

**Board of Health for the
Peterborough County-City Health Unit
AGENDA
Governance Committee Meeting
Monday, November 3, 2014 – 9:00 a.m. – 12:00 p.m.
(Board Room, 10 Hospital Drive, Peterborough)**

1. **Call To Order**
2. **Confirmation of the Agenda**
3. **Declaration of Pecuniary Interest**
4. **Delegations and Presentations**
5. **Confirmation of the Minutes of the Previous Meeting**
 - 5.1 [September 3, 2014](#)
6. **Business Arising from the Minutes**
7. **Correspondence**
8. **New Business**
 - 8.1 Provincial Appointments (Pellizzari)
 - 8.2 [Staff Report: Ministry Position on Fundraising \(Woodford\)](#)
 - 8.3 [Feedback from All Staff Day re: Fundraising \(Pellizzari\)](#)
 - 8.4 Non Union Compensation Review Update (Woodford)
 - 8.5 Non Union / Governance Forum Update (Woodford)
 - 8.6 **Policies and Procedures referred by the Board**
 - a. [2-270 Conduct of Board Members](#)
 - 8.7 **Policies and Procedures for Review**
 - a. [2-90 Human Rights and Discrimination](#)
 - b. [2-92 Workplace Violence and Harassment Prevention](#)
 - c. [2-100 By-Law Number 1, Management of Property](#)
 - d. [2-284 Correspondence](#)

e. [2-400 Naming Rights](#)

9. **In Camera to Discuss Confidential Matters**
10. **Motions from In Camera for Open Session**
11. **Date, Time and Place of Next Meeting**
12. **Adjournment**

Parked Items

- *Tracking Compliments (from BOH, Jan. 8/14)*
- *alPHa Toolkit (from Sept. 3/14, expected in January 2015)²*

**Board of Health for the
Peterborough County-City Health Unit
DRAFT MINUTES
Governance Committee Meeting
Wednesday, September 3, 2014
Board Room, 10 Hospital Drive, Peterborough**

Present: Mr. Jim Embrey, Chair
Mayor Mary Smith (2:08 p.m.)
Mr. Scott McDonald
Chief Phyllis Williams

Staff: Dr. Rosana Pellizzari, Medical Officer of Health
Mr. Brent Woodford, Director, Corporate Services
Ms. Natalie Garnett, Recorder

1. Call to Order

Mr. Embrey called the Governance Committee meeting to order at 2:06 p.m.

2. Confirmation of the Agenda

MOTION:

That the Agenda be accepted as circulated.

Moved: Mayor Smith

Seconded: Mr. McDonald

Motion carried. (M-2014-19-GV)

3. Declaration of Pecuniary Interest

There were no declarations of Pecuniary Interest.

4. Delegations and Presentations

Nil.

5. Confirmation of the Minutes of the Previous Meeting

MOTION:

That the minutes of the Governance Meeting held May 22, 2014 be approved and provided

to the Board of Health at its next meeting for information.

Moved: Chief Williams

Seconded: Mr. McDonald

Motion carried. (M-2014-20-GV)

6. Business Arising from the Minutes

It was noted that a donation package will be provided to Board Members at the October meeting.

7. Correspondence

Nil.

8. New Business

8.1. Resignation of Rosanna Haroutounian, Provincial Appointee

Dr. Pellizzari advised that Ms. Haroutounian has resigned from the Board of Health as she has accepted an out of province job offer. Mr. Embrey advised that he will also be resigning from the Board as he is moving out of the area. Recruitment will be undertaken for two new provincial appointees.

8.2. Status of the alPHa Board of Health Toolkit

Dr. Pellizzari advised that the alPHa Board of Health Toolkit will not be ready until December or January.

8.3. Staff Report: Board Travel Insurance

Mr. Woodford, Director of Corporate Services, provided an overview of the report on Board Travel Insurance.

