promotional plan
7. Phone server not working
8. Preparing for IT Checkup project - colour printers
9. Anthrax spores on African goat hide drums
10. Child health research project – social media promotion
11. Email security question from MOH
12. Naloxone
13. New firewall project
14. PPH Training and Education plan
15. Ontario Health Study
16. HR matters
17. No smoking signs at Jackson Square

By the end of the day…

- 3 media requests, resulting in one TV interview
- 3 meetings (health promotion, HR, CHEX interview)
- One radio campaign initiated
- One phone server issued identified, communicated and resolved
- 5 IT helpdesk tickets resolved, one communications ticket opened
- 58 emails received, 38 emails sent
- 17 public health/operational topics covered

What We Accomplished

- Solid Utility 
- Trusted Supplier 

- Equitable access to public health information
- Nurture two-way communications
- Promote PPH as a credible source of information
- Improve internal communications

Thank you!

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Ontario Public Health Standards Modernization**

Date: March 8, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the presentation, *Ontario Public Health Standards (OPHS) Modernization*, for information.

The presentation is composed of slides from the following presentations made at the recent Association of Local Public Health Agencies Symposium on February 23, 2017 in Toronto:

- Overview of the Standards for Public Health Programs and Services (Roselle Martino, Assistant Deputy Minister, Ministry of Health and Long-Term Care)
- Preliminary Assessment of the Revised Standards (Dr. Brent Moloughney, Consultant)

Peterborough Public Health has requested, and received, an extension to provide feedback on the draft standards given that the Board would not have an opportunity to review the submission prior to the April 3rd deadline.

The Board of Health's next meeting takes place on April 12, 2017. The submission will be included in that agenda package, and submitted to the Ministry the following day.

Attachment A – OPHS Modernization Presentation
Attachment B – Standards for Public Health Programs and Services, Consultation Document
(web hyperlink)

Ontario Public Health Standards Modernization

Technical Briefing
February 23, 2017
alPHa Winter Symposium

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Public Health Transformation

- Public Health Transformation includes three major components: how best does public health fit within an integrated system; how is public health best organized to support its role within an integrated system; and modernization of public health programs and services.

Context

- Having explicit and comprehensive standards linked to legislation is a critical public health system design feature, yet relatively unique in Canada
- This is the 4th iteration in Ontario:
  - 1989: brief, very high level, single risk factors (RF)
  - 1998: Who Does What, very detailed, multi-RF, settings
  - 2008: System renewal, foundational standards, societal & board outcomes, detailed (many sub-requirements), supporting protocols & guidance documents
  - 2017: context of Patients First, capacity concerns for fulfilling all previous requirements…

Accountability and Requirements

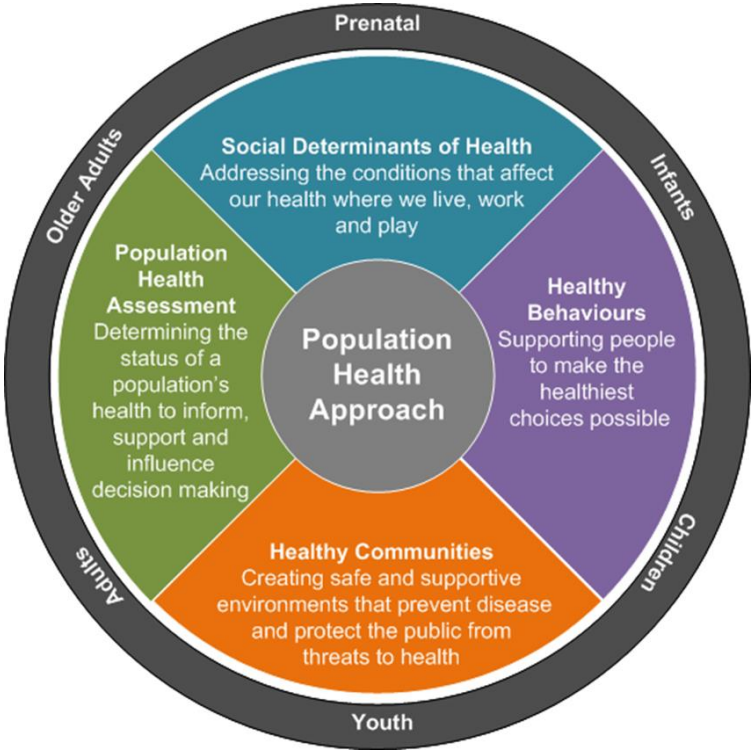
- A Public Health Accountability Framework is currently in development, with advice from the Accountability Committee, outlining parameters for which boards of health will be held accountable.

- Associated requirements are also being developed, which will build on the Organizational Standards, and will include requirements for monitoring and reporting such as metrics and performance indicators.

What is Public Health?

Public health programs and services are focused primarily in four domains – Social Determinants of Health, Healthy Behaviours, Healthy Communities, and Population Health Assessment.

Public health work is grounded in a population health approach – focused on upstream efforts to promote health and prevent diseases to improve the health of populations and the differences in health among and between groups. Health risks and priorities change as people grow and age and public health works to address health across the life course.



Policy Framework for Public Health Programs and Services

Domain	Description	Objective
Population health assessment	Determining the status of a population's health to inform, support and influence decision making	To increase the use of population health information to guide the planning and delivery of programs and services in an integrated health system
Social determinants of health	Addressing the conditions that affect our health where we live, work and play	To reduce the negative impact of social determinants that contribute to health inequities
Healthy behaviours	Supporting people to make the healthiest choices possible	To increase knowledge and opportunities that lead to healthy behaviours
Healthy communities	Creating safe and supportive environments that prevent disease and protect the public from threats to health	To increase policies and practices that create safe, supportive and healthy environments

Policy Framework for Public Health Programs & Services

The **Policy Framework for Public Health Programs and Services** articulates public health's goal and objectives as the sector transforms, and outlines the contribution of its work in reaching population health outcomes related to health and health equity.

GOAL	To improve and protect the health and well-being of the population of Ontario and reduce health inequities				
POPULATION HEALTH OUTCOMES	• Improved health and quality of life • Reduced morbidity and mortality • Reduced health inequity among population groups				
DOMAINS	**Social Determinants of Health**	**Healthy Behaviours**	**Healthy Communities**	**Population Health Assessment**	
OBJECTIVES	To reduce the negative impact of social determinants that contribute to health inequities	To increase knowledge and opportunities that lead to healthy behaviours	To increase policies and practices that create safe, supportive and healthy environments	To increase the use of population health information to guide the planning and delivery of programs and services in an integrated health system	
ENABLERS	Legislation	Funding	Evidence	Agencies & Associations	Municipal & Federal Governments	Partner Organizations
PROGRAMS AND SERVICES	**GOALS** • To increase the use of public health knowledge and expertise in the planning and delivery of programs and services within an integrated health system • To reduce health inequities with equity focused public health practice • To increase the use of current and emerging evidence to support effective public health practice • To improve behaviours, communities and policies that promote health and well-being • To improve growth and development for infants, children and adolescents • To reduce disease and death related to infectious and communicable diseases of public health importance • To reduce disease and death related to vaccine preventable diseases • To reduce disease and death related to food, water and other environmental hazards • To reduce the impact of emergencies on health				
PARTNERS	Health Care (including Primary, Community, Acute and Long-Term Care), Education, Housing, Children and Youth Services, Community and Social Services, Labour, Environment, Agriculture and Food, Transportation, Municipalities, Non-Governmental Agencies, Public and Private Sectors, Academia, and Indigenous communities and organizations				

Modernized Standards

- An Executive Steering Committee (ESC) has been is providing strategic leadership for the Standards Modernization process.
  - The Practice and Evidence Program Standards Advisory Committee (PEPSAC) provided expert advice and made recommendations on the specific requirements.

- The scope of the modernized Standards for Public Health Programs and Services was shaped by considering the:
  - Essential public health functions;
  - Health needs of the population from public health perspective and functions;
  - Impact and effectiveness of the current program standards;
  - Most appropriate role for public health sector within an integrated health system; and
  - An enhanced emphasis on responding to local needs and decreasing health inequities by addressing the needs of priority populations and planning programs to address identified local needs.

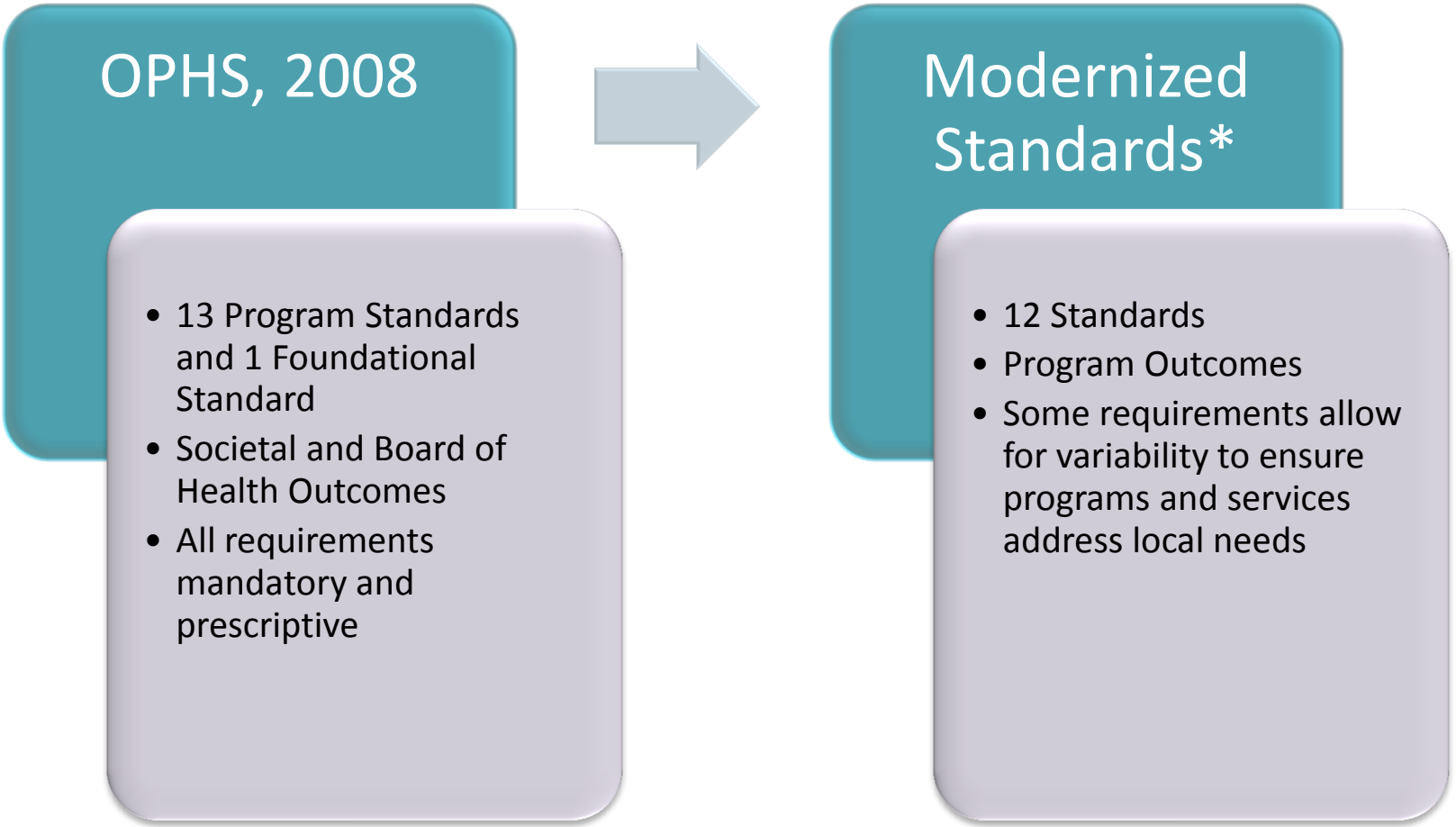
Modernized Standards (cont'd)

Principles	
Need	Boards of health shall continuously tailor their programs and services to address needs of the health unit population. Need is established by assessing the distribution of social determinants of health, health status, and incidence of disease and injury.
Impact	Boards of health shall assess, plan, deliver, and manage their programs and services by considering evidence, effectiveness of the intervention, barriers to achieving maximum health potential, relevant performance measures, and unintended consequences.
Capacity	Understanding local public health capacity required to achieve outcomes is essential to ensure the effective and efficient delivery of public health programs and services. Boards of health shall strive to make the best use of available resources to achieve the capacity required to meet the standards.
Partnership, Collaboration and Engagement	Boards of health shall engage and establish meaningful relationships with a variety of sectors, partners, communities, priority populations, and citizens, which are essential to the work of public health and support health system efficiency. Establishing meaningful relationships with priority populations includes building and further developing the relationship with Indigenous communities. These relationships may take many forms and need to be undertaken in a way that is meaningful to the community and/or organization.

Foundational Standards			
Population Health Assessment	Health Equity	Effective Public Health Practice	Emergency Preparedness, Response, and Recovery

Program Standards							
Chronic Diseases and Injury Prevention, Wellness and Substance Misuse	Food Safety	Healthy Environments	Healthy Growth and Development	Immunization	Infectious and Communicable Diseases Prevention and Control	Safe Water	School Health

Modernized Standards (cont'd)



*An overview of the changes to the Standards is included in Appendix 1 (slides 24 – 27).

Note: Planning is underway for the review of the Protocols. Updates may include development of new Protocols and/or revision of existing Protocols to reflect the Modernized Standards.

