

**AGENDA**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**Governance Committee**

399 Ridout Street, London  
Middlesex-London Board of Health Boardroom  
Thursday, September 17, 2015 6:00 p.m.

- 1. DISCLOSURE OF CONFLICTS OF INTEREST**
- 2. APPROVAL OF AGENDA**
- 3. APPROVAL OF MINUTES – June 18, 2015**
- 4. BUSINESS ARISING FROM THE MINUTES**
- 5. NEW BUSINESS**
  - 5.1. November Board Of Health Development Session (13-15GC)
  - 5.2. The Middlesex-London Health Unit 2015-2020 Strategic Plan (14-15GC)
  - 5.3. Policy Review and Development (15-15GC)
- 6. CONFIDENTIAL**
- 7. OTHER BUSINESS – next meeting?**
- 8. ADJOURNMENT**

**PUBLIC SESSION MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**Governance Committee**

399 Ridout Street, London  
Middlesex-London Board of Health Boardroom  
Thursday, June 18, 2015 6:00 p.m.

Committee Members Present: Mr. Mark Studenny (Chair)  
Mr. Ian Peer  
Ms. Viola Poletes Montgomery  
Mr. Kurtis Smith

Regrets: Mr. Stephen Turner

Others Present: Dr. Christopher Mackie, Medical Officer of Health & CEO  
Ms. Sherri Sanders, Executive Assistant to the Board of Health  
(Recorder)  
Mr. Jordan Barringa, Manager, Strategic Projects  
Ms. Laura Di Cesare, Director, Human Resources and Corporate  
Strategy  
Dr. Trevor Hunter, Board Member  
Mr. Marcel Meyer, Board Member

Committee Chair, Mr. Mark Studenny, called the Committee meeting to order at 6:00 p.m.

**1. DISCLOSURES OF CONFLICT(S) OF INTEREST**

Mr. Studenny inquired if there were any disclosures of conflict of interest to be declared.

Dr. Hunter declared a potential conflict of interest re Report 12-15GC Board of Health Development Plan in regards to his role outside of the Board of Health as a Governance Consultant. The potential conflict was noted.

**2. APPROVAL OF AGENDA**

It was moved by Mr. Peer, seconded by Mr. Smith *that the AGENDA for the June 18, 2015 Governance Committee meeting be approved with addition of information item re: District of Algoma Health Unit Assessment Report – Executive Summary.*

Carried

**3. APPROVAL OF MINUTES**

It was moved by Mr. Smith, seconded by Mr. Peer *that the MINUTES from the April 16, 2015 Governance Committee meeting be approved.*

Carried

**4. BUSINESS ARISING FROM THE MINUTES - none**

## 5. NEW BUSINESS

### 5.1 2012-14 Strategic Plan – Final Report on Strategic Directions (10-15GC)

It was moved by Mr. Peer, seconded by Mr. Smith *that the Governance Committee receive Report No.10-15GC re 2012-14 Strategic Plan – Final Report on Strategic Directions for information.*

Carried

### 5.2 The Middlesex-London Health Unit 2015-2020 Strategic Plan (11-15GC)

Discussion ensued about the importance of including Community Stakeholders in the Strategic Planning and Balanced Score Card processes.

In response to a question about staff response to the draft 2015-2020 Strategic Plan, Dr. Mackie reported that Staff members have been given numerous opportunities to provide informal and formal feedback about the plan.

In response to a question the Board of Health's role is in reviewing and evaluating the Balanced Score Card, Ms. Di Cesare proposed that staff will report to the Board about the implementation of the Balanced Score Card on a quarterly basis.

It was moved by Ms. Poletes Montgomery, seconded by Mr. Smith *that the Governance Committee recommend that the Board of Health endorse the draft 2015-2020 Strategic Plan, and direct staff to continue with public and client consultations to gather input on areas of Health Unit activity and refine the Plan.*

Carried

### 5.3 Board of Health Development Plan (12-15GC)

It was moved by Ms. Poletes Montgomery, seconded by Mr. Peer *that the Governance Committee:*

- 1) *Receive Report No. 12-15GC re Board of Health Development Plan for information, and further*
- 2) *Approve the organization of an offsite workshop to contribute to Board effectiveness and engagement.*

Carried

After discussion, it was suggested that an offsite workshop be planned for a Friday in late October or November. Proposed development topics could include a discussion on Governance Models and the Board of Health Code of Conduct.

### 5.4 District of Algoma Health Unit Assessment Report – Executive Summary (verbal report)

The Executive Summary was distributed to all Committee members by email. A copy is filed with the minutes.