MOTION:

That the Governance Committee recommend to the Board of Health at its next meeting that staff be directed to continue to obtain \$100,000 travel/accident insurance coverage for Board Members

Moved: Mr. McDonald

Seconded: Mayor Smith

Motion carried. (M-2014-21-GV)

8.4. Policies and Procedures for Review

- a. **2-110 By-law Number 2, Banking and Finance**
- b. **2-130 By-law Number 4, Appointment of Auditor**
- c. **2-160 By-law Number 7, Execution of Documents**
- d. **2-180 By-law Number 9, procurement of Goods and Services**
- e. **2-200 Duties and Responsibilities of Board Members**
- f. **2-270 Conduct of Board members**
- g. **Position Description, Medical Officer of Health**

MOTION:

That the Governance Committee recommend to the Board of Health at its next meeting that staff provide policies and procedures a) - g) as amended, to the Board of Health for consideration.

Moved: Chief Williams

Seconded: Mayor Smith

Motion carried. (M-2014-22-GV)

9. In Camera to Discuss Confidential Personal Matters

MOTION:

That the Governance Committee go in Camera at 2:47 pm to review confidential personal matters.

Moved: Mr. McDonald

Seconded: Mayor Smith

Motion carried. (M-2014-23-GV)

MOTION:

That the Governance Committee rise from in Camera at 3:06 pm.

Moved: Mr. McDonald

Seconded: Chief Williams

Motion carried. (M-2014-24-GV)

10. Motions from In Camera for Open Session

Nil.

11. Date, Time and Place of Next Meeting

The next meeting of the Governance Committee is scheduled for Wednesday, November 3rd, 2014 from 9:00 am – 12:00.

12. Adjournment

MOTION:

That the Property Committee meeting be adjourned.

Moved by: Mayor Smith

Seconded by: Chief Williams

Motion carried. (M-2014-25-GV)

The meeting was adjourned at 3:09 p.m.

Chairperson

Recorder

Staff Report

Ministry Position on Fundraising

Date:	November 3, 2014	
To:	Governance Committee	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
Original approved by		Original approved by
Rosana Pellizzari, M.D.		Brent Woodford, Director Corporate Services

Recommendations

That the Governance Committee:

- receive the staff report, *Ministry Position on Fundraising*, for information and notify the Board of the implications; and
- direct staff to develop a system to record fundraising revenues and expenses separate from Ministry grants.

Financial Implications and Impact

All fundraising revenues and expenses must be recorded separately from other health unit activities, but this should have minimal financial impact.

Decision History

The board's strategic plan states that "a fundraising strategy will be developed and led by the Board of Health" and there were discussions about different activities that could be undertaken as part of the board's fundraising activities.

Background

In the Hospital as well as the Mental Health and Addiction branches of the Ministry, there is an explicit policy that states that under no circumstances may operating funds be used for fundraising. "Operating funds" includes paid staff time, expenses (down to postage and envelopes) or any other expense.

The Public Health branch does not have an explicit policy, but recently advised Health Units:

Article 4.3 of the Public Health Accountability Agreement states: "The Board of Health shall use the Grant only for the purposes of the Act and to provide or to ensure the provision of the health programs and services in accordance with sections 4, 5, 6, and 7 of the Act (Health Protection and Promotion Act) and for the purpose of carrying out the obligations in the Schedules."

Accordingly, ministry funds are not to be used for fundraising as fundraising is not delivery of health programs/services.

We will clarify this policy in our 2015 Program-Based Grants User Guide.

Rationale

The Ministry directive spells out that Ministry revenues can only be used for approved programs and services, so funding cannot be used for fundraising activities.

Recording board fundraising revenues and expenses will allow for a clear separation of costs between fundraising and operations as well as make auditing less complex.

Strategic Direction

This report addresses the Board's Strategic Direction of *Capacity and Infrastructure*.

Contact:

Brent Woodford
Director Corporate Services
(705) 743-1000, ext. 231
bwoodford@pcchu.ca

ALL STAFF DAY – OCTOBER 29, 2014

Brainstorming Exercise with Staff - What would you do if we had more money?