Macro Level Changes

- New standards have been 'de-bulked'
  - Pages ↓ (current 45; previous 71)
  - Requirements* ↓ (current ~145; previous ~305)
- Structural Changes have occurred to both the:
  - Foundational Standards
  - Program Standards
- The net resource impacts are unclear since many of the new requirements are undefined

*And sub-requirements since typically additional 'work' expectations listed there

Changes to Standards

OPHS, 2008	Modernized Standards
• Foundational	• Population Health Assessment¥
• Chronic Disease Prevention	• Health Equity*
• Prevention of Injury and Substance Misuse	• Effective Public Health Practice*
• Reproductive Health	• Emergency Preparedness, Response and Recovery**
• Child Health	• Chronic Diseases and Injury Prevention, Wellness and Substance Misuse¥
• Infectious Diseases Prevention and Control	• Food Safety‡
• Rabies Prevention and Control	• Healthy Environments¥
• Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)	• Healthy Growth and Development¥
• Tuberculosis Prevention and Control	• Immunization***
• Vaccine Preventable Diseases	• Infectious and Communicable Diseases***
• Food Safety	• Safe Water‡
• Safe Water	• School Health*
• Health Hazard Prevention and Management	
• Public Health Emergency Preparedness**	Additional detail in Appendix 1

Foundational Standards

¥Significant changes to scope and requirements

*New Standard incorporating new and existing requirements

**While boards of health continue to have an important role in emergency preparedness, response and recovery, the Modernized Standards include one requirement. Additional detailed requirements will be specified in other ministry policy documents.

‡No significant changes

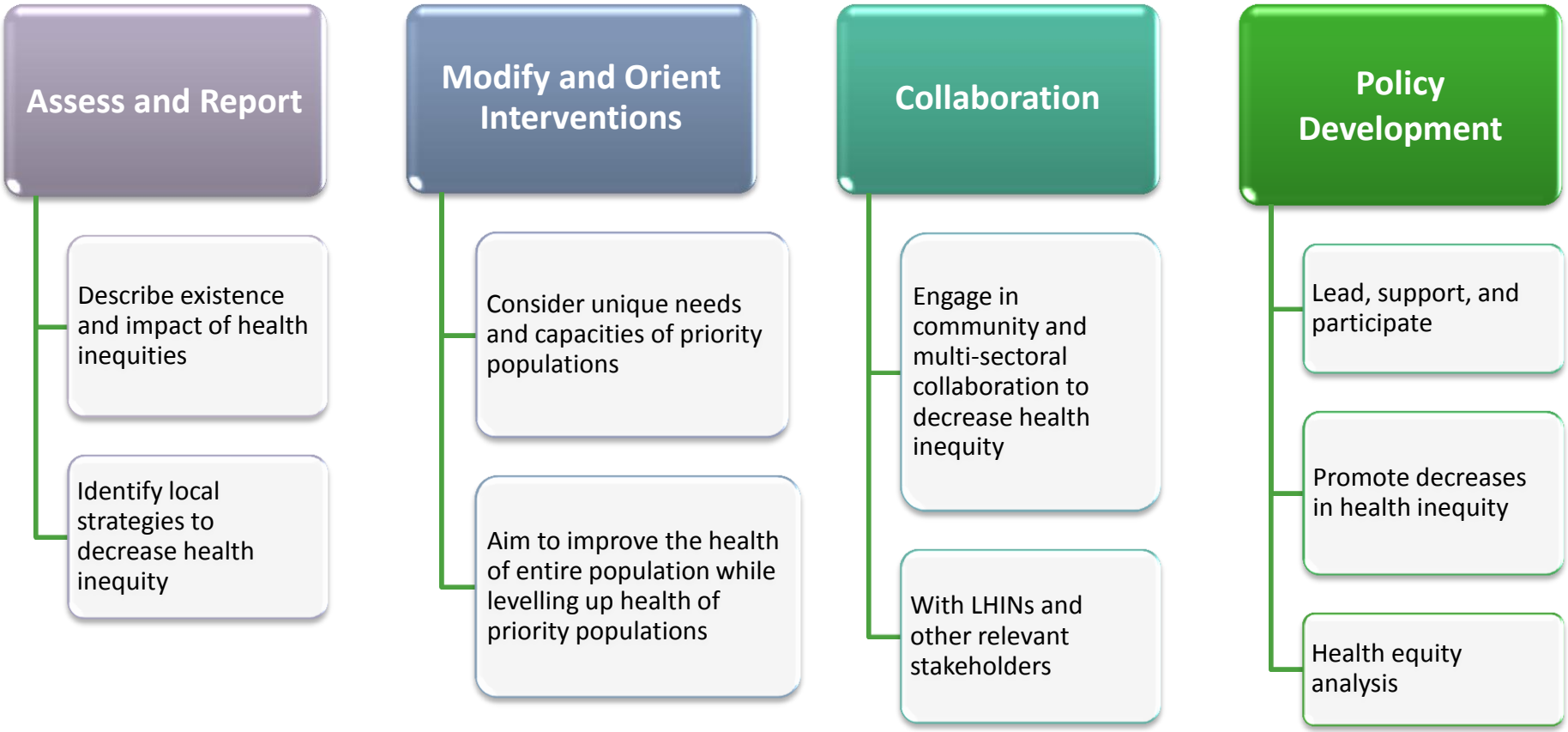
***Minor changes to scope and requirements

Macro Structural Changes: Foundational Standards

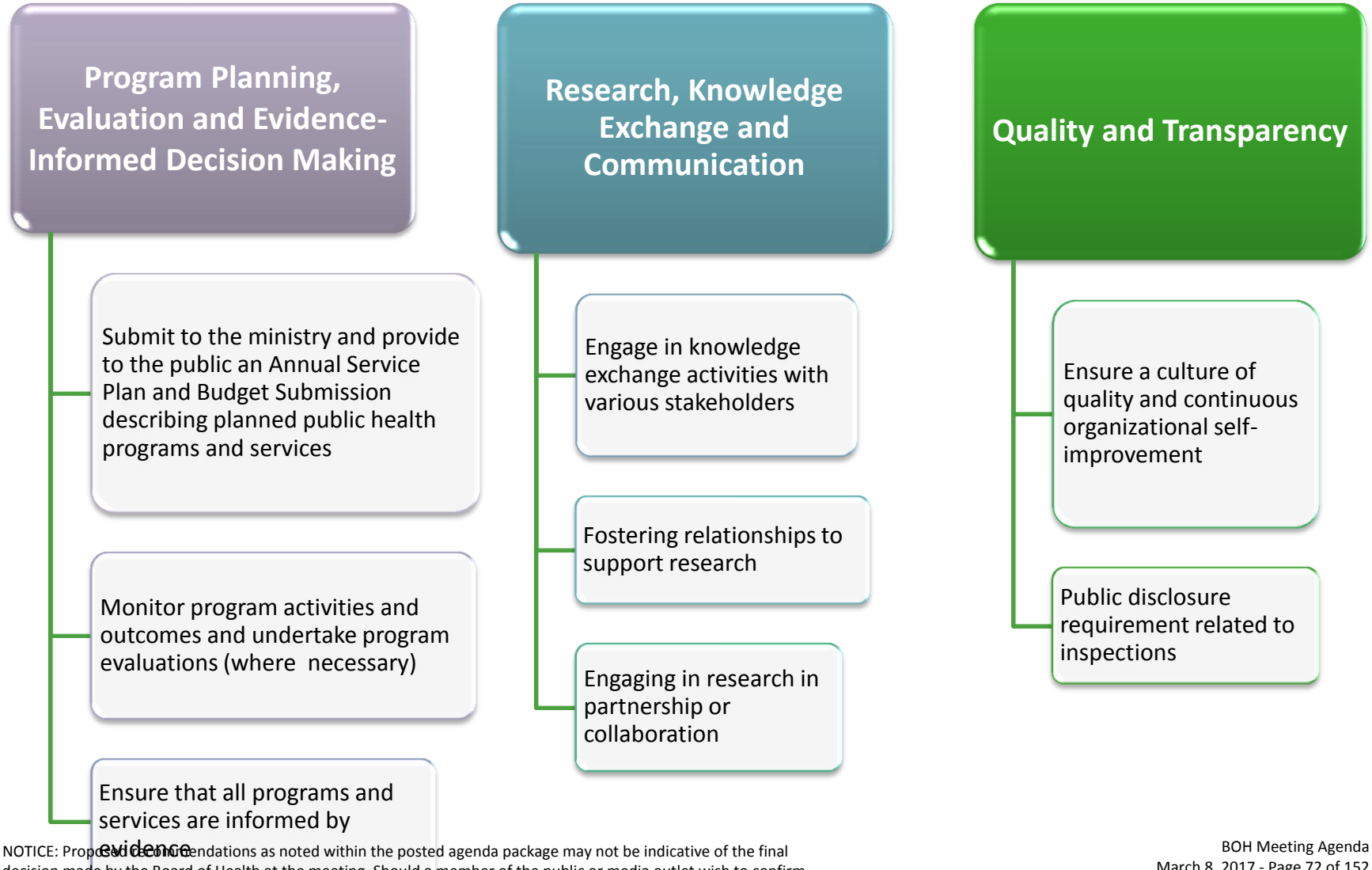
2008	2017
Population Health Assessment	Population Health Assessment
Surveillance	
Research & Knowledge Exchange	Effective Public Health Practice
Program Evaluation	
Emergency Preparedness*	Emergency Preparedness, Response & Recovery
-	Health Equity

*Was previously placed as a Program Standard

New – Health Equity



New – Effective Public Health Practice



School Health

- The new School Health Standard consolidates setting-based requirements and is intended to further strengthen the relationship between boards of health and schools for a greater impact on the health of children and youth.

- It also reflects activities that have previously been delivered in and with schools.*

- The Standard was developed with input from the Ministry of Education and aligns with the Well-Being Strategy for Education.

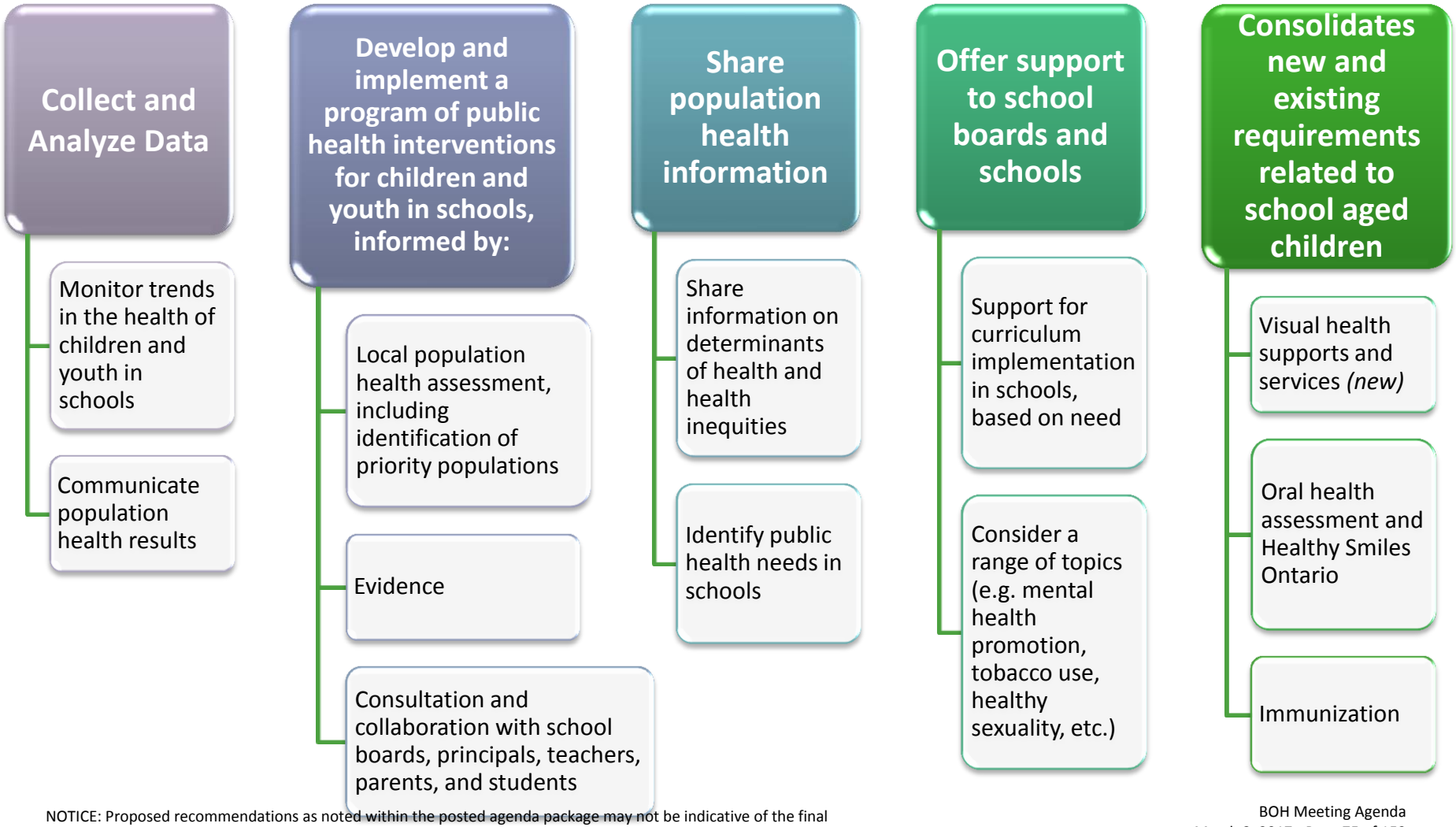
- Establishment of a School Health Standard also aligns with recommendations from other health and education stakeholders.

**one new program requirement related to Vision Health*

Separate School Health Standard

- Consolidates requirements for this setting
- Potential questions:
  - Rationale for doing so?
  - What does this signal in terms of relative importance compared to other Standards?
  - Scope?
    - 'Children and youth in school' versus school-aged? Roles of family and broader community for children's health?

New – School Health



Vision Screening Program

- This appears to re-introduce an approach that was discontinued many years ago in Ontario and is being discontinued in another province due to low cost effectiveness.
- Potential question:
  - How will the principles of need, impact, capacity, and collaboration be applied in the development of this program?
  - Potential to pilot before wide scale implementation?