Dr. Mackie reported that the Finance and Facilities Committee is working on improving the year end audit process for the Health Unit to ensure efficient and diligent reporting.

It was moved by Ms. Poletes Montgomery, seconded by Mr. Peer *that the Executive Summary of the District of Algoma Health Unit Assessment Report be received for information.*

Carried

**6. CONFIDENTIAL**

It was moved by Mr. Peer, seconded by Mr. Smith *that the Confidential Minutes from the April 16, 2015 Governance Committee meeting be approved.*

Carried

**7. OTHER BUSINESS**

The next meeting of the Governance Committee is scheduled for Thursday, September 17, 2015 at 6:00 p.m.

**8. ADJOURNMENT**

At 6:40 p.m., it was moved by Ms. Poletes Montgomery, seconded by Mr. Peer *that the meeting be adjourned.*

Carried

---

MARK STUDENNY  
Chair

---

CHRISTOPHER MACKIE  
Secretary-Treasurer



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 September 17

---

## NOVEMBER BOARD OF HEALTH DEVELOPMENT SESSION

### ***Recommendations***

*It is recommended that the Governance Committee:*

- 1) Receive Report No. 13-15GC re November Board of Health Development Session for information; and further,*
- 2) Approve the Board of Health Development Session for November 19<sup>th</sup> in place of the November Board of Health Meeting; and further,*
- 3) Invite the Chairs and Vice-Chairs of other Southwest Ontario Boards of Health to attend.*

### **Key Points**

- To address board development, it is proposed that an offsite workshop be held on November 19<sup>th</sup>, 2015 to learn about governance models and best practices and review approved guidelines for Board members.
- Graham Scott, C.M; Q.C is a recognized expert in Ontario Public Health Unit governance and operations and is recommended to facilitate the development session.

### **Background**

Based on the findings of the self-assessment conducted in the spring of 2015, it was recommended that the Board of Health participate in an offsite workshop to learn about governance processes and best practices.

The Board of Health endorsed the motion for staff to arrange a training session in fall of 2015.

### **Proposed Board of Health Development**

Staff have been in contact with Mr. Graham Scott, C.M; Q.C. of Enterprise Canada, who has extensive experience advising Health Units on governance matters, to deliver a board development session for the Board of Health. More recently, Mr. Scott was appointed by the Ministry of Health and Long-Term Care to act as the Assessor of the Algoma Public Health Unit to address concerns regarding governance and operations practices.

The key deliverable of the development session with Mr. Scott will be to educate the Board of Health and members of the Senior Leadership Team about key governance practices for local boards of health.

Mr. Scott has indicated his availability for November 19, 2015.

**Pre-Session Governance Assessment**

In preparation of the session, Mr. Scott will require that 2-3 board members be interviewed and that he be provided with key Middlesex-London Health Unit governance documents (bylaws, policies, committee terms of references) to establish an understanding of current practices.

**Next Steps**

Mr. Scott's experience with Ontario Public Health Unit governance and operational matters would allow the Board of Health to benefit from his perspective on the Middlesex-London Health Units governance processes and practices.

November 19, 2015 has been identified as a potential date for the Board of Health to participate in development activities. If approved, this development session would occur in place of the November Board of Health Meeting

This report was prepared by Mr. Jordan Banninga, Manager of Strategic Projects.



Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 September 17

---

## THE MIDDLESEX-LONDON HEALTH UNIT 2015-2020 STRATEGIC PLAN

### **Recommendations**

*It is recommended that the Governance Committee recommend that the Board of Health:*

- 1) *Receive Report No. 14-15GC re 2015-2020 Middlesex-London Strategic Plan for information, and further;*
- 2) *Approve the Middlesex-London Health Unit 2015-2020 Strategic Plan.*

### **Key Points**

- The Middlesex-London Health Unit 2015-2020 Strategic Plan articulates our vision, mission and values and lays out our strategic priorities for the next five years and was developed through extensive internal and external consultation.
- Consultation with community partners allowed us to understand what they felt were the most important strategic initiatives for us to focus on, as well as how we can best implement these over the next five years.

### **Background**

At the June Board of Health Governance Committee meeting, the draft 2015-2020 Middlesex-London Health Unit Strategic Plan was endorsed with additional direction to continue with public consultations to gather input on areas of the strategic plan ([Report No. 11-15GC](#)).

### **Consultation Process**

A distribution list of community partners was compiled with input from members of the Non-Union Leadership Team (NLT). The survey and an additional reminder email was sent in August 2015 and respondents were directed to comment on which strategic initiatives they felt were most important for us to focus on. These community partners were asked to comment specifically on how MHLU:

- 1) Collaborates with partners;
- 2) Addresses the social determinants of health;
- 3) Gathers community and partner feedback on our programs and services;
- 4) Increases awareness of public health and the role of MLHU;
- 5) Promotes employee engagement and learning; and
- 6) Communicates our organizational performance.

