

**Board of Health for the  
Peterborough County-City Health Unit  
AGENDA  
Governance Committee Meeting  
Thursday, May 22, 2013 – 1:30 – 3:30 p.m.  
(City and County Rooms, 150 O’Carroll Avenue, 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 [March 26, 2014](#)
6. **Business Arising from the Minutes**
  - 6.1 Fundraising – Next Steps (Woodford)
  - 6.2 Honourariums for City Councillors (Woodford)
  - 6.3 Electronic Participation at Meetings (Woodford)
    - a. [Response from Sudbury](#)
    - b. [Response from Porcupine](#)
    - c. [Proposed Change to By-Law 3](#)
  - 6.4 [Staff Report: Board of Health Policy Revisions regarding Human Rights and Discrimination; Workplace Violence and Harassment \(Woodford\)](#)
7. **Correspondence**
8. **New Business**
  - 8.1 [Staff Report: Signing Authorities \(Woodford\)](#)
  - 8.2 **Policies and Procedures for Review**
    - a. [Authority and Jurisdiction](#)
    - b. [Delegation of Authority](#)
    - c. [Delegation of Authority \(Procedure\)](#)

d. [Staff Reports and Presentations to the Board of Health](#)

8.3 Strategic Plan – Implementation Updates (Woodford)

9. **In Camera to Discuss Confidential Personal Matters**

10. **Date, Time and Place of Next Meeting**

11. **Adjournment**

**Parked Items**

- *Tracking Compliments (from BOH, Jan. 8/14)*
- *Status of alPHa toolkit for BOHs (Pellizzari, from March 26/14)*
- *Review Code of Conduct (request from Mayor Smith from March 26/14)*

**Board of Health for the  
Peterborough County-City Health Unit  
DRAFT MEETING MINUTES  
Governance Committee Meeting  
Wednesday, March 26, 2013 – 4:30 – 6:00 p.m.  
(City and County Rooms, 150 O’Carroll Avenue, Peterborough)**

**Present:** Mr. Jim Embrey, Chair  
Mr. Scott McDonald  
Dr. Rosana Pellizzari, Medical Officer of Health  
Ms. Catherine Robinson, Secretary to the Board (Recorder)  
Mayor Mary Smith  
Chief Phyllis Williams  
Mr. Brent Woodford, Director of Corporate Services

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**1. Call To Order**

Dr. Pellizzari called the meeting to order at 4:30 p.m.

**2. Elections**

**2.1 Chairperson**

Dr. Pellizzari called for nominations from the floor for the position of Chairperson of the Board of Health Governance Committee for 2014.

Mayor Smith nominated Mr. Jim Embrey for the position of Chairperson.

Dr. Pellizzari asked if there were any further nominations for the position of Chairperson.

Dr. Pellizzari asked a final time if there were any further nominations for the position of Chairperson.

There being no further nominations for the position of Chairperson, Dr. Pellizzari declared nominations closed and asked Mr. Embrey if he accepted the nomination. Mr. Embrey agreed to let his name stand for the position of Chairperson.

**MOTION:**

*That Mr. Jim Embrey be acclaimed as Chairperson of the Board of Health Governance Committee for 2014.*

Moved by: Mayor Smith

Seconded by: Mr. McDonald

Motion carried. (M-2014-01-GV)

Mr. Embrey thanked Dr. Pellizzari for chairing the first part of the meeting and then assumed the Chair.

## 2.2 Vice-Chairperson

Mr. Embrey called for nominations from the floor for the position of Vice-Chairperson of the Board of Health Governance Committee for 2014. Mayor Smith nominated Mr. Scott McDonald for the position of Vice-Chairperson.

Mr. Embrey asked if there were any further nominations for the position of Vice-Chairperson.

Mr. Embrey asked a final time if there were any further nominations for the position of Vice-Chairperson.

There being no further nominations for the position of Vice-Chairperson, Mr. Embrey declared nominations closed and asked Mr. McDonald if he accepted the nomination.

Mr. McDonald agreed to let his name stand for the position of Vice-Chairperson.

MOTION:

*That Mr. Scott McDonald be acclaimed as Vice-Chairperson of the Board of Health Governance Committee for 2014.*

Moved by: Mr. Embrey  
Seconded by: Mayor Smith  
Motion carried. (M-2014-02-GV)

## 3. Confirmation of the Agenda

MOTION:

*That the Agenda be approved as circulated.*

Moved by: Mayor Smith  
Seconded by: Jim Embrey  
Motion carried. (M-2014-03-GV)

## 4. Declaration of Pecuniary Interest

Nil.

5. **Delegations and Presentations**

Nil.

6. **Confirmation of the Minutes of the Previous Meeting**

6.1 December 3, 2013

MOTION:

*That the minutes for December 3, 2013 be approved as written, and brought forward to the next Board of Health meeting.*

Moved by: Mayor Smith  
Seconded by: Mr. McDonald  
Motion carried. (M-2014-04-GV)

7. **Business Arising from the Minutes**

7.1 MOH Performance Review – Request to the Association of Local Public Health Agencies (alPHa)

Dr. Pellizzari contacted alPHa to inquire if they would be able to help develop a performance package for the Medical Officer of Health (MOH) for Boards of Health. alPHa responded that they are in the process of creating a toolkit, which will contain a review package for the MOH but currently it is unknown when this will be available. Staff will follow up later this year on the status of this item.

Dr. Pellizzari will be meeting with the Board Chair to finalize her work plan, which will include priorities established by the Board's strategic plan, as well as from the Board/Management Planning Session which took place in March.

8. **Correspondence**

Nil.