Macro Structural Changes: Program Standards

2008	2017
Chronic Disease Prevention	Chronic Diseases and Injury Prevention, Wellness and Substance Misuse
Prevention of Injury and Substance Misuse	
Food Safety	Food Safety
Health Hazard Prevention & Management	Healthy Environments
Safe Water	Safe Water
Reproductive Health	Healthy Growth & Development
Child Health	
	School Health
Infectious Diseases Prevention & Control	Infectious & Communicable Diseases Prevention & Control
Rabies Prevention & Control	
Sexual Health, STI, and BBI	
Tuberculosis Prevention & Control	
Vaccine Preventable Diseases	Immunization

Components of Each Standard

Goal	Program Outcomes	Requirements
Statement that reflects the broadest level of results to be achieved. Reflects work of boards of health and others (health system, community partners, NGOs, etc.)	**Program outcomes are the results of programs and services implemented by boards of health.**	Articulate the activities that boards of health are expected to undertake.

Analysis

- There has been a clear effort to reduce number of existing expectations while adding new ones
- The reduction in number of requirements:
  - Predominantly health promotion-related programming
  - Infectious disease-specific requirements removed, but these appear in protocols (‘work’ doesn’t change)

Providing Single Set of 'Program Outcomes'

- Previous approach with separate Societal and Board outcomes was to make accountability clearer
- Current single set of 'program outcomes' includes mix of both Societal and Board outcomes
- Preamble indicates "Program outcomes are the results of programs and services implemented by boards of health"
- Potential question:
  - To what extent will Boards be held accountable for the societal-type program outcomes for which many actors contribute to end results?

Structural Change of Health Promotion Requirements

- 2008 Version:
  - Use a comprehensive health promotion approach
  - Explicit identification of settings (e.g., schools, workplaces, municipalities, etc.)
  - Explicit identification of types of interventions (e.g., tobacco cessation, skill development, etc.)
  - Topic list
- 2017 Version:
  - Implement a 'program of public health interventions'
  - Updated topic list (expanded)
- Implication?
  - Opportunity for greater discretion (and responsibility) for public health organizations to plan comprehensive approaches tailored to local context
  - Potential for this to be reinforced through the future Annual Service Plan & Budget Submission
  - Potential risk of decreased emphasis/capacity for these programs?

Program of Public Health Interventions

- Creates greater flexibility and opportunity for tailoring to local contexts and opportunities
- Potential questions:
  - To what extent will this create greater need for guidance, technical support, communities of practice, etc.? How will this be addressed?
  - To what extent will this make these programs more vulnerable to loss of resources since expectations are less explicit? How will this be mitigated?

Areas of Increased Expectations

- Challenging to know what the organizational impacts will be for many of the items because the details (e.g., protocols, policy, etc.) still have to be defined
- Have attempted a ‘best guess’ to divide them into those:
  - More likely to have significant resource impacts
  - Less likely to have significant resource impacts

Areas of Increased Expectations – More Likely to Have Resource Impacts*

- LHIN-related population health assessment work – details pending
- Board of Health Annual Service Plan and Budget Submission – to be further delineated in Accountability Agreement
- Emergency preparedness, response and recovery – may be new expectations pending Ministry's policy for achieving ready/resilient system
- Provide, with partners, visual health supports and vision screening services – protocol to be developed
- Expand healthy environments to include physical and natural environments – further guidance needed?
- Working with Indigenous populations – further guidance needed?
- Newer enforcement activities (e-cigarettes, healthy menu choices) – previously aware

*Best guess pending more details becoming available

Areas of Increased Expectations – Less Likely Resource Impacts*

- Health equity Standard - reflects existing practice recommendations (NCCDH)
- Fostering culture of quality and continuous improvement (good organizational practice)
- Publicly disclose results of all inspections
- Use of social media in communications.

*Best guess pending more details becoming available – appear mainly to address *how* existing work is done versus new areas of work

Specific Areas of Reduced Expectations

- Sexual health clinical services: no longer required to provide– replaced with ‘ensure access’
- Harm reduction programs: ‘ensure access’ replaced with working with others to ‘promote access’
- Travel health clinics: removal of requirement of providing/ensuring such clinics
- Drinking water system owners/operators: ‘ensure provision’ instead of ‘provide’ education and training’
- Removal of explicit reference to several approaches:
  - Skill development in food skills and healthy eating
  - Monitoring food affordability (Nutritious Food Basket) – remain in protocol?
  - Provision of tobacco cessation
  - Promotion of cancer screening programs
  - Provide advice and link people to community programs and services
  - Prenatal and parenting program delivery
  - Outreach to priority populations

Specific Areas of Reduced Expectations – Implications?

- Provides greater discretion to make decisions on local needs
- What might this mean? Local decision-making likely depend on:
  - Transition in a transforming health system
  - Whether still include activities as part of program of public health interventions

Achieving Seamless Integration

- A driver of Public Health System Transformation
- Direct service delivery most obvious area for exploring opportunities for better integration with broader health system
- But, many of these areas of public health practice have been de-emphasized/eliminated in the revised Standards
- Potential question:
  - How see Boards of Health determine future role for these services, including their divestment, when broader health system is not yet transformed?

What Appear to be the Key Issues?

- Achieving ‘Seamless Integration’
- Policy Framework for Public Health Programs and Services
- Replacement of separate societal and Board outcomes with ‘program outcomes’
- Annual Service Plan and Budget Submission
- Program of public health interventions
- Separate School Health standard
- Vision screening program

Annual Service Plan & Budget Submission

- Existing accountability agreement indicator approach is limited in addressing key areas of public health practice
- Annual Service Plan to demonstrate use of systematic process to address community needs (use of evidence, needs, priority populations, etc.)
- Potential questions:
  - How will Service Plan approach be designed and applied?
  - To what extent will development of the Service Plan approach include expertise from the field?

Conclusion

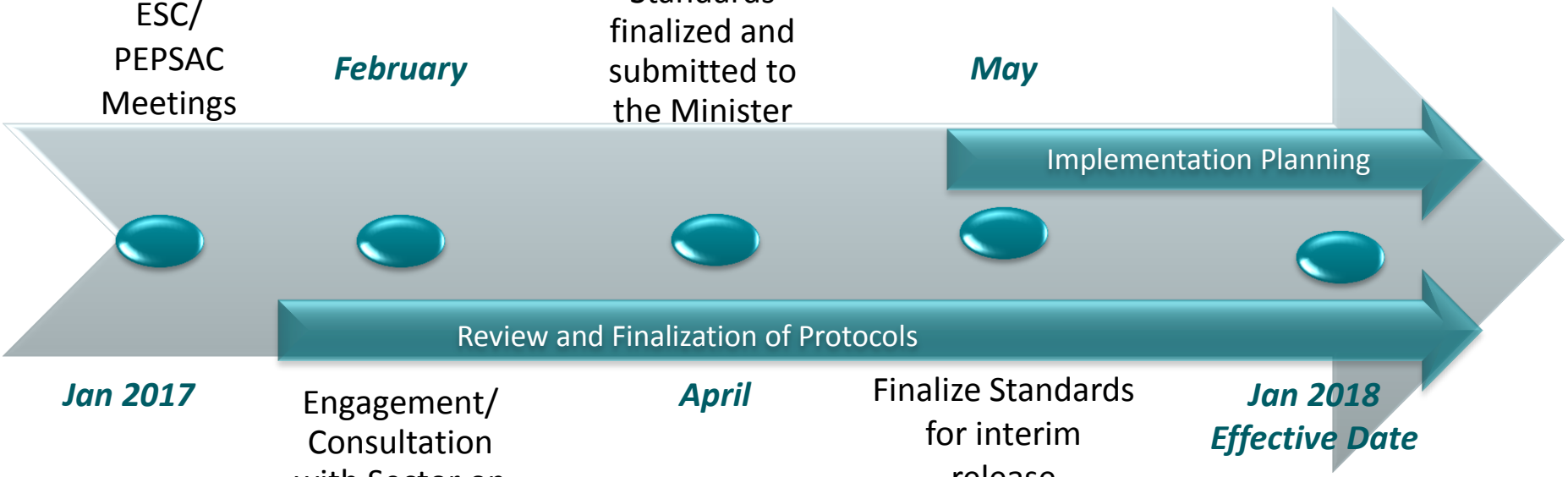
- Overall, the new Standards do not appear to be a major shift for public health in Ontario
- But, difficult to assess impacts on practice and resources since there is limited information regarding:
  - New responsibilities
  - How potential changes to existing practices will play out:
    - Areas of de-emphasis in context of system transformation
    - 'Program of public health interventions'
- Note: More detailed analysis of the changes will be distributed as part of final report

Ministry Consultation Context

- Stated intent: provide an opportunity for boards of health and health units to:
  - Seek clarification/context on the draft standards
  - Provide input on anticipated operational considerations
  - Provide input on implementation requirements and supports (e.g., whether new protocols are required, where guidance documents are needed, and what training supports will be beneficial)
- Limited time: submission deadline April 3, 2017

Timeline

**some elements may be implemented prior to effective date e.g., population health assessment*



To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Correspondence for Information**

Date: March 8, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the following for information:

a. Letter dated February 10, 2017 from Dr. Salvaterra to Deb Hammons, Central East Local Health Integration Network, regarding Jordan's Principle. (p. 96)

b. Letter dated February 10, 2017 from Dr. Salvaterra to Peterborough County Council regarding Jordan's Principle. *NOTE: A similar letter was also sent to Peterborough City Council.* (p. 98)

c. Letter dated February 13, 2017 from Chief Laurie Carr, Hiawatha First Nation to Dr. Salvaterra regarding the appointment of Councillor Kathryn Wilson to the Board. (p. 100)

d. Email dated February 17, 2017 from Roselle Martino, Assistant Deputy Minister, Ministry of Health and Long-Term Care (MOHLTC) regarding the Ontario Public Health Standards (OPHS) Modernization.* (p. 101)

e. Email dated February 23, 2017 from Linda Stewart, Association of Local Public Health Agencies regarding the OPHS Modernization.* (p. 102)

f. Letter dated February 27, 2017 from the Board Chair to Minister Hoskins regarding the Expert Panel on Public Health. (p. 104)

**NOTE: Please refer to agenda item 8.2 for attachments.*

Letters/Resolutions from other Health Units:

<u>Infection Control in Personal Service Settings</u>

g. Wellington Dufferin Guelph (p. 106)

<u>Marijuana / Smoke-Free Ontario Act</u>

h. Grey Bruce (p. 108)

i. Windsor Essex (p. 110)

Opioid Addiction

j. Huron (p. 112)
k. Sudbury (p. 113)
l. Windsor Essex (p. 115)

Enclosures available upon request.

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

February 10, 2017

Ms. Deborah Hammons,
Chief Executive Officer
Central East Local Health Integration Network
520 Westney Rd. S.
Ajax, ON L1S 7H4

Dear Deb,

Re: Jordan's Principle and access to services by First Nation children in the Central East LHIN

At its meeting on January 11, 2017, the Board of Health for Peterborough Public Health supported the adoption of a policy related to Jordan's Principle, as recommended for all levels of government by the Truth and Reconciliation Commission. The Truth and Reconciliation Calls to Action begin with several that address the welfare of Indigenous children. The third call to action calls upon all levels of government to fully implement Jordan's Principle.

Jordan's Principle was established in response to the death of five-year-old Jordan River Anderson, a child from Norway House First Nation who suffered from Carey Fineman Ziter Syndrome, a rare muscular disorder that required years of medical treatment in a Winnipeg hospital. After spending the first two years of his life in a hospital, doctors felt he could return home. However, the federal and provincial government could not resolve who was financially responsible for the necessary home care in order for Jordan to return to his family in his home community 800 kilometers north of Winnipeg. After spending over two years in hospital unnecessarily while governments argued over who should pay for his at-home care, Jordan died in a hospital in 2005.

Jordan's Principle is a child first principle used in Canada to resolve jurisdictional disputes within, and between governments, regarding payment for government services provided to First Nations children. Under this principle, where a jurisdictional dispute arises between two government parties (provincial/territorial or federal) or between two departments or ministries of the same government, regarding payment for services for a Status Indian child which are otherwise available to other Canadian children, the government or ministry/department of first contact must pay for the services without delay or disruption. The paying government party can then refer the matter to jurisdictional dispute mechanisms

In Canada, there is a lack of clarity between the federal and provincial/territorial governments around who should pay for government services for First Nations children even when the services is normally available to other children. Too often the practice was for the governments to deny or delay the child's receipt of a service(s) pending resolution of the payment dispute. Jordan's Principle applies to all government services and states that when a jurisdictional dispute arises, the government of first contact with the child must fund the service and then resolve the jurisdictional dispute later.

Jordan's principle is reflective of the non-discrimination provisions of the United Nations Convention on the Rights of the Child and Canadian domestic law that does not allow differential treatment on the basis of race or ethnic origin. Private Member's Motion 296 in support of Jordan's Principle was passed unanimously in the House of Commons on December 12, 2007. Some provinces have partially implemented Jordan's Principle in the area of children with complex medical needs, but more work needs to be done to eliminate the impact of jurisdictional disputes on First Nations children's access to all government services.

In December 2016, the Board of Health for Middlesex London Health Unit approved a policy (appended) that would ensure that all First Nations children would receive public health services without delay, regardless of jurisdictional issues. Our board has also adopted this principle and is currently drafting a new policy to ensure the timely access to Healthy Smiles Ontario dental treatment services for all children, regardless of status.

The board also requested that this be communicated to both the County and City governments and to the Central East Local Health Integration Network, advocating for the adoption of Jordan's Principle in the payment and provision of any programs and services for children.

Other Ontario Boards of Health are also being encouraged to consider establishing similar policy in their respective jurisdictions.

We hope that the board of the Central East LHIN would also consider developing a similar position as many health services available to First Nations children in Peterborough are funded through the LHIN.

On behalf of my board, thank you for giving this important matter your attention.

Sincerely,

Original signed by

Rosana Salvaterra, MD, MSc, CCFP, FRCPC
Medical Officer of Health

/ag
Encl.

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

February 10, 2017

Mayor Daryl Bennett and Council
City of Peterborough
c/o John Kennedy, Clerk
500 George Street N.
Peterborough, ON K9H 3R9
jkennedy@peterborough.ca

Dear Mayor Bennett and Council Members:

Re: Jordan's Principle and access to services by First Nation children in Peterborough

At its meeting on January 11, 2017, the Board of Health for Peterborough Public Health supported the adoption of a policy related to Jordan's Principle, as recommended for all levels of government by the Truth and Reconciliation Commission. The Truth and Reconciliation Calls to Action begin with several that address the welfare of Indigenous children. The third call to action calls upon all levels of government to fully implement Jordan's Principle.