## Consultation Results

Over 700 emails were sent to a diverse range of stakeholders in Middlesex-London and select partners across the province as identified by NLT. Of the partners who were sent the email, there were 212 respondents representing a broad range of agencies. Quantitative data was gathered to understand what initiatives we should consider for prioritization and qualitative data was generated for how we can best implement these initiatives. Full results will be used to inform the implementation of the strategic plan.

## 2015-2020 Middlesex-Health Unit Strategic Plan

The 2015-2020 Middlesex-London Health Unit Strategic Plan ([Appendix A](#)) articulates our vision, mission and values that will drive our organization and align our work with our strategic priorities. These priorities have been determined through a comprehensive internal and external consultation process as outlined [Report No. 11-15GC](#).

## Future Consultation Opportunities

Ongoing work over the next five years is needed to identify the public health issues that the public feels that MLHU should be focusing on, as well as consultation with clients on how we can make specific programs and services more effective, accessible and efficient.

Additional opportunities in the future include:

- 1) **Rapid Response Risk Factor Surveillance System (RRFSS)** – ongoing monthly telephone survey designed to represent the adult population 18 years and over, who speak English or French and who reside in private households. A strategic planning module is being deployed in the September to December 2015 cycle.
- 2) **Focus Groups** – priority populations are likely to be underrepresented in many sampling strategies. Targeting these populations for focus groups may allow for a more representative sample and provide better understanding of accessibility of MLHU services.
- 3) **Feedback through the Health Unit website and social media** – this was the most common response from community partners for how we can ensure that the community is able to provide feedback regarding our programs and services. Used in combination with RRFSS and focus groups to ensure a representative sampling of our population, this is an opportunity to leverage in the future.

## Next Steps

Using the balanced scorecard that has been developed as a result of the strategic planning process, indicators for each objective will be identified and strategic initiatives, activities and metrics will be incorporated in service area, team and individual work plans. Development of these “cascading” balanced scorecards will create alignment between the organizations strategic priorities and the work of all staff at the Middlesex-London Health Unit.

This report was prepared by Mr. Jordan Banninga, Manager of Strategic Projects



Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health



2015 - 2020

Middlesex-London Health Unit  
Strategic Plan

# Contents

|   |    |
|---|----|
| Acknowledgements                                    | 3  |
| Executive Summary                                   | 4  |
| The Middlesex-London Health Unit Balanced Scorecard | 5  |
| Mandate of Public Health                            | 6  |
| Message from the Medical Officer of Health and CEO  | 7  |
| Message from the Chair of the Board of Health       | 7  |
| Our Board of Health                                 | 8  |
| Purpose of the Strategic Plan                       | 9  |
| The 2015-2020 Strategic Planning Process            | 9  |
| The Middlesex-London Health Unit Balanced Scorecard | 15 |
| Our Priorities                                      | 16 |
| Implementation and Monitoring                       | 18 |

# Acknowledgements

**The 2015-2020 Middlesex-London Health Unit (MLHU) Strategic Plan is the result of an extensive collaborative process involving all of the staff at MLHU.**

Through numerous consultations, surveys and feedback forums, the strategic directions that are set out in this document are the culmination of an iterative process that couldn't have been possible without engagement from the staff in our organization.

The Board of Health provided significant input in setting the vision and mission for our organization and feedback at key points in the planning process. Their continued buy-in and support is essential to achieve all that we have set out to do with this plan. Another key group in setting our strategic priorities is the Senior Leadership Team consisting of the Medical Officer of Health & Chief Executive Officer, the Associate

Medical Officer of Health, the Chief Nursing Officer and the Directors of Environmental Health and Chronic Disease Prevention, Family Health Services, Finance Information Technology & Operations, Human Resources and Corporate Strategy and Oral Health Communicable Disease and Sexual Health. Providing a key interface between staff and management and driving much of the work for the strategic planning process was the Strategic Planning Advisory Committee (SPAC). Members of this group reviewed research, presented concepts at team meetings, provided feedback on draft strategic plan components and helped steer the plan from its initial stages to completion. Members of SPAC included:

|                          |                               |
|--------------------------|-------------------------------|
| Wally Adams, EHCDP       | Jordan Banninga, HRLR         |
| Mary Lou Albanese, EHCDP | Laura Di Cesare, HRLR - Chair |
| Sarah Maaten, EHCDP      | Trudy Sweetzir, OMOH          |
| Ruby Brewer, FHS         | Chris Blain, OHCDSH           |
| Shelley Steel, FHS       | Heather Lokko, OHCDSH         |
|                          | Deneen Langis, HRLR/IT        |



Photos taken from staff values consultations - Summer 2014

# Executive Summary

The Middlesex-London Health Unit (MLHU) is the largest autonomous public health unit in Canada and has a strong track record of delivering high quality public health programs and services to our community.