9. **New Business**

9.1 Follow Up – Board / Management Planning Session (Pellizzari)

a. Notes

Notes from this session were circulated to the Committee. The following items were discussed:

- *Fundraising:* The Board indicated that they would like to hear from various speakers before considering next steps. **ACTION: Dr. Pellizzari will follow up with the following contacts:**
  - Neil Hannam, Executive Director, Ontario Shores Foundation (formerly with the Campbellford Memorial Hospital Foundation)
  - Lynn Zimmer, YWCA Peterborough
  - John Good, Executive Director, Community Foundation of Greater Peterborough
  - United Way
- *Quarterly reports:* The Board decided on a new abbreviated format for program reporting, this will be implemented for the first quarter of 2014.
- *Priorities for 2014:* The outcome of group discussion on the Board's priorities for 2014 included:
  - the new facility/premises;
  - labour agreements as well as training for the Board on negotiations/agreements - Training will be scheduled in 2014, led by the Health Unit's new Human Resource Consultant, Linda Copland;
  - request to receive the closed agenda at the same time as the open agenda;
  - more time and training to enhance the Board's understanding of the budget process and outcomes.
  - training to better understand roles and responsibilities of being a Member of the Board of Health - Dr. Pellizzari noted that this is also an area where we will be looking to ALPHA for advice and expertise.
  - increasing the Board's knowledge of the community - Staff are considering various options to enhance their awareness of community populations, needs and programs. It was suggested that the Board pursue at least one meeting per year in a Township Hall, in addition to the First Nations meeting locations. The Chair agreed this was a good idea to bring better understanding and connection with individual communities, as well as fostering closer relations with other councilors, community groups and agencies across the County. **ACTION: This will be brought forward to the April 9 Board of Health meeting.**

b. Revision/Update to Vision, Mission and Values

Dr. Pellizzari noted that an update to the Vision, Mission and Values statement should be considered. Normally this is done as part of the strategic planning process, however this was excluded from the deliverables

of the recent strategic plan process as the budget was limited to consultations and creation of the final plan.

It was noted that it would be difficult for Board Members to assess this since they are not immersed in day-to-day public health issues. The statement should be reviewed by staff to determine if the language is dated, and whether it speaks to current issues. In addition, the statement needs to relate to employees and the organization at large, with opportunity for input and feedback.

Timing of this review should also coincide with the Board's pursuit of a new facility, and the potential re-branding of the Health Unit. **ACTION: Dr. Pellizzari will bring this back to the Executive Committee for further work and planning.**

## 9.2 Obligations of a Board of Health under the Municipal Act, 2001

Dr. Pellizzari reported on a presentation from the alPHa Winter Symposium by James LeNoury. To date, the slides had not been posted on their website.

It was noted that this report was timely given the ongoing struggle between municipal governments and local Boards of Health in other areas of the Province. Peterborough is very fortunate to have good cooperation between these groups.

Mr. Embrey raised the question of remote participation. In the past this has been allowed in urgent sessions, where an immediate decision is required. The issue is public access if meetings are held via teleconference. **ACTION: Dr. Pellizzari will ask the Sudbury/Timmins Board of Health how they structure telephone or electronic polling for an urgent matter. She will bring their responses back to the next Committee meeting. Mr. Woodford will also look into legal issues as they may relate to the Canadian Corporations Act.**

Mr. Embrey requested confirmation of the honourarium given to Members who are also City Councillors. **ACTION: Mr. Woodford will confirm this information.**

## 9.3 Policies and Procedures for Review

- a. 2-90, Policy – Human Rights and Discrimination
- b. 2-92, Policy – Workplace Harassment
- c. 2-94, Policy – Workplace Violence

Mr. McDonald noted, regarding item 9.3 b., that anti-harassment and anti-violence training is now an annual requirement, based upon recent information, and the Board policy should be reviewed further by staff. Mr. Woodford reported that a workplace statement is posted with respect to these policies.

**ACTION: Mr. Woodford will request that Linda Copland review all three policies, and bring back recommended changes to the next Governance Committee meeting.**

Mayor Smith noted that everyone in an organization is protected by up-to-date policies and a future meeting of the Governance Committee should address the Code of Conduct. **ACTION: This item will be parked for a future meeting.** Mayor Smith also requested an update on the Organizational Culture work within the Health Unit. **ACTION: Dr. Pellizzari will schedule a presentation to the Board at a future meeting.**

**10. In Camera to Discuss Confidential Personal Matters**

MOTION:

*That the Governance Committee go In Camera to review confidential personal matters.*

Moved by: Mayor Smith  
Seconded by: Mr. McDonald  
Motion carried. (M-2014-5-GV)

MOTION:

*That the Committee rise from In Camera.*

Moved by: Chief Williams  
Seconded by: Mayor Smith  
Motion carried. (M-2014-6-GV)

**11. Date, Time and Place of Next Meeting**

The next meeting date will be Thursday, May 22, 2014 at 1:30 p.m.; location to be confirmed.

**12. Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved by: Mr. McDonald  
Seconded by: Mayor Smith  
Motion carried. (M-2014-7-GV)

The meeting was adjourned at 6:00 p.m.

**Parked Items**

- *Trillium Funding Eligibility (Woodford, from Aug. 29/13)*
- *Tracking Compliments (from BOH, Jan. 8/14 meeting)*



## **General**

2. The Board of Health for the Sudbury & District Health Unit shall consist of 13 members.

Where a vacancy occurs in a Board of Health by the death, disqualification, resignation or removal of a member, the person or body that appointed the member shall appoint a person forthwith to fill the vacancy for the remainder of the term of the member.

3. In all the proceedings at or taken by this Board, the following rules and regulations shall be observed and shall be the rules and regulations for the order and dispatch of business at the Board, and in the Committee thereof.
4. Except as herein provided, the rules of order of the Parliament of Canada, Bourinot shall be followed for governing the proceedings of this Board and the conduct of its members.
5. A person who is not a member of the Board or who is not a member of the council shall not be allowed to address the Board except upon invitation of the Chair subject to written request to the Secretary at least two weeks prior to the scheduled meeting.
6. Persons who have not requested in writing to address the Board may address the Board provided two-thirds of the Board are in agreement.
7. No persons shall smoke in the health unit buildings or on health unit premises.