Jordan's Principle was established in response to the death of five-year-old Jordan River Anderson, a child from Norway House First Nation who suffered from Carey Fineman Ziter Syndrome, a rare muscular disorder that required years of medical treatment in a Winnipeg hospital. After spending the first two years of his life in a hospital, doctors felt he could return home. However, the federal and provincial government could not resolve who was financially responsible for the necessary home care in order for Jordan to return to his family in his home community 800 kilometers north of Winnipeg. After spending over two years in hospital unnecessarily while governments argued over who should pay for his at-home care, Jordan died in a hospital in 2005.

Jordan's Principle is a child first principle used in Canada to resolve jurisdictional disputes within, and between governments, regarding payment for government services provided to First Nations children. Under this principle, where a jurisdictional dispute arises between two government parties (provincial/territorial or federal) or between two departments or ministries of the same government, regarding payment for services for a Status Indian child which are otherwise available to other Canadian children, the government or ministry/department of first contact must pay for the services without delay or disruption. The paying government party can then refer the matter to jurisdictional dispute mechanisms

In Canada, there is a lack of clarity between the federal and provincial/territorial governments around who should pay for government services for First Nations children even when the services is normally available to other children. Too often the practice was for the governments to deny or delay the child's receipt of a service(s) pending resolution of the payment dispute. Jordan's Principle applies to all government services and states that when a jurisdictional dispute arises, the government of first contact with the child must fund the service and then resolve the jurisdictional dispute later.

Jordan's principle is reflective of the non-discrimination provisions of the United Nations Convention on the Rights of the Child and Canadian domestic law that does not allow differential treatment on the basis of race or ethnic origin. Private Member's Motion 296 in support of Jordan's Principle was passed unanimously in the House of Commons on December 12, 2007. Some provinces have partially implemented Jordan's Principle in the area of children with complex medical needs, but more work needs to be done to eliminate the impact of jurisdictional disputes on First Nations children's access to all government services.

In December 2016, the Board of Health for Middlesex London Health Unit approved a policy (appended) that would ensure that all First Nations children would receive public health services without delay, regardless of jurisdictional issues. Our board has also adopted this principle and is currently drafting a new policy to ensure the timely access to Healthy Smiles Ontario dental treatment services for all children, regardless of status.

The board also requested that this be communicated to both the County and City governments and to the Central East Local Health Integration Network, advocating for the adoption of Jordan's Principle in the payment and provision of any programs and services for children.

Other Ontario Boards of Health are also being encouraged to consider establishing similar policy in their respective jurisdictions.

Thank you for ensuring that this communication is shared with the most appropriate recipients.

Sincerely,

Original signed by

Rosana Salvaterra, MD, MSc, CCFP, FRCPC
Medical Officer of Health

/ag
Encl.

Hiawatha First Nation
Administration Office

February 13th, 2017

Re: Peterborough Board of Health Representative

Aaniin Dr. Salvaterra,

Please be advised that Councillor Kathryn Wilson will be Hiawatha First Nations representative at the Peterborough Board of Health table until the current term expires in February of 2019.

Miigwech,

Laurie Carr

Chief Laurie Carr

From: Hope, Amy (MOHLTC) [mailto:Amy.J.Hope@ontario.ca] **On Behalf Of** Martino, Roselle (MOHLTC)
Sent: Friday, February 17, 2017 2:57 PM
Subject: Standards for Public Health Programs and Services Consultation

Dear Colleagues,

As part of the broader health system transformation efforts underway, Dr. Eric Hoskins, Minister of Health and Long-Term Care announced the launch of the review and modernization of the Ontario Public Health Standards (OPHS) on November 16, 2015.

Since that time, we have engaged the sector through the Executive Steering Committee, Practice and Evidence Program Standards Advisory Committee, a number of subject specific work groups, and have also received quite a few submissions.

I am pleased to announce that we have completed our review of the OPHS and have developed modernized draft standards for public health programs and services. The Standards for Public Health Programs and Services Consultation Document is attached for your review. Please share this document with your staff and board of health members.

As part of the sector engagement activities related to the modernization of the OPHS, we will be leveraging a number of existing forums to provide an overview of the new standards, including the AMO Health Task Force and the alPHa Winter Symposium. In addition, an informational webinar will be available to provide an overview, and the ministry is in the process of organizing regional consultation meetings across the province. The regional consultation meetings will provide an opportunity for you to seek clarification/context on the draft standards, and to provide input on anticipated operational considerations, as well as implementation requirements and supports (such as whether new protocols are required, where guidance documents are needed, and what training supports will be beneficial, just to name a few). Details regarding the informational webinar and the regional consultation meetings will be shared shortly.

The ministry will also be accepting written submissions which can be sent to PHTransformation@ontario.ca. Boards of health are encouraged to submit consolidated feedback by April 3, 2017.

I look forward to seeing you at the regional consultation meetings and hearing your feedback on the implementation of the modernized standards for public health programs and services.

Sincerely,

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division

From: allhealthunits-bounces@lists.alphaweb.org [mailto:allhealthunits-bounces@lists.alphaweb.org] **On Behalf Of** Linda Stewart
Sent: Thursday, February 23, 2017 7:27 PM
To: 'All Health Units'
Subject: [allhealthunits] alPHa Next Steps - Updated Public Health Standards

Please forward to:

BOH Chairs &
Any staff who attended alPHa's February 23rd Winter 2017 Symposium

Dear alPHa Member.

Day 1 of alPHa's Winter 2017 Symposium was held today and provided those in attendance with an opportunity to review and discuss the recently released consultation document for the updated *Standards for Public Health Programs and Services* (formerly, *Ontario Public Health Standards*). alPHa's Executive Committee met at the conclusion of the day and would like you to be aware of the following next steps for alPHa.

IMMEDIATELY:
1. Providing members with copies of slide decks from today's symposium
   - Roselle Martino's Overview of the Standards for Public Health Programs and Services
   - Consultant, Brent Moloughney's Preliminary Assessment of the Revised Standards

WEEK OF FEBRUARY 27
2. Requesting an extension to the April 3, 2017 deadline for comment on the updated standards. It is recommended that you assume April 3 will be the deadline unless informed otherwise.

3. Provide members with the written summary of input from the February 23 alPHa Symposium, prepared by Brent Moloughney. The content will include responses to the following questions discussed at the Symposium:
   i) What are the opportunities provided by the new Standards?
   ii) What do you see as the most important issues regarding the Standards' implementation? (please be as specific as possible)
      a. Operational considerations
      b. Implementation requirements
      c. Other?
   iii) Are there particular areas requiring clarification?
   iv) Recognizing that there will be Ministry-sponsored regional consultations, and individual organizations will be preparing their own responses, what specifically should alPHa do?

WEEK OF MARCH 13
4. Provide members with a series of statements that will constitute alPHa's position for consideration by boards of health for endorsement or inclusion with their own local position and context. **It is recommended that boards of health plan to have a meeting to review alPHa's position statement and finalize their own before the April 3, 2017 deadline.** The ministry will be accepting written submissions which can be sent to PHTransformation@ontario.ca. One written submission per organization by April 3, 2017 is encouraged.

On behalf of alPHa's Executive Committee, I hope that you find this information useful. If you have any questions, please do not hesitate to contact me. A copy of the updated standards are attached for your information.

Linda

_____

Linda Stewart
Executive Director

Association of Local Public Health Agencies (alPHa)
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3
Tel: (416) 595-0006 ext. 22
Fax: (416) 595-0030
linda@alphaweb.org

For scheduling, please contact Karen Reece, Administrative Assistant, at karen@alphaweb.org or call 416-595-0006 ext 24.

For more information visit our web site: http://www.alphaweb.org

Peterborough Public Health

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February 27, 2017

Honourable Dr. Eric Hoskins
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
ehoskins.mpp@liberal.ola.org

Dear Minister Hoskins:

Thank you for your recent communications regarding the striking of your Expert Panel on Public Health, chaired by Ontario's Chief Medical Officer of Health, Dr. David Williams. We are delighted to learn that this panel, referred to frequently during the consultations related to your "Patients First" transformation agenda, has now become a reality.

As one of your 36 board of health responsible for the delivery of a broad range of public health programs and services in our respective communities, we are very concerned, however, about the terms of reference of this esteemed panel.

First of all, we would like to understand your rationale for limiting the panel to making only confidential recommendations to you, without any public consultation, validation or scrutiny. This is the third panel to be commissioned by you as part of your transformation agenda. The first, the Expert Group on Home and Community Care, chaired by Dr. Gail Donner, reported publicly with their document "Bringing CARE HOME" in March 2015. The second, the Primary Health Care Expert Advisory Committee, released its report, "Patient Care Groups: A new model of population based primary health care for Ontario" in May of 2015, triggering numerous consultations and public debate. Please help us understand why there has been a decision to remove the transparency and public accountability from the mandate of this third panel which will be looking more closely at public health? With the deepest of respect, we ask why this expert panel's work is so very different from the 2006 Capacity Review of boards of health that was undertaken and delivered within a context of board engagement and consultation?

Our board was further surprised to see that recommendations on funding and funding models is "out of scope" for the panel. This concerns us as well. As you know, the funding formula that has been applied to boards of health with the goal of establishing a more equitable share of provincial funding is new and un-tested. We have requested that the Province undertake an evaluation of this funding formula, to understand whether it is meeting its intended goals, uncover any unintentional consequences and assess underlying validity of its assumptions. We were also under the impression that your decision to maintain the current funding relationship with "obligated municipalities" as described under the Health Protection and Promotion Act, and

which in Peterborough includes municipal and First Nation governments, was only temporary until the expert panel could undertake a more fulsome study of this issue. While we wholeheartedly support your decision not to flow funding to boards of health through LHINs, and are grateful that our direct link to local and provincial governments has been retained, we wish to understand more fully how and when issues of funding will be addressed, if in fact they are outside the scope of the panel.

We thank the Minister for your dedication and commitment to ensuring that all Ontarians are able to expect a healthier future. We look forward to your response with the hope that our concerns can be addressed.

Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag

cc: Jeff Leal, MPP, Peterborough
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
City of Peterborough
County of Peterborough
Curve Lake First Nation
Hiawatha First Nation
Association of Local Public Health Agencies
Ontario Boards of Health

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

January 4, 2017

DELIVERED VIA E-MAIL & REGULAR MAIL

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier,

Re: Requesting Support for Enactment of Legislation under the HPPA to Allow for the Inspection and Enforcement Activities of Personal Service Settings

On behalf of the Board of Health of Wellington-Dufferin-Guelph Public Health (WDGPH), I am writing to request your support of the enactment of legislation under the *Health Promotion and Protection Act* (*HPPA*) to allow for the inspection and enforcement activities of personal service settings.

Six provinces and territories currently have specific legislation for the regulation of personal service settings which increases the enforcement abilities of public health staff and provides an incentive for operators to comply with infection protection and control best practices. Ontario has no provincial legislation that requires operators to comply with these best practices.

In those provinces and territories where regulations exist, non-compliance with the regulations by personal service setting staff or operators can result in a conviction and/or strict monetary fines, without requiring public health staff to prove the existence of a health hazard in order to proceed with enforcement actions.

The creation of legislation under the *HPPA*, specific to personal service settings, would contribute to the standardization of minimum infection control best practices in personal service settings. Based on an assessment of complaints received by WDGPH, most complaints in personal service settings are associated with potentially invasive services such as manicure, pedicure and aesthetics services. The enactment of legislation for all premises offering personal services could help mitigate infection control risks to staff working in these premises and members of the public receiving these services.

.../2

The most recent complaint to WDGPH was in December 2016 and pertained to the cleanliness of reusable tools and equipment and the reuse of single-use items such as nail files and buffer blocks. If legislation was in place that allowed for inspection and enforcement procedures similar to those in food premises, a ticket could have been issued on the spot with a set fine for non-compliance with infection prevention and control best practices. This would have helped lower infection risks for current staff and clients as well as been an incentive for ongoing infection control for this specific owner and a general incentive for the wider community of personal service setting operators.

Recently, WDGPH has observed an expansion in the range of services offered within personal service settings to include more invasive services such as micro-needling, botox injections and microdermabrasion. The invasive nature of these services is accompanied by an increased risk of subsequent infection if appropriate infection prevention and control practices are not followed during the provision of these services. In many cases, these services are being offered by non-Regulated Health Professionals, meaning that inspection of these services and enforcement of minimum infection control best practices falls to public health.

It is therefore our hope that you will consider enacting legislation for infection protection and control requirements for all personal service settings under the *HPPA*, supported by short-form wording under the *Provincial Offences Act.*

Thank you for giving this correspondence your every consideration.

Sincerely,

N. Sullivan

Nancy Sullivan
Chair, Wellington-Dufferin-Guelph Board of Health

Encl. (Legislation to enforce infection prevention and control practices within personal service settings, Board of Health Report, December, 2016)

cc (via e-mail):
Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
MPP Liz Sandals, Guelph
MPP Sylvia Jones, Dufferin-Caledon
MPP Ted Arnott, Wellington-Halton Hills
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Boards of Health

February 7, 2017

The Honourable Dr. Eric Hoskins
Minister – Minister's Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, Ontario
M7A 2C4

Dear Minister Hoskins:

Re: Marijuana controls under Bill 178, Smoke-Free Ontario Amendment Act, 2016

On January 27, 2017 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Simcoe Muskoka District Health Unit regarding the Marijuana controls under Bill 178, Smoke-Free Ontario Amendment Act, 2016. The following motion was passed:

Motion No: 2017-3

Moved by: Mitch Twolan **Seconded by: Mike Smith**

"THAT the Board of Health for the Grey Bruce Health Unit support the recommendations from Simcoe Muskoka District Health Unit regarding the inclusion of marijuana (medicinal and recreational) as a prescribed product under Bill 178, Smoke-Free Ontario Amendment Act, and as such, prohibit the smoking of all marijuana in all places where the smoking of tobacco is prohibited."