The sands of public health are continuously shifting – novel infectious diseases, changing political priorities, and economic and demographic trends – all present challenges to which we must be ready to respond to by being future-oriented and clear in our purpose and mandate.

The 2015-2020 Middlesex-London Health Unit Strategic Plan allows our organization to align our work with our vision, mission and values to continue to deliver impactful programs and services to our community. Our strategic plan is future-looking and adaptive; it details those things that we must do in order to make us the best health unit that we can possibly be.

---

**OUR VISION:**  
People Reaching Their Potential

---

**OUR MISSION:**  
To promote and protect the health  
of our community

---

**OUR VALUES:**  
Collaboration  
Integrity  
Empowerment  
Striving for excellence  
Health  
Equity



# The Middlesex-London Health Unit Balanced Scorecard

The balanced scorecard is a strategic framework that allows us to translate our vision, communicate and link strategic priorities across the organization, integrate strategy into planning processes and gather feedback to continuously learn and improve.

| Program Excellence  | Client and Community Confidence   | Employee Engagement and Learning  | Organizational Excellence   |
|---|---|---|---|
| <b>PRIORITY</b>   |   |   |   |
| Deliver maximum value and impact with our resources   | Foster client satisfaction and community confidence   | Engage and empower all staff  | Enhance governance accountability and financial stewardship   |
| <b>OBJECTIVES</b>   |   |   |   |
| Optimize evidence-informed planning and evaluation<br><hr/> Foster strategic integration and collaboration<br><hr/> Address the social determinants of health | Seek and respond to community input<br><hr/> Ensure clients and the community know and value our work<br><hr/> Deliver client-centred service | Promote transparent and inclusive decision-making processes<br><hr/> Enhance staff development and continuing education<br><hr/> Strengthen positive organizational culture | Engage and inform the board of health<br><hr/> Demonstrate excellent organizational performance<br><hr/> Exercise responsible financial governance and controls |

# Our Board of Health

The Board of Health is the governing body of the Middlesex-London Health Unit and is directly accountable to Middlesex County and City of London residents for the cost-effective management and delivery of public health programs and services. The Board is comprised of five Provincial Representatives, three Middlesex County Representatives and three City of London Representatives.

Municipal Representatives are appointed for the duration of their term in public office, which is usually a 3-year term. Provincial Representatives are appointed for a term; the length of which is decided by the Minister of Health and Long-Term Care. The positions of Chair and Vice-Chair rotate annually.



**Front row:**

Ms. Trish Fulton, Provincial Representative, Mr. Kurtis Smith, County Representative; Mr. Ian Peer, Chair, Provincial Representative; Ms. Nancy Poole, Provincial Representative; Ms. Viola Poletes Montgomery, Provincial Representative

**Back row:**

Mr. Stephen Turner, City Representative; Dr. Trevor Hunter, City Representative (Citizen Appointee); Mr. Marcel Meyer, County Representative; Mr. Mark Studenny, Provincial Representative; Ms. Joanne Vanderheyden, County Representative; Mr. Jesse Helmer, Vice-Chair, City Representative

## Message from the Medical Officer of Health and CEO

The strength of public health in Middlesex-London lies in the passion and commitment of our staff. It is hard to find a place where people care more about their work and the people they serve. This is why consultation with staff about our values, our mandate and the opportunities for improvement formed the groundwork of our strategic planning process.

Public health in Ontario is on the cusp of a major transition period. The post-SARS era saw a decade of growth through provincial investment in local public health units. However, the expectation is that the next few years will be different. The Province has committed to balance Ontario's budget by 2018 and has signalled that health units can expect to receive no increases to their budgets, even to cover the costs of inflation. It has never been

more important to clearly define the work of the Middlesex-London Health Unit.

Thank you to the Strategic Planning Advisory Committee, the Senior Leadership Team, the staff of Human Resources and Corporate Strategy, and the Board of Health and Governance Committee for all of your work bringing this document together. Thanks also to the more than 200 Health Unit staff who participated in consultations at various phases of this planning process.

Together, we have set the foundation on which we will build a stronger Middlesex-London Health Unit as we continue to develop as an organization in the years to come.