- Focus upstream on housing
- Mental health supports, including seniors (staff training required)
- Access (transportation & childcare)
- Establish a 'mothering home'
- Invest in more youth leaders
- Oral health for seniors, working poor (provision for basic dental care)
- More health promotion for immunizations
- Funding for septic system repair or replacement (approx. \$700,000) to assist low-income residents and seniors in complying with new mandatory re-inspections.
- Match youth to seniors in need, establish a furniture bank or a bank of used recreational items.
- Increase access to physical activity
- Increase access to food (Community Food Centre)
- Pharmacare
- Staff education and development fund
- Retrofit mobile bus to deliver sexual health service
- Free birth control
- Eye Exams for those who cannot afford to have their eyes checked and purchase glasses (provide services on site and in the mobile).

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-270	Title: Conduct of Board Members
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 1995-05-10
Signature: _____		
Date (YYYY-MM-DD): 2012-05-09		
Author: Governance Committee		
Reference: 2-120, By-Law #3, Calling of and Proceedings at Meetings		

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

POLICY

The Board of Health expects of itself and its members ethical and prudent conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behaviour when acting as Board members.

1. Board members must endeavour to represent the interests of the Board of Health in carrying out its mission.
2. Board members' interaction with the Medical Officer of Health (MOH) or with staff must recognize the lack of authority in any individual Board member or group of Board members.
3. Board members' interaction with the public, media, or other entities must recognize the limitation and inability of any Board member or Board members to speak for the Board.
4. Full, honest and open debate is encouraged and required. However after a decision is made members must speak with one voice.
5. Board members will make no judgements on the performance of the Medical Officer of Health or staff except as that performance is assessed against explicit board policies by the official process.
6. Board members shall maintain confidentiality concerning all information relating to the Board of Health/Peterborough County-City Health Unit which is considered private and privileged.

7. Board members are obligated to prepare for meetings and to participate productively in discussion, always within the boundaries of discipline established by the Board.
8. Board members are required to identify when they are in a conflict of interest and excuse themselves from discussion and decision making.
9. Board members may not use their position for personal gain or promotion. This includes activities related to political campaigns.
10. Board members may not contact any staff members directly on any matter. All communications are to be directed to the MOH office, who will delegate as required.

Review/Revisions

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

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
Signature: _____		On (YYYY-MM-DD): 2011-11-09
Date (YYYY-MM-DD): 2011-11-09		Author: Medical Officer of Health
Reference: 12-380, Harassment – Workplace; 12-381, Harassment – Workplace		

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POLICY

The Peterborough County-City Board of Health 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 in Peterborough City and County to equal access 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, ~~terms of apprenticeship~~, 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. ~~People with disabilities have the right to be provided with equipment, services or devices that will allow them to do their job.~~

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. (See policy on Workplace Violence and Harassment Prevention harassment for reporting harassment complaints. For all other Human Rights and Discrimination complaints, refer to Policy and Procedure 12-101 “Complaints, Employee”).

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

Review/Revisions

On (YYYY-MM-DD):

On (YYYY-MM-DD):

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
Signature: _____		On (YYYY-MM-DD): 2011-11-09
Date (YYYY-MM-DD): 2011-11-09		Author: Medical Officer of Health
Reference: Occupational Health and Safety Act, Section 32		

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

POLICY

Policy Statement:

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

The Peterborough County-City 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. 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.

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.

Employees are encouraged to report any incidents of workplace violence or harassment. 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 Board of Health as the employer will ensure that this policy and the supporting 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 procedures.

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

~~Workplace harassment or bullying will not be tolerated from any person in the workplace. Everyone in the workplace must be dedicated to preventing workplace harassment or bullying. Managers, supervisors, and their staff are expected to uphold this policy, 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.~~

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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.