Carried.

Sincerely,

Christine Kennedy

Christine Kennedy, MSc, MS, DPhil, MD, CCFP, FRCPC
Medical Officer of Health
Grey Bruce Health Unit

Cc: Chief Medical Officer of Health of Ontario
Ontario Boards of Health
Association of Local Public Health Agency
Ontario Public Health Association

Encl.

WINDSOR-ESSEX COUNTY HEALTH unit
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

Windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

February 3, 2017

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Hoskins:

Marijuana controls under Bill 178, Smoke-Free Ontario Amendment Act, 2016

On January 19, 2017, at a regular meeting of the Board of the Windsor-Essex County Health Unit, Administration brought forward a letter supported by the Simcoe Muskoka District Health Unit regarding the inclusion of Marijuana as a prescribed product or substance under Bill 178, Smoke-Free Ontario Amendment Act, 2016.

The Windsor-Essex County Board of Health supports the position of Simcoe Muskoka District Health Unit recommending the enactment of the Smoke-free Ontario Amendment Act which received Royal Assent on June 9, 2016, as well as their suggestion to include medicinal and recreational marijuana as a prescribed substance within the regulations. By utilizing the strong framework set forth in the Smoke-free Ontario Strategy, the provincial government will take advantage of an established and effective means to address the risks associated with the use of these products using the three pillar approach of prevention, protection, and cessation.

As a result, the risks associated with increased uptake of marijuana will be mitigated through appropriate and consistent regulation, and exposure to smoking behaviour in public spaces will be minimized. Increased access to marijuana poses a significant public health concern with the most notable negative outcomes tied to impaired driving, exacerbation of mental illness and addictions, and potential harms to the children of pregnant or lactating women. First and second-hand marijuana smoke also contains known carcinogens and exposure to either can lead to respiratory or cardiovascular disease.

The Windsor-Essex County Board of Health applauds the efforts of the Ontario Government in the development of the Smoke-free Ontario Amendment Act, and the inclusion of marijuana as a prescribed substance is a practical and feasible means through which to lessen the potentially negative public health impacts of legalization. Should this approach be taken, and the enforcement behaviours fall within the scope of Ontario public health units, it is further recommended that sustainable funding and tailored enforcement training be provided.

/2

Lastly, it is recommended that the above-mentioned protections are expanded into the Electronic Cigarettes Act, where the prohibitions related to use in public spaces have yet to be enacted. The vaping of medicinal and recreational marijuana, in any form, also represents a concern related to exposure to smoking behaviour and the unintended inhalation of second-hand smoke.

Sincerely,

Gary McNamara
Chair, Windsor-Essex County Board of Health

Gary M. Kirk, MPH, MD
CEO & Medical Officer of Health

c: Chief Medical Officer of Health of Ontario
Association of Local Public Health Agency
Ontario Public Health Association
Cheryl Hardcastle, MP Windsor-Tecumseh
Brian Masse, MP Windsor-West
Tracey Ramsey, MP Essex
Dave Van Kesteren, MP Chatham-Kent — Leamington
Percy Hatfield, MPP Windsor-Tecumseh
Lisa Gretzky, MPP Windsor-West
Taras Natyshak, MPP Essex
Municipal Councils in Windsor-Essex – (County Clerks)
Ontario Boards of Health
Windsor-Essex County Board of Health

References: Simcoe-Muskoka - Letter to Minister Hoskins - Marijuana and Bill 178

HURON
COUNTY

February 9, 2017

Attention: Registrar
College of Physicians and Surgeons of Ontario
80 College Street
Toronto, Ontario
M5G 2E2

Re: Opioid Addiction and Overdose

On January 5, 2017 at a regular meeting of the Board of Health for the Huron County Health Unit, the board considered the attached correspondence from the Boards of Health for Middlesex London Health Unit regarding Opioid Addiction and Overdose and the following motion was passed:

MOTION:
Moved by: Member Cole and Seconded by: Warden Ginn
THAT: The Huron County Board of Health endorses correspondence from the Middlesex-London Health Unit re: Opioid Addiction and Overdose – dated December 8, 2016.

CARRIED

Sincerely,

Tyler Hessel
Chair, Huron County Board of Health

cc:
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long Term Care
Association of Local Public Health Agencies,
All Health Units

Encl.

Huron County Health Unit
77722B London Road, RR 5, Clinton, ON N0M 1L0 CANADA
Tel: 519.482.3416 Confidential Fax: 519.482.9014 www.huronhealthunit.ca

February 28, 2017

VIA ELECTRONIC MAIL

The Honourable Eric Hoskins
Minister – Minister's Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, ON M7A 2C4

Dear Minister Hoskins:

Re: Opioid Use in Sudbury & District

At its meeting on February 16, 2017, the Sudbury & District Board of Health carried the following resolution #12-17:

> *WHEREAS the Sudbury & District Board of Health is alarmed by the rise in opioid-related harms as evidenced by a tripling of the number of opioid prescriptions in Canada over the past decade and the growing number of opioid-related poisonings presenting to Ontario emergency departments; and*
>
> *WHEREAS within Greater Sudbury indicators of harmful opioid use exceed those for the province, including the rates of opioid users, opioid maintenance therapy use, high strength opioid use, opioid-related emergency department visits, hospital visits and hospital deaths; and*
>
> *WHEREAS federal and provincial governments have signed a Joint Statement of Action committed to addressing the burden of opioid-related harms in Canada and, recently, Ontario announced a provincial opioid strategy that includes modernizing opioid prescribing and monitoring, improving the treatment of pain and enhancing addiction supports and harm reduction; and*
>
> *WHEREAS the Community Drug Strategy for the City of Greater Sudbury, of which the Sudbury & District Health Unit is a leading member, supports Ontario's opioid strategy and is committed to implementing the strategy within the local context;*

THEREFORE BE IT RESOLVED the Sudbury & District Board of Health congratulate the Ontario Minister of Health and Long-Term Care and the Chief Medical Officer of Health, as the province's first Provincial Overdose Coordinator, and request that the new provincial plan be further developed with targets, deliverables and timelines that are supported by regular communication to stakeholders and partners such as boards of health; and

FURTHER THAT the Sudbury & District Board of Health urge the federal Minister of Health to similarly communicate and promptly implement the federal opioid strategy.

Work is underway to address opioid use and opioid-related harms in Sudbury and District. This includes addressing gaps in naloxone supply and distribution, developing an early alerting network to increase awareness and response to opioid use and overdose, and developing a local opioid action plan. However, this is an issue that goes beyond the local context and requires a coordinated, comprehensive and timely provincial and federal response.

Members of the Sudbury & District Board of Health commend the Minister on working with the federal government in calling for national and provincial opioid action plans to respond to the burgeoning issue of opioid use and opioid-related harms. The Board strongly urges that the province promptly implements its plan and encourages the same of the federal government. We look to your continued strong leadership to protect and promote the health of Ontarians.

Sincerely,

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

cc: The Honourable Jane Philpott, Minister of Health, Health Canada
The Honourable Kathleen Wynne, Premier of Ontario
Ms. Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
Dr. David Williams, Chief Medical Officer of Health
Mr. Marc Serré, MP, Nickel Belt
Mr. Paul Lefebvre, MP, Sudbury
Ms. Carol Hughes, MP, Algoma-Manitoulin-Kapuskasing
Mr. Glenn Thibeault, MPP, Sudbury
Ms. France Gélinas, MPP, Nickel Belt
Mr. Michael Mantha, MPP, Algoma-Manitoulin
Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

WINDSOR-ESSEX COUNTY HEALTH UNIT
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Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

February 3, 2017

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Hoskins:

Opioid Addiction and Overdose

On January 19, 2017, at a regular meeting of the Board of the Windsor-Essex County Health Unit, Administration brought forward a letter supported by the Middlesex-London Health Unit regarding improved opioid prescription practices and access to life-saving naloxone.

The Windsor-Essex County Board of Health supported the recommendation from the Middlesex-London Health Unit to better inform Canadians about the risks of opioids, improve prescribing practices, reduce easy access to unnecessary opioids, support better treatment options, and improve the national evidence base. Through collaboration with CPSO, a comprehensive set of guidelines related to counselling, prescribing practices, and naloxone administration would ensure that physicians have the tools needed to address the unnecessary overdose and death associated with the abuse and misuse of these medications.

The Windsor-Essex County Board of Health further commends the Ontario Government on their decision to develop a comprehensive strategy to address opioid misuse and addictions. With increasing rates of opioid prescription and overdose in Ontario, there exists an urgent need to create a comprehensive multi-sectoral approach to prevent the unnecessary deaths caused by the abuse and misuse of opioids. The Windsor-Essex County Board of Health agrees with the stance from Middlesex-London that engagement of physicians through CPSO represents a reasonable starting point to address the issue from the prescription and overdose prevention perspectives. This approach, coupled with improved access to naloxone, will ensure that all opioid users have access to the education and lifesaving medication they need to prevent unnecessary death.

Sincerely,

Gary McNamara
Chair, Windsor-Essex County Board of Health

Gary M. Kirk, MPH, MD
CEO & Medical Officer of Health

c: Chief Medical Officer of Health of Ontario
Ontario Public Health Association
Brian Masse, MP Windsor-West
Dave Van Kesteren, MP Chatham-Kent — Leamington
Lisa Gretzky, MPP Windsor-West
Municipal Councils in Windsor-Essex – (County Clerks)
Windsor-Essex County Board of Health
Association of Local Public Health Agency
Cheryl Hardcastle, MP Windsor-Tecumseh
Tracey Ramsey, MP Essex
Percy Hatfield, MPP Windsor-Tecumseh
Taras Natyshak, MPP Essex
Ontario Boards of Health

Reference: London-Middlesex Health Unit-Resolution-Opioid-Addiction-Overdose

Staff Report

2017-18 Budget Approval - Infant and Toddler Development Program

Date:	March 8, 2017
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Karen Chomniak, Manager, Family Health Dale Bolton, Manager, Finance

Proposed Recommendations

That the Board of Health for Peterborough Public Health:

- receive the staff report, 2017/2018 Budget Approval - Infant and Toddler Development Program (ITDP), for information; and,
- approve the 2017/2018 budget for the ITDP in the total amount of $242,423.

Financial Implications and Impact

The ITDP is funded 100% by the Ministry of Children and Youth Services (MCYS).

The budget reflects the actual occupancy costs and a reasonable recovery of costs to administer the program. Operating costs continue to be limited to the approved funding level of $242,423. There have been no funding increases to the program since 2003. To balance the budget in 2017/18, $3,398 will need to be used from reserves set aside for the program in prior years.

Budget to be submitted to MCYS is presented below.

Infant Toddler Development Program Budget – 2017-2018

Expenditures

Salaries	$153,009
Benefits	41,924
Materials and Supplies	2,400
Staff development	500
Travel	4,700
Occupancy	15,396
Audit and legal fees	1,800
Communications	1,850
Allocated administration	24,242
Total Program Expenditures	$245,821
Less: Transfer from Reserves	(3,398)
Net Program Expenditures	$242,423

Funding

Ministry of Children Youth Services $242,423

Decision History

The Board of Health has operated the ITDP Program since 1981.

Since 2008, the Board has annually reviewed the impact of funding shortfalls and communicated to the funder the resulting challenges. Senior management has continued to communicate with MCYS regarding funding requirements. Over the years, they have met at least annually with provincial representatives, and MCYS has committed to allowing the budget to cover off a more reasonable reflection of the organization's costs to operate the program, but MCYS is unable to provide any additional funds.

Background and Rationale

The ITDP is funded 100% by the MCYS. The ITDP is for families with infants and young children who may become delayed in their development because of prematurity, social, or economic concerns; are diagnosed with special needs, such as Down syndrome, cerebral palsy, or spina bifida; or are found to be delayed in development. An approved budget is required to continue to operate this program and offer these important supports to families in the community.

Strategic Direction

Although not part of the Ontario Public Health Standards, the ITDP assists Peterborough Public Health in continuing to meet its mandate through coordinated efforts with the Healthy Babies Healthy Children program and the Child Health program. It also assists in building on our leadership role by developing important linkages in our community and providing a valued service to help maintain the Community-Centred Focus.

Contact:

Karen Chomniak
Manager, Family Health
Infant and Toddler Development Program
(705) 743-1000, ext. 242
kchomniak@peterboroughpublichealth.ca

Dale Bolton
Manager, Finance
(705) 743-1000, ext. 302
dbolton@peterboroughpublichealth.ca

To: All Members
Board of Health

From: Lori Flynn, Chair, First Nations Committee (or designate)

Subject: **Committee Report: First Nations**

Date: March 8, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health:

a. *receive for information, meeting minutes of the First Nations Committee for December 13, 2016; and,*
b. *approve 2-140, Jordan's Principle (new).*

The First Nations Committee met last on February 22, 2017. At that meeting, the Committee requested that the following items come forward to the Board of Health:

Attachment A – First Nations Committee Minutes, December 13, 2016
Attachment B – 2-401 Jordan's Principle

Board of Health for
Peterborough Public Health
MINUTES
First Nations Committee Meeting
Tuesday, December 13, 2016 – 5:00 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Peterborough Public Health
Jackson Square, 185 King Street, Peterborough

Present:	**Chief Phyllis Williams, Chair** **Deputy Mayor John Fallis** **Ms. Kerri Davies** **Ms. Liz Stone** **Ms. Lori Flynn**
Staff:	**Dr. Rosana Salvaterra, Medical Officer of Health** **Ms. Patti Fitzgerald, Assistant Director, Chief Nursing and Privacy Officer** **Ms. Alida Gorizzan, Recorder**

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1. Call to Order (Chief Williams)

Chief Williams called the meeting to order at 5:00 p.m.

2. Confirmation of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved: Deputy Mayor Fallis
Seconded: Kerri Davies
Motion carried. (M-2016-013-FN)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1. **September 13, 2016**

MOTION:
That the minutes of the First Nations Committee Meeting held September 13, 2016 be approved as circulated and provided to the Board of Health at its next

meeting for information.
Moved: Deputy Mayor Fallis
Seconded: Kerri Davies
Motion carried. (M-2016-014-FN)

6. Business Arising From the Minutes

6.1. Review Committee Terms of Reference

The Committee reviewed their Terms of Reference, a housekeeping change will be made to the document to ensure the term "Indigenous" is capitalized.