## **Convening a Regular Meeting**

8. Regular monthly meetings shall be held at a date and time as determined by the Board which is normally the 3rd Thursday of the month at 1:30 p.m. with the exception of March, July, August and December when regular Board meetings are not scheduled.

It is expected that commitments to regularly scheduled Board meetings be honoured by the Board members.

The Board may, by resolution, alter the time, day or place of any meeting.

Subject to any conditions or limitations in the Health Protection and Promotion Act and/or the Municipal Act a member who participates in a meeting through electronic means is deemed to be present at the meeting including, without limitation, for purposes of establishing quorum, full participation rights and full voting rights.

Electronic participation may be approved by the Board of Health Chair in special circumstances.

The electronic means will enable the member to hear and to be heard by the other meeting participants. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.

## **Section V**

### **MEETINGS**

1.
  - a) Regular meetings of the Board shall be held at the times and places fixed by a resolution of the Board but no fewer than six meetings in each year. At the annual meeting of the Board of Health, a calendar of board meetings for the coming year shall be adopted. Alterations to this calendar may be made by resolution of the Board at any subsequent regular meeting or in the event of an emergency by the Chair.
  - b) Members of the Board of Health for the Porcupine Health Unit may, when necessary, attend a meeting of the Board of Health or of any of the committees of the Board of Health by teleconference. Such teleconferenced attendance shall be accorded all of the privileges of regular attendance, e.g., voting, quorum, etc. Other than in emergencies, any member wishing to attend by teleconference shall identify this at least 24 hrs in advance of the meeting to the recording secretary of the Board of Health for the Porcupine Health Unit. (adopted by Board 2002/06)
2. The first yearly meeting of the Board shall be held not later than February 1st in each year, on a day to be fixed by resolution of the Board. (Health Protection and Promotion Act 1990 S. 57 (1) ).
3.
  - a) Special meetings of the Board may be called at any time by the Chair of the Board to consider matters of special importance.
  - b) Special meetings of the Board will also be called by the Chair on receiving a request from any member of the Board but with no less than forty-eight hours notice, except in a grave emergency.
  - c) A special meeting of the Board must be held as soon as possible and within two weeks of having received the request. The notice for any special meeting shall state the subject for transaction and no other business except that stated shall be discussed.
4.
  - a) A majority of the members of the Board shall constitute a quorum at any regular or special meeting. (Health Protection & Promotion Act 1990 S.54).

## Section V -

### Meetings cont'd

- 4     b)     Should a quorum not be present within 15 minutes of the time announced for the meeting, the meeting will be cancelled. Members of the Board in attendance will be compensated as if the meeting had proceeded.
- c)     A meeting, once duly called to order, may continue, at the pleasure of the remaining members, should members leaving the meeting reduce the remainder to less than a quorum.
- d)     A member who declares a "conflict of interest" is included in determining a quorum.
5.     The Director of Administrative Services shall ensure that appropriate notice is sent to every member of the Board for each regular, or special meeting, stating the time, place and agenda of the meeting with a minimum of five days, except for special meetings which shall require only forty-eight hours notice.
6.     The Chair of each meeting shall be the Chair of the Board. In the absence of the Chair of the Board or if he failed to attend the meeting within fifteen minutes from the time fixed for holding any meeting, the Vice-Chair, if present, shall call the meeting to order and shall preside during the meeting or until the arrival of the Chair of the Board; in the absence of the Vice-Chair, the Executive Officer of the Board shall call the meeting to order and shall call upon the members present to appoint, from amongst themselves, a Chair, who shall preside during the meeting or until the arrival of the Chair of Vice-Chair of the Board.
7.     a)     The Chair may not vote with the other members on the question brought before the Board, but must cast his vote on any question upon which there is an equality of votes. However, the Chair may take part in any debate without having to leave the chair.
- b)     Voting on all resolutions, except the election of officers where there is more than one nomination, shall be by a show of hands.
- c)     Any member may request that such a vote be retaken by poll, provided that the request is made immediately after the result of the vote is announced. Such a request does not require a seconder and invalidates the result of the previous vote.

## Section V

### Meetings cont'd

7.
  - d) Where there is more than one nomination for election of an officer, voting shall be by ballot.
  - e) Proxies are not permitted.
  - f) A member who votes against a motion that carried or who votes for a motion that is defeated, may have his or her dissent recorded in the minutes of the meeting by so requesting immediately after the vote is announced.
  - g) A member who is absent from a meeting may have his or her dissent from any item(s) recorded in the minutes by a written request sent to the secretary within 10 days within receipt of the draft minutes. Such dissent will not invalidate the results of any vote at the meeting
8. Any member or members of the public, including the news media, may attend meetings of the Board. If, in the opinion of the Board, it is deemed advisable, in the public interest or in the interest of individuals to maintain confidentiality, a board meeting may be adjourned by resolution of the Board and a meeting of the Committee of the Whole held immediately thereafter.
9. Requests for deputations or audiences with the Board should be received, in writing, by the Executive Officer at least forty-eight hours in advance of the meeting.
10. All staff of the health unit shall attend meetings of the Board upon:
  - a) the invitation, by the Chair, through the Executive Officer;
  - or,
  - b) the invitation by the Executive Officer with the approval of the Chair.
11. Questions of procedure, not covered by the By-Laws, shall be determined by the Chair in accordance with the current issue of Call to Order: Meetings, Rules and Procedures for Non-profit Organizations by H. Perry.  
Items not covered by this reference will be determined, according to Procedures for Meetings and Organizations: Kerr, M.K., King, H.W.