Definitions

Bullying¹: 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 bullying²: 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 harassment³: 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 verbal or written 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:

¹Anoka-Hennepin School Board definition

²Amicus-MSF trade union

³Ontario Occupational Health and Safety Act

⁴Ontario Occupational Health and Safety Act

Review/Revisions

On (YYYY-MM-DD):

On (YYYY-MM-DD):

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: <input type="checkbox"/> Harassment <input type="checkbox"/> Attempted Assault <input type="checkbox"/> Sexual Harassment	
<input type="checkbox"/> Assault Causing Bodily Harm <input type="checkbox"/> Threatening Violence <input type="checkbox"/> 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):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you believe there will be a reoccurrence of a similar nature in future?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, Job/Position:	
Report Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, Job/Position:	
Report Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<input type="checkbox"/> Co-worker <input type="checkbox"/> Visitor <input type="checkbox"/> Client <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
<input type="checkbox"/> Co-worker <input type="checkbox"/> Visitor <input type="checkbox"/> Client <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
<input type="checkbox"/> Co-worker <input type="checkbox"/> Visitor <input type="checkbox"/> Client <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
<input type="checkbox"/> Co-worker <input type="checkbox"/> Visitor <input type="checkbox"/> Client <input type="checkbox"/> Other (Describe):	
4. Have you experienced a physical assault or attack while an employee of PCCHU?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
<input type="checkbox"/> Co-worker <input type="checkbox"/> Visitor <input type="checkbox"/> Client <input type="checkbox"/> Other (Describe):	
5. Do you ever work alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have any concerns about workplace violence at PCCHU?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervisor's Name:		Time Called:	
Were the Police called? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
MEDICAL AID INFORMATION – PLEASE ATTACH ALL INJURY REPORTS AS NECESSARY			
First Aid Administered? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by whom?			
CPR Administered? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by whom?			
Medical Attention? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by whom?			
ACTION TAKEN – WSIB FORM 7			
Is a WSIB Form 7 to be filled? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state documents attached below:			
Recommendation Action(s):			
Incident reviewed by (Name, Job/Position):			
Signature		Date	

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-100	Title: By-Law Number 1, Management of Property
Approved by: Board of Health		Original Approved by the Board of Health
Signature: _____		On (YYYY-MM-DD): 1989-10-25
Date (YYYY-MM-DD): 2012-12-12		Author: Director Corporate Services
Reference:		

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

By-Law Number 1 A By-Law for the Management of Property

1. In this By-law:
 - (1) "Act" means the Health Protection and Promotion Act;
 - (2) "Board" means the Board of Health for the Peterborough County-City Health Unit; and
 - (3) "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the Act and Regulations.
2. The Board shall hold title to any real property acquired by the Board for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it in accordance with the Act.
3. The Director, Corporate Services shall be responsible for the care and maintenance of all property. Such responsibility shall include, but not be limited to, the following.
 - (1) The care and maintenance of:
 - (i) the parking areas and exterior of the building;
 - (ii) the grounds of the property; and
 - (iii) the interior of the building.
 - (2) The replacement of or repairs to capital items such as the heating, cooling and ventilation systems, the roof and structural work and the plumbing, lighting and wiring.
 - (3) The maintenance of up-to-date property insurance coverage.

4. The Board shall ensure, through the Medical Officer of Health, that all such property complies with applicable statutory requirements contained in municipal, provincial and/or federal legislation.

This By-law shall be deemed to have come in to force on the 11th day of October, 1989.

Dated at the City of Peterborough the 25th day of October, 1989.

Historical Record

Revisions:

Board of Health, December 12, 2012

Board of Health, July 7, 2010

Board of Health, October 28, 1998

Review:

Governance Committee, November 26, 2012

By-Laws, Policies and Procedures Committee, June 3, 2010

Medical Officer of Health, October 9, 2007

Chair, Board of Health, March 6, 2006

Medical Officer of Health, April, 2005

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-284	Title: Correspondence
Approved by: Board of Health		Original Approved by Board of Health
Signature: _____		On (YYYY-MM-DD): 2011-09-14
Date (YYYY-MM-DD): 2012-09-12		Author: Director Corporate Services
Reference:		

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POLICY

All paper and electronic correspondence addressed, or copied, to the Chair of the Board of Health will be reviewed by the Chair of the Board of Health and the Medical Officer of Health to determine what correspondence is to be included in Board of Health agenda packages.