6.2. Meetings with Curve Lake and Hiawatha (Fitzgerald)

Ms. Fitzgerald advised that a meeting has been scheduled with Hiawatha's L.I.F.E. Services and PPH staff on January 17th. Chief Williams recommended that a meeting should be scheduled with Curve Lake Health Centre staff after the new Manager is hired (January/February, 2017).

Dr. Salvaterra inquired whether Curve Lake Council has a Health Committee. Chief Williams confirmed this, and noted that they would welcome a delegation to this Committee after PPH staff have met with the new Health Centre Manager, if appropriate.

Ms. Flynn noted that the Nogojiwanong Friendship Centre recently moved into new offices at 580 Cameron Street. Dr. Salvaterra will plan a visit in the near future to their facility.

6.3. Indigenous Health Strategy (Salvaterra)

The Committee discussed how to proceed on this item now that the Board has supported its implementation. Members felt that a briefing from Toronto Public Health staff involved in the development of the Toronto Indigenous Health Strategy would be helpful. It was suggested that an in-person presentation, or video-conference would be preferred. **ACTION: Dr. Salvaterra will follow up to schedule this for the Committee's next meeting.**

6.4. Committee Work Plan (Salvaterra)

The Committee began to populate activities for their 2017 work plan. The following actions were identified, based on the related Truth and Reconciliation Committee (TRC) Calls to Action item noted below:

- *#3, Jordan's Principle*: The Board will be asked to support the creation of a policy to ensure that the organization follows this principle (January 2017)

- #8, Federal Education Funding: The Committee will request Board advocacy on this item (April 2017)
- *#18, Aboriginal Health:* A Community Education Session will be planned (2017)
- *#19, Health Outcomes:* This will be included in the above-mentioned Community Session, and the Committee will request Board advocacy on this item (February 2017)
- *#22, Healing Practices*: The Committee will explore either a workshop for physicians or Grand Rounds, and seek further dialogue with the Peterborough Regional Health Centre on a potential policy (2017)
- *#23, Cultural Competency Training:* Modules are forthcoming from the Chiefs of Ontario (2017)
- *#24, Education for Medical/Nursing Students:* Staff will follow up with Trent University and Fleming College Programs, as well as with the Canadian Association of Schools of Nursing (2017)

The remaining items on the work plan will be populated at the Committee's next meeting.

7. Staff Reports

8. Consent Items

9. New Business

9.1. **Urban Indigenous Action Plan Engagement Session**

Ms. Flynn shared that the Nogojiwanong Friendship Centre will host a full day Urban Indigenous Action Plan Engagement Session on January 9th, Dr. Salvaterra is scheduled to attend.

The session will focus on reviewing the proposed elements of the Action Plan, including its vision, desired outcomes, strategic priorities, action areas, and evaluation. A summary of what has been heard from urban Indigenous communities through previous engagement will also be shared with participants.

The Action Plan will inform urban Indigenous provincial policy development across a range of sectors going forward and will have a wide-reaching impact for all those that have an interest in improving the socio-economic outcomes for urban Indigenous communities across Ontario.

10. In Camera to Discuss Confidential Matters (nil)

11. Motions for Open Session (nil)

12. Date, Time, and Place of the Next Meeting

To be determined after Committee appointments are confirmed on January 11, 2017 by the Board.

13. Adjournment

MOTION:
That the meeting be adjourned.
Moved: Deputy Mayor Fallis
Seconded: Ms. Stone
Motion carried. (M-2016-015-FN)

The meeting was adjourned at 6:21 p.m.

Chairperson

Medical Officer of Health

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-401	**Title:** Jordan's Principle
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**:**
Signature:		**Author:**
Date (YYYY-MM-DD)**:**		
References: Convention on the Rights of the Child (CRC, 1989) Canadian Charter of Rights and Freedoms (1982) Truth and Reconciliation Commission of Canada: Calls to Action (2015)		

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PURPOSE

The Jordan's Principle policy ensures that First Nations and Indigenous children do not experience denials, delays or disruptions of public services that would ordinarily be available to other children due to jurisdictional disputes. This policy is fundamental in achieving equitable treatment of First Nations children relative to other Canadian children.

POLICY

Jordan's Principle is an essential mechanism for protecting the human, constitutional and treaty rights of First Nations children. This policy helps to redress the legacy of residential schools and advance the process of Canadian reconciliation as outlined in the Truth and Reconciliation Commission's Call to Action. Peterborough Public Health (PPH) shall ensure a child-first approach to jurisdictional funding disputes so as to not prevent or delay First Nations children from accessing available public health services.

All Board of Health Members and staff should be familiar with Jordan's Principle and must keep it in mind whenever dealing with Indigenous clients. By doing so, we can be more aware of the need for Jordan's Principle and the potential challenges that First Nations and Indigenous families face in accessing care for their children.

PROCEDURE

1. When PPH programs and services are requested or required by First Nations and Indigenous children, the organization shall pay for services for a Status Indian child where that service is available to other children. This service shall be provided without delay or disruption.

2. Matters that involve Jordan's Principle should be referred to the Medical Officer of Health or Directors for appropriate follow-up, reporting and resolution.

3. The organization has the option to refer the matter of payment to a relevant jurisdictional dispute resolution table, where appropriate.

Review/Revisions
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**

To: All Members
Board of Health

From: Greg Connolley, Chair, Governance Committee

Subject: **Committee Report: Governance**

Date: March 8, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health:

a. *receive for information, meeting minutes of the Governance Committee from November 1, 2016;*

and approve the following:

b. *2-90, Human Rights and Discrimination (revised);*
c. *2-92, Workplace Violence and Harassment Prevention (revised);*
d. *2-185 By-Law Number 10, Conduct of Open and In-Camera Meetings (revised);*
e. *2-402, Immunization (new).*

The Governance Committee met last on February 15, 2017. At that meeting, the Committee requested that the following items come forward to the Board of Health:

Attachment A – Governance Committee Minutes, November 1, 2016
Attachment B – 2-90 Human Rights and Discrimination (revised)
Attachment C – 2-92 Workplace Violence and Harassment Prevention (revised)
Attachment D - 2-185 By-law Number 10, Conduct of Open and In-Camera Meetings (revised)
Attachment E - 2-402 Immunization (new)

Note: The procedural aspects of policy 2-92 have been removed and placed into an organizational level policy.

Board of Health for
Peterborough Public Health
MINUTES
Governance Committee Meeting
Tuesday, November 1, 2016 – 4:30 – 6:00 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough

Present:	**Deputy Mayor John Fallis** **Mayor Mary Smith** **Mr. Greg Connolley, Chair** **Mayor Rick Woodcock**
Regrets:	**Mr. Scott McDonald**
Staff:	**Dr. Rosana Salvaterra, Medical Officer of Health** **Mr. Larry Stinson, Director of Operations** **Ms. Alida Gorizzan, Recorder**

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1. Call to Order

Mr. Connolley called the Governance Committee meeting to order at 4:34 p.m.

2. Confirmation of the Agenda

Given a potential early departure from Mayor Smith, it was requested that item 10, In Camera Discussion, could be moved earlier in the agenda after item 4, Delegations and Presentations.

MOTION:
That the Agenda be accepted as amended.
Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-029-GV)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

In Camera to Discuss Confidential Matters

MOTION:
That the Governance Committee go In Camera to discuss one item under Section 239(2)(b) Personal matters about an identifiable individual, including municipal or local board employees, and one item under Section 239(2)(d) Labour relations or employee negotiations, at 4:38 p.m.

Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-030-GV)

MOTION:
That the Governance Committee rise from In Camera at 5:15 p.m.
Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-031-GV)

Motions for Open Session

MOTION:
That the Governance Committee recommend to the Board of Health the following appointments:

- *First Nations Committee: Kerri Davies, Deputy Mayor John Fallis, Chief Phyllis Williams, Liz Stone (Community Volunteer), Lori Flynn (Community Volunteers)*
- *Governance Committee: Councillor Gary Baldwin, Greg Connolley, Deputy Mayor John Fallis, Mayor Rick Woodcock*
- *Stewardship Committee: Councillor Henry Clarke, Andy Sharpe, Mayor Rick Woodcock.*

Moved: Deputy Mayor Fallis
Seconded: Mayor Rick Woodcock
Motion carried. (M-2016-032-GV)

5. Confirmation of the Minutes of the Previous Meeting

5.1. August 2, 2016

MOTION:
That the minutes of the Governance Meeting held August 2, 2016 be approved as circulated and provided to the Board of Health at its next meeting for information.
Moved: Mayor Smith
Seconded: Deputy Mayor Fallis

Motion carried. (M-2016-033-GV)

6. Business Arising From the Minutes

7. Staff Reports

7.1 Board By-Laws and Policies for Review

Dr. Rosana Salvaterra, Medical Officer of Health

MOTION:
That the Governance Committee advise the Board of Health at its next meeting that the Committee reviewed the following and recommends:

- *2-152 Board Leadership and Committee Membership Selection (revised)*
- *2-270 Conduct of Board Members (revised)*
- *2-300 Medical Officer of Health (revised)*
- *2-345 Medical Officer of Health Absence (revised); and*
- *2-400 Naming Rights (revised).*

Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-034-GV)

8. Consent Items (NIL)

9. New Business

9.1. Orientation/Education Needs for the Board in 2017

Members discussed potential educational needs for the Board in 2017, items included:

- Travel Health
- Closed Session Training
- Public Health Inspectors (e.g. duties, scope, etc.)

9.2. Board/Management Planning Session Discussion – February 11, 2017

Mayor Smith departed the meeting at 5:45 p.m.

10. In Camera to Discuss Confidential Matters

Refer to item 2.

11. Motions for Open Session

Refer to item 2.

12. Date, Time, and Place of the Next Meeting

To be determined after Committee appointments are confirmed on January 11, 2017 by the Board.

13. Adjournment

MOTION:
That the Governance Committee meeting be adjourned.
Moved by: Deputy Mayor Fallis
Seconded by: Mr. Connolley
Motion carried. (M-2016-035-GV)

The meeting was adjourned at 5:58 p.m.

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Peterborough Public Health

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-90	**Title:** Human Rights and Discrimination
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2011-11-09**
Signature:		**Author:** Medical Officer of Health
Date (YYYY-MM-DD)**:** ~~2014-11-12~~		
Reference:		

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POLICY

The ~~Peterborough County-City~~ Board of Health for Peterborough Public Health (PPH) recognizes that the inherent dignity and the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world and is in accord with the Universal Declaration of Human Rights as proclaimed by the United Nations.

Ontario's Human Rights Code provides for equal rights and opportunities without discrimination that is contrary to law. The Board of Health recognizes the right of all persons living within ~~Peterborough City and County~~the public health unit to equal access, where eligible, to all its programs and services, free from discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, record of offences, family status or disability.

As an employer, the Board of Health recognizes that the right to "equal treatment with respect to employment" ensures freedom from discrimination that is contrary to law and covers applying for a job, being recruited, training, transfers, promotions, dismissal and layoffs. It also covers rate of pay, overtime, hours of work, holidays, benefits, shift work, discipline and performance evaluations.

We will support the accommodation of employees and job applicants who require workplace accommodation under any of the grounds described in the Human Rights Code. We will work to achieve a workplace free of barriers by providing accommodation for the needs of those individuals covered by the Code, up to the point where it causes undue hardship for the Board.

All employees, students, volunteers and clients of the board of health have the right to be free from humiliating or annoying behaviour that is based on one or more grounds in the Code. Harassment requires a "course of conduct," which means that a pattern of behaviour or more than one incident is usually

required. Please refer to Board of Health Policy 2-92, Workplace Violence and Harassment. (See policy on Workplace Violence and Harassment Prevention for reporting harassment complaints.

For all other Human Rights and Discrimination complaints, employees should refer to Organizational Policy and Procedure 12-101, ~~"~~Complaints, Employee~~")~~. Clients of PPH should follow Board of Health policy 2-280, Complaints, to report any incidents experienced while accessing PPH programs or services.

No employee will suffer reprisal for filing a complaint in good faith.

Review/Revisions

On (YYYY-MM-DD)**:** 2011-11-09

On (YYYY-MM-DD)**:** 2014-11-12

On (YYYY-MM-DD)**:**

On (YYYY-MM-DD)**:**

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-92	**Title:** Workplace Violence and Harassment Prevention
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2011-11-09**
Signature:		**Author:** Medical Officer of Health
Date (YYYY-MM-DD)**:** ~~2014-11-12~~		
Reference: Occupational Health and Safety Act, Section 32 Board of Health Policy 2-90, Human Rights and Discrimination Board of Health Policy 2-280, Complaints Organizational Policy 12-380, Harassment - Workplace		

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POLICY

Policy Statement:

The ~~Peterborough County-City~~ Board of Health for Peterborough Public Health (PPH) is committed to providing a work environment in which all individuals are treated with respect and dignity.

The ~~Peterborough County-City~~PPH -Board of Health is committed to the prevention of workplace violence and harassment and is ultimately responsible for employee health and safety. We will take whatever steps are reasonable to protect our employees from workplace violence from all sources.

Violent behaviour or harassment in the workplace is unacceptable from anyone. This policy applies to all employees, volunteers, students and other members of the public participating in a ~~health unit~~ program or receiving a ~~health unit~~ service offered by PPH. Everyone is expected to uphold this policy and to work together to prevent workplace violence and harassment and will be held accountable by the employer.

Harassment may also relate to a form of discrimination as set out in the Ontario Human Rights Code, but it does not have to. Ontario's Human Rights Code states that "Every person who is an employee has a right to freedom from harassment in the workplace by the employer or agent of the employer or by another employee because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, age, record of offences, marital status, family status or disability." Sexual harassment, including

solicitation, is also prohibited under the Human Rights Code. Please refer to Board policy 2-90, Human Rights and Discrimiation, for further details.