*Dr. Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health and Chief Executive*

## Message from the Chair of the Middlesex-London Board of Health

To chart a course toward any goal, you need a plan. Having knowledge of the prevailing conditions, the challenges you may encounter along the way, the strengths of your organization and where you want to be at the end of your journey are all key to mapping your route. Strategic Plans are no different.

As Chair of the Middlesex-London Board of Health, I am pleased with the thought, care, insight and vision that have gone into creating this strategic plan, which will guide the work of the Middlesex-London Health Unit and its staff for the next five years.

This is an exciting time for the Health Unit's Board and its staff, as we carefully consider

the work we do, match it to the needs of the communities we serve, and deliver services and programs in an effective and efficient manner.

Our goal is for all people in Middlesex-London to reach their potential. The Health Unit will help to make this happen by continuing to promote and protect the health of our community.

I hope you find this Strategic Plan both informative and interesting as we strive to provide value and quality service to you and your families.

*Ian Peer  
Chair of the Middlesex-London Board of Health*

# Mandate of Public Health

The Middlesex-London Health Unit is mandated under the Health Protection and Promotion Act to provide delivery of public health programs and services to prevent the spread of disease and to promote and protect the health of people in Middlesex County and the City of London. Our work is further guided by the Ontario Public Health Standards and the Ontario Public Health Organizational Standards. Together, these documents set out the minimum requirements that health units must adhere to.

Public health is different, but complementary to the work performed throughout the health care system.

We focus not only on individuals (e.g., clients in our vaccination clinics), but also on families and sub-groups (e.g., families with a new baby; refugees), the community (e.g., food safety inspections; collaborative injury prevention initiatives), and the population as a whole through advocating for evidence-

informed public health policy at all levels. These examples are just a small snapshot of the many things we do.

The Health Protection and Promotion Act (HPPA) is the principal enabling and operating statute for the Board of Health. Boards of Health must provide or ensure the provision of a minimum level of public health programs and services in the following areas: environmental health, control of communicable disease, preventive dentistry, family health, nutrition, and public health promotion and education. Boards of Health are also expected to deliver additional programs and services in response to local needs and they are also directed by federal, provincial and municipal legislation other than the HPPA. The Board delegates responsibility to administer these programs to the Medical Officer of Health in his/her capacity as the Chief Executive Officer of the Middlesex-London Health Unit.





## Purpose of the Strategic Plan

The fundamental purpose of the 2015-2020 Middlesex-London Health Unit Strategic Plan is to ensure alignment of our work with our vision, mission and values.

Our vision, mission and values, together with the strategic priorities and objectives that have been identified in this strategic plan will help us be the best possible health unit that we can be so we can enhance our positive impact on our community.

## The 2015-2020 Strategic Planning Process

At the outset of the process, it was imperative that best practices for strategic planning and lessons learned from the 2012-2014 strategic plan be incorporated into this plan. From our previous strategic planning process we knew we needed to increase Board of Health, community partner and staff engagement; align strategic priorities with day-to-day work; and increase monitoring and accountability.

The elements outlined below incorporated both the lessons learned and best practices for strategic planning.



# 1 Increased Board of Health, Community Partner and Staff engagement

The Middlesex-London Health Unit Board of Health initiated the strategic planning process at a November 1, 2013 retreat by identifying our “noble cause” – our vision. The Board of Health was instrumental in guiding the strategic planning process and providing key input into our values and our strategic priorities.

Staff engagement was also integral to the development of our vision, mission and values tree as well as our strategic priorities, objectives and initiatives. This engagement was sought in various ways:

- The planning process was guided by the Strategic Planning Advisory Committee (SPAC). This group provided key input and recommendations to the Senior Leadership Team on all aspects of the strategic plan (11 members representing all five service areas)
- At the launch event in June 2014, all staff were able to share their comments regarding the “One thing we must do as part of the 2015-2020 strategic planning process” (99 responses were received with 145 comments); these comments were used as guiding principles for our planning process
- Focus groups were held throughout the summer, in which all staff were invited to explore the values that drive our work at MLHU. Through a series of five



group consultations that were facilitated by the Medical Officer of Health, we developed our “Values Tree” (146 participants)

- Staff consultation on the proposed balanced scorecard for MLHU took place in March 2015, where all staff were given the opportunity to comment on our strategic priorities and identify what resonated with them and what they thought needed to be added (158 survey responses)

- An Extended Leadership Team Conversation Café allowed MLHU non-union leaders to engage in dialogue with members of SPAC on the development of the strategic priorities and objectives (30+ managers and SPAC participated)

- A Town Hall was held in May 2015 where staff previewed the draft 2015-2020 strategic plan balanced scorecard and commented on the proposed priorities, objectives and initiatives (220 staff attended and worked in groups to complete 86 feedback forms)