Board of Health

**POLICY**

<b>Section:</b> Board of Health	<b>Number:</b> 2-120	<b>Title:</b> By-Law Number 3, Calling of and Proceedings at Meetings
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health</b> <b>On (YYYY-MM-DD):</b> 1989-10-11
<b>Signature:</b> _____		<b>Revision</b> <b>Approved by:</b> Board of Health <b>On (YYYY-MM-DD):</b> 2013-12-11 <b>Reviewed by:</b> Governance Committee <b>On (YYYY-MM-DD):</b> 2013-12-03
<b>Date (YYYY-MM-DD):</b> 2013-12-11		
<b><u>Housekeeping Revision</u></b>		
<b>Approved by:</b>		
<b>On (YYYY-MM-DD):</b>		
<b>Reference:</b>		

**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 3  
Calling of and Proceedings at Meetings**

**Section 1 - Interpretation**

In this By-law:

- 1.1. "Act" means the *Health Protection and Promotion Act*;
- 1.2. "Board" means the Board of Health for the Peterborough County-City Health Unit;
- 1.3. "Director, Corporate Services" means the business administrator of the Board as defined in the Regulations under the Act;
- 1.4. "Chairperson" means the presiding officer at a meeting;
- 1.5. "Chairperson of the Board" means the Chairperson elected under the Act;
- 1.6. "Committee" means an assembly of two or more members that must meet together to transact business;
- 1.7. "Councils" means the municipal Councils of the Corporations of the County of Peterborough and the City of Peterborough, and the Councils of Curve Lake and Hiawatha First Nations;

- 1.8. "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the *Act* and *Regulations*;
- 1.9. "Meeting" means an official gathering of members of the Board or a committee ~~in one place~~ to transact business;
- 1.10. "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;
- 1.11. "Motion" means a formal proposal by a member in a meeting that the Board or a committee take certain action;
- 1.12. "Resolution" means a motion that is carried at a meeting by a majority vote in the affirmative of the members present; and
- 1.13. "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act.

## **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. Except as herein provided, the most recent edition of Robert's Rules of Order shall be followed for governing the calling of and proceedings of meetings of the Board and committees.
- 2.3. No persons shall consume alcohol or tobacco products at a meeting.
- 2.4. Electronic participation may be approved by the Board of Health Chair in special circumstances.
- 2.5. Subject to any conditions or limitations in the Health Protection and Promotion Act, a member who participates in a meeting through electronic means is deemed to be present at the meeting including, without limitation, for purposes of establishing quorum, full participation rights and full voting rights.
- 2.6. The electronic means must enable the member to hear and to be heard by the other meeting participants. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.

## **Section 3 - Convening of Meetings**

- 3.1 The Medical Officer of Health shall call the first meeting of each calendar year.
- 3.2 The first meeting shall be held after the municipal members, appointed to the Board by their respective councils, are confirmed, and shall be held no later than the 1st day of February.
- 3.3 At the first meeting of each calendar year, the Board shall:

- 3.3.1 elect the Chairperson and the Vice-Chairperson of the Board for the year;
  - 3.3.2 appoint members to its committees;
  - 3.3.3 fix, by resolution, the date and time of regular meetings; and,
  - 3.3.4 establish the honourarium paid to each member eligible for compensation in accordance with the Health Protection and Promotion Act.
- 3.4 A meeting may be rescheduled or cancelled due to the following circumstances:
- 3.4.1 in the event that an emergency has been declared by the Medical Officer of Health;
  - 3.4.2 if there is indication from members in advance of the meeting that quorum will not be achievable; or
  - 3.4.3 if upon consultation with the Medical Officer of Health, the Chairperson determines there is insufficient business to be considered.

In all instances, the Chairperson will poll members to obtain consensus to proceed with a cancellation. If approval is obtained through a majority vote, members will be notified and a public notice will be issued.

- 3.5 The Chairperson of the Board can call a special meeting and shall call a special meeting at the written request of a majority of the members.
- 3.6 The Medical Officer of Health shall:
- 3.6.1 give notice of the first and each regular and special meeting;
  - 3.6.2 ensure that the notice accompany the agenda and any other matter, so far as known, to be brought before such meeting;
  - 3.6.3 cause the notice to be delivered to the residence or place of business of each member or by e-mail or telephone so as to be received not later than two clear days in advance of the meeting.
- 3.7 The lack of receipt of the notice shall not affect the validity of the holding of the meeting or any action taken thereat.
- 3.8 No business other than that stated in the notice of a special meeting shall be considered at such meeting except with the unanimous consent of the members present.
- 3.9 Special meetings can be held by teleconference.

#### **Section 4 - Agenda and Order of Business**

- 4.1 The Medical Officer of Health shall have prepared for the use of each member at the first and regular meetings an agenda of the following items.

- 4.1.1 Call To Order
  - 4.1.2 Confirmation of the Agenda
  - 4.1.3 Declaration of Pecuniary Interest
  - 4.1.4 Delegations and Presentations
  - 4.1.5 Confirmation of the Minutes of the Previous Meeting
  - 4.1.6 Business Arising from the Minutes
  - 4.1.7 Correspondence
  - 4.1.8 New Business
  - 4.1.9 In Camera to Discuss Confidential Matters
  - 4.1.10 Motions from In Camera for Open Session
  - 4.1.11 Date, Time and Place of the Next Meeting
  - 4.1.12 Adjournment
- 4.2 Any items not included on the prepared agenda may be added by resolution.
- 4.3 Agenda packages will be posted on the Health Unit's website on the same day that agendas are distributed to Board of Health members.
- 4.4 On the day following Board of Health meetings, Board members will be contacted and advised of the date, time, and location of the next meeting, and asked about their availability for the next meeting.
- 4.5 The business of each regular meeting shall be taken up in the order described in section 4.1 of this By-law unless otherwise decided by the members.
- 4.6 The Chairperson of the Board shall direct the preparation of an agenda for a special meeting.
- 4.7 The business of each special meeting shall be taken up in the order as listed on the agenda of such meeting unless otherwise decided by the members.

## **Section 5 - Commencement of Meetings**

- 5.1 As soon as there is a quorum after the time fixed for the meeting, the Chairperson or Vice-Chairperson of the Board or the person appointed to act in their place and stead, shall take the chair and call the members to order.
- 5.2 A quorum for any meeting of the Board or a committee shall be a majority of the appointed members.