This policy is not intended to limit or constrain the reasonable exercise of management functions in the workplace. These functions include management's right to:

- establish terms and conditions of employment;
- maintain order, discipline, and efficiency;
- hire, discharge, direct, transfer, classify, promote, demote or discipline employees; and,
- generally manage the ~~Health Unit.~~organization.

Employees are encouraged to report any incidents of workplace violence or harassment, ~~.~~please refer to Organizational policy 12-380, Harassment – Workplace, to report these incidents. The Board of Health will ensure that there will be no negative consequences for reports made in good faith. Management will investigate and deal with all concerns, complaints, or incidents of workplace violence or harassment in a timely and fair manner while respecting employees' privacy, to the extent possible.

Nothing in this policy prevents or discourages an employee from filing an application with the Ontario Human Rights Tribunal on a matter related to the Ontario Human Rights Code within one year of the last alleged incident. An employee also retains the right to exercise any other legal avenues available.

There is a workplace violence and harassment prevention program that implements this policy and complies with Section 32 of the *Ontario Occupational Health and Safety Act*. It includes measures and procedures to protect employees from workplace violence, a means of summoning immediate assistance and a process for employees to report incidents, or raise concerns. The program outlines how the employer will investigate and deal with incidents or complaints of workplace violence or harassment and any other elements prescribed in the regulation.

The ~~Peterborough County City~~PPH Board of Health as the employer will ensure that this policy and the supporting organizational policy and procedures are implemented and maintained and that all employees and supervisors have the appropriate information and instruction to protect them from violence in the workplace. Supervisors will adhere to this policy and the supporting program. Supervisors are responsible for ensuring that measures and procedures are followed by employees and that employees have the information that they need to protect themselves. Every employee must work in compliance with this policy and the supporting organizational policy and procedures.

Clients of PPH should follow Board of Health policy 2-280, Complaints, to report any incidents of violence and/or harassment experienced while accessing PPH programs or services.

This policy is to be reviewed annually by the board of health and posted in the workplace.

Definitions

Bullying[1]: A conscious, willful, and deliberate hostile activity intended to induce intimidation through the threat of further emotional or physical harm. It includes the following three elements:

1. Imbalance of power: The bully can be older bigger, stronger, more verbally adept, higher up on the social ladder and/or decision-making ladder (i.e. people with authority over others), of a different race or of the opposite sex.
2. Intent to harm: The bully means to inflict emotional and/or physical pain, and expects the action to hurt. Bullying is no accident, mistake, or slip of the tongue.
3. A pattern of behaviour: The negative behaviour toward the victim has happened more than once and has caused fear in the victim that it will happen again.

~~*Complainant:* An employee who had alleged to have been the target of violence, or harassment and whom brings a complaint forward under this policy.~~

~~*Investigator:* A person or persons designated by Human Resources to conduct the investigation of the reported incident.~~

~~*Respondent:* A person alleged to have engaged in the violent or harassing behavior as defined by this policy.~~

Workplace bullying[2]: Persistent, offensive, abusive, intimidating or insulting behaviour, abuse of power or unfair penal sanctions which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause them to suffer stress.

Workplace harassment[3]*:* Engaging in a course of vexatious comment or conduct against a worker, in a workplace, that is known or ought reasonably to be known to be unwelcome.

Workplace violence[4]*:*
(a) the exercise of physical force by a person against an employee, in a workplace, that causes or could cause physical injury to the employee,
(b) an attempt to exercise physical force against an employee, in a workplace, that could cause physical injury to the employee,
(c) a statement or behaviour that it is reasonable for an employee to interpret as a threat to exercise physical force against the employee, in a workplace, that could cause physical injury to the employee.

Vexatious: An act by a person in order to annoy, embarrass or otherwise aggravate another person.

~~**PROCEDURE**~~

~~1. Responsibilities:~~

~~1.1. Supervisor/Human Resources~~

~~1.1.1. Human Resources shall act as the workplace coordinator with respect to workplace violence and workplace harassment in accordance with the duties and functions outlined herein.~~

1.1.2. The supervisor or Human Resources Generalist is responsible to be available to the employee to receive the complaint information and assist as required in gathering the information to document the incident on the Incident Report – Workplace Violence and Harassment form (see Appendix A).

1.1.3. The supervisor shall, in a timely manner, forward the Incident Report to Human Resources or designate to initiate the review and assignment of an Investigator, where applicable.

1.1.4. Human Resources or designate shall ensure that the steps determined to investigate and/or address the complaint have been taken.

1.1.5. Where an investigation establishes that an employee of the PCCHU was responsible for the incident of violence, threatening violence or harassment, the employee shall be disciplined in a manner that is consistent with PCCHU's practices on discipline.

1.1.6. The complaint and investigation will be conducted in a confidential manner. Personal information will be shared with an employee about a person with a history of violent behaviour where:

1.1.6.1. The employee could be expected to encounter that person in the course of his/her work; and

1.1.6.2. There is a risk of workplace violence likely to expose the employee to physical injury.

1.1.7. Where the supervisor becomes aware or ought reasonably to be aware that an employee is at risk for intimate partner violence that would likely expose the employees to physical injury in the workplace, the PCCHU shall take every reasonable and practical precaution to protect that employee in the workplace and communicate this information as deemed appropriate to protect the employee.

1.2. Employee

1.2.1. Employees share the responsibility to ensure that their work environment is free from violence, threats of violence, intimidation and other disruptive behavior. As such, employees are expected to treat all other employees and visitors with respect and dignity. Employees must not threaten violence or engage in any violent behavior in the workplace.

1.2.2. Employees are to read and refer to the online PCCHU Personal Safety Handbook for more program and job assignment specific information.

1.2.3. Employees are to provide information on workplace violence by completing the Employee Risk Assessment – Workplace Violence form (see Appendix B) when requested by the employer.

1.2.4. Employees are to call for immediate assistance when workplace violence occurs or is likely to occur, or when a threat of workplace violence is made. This includes intimate partner violence of which they are aware that may result in physical injury in the workplace.

1.2.5. Employees are responsible to report incidents of workplace violence, threats of violence and harassment to a supervisor or the Human Resources Generalist. Unionized employees may wish to consult with their respective union.

1.2.6. Employees are expected to co-operate fully in any investigation of an incident.

1.2.7. An employee may refuse to work where she/he has reason to believe that she/he is in danger of being a victim of workplace violence. During the work refusal investigation, the employee must remain in a safe place and make themselves available for the investigation. Otherwise, the normal work refusal process would be triggered.

1.2.8. Employees who bring forward trivial, frivolous, unfounded or malicious complaints and are found to knowingly have made statements in bad faith or which are false, will be dealt with through PCCHU's disciplinary practices.

1.3. Joint Occupational Health and Safety Committee

1.3.1. Review the workplace violence hazard assessment results and provide recommendations to management to reduce or eliminate the risk of violence.

1.3.2. Review all reports forwarded to the Joint Occupational Health and Safety Committee regarding workplace violence.

1.3.3. Participate in the investigation of critical injuries.

1.3.4. Recommend corrective measures for the improvement of the health and safety of employees.

1.3.5. Respond to employee concerns related to workplace violence and communicate these to management.

1.3.6. Participate in the review of the policy and guidelines for continuous improvement.

1.4. Employer

1.4.1. The Human Resources Generalist shall conduct a risk assessment to identify potential risks for violence in the workplace and this assessment shall be updated as often as deemed necessary.

1.4.2. The results of the risk assessment and incident of workplace violence shall be reported to the Joint Occupational Health and Safety Committee as prescribed in OHSA.

1.4.3. The employer shall take all reasonable and practical measures and procedures to provide immediate assistance where violence occurs and minimize or control the risks of violence in the workplace. Furthermore, the PCCHU shall ensure that incidents of violence or harassment are dealt with in a manner consistent with this procedure.

1.4.4. The employer shall post this policy and associated procedures in the workplace, reviewed as often as deemed necessary, but at least annually.

1.4.5. The Human Resources Generalist shall ensure that employees are educated on this policy and associated procedures.

1.4.6. The Human Resources Generalist shall keep records of incidents of workplace violence or harassment, investigations and related work refusals.

2. Reporting:

2.1. Informal Procedure for Reporting Harassment

2.1.1. Employees who believe they are victims of harassment in the workplace may choose to address the situation informally and may:

2.1.1.1. Where safe to do so, confront the harasser personally or in writing, by stating their objection to the action taken and by requesting that the unwelcome behaviour stop immediately.

2.1.1.2. Discuss the situation with the harasser's supervisor, their own supervisor, any other supervisor or the Human Resources Generalist.

2.1.2. Should this approach not resolve the matter, the employee should then take action to proceed through the formal procedure of reporting the incident and documenting the complaint in writing.

2.2. Formal Procedure for Reporting Harassment or Violence

2.2.1. Where there is an extremely urgent and/or life threatening situation, the most important concern is the immediate safety of the employee or other individuals. Depending on the situation this may require a call to the Police, Fire or Paramedics, which shall be carried out immediately or as soon as reasonably possible.

2.2.2. Following situation as noted in 2.2.1 being addressed or in situations other than those associated with 2.2.1, employees who believe that have been a victim of violence/threats of violence, been personally harassed or have witnessed violence or harassment in the workplace should report the incident to their supervisor, any other supervisor or the Human Resources Generalist.

2.2.3. The supervisor or Human Resources Generalist shall meet with the employee to gather information on the incident. The complaint shall be documented in writing, using the Incident Report – Workplace Violence and Harassment form and should include:

2.2.3.1. The Complainant name, date and time of the incident.

2.2.3.2. The name of person or persons involved in the incident.

2.2.3.3. The name of any person or persons who witnessed the incident.

2.2.3.4. A full description of what occurred in the incident and any background information which may have bearing on the incident.

2.2.3.5. The written complaint should be signed dated and forwarded to the Human Resources Generalist or designate to investigate.

3. Investigation

3.1. Incident Investigation

3.1.1. On receipt of the complaint (incident report), Human Resources will assign an Investigator to investigate the incident. The Investigator will use the Investigation Report – Workplace Violence and Harassment form (see Appendix C) to document the investigation.

3.1.2. The investigation of the incident should take place in a timely manner following notification from the Complainant that an incident has occurred.

3.1.3. Priority is given to determining whether immediate action needs to be taken to protect the safety of the Complainant prior to any investigation.

3.1.4. Where as a result of workplace violence, medical attention has been sought and/or the employee is disabled and unable to perform his or her usual work, a Workplace Safety

and Insurance Board claim is to be filed and the Joint Occupational Health and Safety Committee is to be advised within four days of the incident.

3.1.5. The investigation should be conducted in a consistent and confidential manner and should include, but not be limited to:

3.1.5.1. An interview with the Complainant to gather information on the incident.

3.1.5.2. An interview with other person(s) involved in the incident and/or witnessed to the incident to gather information on the incident.

3.1.5.3. An interview with any other person who may have knowledge of the incident or similar incidents.

3.1.5.4. An interview with the Respondent to gather information on the incident.

3.1.5.5. A written summary of the above information will be prepared.

3.2. Procedures Following Investigation

3.2.1. Upon completion of the investigation, the Investigator will review all evidence collected with the MOH/designate(s) and they shall examine the information to determine whether the policy has been contravened.

3.2.2. Appropriate remedial, disciplinary and/or legal action will be taken according to the circumstances. Where any employee is the Respondent, outcomes or resolutions of the investigation may include, but are not limited to: education to an individual or group; review and modification of policies and procedures; discipline including, but not limited to: reprimand, suspension, demotion, transfer, or termination of employment. Where the Respondent is not an employee, the outcome or resolution of the investigation may include oral communication or other action as deemed appropriate by the MOH/designate(s).

3.2.3. PCCHU shall consult with other parties as deemed appropriate (e.g., Joint Occupational Health and Safety Committee, Employee Assistance Program, Police Services).

3.2.4. The Joint Occupational Health and Safety Committee shall be advised of any related items which may require their attention.

3.2.5. The document/information gathered in the investigation shall remain on record in the Human Resources department.

References:

[1]Anoka-Hennepin School Board definition
[2]Amicus-MSF trade union
[3]Ontario Occupational Health and Safety Act
[4]Ontario Occupational Health and Safety Act

~~**Review/Revisions**~~

~~**On** (YYYY-MM-DD)**: 2011-11-09**~~
~~**On** (YYYY-MM-DD)**: 2014-11-12 (2-94 incorporated and retired)**~~
~~**On** (YYYY-MM-DD)**:**~~
~~**On** (YYYY-MM-DD)**:**~~

~~Incident Report – Workplace Violence and Harassment~~
~~Peterborough County-City Health Unit~~

~~Incidents may include acts of harassment, threat of violence or violence. Violence may include:~~

- ~~Physical acts of hitting, shoving, pushing, kicking and sexual assault;~~
- ~~Any threat, behaviour or action which is interpreted to carry the potential to harm or endanger the safety of others, result in an act of aggression, destroy or damage property or bomb threat;~~
- ~~Disruptive behaviour that is not appropriate to the work environment such as yelling and swearing.~~

~~COMPLAINANT:~~	
~~Name:~~	
~~Job/Position:~~	
~~Program:~~	
~~INCIDENT:~~	
~~Type of Incident: ☐ Harassment ☐ Attempted Assault ☐ Sexual Harassment~~	
~~☐ Assault Causing Bodily Harm ☐ Threatening Violence ☐ Other (Describe below):~~	
~~Date and Time of Incident:~~	
~~Location/Address/Site of Incident:~~	
~~Reported Date and Time of Incident:~~	
~~Incident reported to:~~	
~~What were you doing at the time of the Incident:~~	
~~Describe Incident in detail below: (if more space is required, please append additional pages)~~	
~~Please describe the outcome of the Incident:~~	
~~Possible contributing factors which led to the Incident:~~	
~~Is this the first time this type of behaviour has occurred with the Respondent(s):~~	~~☐ Yes ☐ No~~
~~Do you believe there will be a reoccurrence of a similar nature in future?~~	~~☐ Yes ☐ No~~
~~Suggested or remedial actions:~~	
~~INDIVIDUAL(S) DIRECTLY INVOLVED IN THE INCIDENT~~	
~~Name, Job/Position:~~	
~~Name, Job/Position:~~	
~~Name, Job/Position:~~	
~~WITNESS(ES):~~	