- A survey was distributed in the summer of 2015 asking community partners which priorities and initiatives they felt were most important for MHLU to focus on. They also provided feedback on how to we can best engage partners in the implementation of our strategic plan (209 survey responses)

## 2 *Strategic work defined and addressed by all staff, not just committees*

Previous strategic plans have utilized the efforts of additional work groups to drive the organization's strategic priorities forward. While positive outcomes were accomplished by the groups, many of the staff at MLHU did not feel a strong connection to the strategic priorities in their everyday work. The 2015-2020 strategic planning process addressed this issue by utilizing the balanced scorecard as our strategic planning model and involving staff in the development of our strategic priorities.

The balanced scorecard allows strategic priorities to be operationalized at all levels of the organization and enables staff to contribute to the strategic priorities through participation in organization-wide, service area, team and individual activities.



### 3 *The use of local data in decision-making*

Local data can provide insight into the strengths, weaknesses, opportunities and threats that impact an organization's people, processes, performance, culture, morale and stakeholders. To have a comprehensive understanding of these insights, local data from key documents and stakeholder consultations were used in the strategic planning process. Data sources included:

- Environics Analytics - Focus Ontario Fall 2013 – (Environics Research Group, 2013)
- 2011 MLHU Discovery Report (Centre for Organizational Effectiveness, 2011)
- A Statistical Portrait of London – Neighborhood Profiles (City of London, 2014)
- Ontario Municipal Benchmarking Initiative – 2012 Performance Report (Ontario Municipal CAO's Benchmarking Initiative, 2013)
- Forum Research – 2012 Poll of Satisfaction with Municipal Services (Bozinoff, L., 2012)
- Rapid Risk Factor Surveillance System (RRFSS) data – Familiarity with the Health Unit
- 2015-2020 MLHU Strategic Plan – Partner Consultation Survey (Middlesex-London Health Unit, 2015)

This information helped us to identify future opportunities, as well as threats that we must mitigate in order to reach our full potential as an organization. Considering the perspective of the community and our clients in setting our strategic priorities for the next five years has strengthened our strategic plan.



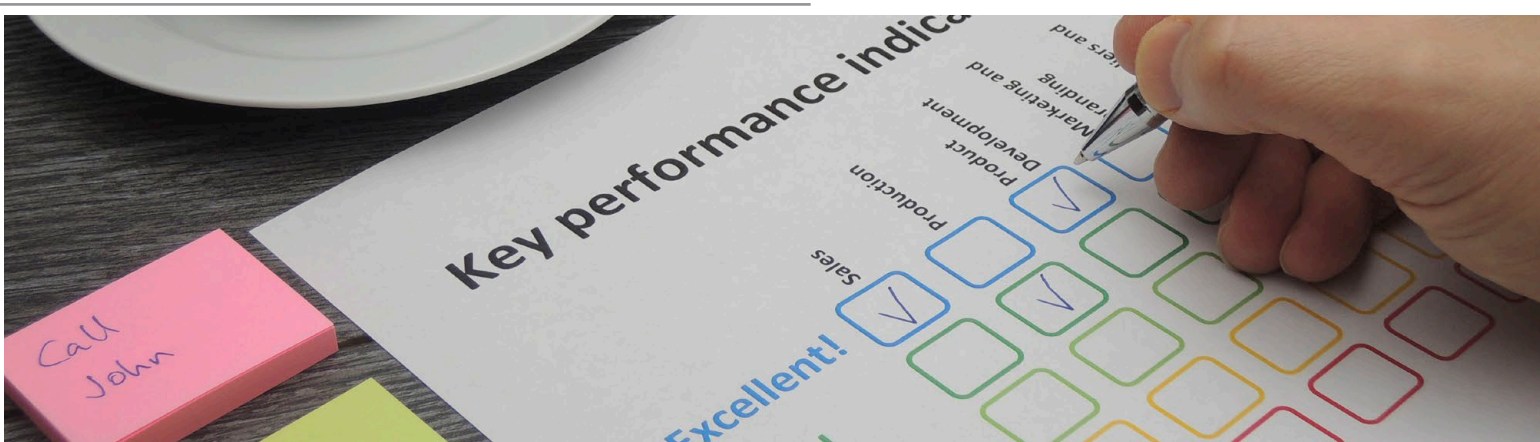
## 4 *The use of evidence to answer the question: “what must we do to make MLHU the best public health unit that we can be?”*

The Middlesex-London Health Unit prides itself in delivering evidence-informed programs and services to the community. We wanted to take a similar approach with our strategic plan. To do this, a research report that reviewed the literature on what makes a high performing health unit was prepared. The information was drawn from peer-reviewed research and data from the local community and was used to help the Strategic Planning Advisory Committee and the Senior Leadership Team make evidence-informed decisions about where we should set our strategic priorities.