- 5.3 If the Chairperson or Vice-Chairperson of the Board or the Chairperson of a committee does not attend a meeting by the time a quorum is present, the Medical Officer of Health shall call the members to order and a presiding officer shall be appointed to preside during the meeting or until the arrival of the person who ought to preside.
- 5.4 Upon any members directing the attention of the Chairperson to the fact that a quorum is not present, the Medical Officer of Health, at the request of the Chairperson, shall record the names of those members present and advise the chairperson if a quorum is or is not present. If there is no quorum within thirty minutes after the time fixed for the meeting, the Chairperson shall then adjourn until the day and time fixed for the next meeting.

### **Section 6 - Delegations and Debate**

- 6.1 The Chairperson shall preside over the conduct of the meeting, including preserving good order and decorum, ruling on points of order and deciding all questions relating to the orderly proceedings of the meeting.
- 6.2 Any individual or group who wishes to make a presentation to the Board shall make a written request to the Chairperson of the Board up to a minimum of twenty-four hours before the start of the meeting.
- 6.3 The Chairperson of the Board (in consultation with the Medical Officer of Health) shall decide whether the delegation may make a presentation at a meeting and accordingly, shall inform the individual or group whether their request has been approved or denied.
- 6.4 The Chairperson shall give due consideration to the length of the agenda and the number of delegation requests received, and may limit the number of delegations to a maximum of five (5) per meeting.
- 6.5 All delegations appearing before the Board shall be permitted to speak only once on an item, unless new information is being brought forward, and/or unless permission is given by the Chairperson of the Board, in consultation with the Medical Officer of Health.
- 6.6 Delegations and presentations of general interest shall not exceed ten minutes except when answering questions posed by the Chairperson for clarification.
- 6.7 Unless otherwise directed by resolution, no action respecting a delegation will be taken until the Board has had an opportunity to discuss the delegation and to receive advice from the Medical Officer of Health.
- 6.8 The Board will be informed of all requests from delegations and the disposition of such requests and, upon review, the Board may reverse the decision of the Chairperson of the Board by resolution.

- 6.9 Every member shall address the Chairperson respectfully previous to speaking to any motion.
- 6.10 When two or more members ask to speak, the Chairperson shall name the member who, in their opinion, first asked to speak.
- 6.11 If the Chairperson desires to leave the Chair to participate in a debate or otherwise, they shall call on the Vice-Chairperson to fill their place until they resume the Chair.
- 6.12 A member may speak more than once to a motion, but after speaking, shall be placed at the foot of the list of members wishing to speak.
- 6.13 No member shall speak to the same motion at any one time for longer than ten minutes except that extensions for speaking for up to five minutes for each time extended may be granted by resolution.
- 6.14
  - 6.14.1 A member may ask a question of the previous speaker and then only to clarify any part of their remarks.
  - 6.14.2 When it is a member's turn to speak, before speaking, they may ask questions of the Medical Officer of Health or staff present, to obtain information relating to the matter in question and with the consent of the speaker, or other members may ask a question of the same persons.
  - 6.14.3 All questions shall be stated concisely and shall not be used as a means of making statements or assertions.
  - 6.14.4 Any question shall not be ironical, offensive, rhetorical, trivial, vague or meaningless or shall not contain epithet, innuendo, ridicule, or satire.
- 6.15 Any member who has the floor may require the motion under discussion to be read.

## **Section 7 - Decorum and Discipline**

- 7.1 A member shall not:
  - 7.1.1 speak disrespectfully of Her Majesty the Queen or any member of the Royal Family, the Governor-General, a Lieutenant Governor, the Board or any member thereof;
  - 7.1.2 use offensive words or unparliamentary language;
  - 7.1.3 disobey the rules of the Board or a decision of the Chairperson or the Board on questions of order, practice or an interpretation of the rules;
  - 7.1.4 speak other than to the matter in debate;
  - 7.1.5 leave their seat or make any disturbance when the Chairperson is putting a question and while a vote is being taken and until the result is declared; and

- 7.1.6 interrupt a member while speaking except to raise a point of order.
- 7.2 If a member commits an offense, the Chairperson shall interrupt and correct the member.
- 7.3 If an offense is serious or repeated, the Board may decide, by resolution, not to permit the member to resume speaking.
- 7.4 If a member ignores or disregards a decision of the Chairperson or the Board, the Chairperson shall not recognize the member except to receive an apology by the member and until it has been accepted by the Board.
- 7.5 If a member persists in committing an offense, the Board may order, by resolution, the member to leave the meeting and not resume their seat until they have tendered an apology and it has been accepted by the Board.

### **Section 8 - Questions of Privilege and Points of Order**

- 8.1 The Chairperson shall permit any member to raise a question relating to the rights and benefits of the Board or one or more of the members thereof and questions of privilege shall take precedence over all other motions except to adjourn and to recess.
- 8.2 When a member desires to assert that a rule has been violated, they shall ask leave of the Chairperson to raise a point of order with a concise explanation and then shall not speak until the Chairperson has decided on the point of order.
- 8.3 The decision of the Chairperson shall be final unless a member appeals immediately to the Board.
- 8.4 If the decision is appealed, the Board shall decide the question "Shall the decision of the chair be sustained?" by majority vote without debate and its decision shall be final.
- 8.5 When the Chairperson calls a member to order, the member shall cease speaking immediately until the point of order is dealt with and they shall not speak again without the permission of the Chairperson unless to appeal the ruling of the Chairperson.

### **Section 9 - By-laws**

- 9.1 No motion to pass a By-law shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.
- 9.2 A motion to pass a By-law shall be carried by a two-thirds vote in the affirmative of the members present at that meeting.
- 9.3 A By-law shall come in to force on the date of passing thereof unless otherwise specified by the Board.

- 9.4 No motion for the amendment or repeal of the By-laws, or any part thereof, shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.
- 9.5 A motion to amend or repeal the By-laws, or any part thereof, shall be carried by a two-thirds vote in the affirmative of the members present at the meeting at which the amendment or repeal is to be considered.