~~Name, Job/Position:~~	
~~Report Attached:~~	~~☐ Yes ☐ No~~
~~Name, Job/Position:~~	
~~Report Attached:~~	~~☐ Yes ☐ No~~
~~Name, Job/Position:~~	
~~Report Attached:~~	~~☐ Yes ☐ No~~
~~**RESPONDENT(S):**~~	
~~Name, Job/Position:~~	
~~If Respondent(s) unknown, provide a description below (e.g., male/female, height, weight, hair colour, distinct features):~~	
~~Relationship between Complainant and Respondent(s), if any:~~	
~~☐ Co-worker ☐ Visitor ☐ Client ☐ Other (Describe):~~	
~~**COMPLAINANT'S SIGNATURE:**~~	
~~I have read the above details and agree they are correct:~~	
~~Complainant's Signature~~	~~Date~~
~~**RECEIVED BY HUMAN RESOURCES OR DESIGNATE:**~~	
~~Name, Job/Position:~~	
~~Signature~~	~~Date~~
~~Date reported to JOHSC (if applicable):~~	

~~Employee Risk Assessment – Workplace Violence~~
~~Peterborough County-City Health Unit~~

~~Name: (Optional)~~	
~~Job/Position: (Optional)~~	
~~IN THE LAST FIVE YEARS:~~	
~~1. Have you experienced verbal abuse (e.g., swearing insults, teasing or bullying) while an employee of PCCHU?~~	☐ ~~Yes~~ ☐ ~~No~~
~~If Yes, how did you report the incident(s) (e.g., orally or in writing) and to whom?~~	
~~If No, please share why you chose not to report the incident(s): (optional)~~	
~~What was the relationship of the abuser to you?~~	
☐ ~~Co-worker~~ ☐ ~~Visitor~~ ☐ ~~Client~~ ☐ ~~Other (Describe):~~	
~~2. Have you experienced verbal or written threats (e.g., "If you don't get off my back, you'll regret it") while an employee of PCCHU?~~	☐ ~~Yes~~ ☐ ~~No~~
~~If Yes, how did you report the incident(s) (e.g. orally or in writing) and to whom?~~	
~~If No, please share why you chose not to report the incident(s): (optional)~~	
~~What was the relationship of the abuser to you?~~	
☐ ~~Co-worker~~ ☐ ~~Visitor~~ ☐ ~~Client~~ ☐ ~~Other (Describe):~~	
~~3. Have you been threatened with physical harm (e.g., someone shaking a fist, throwing objects, committing vandalism) while an employee at PCCHU?~~	☐ ~~Yes~~ ☐ ~~No~~
~~If Yes, how did you report the incident(s) (e.g. orally or in writing) and to whom?~~	
~~If No, please share why you chose not to report the incident(s): (optional~~	
~~What was the relationship of the abuser to you?~~	
☐ ~~Co-worker~~ ☐ ~~Visitor~~ ☐ ~~Client~~ ☐ ~~Other (Describe):~~	
~~4. Have you experienced a physical assault or attack while an employee of PCCHU?~~	☐ ~~Yes~~ ☐ ~~No~~
~~If Yes, how did you report the incident(s) (e.g. orally or in writing) and to whom?~~	
~~If No, please share why you chose not to report the incident(s): (optional)~~	
~~What was the relationship of the abuser to you?~~	
☐ ~~Co-worker~~ ☐ ~~Visitor~~ ☐ ~~Client~~ ☐ ~~Other (Describe):~~	
~~5. Do you ever work alone?~~	☐ ~~Yes~~ ☐ ~~No~~
~~6. Do you have any concerns about workplace violence at PCCHU?~~	☐ ~~Yes~~ ☐ ~~No~~
~~If Yes, please explain:~~	

~~Any suggestions on how risk could be controlled :~~

~~*THANK YOU!*~~

Investigation Report – Workplace Violence and Harassment
Peterborough County-City Health Unit

ACTION TAKEN – MANAGEMENT AND POLICE CONTACT			
Was the Complainant's supervisor called? ☐ Yes ☐ No			
Supervisor's Name:		Time Called:	
Were the Police called? ☐ Yes ☐ No If Yes, complete the information below. If No, continue to the next section.			
Police called by whom?			
Date Called: (YYYY-MM-DD)		Time Called:	
Date Arrived: (YYYY-MM-DD)		Time Arrived:	
Police Officer's Name:		Division:	
Were any alarms activated? ☐ Yes ☐ No			
MEDICAL AID INFORMATION – PLEASE ATTACH ALL INJURY REPORTS AS NECESSARY			
First Aid Administered? ☐ Yes ☐ No If Yes, by whom?			
CPR Administered? ☐ Yes ☐ No If Yes, by whom?			
Medical Attention? ☐ Yes ☐ No If Yes, by whom?			
ACTION TAKEN – WSIB FORM 7			
Is a WSIB Form 7 to be filled? ☐ Yes ☐ No If Yes, complete the information below. If No, continue to the next section.			
Date Filed: (YYYY-MM-DD)			
Submitted by (Name, Job/Position):			
REVIEW AND REMEDIAL ACTION			
Form completed by (Name, Job/Position):			
Signature	Date		
Information attached? ☐ Yes ☐ No If Yes, state documents attached below:			
Recommendation Action(s):			
Incident reviewed by (Name, Job/Position):			
Signature	Date		

Peterborough Public Health

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-185	**Title:** By-Law Number 10 – Conduct of Open and In-Camera Meetings
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2012-06-13**
Signature:		**Author:** Director, Corporate Services
Date (YYYY-MM-DD)**:** ~~2015-09-09~~		
Reference:		

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By-Law Number 10
A By-Law for the Conduct of Open and In-Camera Meetings

Section 1 – Interpretation

1.1 In this By-law:

(1) "Act" means the Municipal Act, 2001;

(2) "Board" means the Board of Health for the Peterborough County-City Health Unit;

(3) “Chairperson” means the presiding officer at a meeting;

(4) "Chairperson of the Board" means the Chairperson elected under the Health Protection and Promotion Act;

(5) "Committee" means an assembly of ~~two or more~~ members, appointed by the Board of Health, that must meet together to transact business on behalf of the Board, as outlined in Section 12 of Board of Health By-Law 3, the Calling of and Proceedings at Meetings.

(6) “In-camera Meeting” means a meeting or portion of a meeting that is closed to the public;

(7) "Meeting" means any regular, special or other meeting of The Board or of a Committee of the Board;

(8) "Member" means a person who is appointed to the Board by a Council or the Lieutenant Governor-in-Council or a person who is appointed to a Committee by the Board;

(9) "Motion" means a formal proposal by a member in a meeting that the Board or a Committee take certain action;

(10) "Open Meeting" means a meeting of the Board or a Committee that is open to the general public; and

(11) "Resolution" means a motion that is carried at a meeting by a majority vote in the affirmative of the members present;

(12) "Secretary" means the individual responsible for attending and taking minutes at Board and Committee meetings.

Section 2 - General

2.1 The rules in this By-law shall be observed in the calling of and the proceedings at all Meetings of the Board and Committees.

2.2 Notice of all Meetings will be publically posted. If the Meeting is to be held In-camera, this will be noted on the public posting and the general nature of the matter(s) to be considered will be noted.

2.3 The determination regarding whether a matter should be dealt with "In-camera" is the responsibility of the Chairperson, in consultation with the Medical Officer of Health and Board Secretary.

Section 3 – In-Camera Meetings

3.1 The Board or Committee ~~shall approve~~requires a resolution that the Board or Committee go In-camera and state the general nature of the matter to be considered.

The following script should be used for notice regarding in-camera matters on the public agenda. The corresponding exception should be listed based on the topic being addressed and must include the general nature of the discussion, providing as much information as possible without compromising the matter:

"In accordance with the Municipal Act, 2001,
- *Section 239(2)(a), Security of Board property;*
- *Section 239(2)(b), Personal matters about an identifiable individual, including Board employees;*
- *Section 239(2)(c), A proposed or pending acquisition or disposition of land by the Board;*

- *Section 239(2)(d), Labour relations or employee negotiations;*
- *Section 239(2)(e), Litigation or potential litigation, including matters before administrative tribunals affecting the Board;*
- *Section 239(2)(f), Advice that is subject to solicitor-client privilege;*
- *Section 239(2)(g), A matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act. 2001.*
- *Section 239(3)(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*
- *If discussion relates to a request being made under the Municipal Freedom of Information and Protection of Privacy Act, the discussion shall be held in closed as required under section 239(2).*

~~3.2 The Board or a Committee may go In-camera to discuss:~~

~~(1) Security of Board property;~~

~~(2) Personal matters about an identifiable individual, including Board employees;~~

~~(3) A proposed or pending acquisition or disposition of land by the Board;~~

~~(4) Labour relations or employee negotiations;~~

~~(5) Litigation or potential litigation, including matters before administrative tribunals affecting the Board;~~

~~(6) Advice that is subject to solicitor-client privilege;~~

~~(7) Personal information, personal health information and sensitive information about non-personal entities (e.g., schools);~~

~~(8) Subject matter that relates to the consideration of a request under the Municipal Freedom of Information and Protection of Privacy Act;~~

~~(9) A matter in respect of which the Board, Committee or other body may hold a closed meeting under another Act;~~

~~(10)~~ 3.2 A meeting may be closed if it is held for the purpose of educating or training the Members, so long as no Member discusses or otherwise deals with any matter during the closed meeting in a way that materially advances the business or decision-making of Board or Committee (Section 239(3.1)).

~~(11)~~3.3 Whenever possible, Agendas, Minutes~~, and~~ Reports and other information required for In-camera discussion or consideration shall be pre-circulated electronically to Board / Committee members in a secure form. When pre-circulation is not an option, printed documents will be provided to the Board or Committee at the time of the meeting.

3.4 The secretary must be present to record the proceedings of the in-camera meeting. They must be knowledgable in the requirements for the taking of minutes as set out in subsection 228 (1) of the Municipal Act. The Chair of the board will determine which staff are required to be in attendance. Unless otherwise directed, attendance will be limited to the MOH and Executive team.

3.5 Any audio or visual recording of closed meetings is prohibited.

Section 4 – Voting and Minutes

4.1 Minutes of In-camera meetings will be kept securely by the Medical Officer of Health, without comment, recording all resolutions, decisions and other proceedings. Minutes of an In-camera meeting shall be brought forward for approval at the following In-camera session.

4.2 Voting in an In-camera meeting is permitted if the In-Camera meeting is otherwise authorized and the vote is for a procedural matter or for giving directions or instructions to officers, employees or agents of the Board or of a Committee of the Board; or to persons retained by or under a contract with the Board. No other voting can occur.

Section 5- Open Meeting following a Closed Meeting

5.1 After a closed meeting, the Chairperson of the board should announce in open meeting that a closed meeting was held. The Chair should use the following script to report:

"The BOH moved a Motion to move into Closed Session to consider business as permitted under the Municipal Act. The following items were considered during closed session:

- (list all items here, including the review of closed meeting minutes)

As a result of our Closed Session today, I wish to report the following:

- Examples: Minutes – Closed Session dated ---- - these minutes were acknowledged by the board.
- Example: Local -- negotiations – There was direction given to staff respecting negotiations.
- Example: Citizen appointments – There was direction given that a motion be considered in open session regarding this matter and is on the regular open BOH agenda for consideration.
- Example: Update on personal injury claim against the board – The BOH received information regarding litigation"

5.2 If there is no companion report in the open meeting agenda and the recommendation does not require immediate action, direction can be given to staff to report back to a subsequent open meeting. The following direction can appear as part of a recommendation within a closed session staff report

and can be passed in a Closed Meeting: "That staff be directed to report back to a subsequent BOH <OR> Committee meeting in relation to this matter."

Section 6- Public disclosure

6.1 Once matters in the closed meeting have been dealt with, the Board and/or Committee shall reconvene in open session to disclose, in a general manner, how the agenda items were dealth with in the Closed Meeting (see 5.1)
6.2 Written material for a Closed Meeting should be limited to only that information which would qualify for discussion at a Closed Meeting.

Section ~~5~~7 - Miscellaneous

~~In this By-law, whenever the masculine pronoun and the singular are used, it shall include the feminine pronoun and plural, respectively, where the content so requires it.~~

This By-law shall be deemed to have come in to force on the 14th day of June, 2012 by resolution passed by the Board of Health on June 13th, 2012.

Dated at the City of Peterborough the 13th day of June, 2012.

Review/Revisions
On (YYYY-MM-DD)**:** 2013-03-13 (Governance)
On (YYYY-MM-DD)**:** 2013-04-10 (Board)
On (YYYY-MM-DD)**:** 2015-09-09 (Board)
On (YYYY-MM-DD)**:**

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-402	**Title:** Immunization
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**:**
Signature:		**Author:**
Date (YYYY-MM-DD)**:**		

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POLICY

According to the Health Protection and Promotion Act, the Board of Health has a duty to control infectious diseases and reportable diseases, including the provision of immunization services to children and adults. As an employer, the board recognizes its duty to protect all employees in accordance with the Occupational Health and Safety Act.

Immunization to prevent infection or transmission of disease is highly effective and efficient.

All employees, students and volunteers at risk for exposure to vaccine-preventable diseases and tuberculosis in the normal performance of their duties must be protected with up to date immunizations where indicated.

All board of health employees are expected to take all precautions, including immunization, to minimize the transmission of these diseases to colleagues, clients and the general public.

Public Health services are considered essential services, especially during times of emergencies. To this end, immunization is an important way to ensure that Peterborough Public Health (PPH) is fully prepared and has the capacity to respond appropriately.

Review/Revisions

On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Appointment: Councillor Kathryn Wilson, First Nations Committee**

Date: March 8, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health appoint Councillor Kathryn Wilson to its First Nations Committee.

Committee membership requires a formal appointment by the Board of Health. Councillor Wilson was recently elected to the Hiawatha First Nation Council, and selected as a representative to the Board of Health by Council (please refer to correspondence for further details).