Correspondence must be received no later than two weeks prior to the scheduled Board of Health meeting to be eligible for consideration. Any correspondence received after this deadline may be carried forward to the following meeting.

All correspondence requested or directed to be sent on behalf of the Board of Health is to be documented (in the minutes of Board of Health meetings and sent by the Secretary of the Board of Health).

Historical Record

Revisions:

Board of Health, December 12, 2012

Review:

Governance Committee, May 28, 2012

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-400	Title: Naming Rights
Approved by: Board of Health		Original Approved by Board of Health
Signature: _____		On (YYYY-MM-DD): 2012-12-12
Date (YYYY-MM-DD): 2012-12-12		Author: Director Corporate Services
Reference: 2-190 Sponsorship		

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POLICY:

Objective:

The Board of Health welcomes the opportunity to recognize and honour individuals whose generous donations of time, talent or financial assistance enhance the opportunities for the Health Unit to improve the health of our residents. This policy is to ensure consistency in naming assets after individuals. (For corporate donations, refer to Policy 2-190 Sponsorship).

Policy

Naming or re-naming rights for PCCHU assets shall enhance the Mission and Priorities of PCCHU. Naming or re-naming may be established in perpetuity or for a defined and limited period of time.

PROCEDURE

1. Definitions:

Assets: building(s) or substantial parts of buildings (rooms, wings, floors, segments), lectures, collections of books, research and education programs or any other opportunities that are thought suitable for naming.

Honorific naming: Naming to confer or imply honour or respect. This will generally involve recognition of outstanding individuals for extraordinary service to PCCHU.

Philanthropic naming: Naming in recognition of an act of philanthropy; generally defined as a charitable gift to PCCHU; the donor may select another individual or individuals for recognition.

2. Principles of Gift Acceptance:

Although PCCHU is appreciative of all donations offered, it will not accept donations if such acceptance results in a loss of autonomy or integrity.

PCCHU will not accept donations it determines may violate federal, provincial or municipal laws.

Designated donations will be used for the purpose for which they are given. Non-designated gifts will be used for such purposes as PCCHU determines most appropriate.

3. Naming Assets

3.1. Principles of Naming:

The following principles of naming will be taken into account when considering the naming of assets:

- Consistency will be sought so that naming choices result in comparable levels of recognition;
- Market value principles should be applied in assessing the worth of naming rights;
- Preference will be given to a naming that could avoid the necessity of change should activities change over time;
- Naming or renaming may be established in perpetuity or for a defined and limited period of time.

3.2. Procedures for Naming:

The following procedures have been developed in order to uphold these principles and to provide opportunity for careful and systematic reflection:

- The Executive Committee will evaluate a proposed naming or renaming including concerns that stakeholders may have;
- For major campaigns the Medical Officer of Health will propose a schedule of naming opportunities;
- Upon review the proposal will either be:
 - Declined;
 - Returned for further negotiation/review; or
 - Recommended to the Board for approval.
- The Medical Officer of Health will ensure that appropriate agreements with any external parties are in place prior to any public announcements about the naming. The terms of any such agreements concerning naming shall be consistent with this Policy.
- In an unusual circumstance that PCCHU determines, at its sole discretion, that the naming of an asset may directly or indirectly have a negative impact on PCCHU's mission, priorities, autonomy or integrity (e.g., the donor is convicted of a serious offence), the naming of the

asset may be changed or discontinued irrespective of time commitments in related gift agreements or announcements; and,

- Notwithstanding any other provision of this policy, no naming will be approved or (once approved), continued that will call into serious question, or constitute a significant and continuing challenge to, the public respect or reputation of PCCHU.

Historical Record

Revisions:

Board of Health, December 12, 2012

Review:

Governance Committee, November 26, 2012