## **Section 10 - Motions**

- 10.1 Every motion shall be verbal unless the Chairperson requests that the motion be submitted in writing.
- 10.2 Debate on a debatable motion shall not proceed unless it has been seconded.
- 10.3 Every motion shall be deemed to be in possession of the Board for debate after it has been presented by the Chairperson, but may, with permission of the members who moved and seconded a motion, be withdrawn at any time before amendment or decision.
- 10.4 A main motion before the Board shall receive disposition before another main motion can be received except a motion:
- 10.4.1 to adjourn;
  - 10.4.2 to recess;
  - 10.4.3 to raise a question of privilege;
  - 10.4.4 to lay on the table;
  - 10.4.5 to order the previous question (close debate);
  - 10.4.6 to limit or extend limits of debate;
  - 10.4.7 to postpone definitely (defer);
  - 10.4.8 to commit or refer;
  - 10.4.9 to postpone indefinitely (withdraw); or
  - 10.4.10 to amend;
- which have been listed in order of precedence.
- 10.5 When a motion that the vote be taken is presented, it shall be put to a vote without debate, and if carried by resolution, the motion and any amendments under debate shall be put forthwith without further debate.
- 10.6 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

10.7 A motion to adjourn a meeting or debate shall be in order, except:

10.7.1 when a member has the floor;

10.7.2 when it has been decided that the vote be now taken; or

10.7.3 during the taking of a vote;

and when rejected, shall not be moved again on the same item.

## **Section 11 - Voting**

- 11.1 Only one primary amendment at a time can be presented to a main motion and only one secondary amendment can be presented to a primary amendment, but when the secondary amendment has been disposed of, another may be introduced, and when a primary amendment has been decided, another may be introduced.
- 11.2 A secondary amendment, if any, shall be voted on first, and, if no other secondary amendment is presented, the primary amendment shall be voted on next, and if no other primary amendment is presented, or if any amendment has been carried, the main motion as amended shall be put to a vote.
- 11.3 A main motion may be divided by resolution and each division thereof shall be voted on separately.
- 11.4 After the Chairperson commences to take a vote, no member shall speak or present another motion until the vote has been taken on such motion.
- 11.5 Every member present at a meeting shall vote when a vote is taken unless prohibited by statute and if any member present refuses or fails to vote, he shall be deemed as voting in the negative.
- 11.6 Any member may require that a vote be recorded.
- 11.7 If a member disagrees with the declaration by the Chairperson of the result of any vote, the member may object immediately and require that the vote be retaken and recorded.
- 11.8 After any matter has been decided, any member may move for reconsideration of the matter at a subsequent meeting in the same year but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried by two-thirds of the members, and no matter shall be reconsidered more than once in the same calendar year.

## **Section 12 - Committees**

- 12.1 The Board may strike committees and appoint members to such committees to consider such matters as directed by the Board.

- 12.2 The Medical Officer of Health shall preside over the first meeting of each calendar year until a Chairperson and Vice-Chairperson of the committee are elected by its members.
- 12.3 The Chairperson of a committee shall:
- 12.3.1 preside over all meetings of the committee;
  - 12.3.2 report on the deliberations and recommendations of the committee to the Board; and
  - 12.3.3 perform such other duties as may be determined from time to time by the Board or the committee.
- 12.4 The Chairperson of a committee may appoint non-Board members to the committee.
- 12.5 The number of non-Board members of a committee shall not exceed the number of Board members of the same committee at any time.
- 12.6 The number of Board members on a committee shall not be a majority of the members of the Board of Health.
- 12.7 It shall be the duty of a committee:
- 12.7.1 to report to the Board on all matters referred to it and to recommend such action as it deems necessary;
  - 12.7.2 to forward to an incoming committee for the following year any matters not disposed of; and
  - 12.7.3 to provide to the Board any information relating to the committee that is requested by the Board.
- 12.8 All committees shall be dissolved no later than immediately preceding the first meeting as set out in section 3 of this By-law.
- 12.9 The Board may dissolve, by resolution, any committee at any time.

### **Section 13 - Minutes**

The Medical Officer of Health shall ensure that full and accurate minutes are kept of the proceedings of all meetings including a text of the By-laws and the resolutions passed by the Board.

#### Historical Record

##### Revisions:

*Board of Health, April 10, 2013*

*Board of Health, October 13, 2010*

*Board of Health, October 11, 2007*

*Board of Health, January 12, 2005*

*Board of Health, July 3, 2003*  
*Board of Health, October 28, 1998*  
*Board of Health, October 14, 1992*

*Review:*

*Governance Committee, March 3, 2013*  
*Governance Committee, January 27, 2012*  
*By-Laws, Policies and Procedures Committee, October 13, 2010*  
*Governance Committee, September 27, 2010*



# Staff Report

## Board of Health Policy Revisions regarding Human Rights and Discrimination; Workplace Violence and Harassment

<b>Date:</b>	May 22, 2014	
<b>To:</b>	Board of Health Governance Committee	
<b>From:</b>	Linda Copland, HR Consultant	
<b>Original approved by</b>	<b>Original approved by</b>	
Rosana Pellizzari, M.D.	Brent Woodford, Director Corporate Services	

### Recommendations

That the Governance Committee direct staff to:

- revise policy 2-90, Human Rights and Discrimination;
- revise and combine policy 2-92, Workplace Harassment and policy 2-94, Workplace Violence and rename Workplace Violence and Harassment Prevention Policy.

### Financial Implications and Impact

- Cost for legal counsel to review new policies and program.
- There may be a financial impact with regards to training employees.

### Decision History

These Policies were last reviewed and approved October 14, 2011.