## 5 *Increased focus on monitoring and accountability*

Sustaining momentum over the course of a five year strategic plan can be a challenging task. Initiatives that have a burst of momentum can sometimes taper off if there is a lack of monitoring, accountability, evaluation and reporting. The balanced scorecard is intended to alleviate these concerns by assigning clear targets and measures to the strategic priorities and providing a clear communication tool to track progress against our strategic priorities at the organization, service-area, team and individual levels.



# Our Vision, Mission and Values Tree

Our Values Tree represents the core beliefs and principles under which we operate in our day to day work, with each other and the delivery of our public health programs and services in the community.

The mission, vision and values were developed following two Board of Health and Senior Leadership Team retreats, five staff consultations, review and validation from the Strategic Plan Advisory Committee and approval from Senior Leadership Team and the Board of Health. Our vision articulates what we would like our community to achieve over the long-term; our mission is the declaration of our organization's core purpose and focus that will contribute to the realization of the vision; and our values are the beliefs and principles that will guide us.

## OUR VISION:

People Reaching Their Potential

## OUR MISSION:

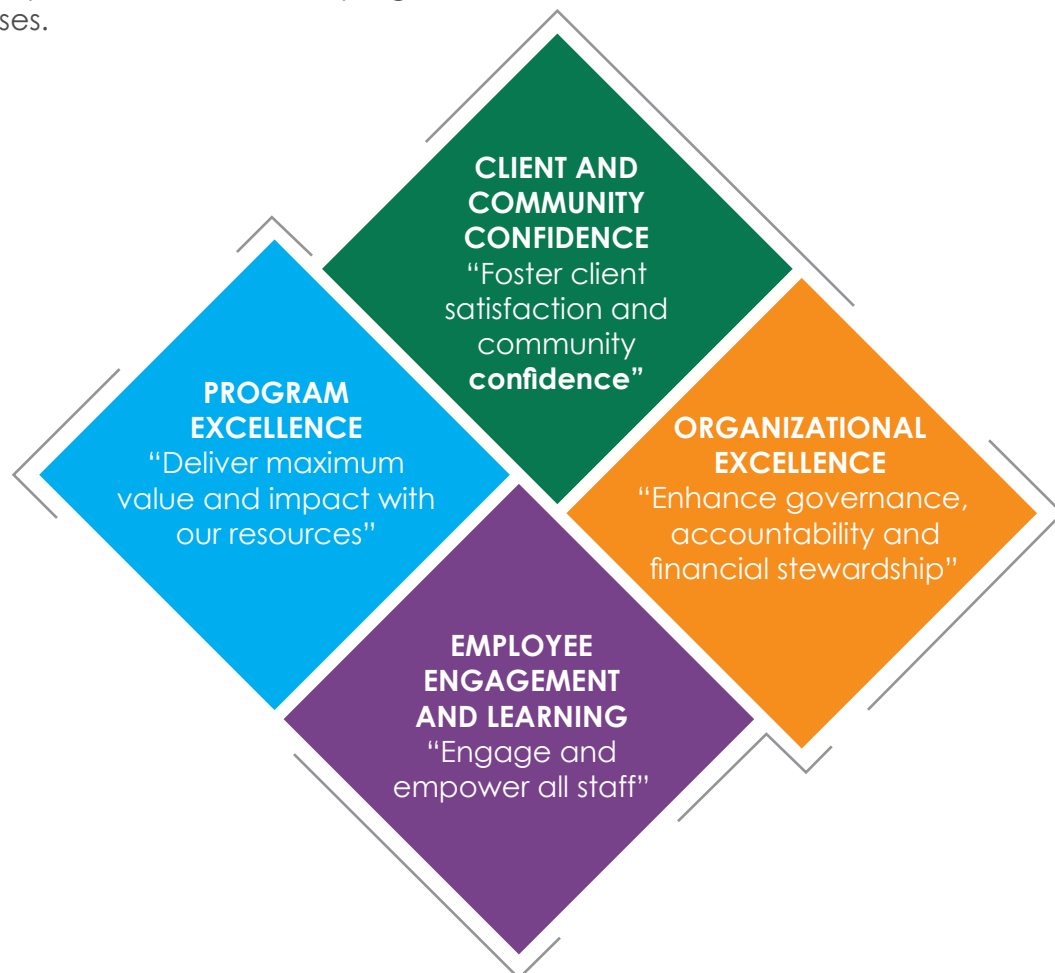
To promote and protect the health of our community



# The Middlesex-London Health Unit Balanced Scorecard

Understanding the challenges of the previous strategic plan, the Senior Leadership Team made the decision to use the balanced scorecard strategic planning model. The balanced scorecard is a strategic management tool that helps align the performance of the Middlesex-London Health Unit around our vision, mission, values and strategic priorities. It also ensures that we have a balanced perspective of what makes our organization successful in accomplishing our vision and mission, that progress is monitored and assessed, that there is accountability for performance at all levels of the organization and that we are able to easily communicate our progress and successes.