### Background



Our policies and procedures on Human Rights and Discrimination, as well as Violence and Harassment require rewriting to be in compliance with the legislation and best practices. These were reviewed by the Committee at the last meeting, and upon further review, the following revisions are planned:

Policy 2-90, Human Rights and Discrimination:

- Add “record of offenses” as a prohibited ground under the *Ontario Human Rights Code*.
- Remove “terms of apprenticeship” (not applicable to PCCHU).
- Replace “People with disabilities have the right to be provided with equipment, services or devices that will allow them to do their job” with “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”.
- Develop a formal reporting mechanism for complaints.
- Refer to new Workplace Violence and Harassment Prevention Policy (see below) for reporting harassment complaints.
- Add wording to support no reprisal for filing a complaint in good faith.

Policy 2-92, Workplace Harassment and Policy 2-94, Workplace Violence

- Combine current Workplace Harassment Policy and Workplace Violence Policies into one Workplace Violence and Harassment Prevention Policy.
- As required by the *Ontario Occupational Health and Safety Act*, review the new policy at least annually and post the Workplace Violence and Harassment Prevention Policy at a conspicuous place in the workplace (alongside the Occupational Health and Safety Policy which also needs to be reviewed annually and posted at a conspicuous place in the workplace).
- As required by the *Ontario Occupational Health and Safety Act*, assess the risks of workplace violence.
- Develop and maintain a program to implement the Workplace Violence and Harassment Prevention Policy in compliance with the *Ontario Occupational Health and Safety Act*.

The program must include:

For Workplace Violence:

- a) measures and procedures to control the risks identified in the assessment required under subsection 32.0.3(1) as likely to expose a worker to physical injury;
- b) measures and procedures for summoning immediate assistance when workplace violence occurs or is likely to occur;
- c) measures and procedures for workers to report incidents of workplace violence to the employer or supervisor;

- d) how the employer will investigate and deal with the incidents or complaints of workplace violence; and
- e) any other elements prescribed in the regulation.

**For Workplace Harassment:**

- a) measures and procedures for workers to report incidents of workplace harassment to the employer or supervisor;
  - b) how the employer will investigate and deal with incidents and complaints of workplace harassment; and
  - c) any prescribed elements that may be included in regulations made under the act.
- Provide appropriate information and instruction to workers on the contents of the Workplace Violence and Harassment Policy and program.

As an additional note, the Health Unit currently has older organizational policies which relate to workplace harassment (internal policy #12-380 and 12-381), these will be retired to eliminate redundancy.

**Rationale**

Workplace violence and harassment policies require annual review under the legislation.

**Strategic Direction**

- Community-Centred Focus
- Quality and Performance

**Contact:**

Linda Copland  
HR Consultant  
(705) 743-1000, ext. 247  
[lcopland@pcchu.ca](mailto:lcopland@pcchu.ca)

**References:**

[Ontario Human Rights Code](#)  
[Ontario Occupational Health & Safety Act, PART III.0.1, VIOLENCE AND HARASSMENT 2-90, Human Rights and Discrimination 2-92, Workplace Harassment 2-94, Workplace Violence](#)



# Staff Report

## Signing Authorities

<b>Date:</b>	May 22, 2014	
<b>To:</b>	Governance Committee	
<b>From:</b>	Dr. Rosana Pellizzari, Medical Officer of Health	
<i>Original approved by</i>		<i>Original approved by</i>
Rosana Pellizzari, M.D.		Brent Woodford, Director, Corporate Services

### Recommendation

That the Governance Committee request the Board of Health approve the Director, Public Health Programs, be appointed as a cheque signing officer for payment purposes.

### Financial Implications and Impact

Appointing the Director, Public Health Programs, as a cheque signing officer may allow the Health Unit to avoid late payment charges, take advantage of vendor discounts and may reduce the times it is necessary to call a Board Member in for urgent payments (resulting in a reduction in per diem and mileage costs).

### Decision History

This is the first time the issue is being brought forward.

### Background

Our banking by-law requires two individuals sign all cheques. At the current time, the only authorized cheque signing officers are the Medical Officer of Health (MOH), Director, Corporate Services, Board Chair and Vice-Chair.

## **Rationale**

Under normal circumstances, the MOH and Director Corporate Services sign all cheques. This normally works well, but when one of the two staff are on vacation or otherwise unavailable, it is necessary to try to track down a Board member with signing authority and arrange to either have them come in to the office or have a staff drive to their home or workplace for signatures. Staff try to avoid this by paying everything possible before going on vacation and delaying the payment of bills that come in while a staff with signing authority is absent.

However, from time to time something urgent will come in when a staff member is off. As well, by paying quickly and delaying payments the potentially Board loses bank interest and/or discount savings.

While the amount of interest lost when paying in advance and the amount of savings obtained by not waiting 30 days to pay a bill is small, for urgent cheques it is necessary to try to track down a Board member and request they come to the office (per diem and mileage) or to pay a staff member to drive to the Board member's residence or workplace to obtain signatures.

This could be avoided if there was an additional member of the Executive with cheque signing authority. It is common practice to have all the Executive delegated cheque signing authority. This way, the organization can take advantage of rapid payment discounts, not have to pay invoices where there is no discount more quickly than necessary and reduce the need to call a Board member in when an urgent payment is required.

## **Strategic Direction**

This addresses the board's priority of Capacity and Infrastructure.

### **Contact:**

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



**Board of Health  
Policy**

Section: <b>Board of Health</b>	Number: <b>2-20</b>	Title: <b>Authority and Jurisdiction</b>	Page: <b>1 of 2</b>
<b>Approved by: Board of Health</b> <b>Date: June 13, 2012</b>		<u><b>Original:</b></u> <b>Approved by: Board of Health</b> <b>On: December 9, 1986</b>	
<u><b>Housekeeping Revision</b></u> <b>Approved by:</b> <b>On:</b>		<u><b>Revision:</b></u> <b>Approved by: Board of Health</b> <b>On: June 13, 2012</b>	
		<u><b>Reviewed:</b></u> <b>By: Governance Committee</b> <b>On: May 28, 2012</b>	
		<b>Next Review Date: June 2014</b>	
<u>Reference:</u>			

**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.

1. The Board of Health for the Peterborough County-City Health Unit operates by authority of:
  - a) The Health Protection and Promotion Act, and its Regulations; and
  - b) Agreement between the County of Peterborough and the City of Peterborough signed January 22, 1965, establishing the Peterborough County-City Health Unit.
2. The Peterborough County-City Health Unit has jurisdiction over the geographical area of the County of Peterborough and the City of Peterborough R.R.O. 1990, Reg. 553, Sched. 30).
3. A Letter of Agreement dated March 26, 1999 between the Board of Health and Curve Lake First Nation Council, authorizes the Medical Officer of Health to make Health Unit programs and services available to Curve Lake First Nation.
4. A Letter of Agreement dated May 3, 2007 between the Board of Health and Hiawatha First Nation Council, authorizes the Medical Officer of Health to make Health Unit programs and

services available to Hiawatha First Nation.



**Board of Health  
Policy**

Section: <b>Board of Health</b>	Number: <b>2-210</b>	Title: <b>Delegation of Authority</b>	Page: <b>1 of 1</b>
<b>Approved by: Board of Health</b> <b>Date: June 13, 2012</b>		<u><b>Original:</b></u> <b>Approved by: Board of Health</b> <b>On: June 13, 2012</b>	
<u><b>Housekeeping Revision</b></u> <b>Approved by:</b> <b>On:</b>		<u><b>Revision:</b></u> <b>Approved by:</b> <b>On:</b>	
		<u><b>Reviewed:</b></u> <b>By: Governance Committee</b> <b>On: May 28, 2012</b>	
		<b>Next Review Date: June 2014</b>	
<u>Reference:</u>			

**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 Statement:**

The Board of Health is responsible by legislation to provide and ensure the provision of public health programs and services.

The Board delegates the day-to-day administration and oversight of the Health Unit to its Medical Officer of Health. The Medical Officer of Health may re-delegate certain functions as required.

**Standard:**

The Delegation of Authority also means the delegation of accountability and responsibility.



**Board of Health  
Procedure**

Section: <b>Board of Health</b>	Number: <b>2-211</b>	Title: <b>Delegation of Authority</b>	Page: <b>1 of 2</b>
<b>Approved by: Board of Health</b> <b>Date: June 13, 2012</b>		<u><b>Original:</b></u> <b>Approved by: Board of Health</b> <b>On: June 13, 2012</b>	
<u><b>Housekeeping Revision</b></u> <b>Approved by:</b> <b>On:</b>		<u><b>Revision:</b></u> <b>Approved by:</b> <b>On:</b>	
		<u><b>Reviewed:</b></u> <b>By: Governance Committee</b> <b>On: May 28, 2012</b>	
		<b>Next Review Date: June 2014</b>	
<u>Reference:</u>			

**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.

**Procedure:**

Except as otherwise noted, all administrative authority is delegated to the Medical Officer of Health. This includes (but is not limited to):

- Developing, recommending and implementing Policies and Procedures;
- Interviewing, checking the references of, hiring and orienting Senior Managers;
- Authorizing purchases, disbursements and signing cheques to the financial level delegated by the Board;
- Supervising the day-to-day operations of the Peterborough County-City Health Unit;
- Maintaining records as required by law;
- Providing information and participating at Board of Health meetings;



- Terminating all employees below the level of Medical Officer of Health. It is anticipated the Medical Officer of Health will consult the Board Chair before an employee is terminated.



## Procedure

Section: <b>Board of Health</b>	Number: <b>2-361</b>	Title: <b>Staff Reports and Presentations to the Board of Health</b>	Page: <b>1 of 2</b>
<b>Approved by: Board of Health</b>  <b>Date: February 8, 2012</b>  <u>Housekeeping Revision</u> <b>Approved by:</b>		<u>Original</u> <b>Approved by: Board of Health</b> <b>On: February 8, 2012</b>  <u>Revision</u> <b>Approved by:</b> <b>On:</b>  <b>Reviewed by: Board of Health</b> <b>Governance Committee</b> <b>On: January 27, 2012</b>	
<u>Reference:</u>			

### Staff Reports

1. All staff reports for Board of Health agendas should follow the [Board of Health Report Template](#), and all sections of the report should be completed. The template located in the 'Forms' section on the Intranet contains additional details on how to complete the required information.
2. An initial meeting involving the staff, their Director, and the Medical Officer of Health (MOH) is recommended to determine the content and direction of the report. At a minimum, all recommendations should be vetted through these parties in advance to ensure that the report provides the supporting background, comments, and conclusions.
3. Revisions to the report will be done collaboratively. The MOH is responsible for signing off on the report before it goes to her Administrative Assistant (AA).

Suggested timelines for report submission:

<i>3 weeks prior to BOH meeting:</i>	Draft submitted to the Director for review.
<i>2 weeks prior to BOH meeting:</i>	Report submitted to MOH for approval.
<i>1 week prior to BOH meeting:</i>	Final copy provided to the AA by the MOH for inclusion in the Board agenda package.

A schedule for each calendar year will be posted on the Intranet in the 'Reports' section for reference. Accommodations will be made for statutory holidays.

4. Authors of the report or their Manager must be available to answer enquiries by Board of Health Members, prior to, and at the meeting. If the author is unable to attend the meeting, the Manager must identify a designate, and advise the AA to the MOH no later than one week prior to the BOH meeting.
5. Any materials to be distributed at a Board of Health meeting (related to a report or presentation) are the responsibility of the staff or their supervisor to produce and organize. A copy should accompany the report submitted to the MOH so it can be approved for distribution. These materials should be provided to the AA to the MOH in advance of the meeting.

#### Presentations

1. Staff presentations to the Board must not exceed 10 minutes in length. These are general interest presentations which are normally slated as part of the 'Presentations and Delegations' section of the agenda.
2. Presentations which accompany staff reports can exceed 10 minutes in length, however the content and length should be discussed with the MOH in advance.
3. All presentations are to be submitted to the MOH for review no later than one week prior to the BOH meeting.
4. Approved presentations will be provided to the AA to the MOH in advance of the meeting.