The Senior Leadership Team developed the balanced scorecard by integrating the findings from the research report “what makes a high performing health unit”, an environmental scan of balanced scorecards used in public health and refinement and validation from the Strategic Plan Advisory Committee. Additional feedback solicited from staff, community partners and stakeholders was also integrated into the balanced scorecard for the 2015-2020 Strategic Plan.



# Our Priorities

## Program Excellence

The strategic priority of Program Excellence is to deliver maximum value and impact with our resources. To do this, we will:

| OBJECTIVES   | INITIATIVES  |
|--|--|
| Optimize evidence-informed planning and evaluation | <ol style="list-style-type: none"> <li>1) Formalize a MLHU planning and evaluation framework that integrates: evidence-informed program planning, innovation, research advisory committee requirements (when applicable), and the regular evaluation of programs</li> <li>2) Utilize continuous quality improvement processes</li> </ol> |
| Foster strategic integration and collaboration     | <ol style="list-style-type: none"> <li>1) Identify ideal organizational structure and complimentary processes to ensure our programs and services are focused on our core mission</li> </ol>   |
| Address the social determinants of health          | <ol style="list-style-type: none"> <li>1) Continue knowledge exchange and skill building activities for social determinants of health (SDOH)</li> <li>2) Expand health equity impact assessment implementation and monitoring</li> <li>3) Establish a policy development and advocacy framework</li> </ol>                               |

## Client and Community Confidence

The strategic priority of Client and Community Confidence is to foster client satisfaction and community confidence. To do this, we will:

| OBJECTIVES   | INITIATIVES  |
|--|--|
| Seek and respond to community input                      | <ol style="list-style-type: none"> <li>1) Use community input and feedback to inform program planning and evaluation</li> </ol>  |
| Ensure clients and the community know and value our work | <ol style="list-style-type: none"> <li>1) Increase the awareness of public health and the role of the Middlesex-London Health Unit</li> </ol>  |
| Deliver client-centred service                           | <ol style="list-style-type: none"> <li>1) Use client input and feedback to inform service delivery and evaluation</li> <li>2) Deliver appropriate outreach services where people live, work, learn and play</li> </ol> |



### Employee Engagement and Learning

The strategic priority of Employee Engagement and Learning is to engage and empower all staff. To do this, we will:

| OBJECTIVES  | INITIATIVES   |
|---|---|
| Promote transparent and inclusive decision making processes | 1) Increase opportunities (surveys, town halls, fire side chats) for staff to share input in MLHU decision-making (structure, location, budgets)<br>2) Inclusive planning days and follow-up processes                    |
| Enhance staff development and continuing education          | 1) Establish and implement consistent performance management and measurement systems, tools and processes<br>2) Provide learning opportunities for staff that are aligned with MLHU's strategic priorities and objectives |
| Strengthen positive organizational culture                  | 1) Implement a comprehensive workplace wellness strategy<br>2) Establish processes that acknowledge staff contributions to our mission, vision and values<br>3) Embed our values into all that we do                      |

### Organizational Excellence

The strategic objective for Organizational Excellence is to enhance governance, accountability and financial stewardship. To do this, we will:

| OBJECTIVES  | INITIATIVES   |
|---|---|
| Engage and inform our Board of Health                     | 1) Provide appropriate recommendations and analysis to the Board of Health regarding developments affecting public health, the health unit and the community<br>2) Deliver relevant and timely information and reports to the Board of Health |
| Demonstrate excellent organizational performance          | 1) Create a Board of Health performance dashboard<br>2) Develop and implement an organizational performance management framework  |
| Exercise responsible financial governance and stewardship | 1) Conduct financial policy compliance audits<br>2) Ensure third parties are accountable to MLHU financial standards through agreements/reporting<br>3) Increase staff understanding of budgets, processes, and policies                      |

# Implementation and Monitoring

## Using Stakeholder Feedback to Inform Implementation

The information that was gathered throughout the strategic planning process helps us to understand the perspectives of our community partners and gain insight into how we can best implement our strategic priorities.

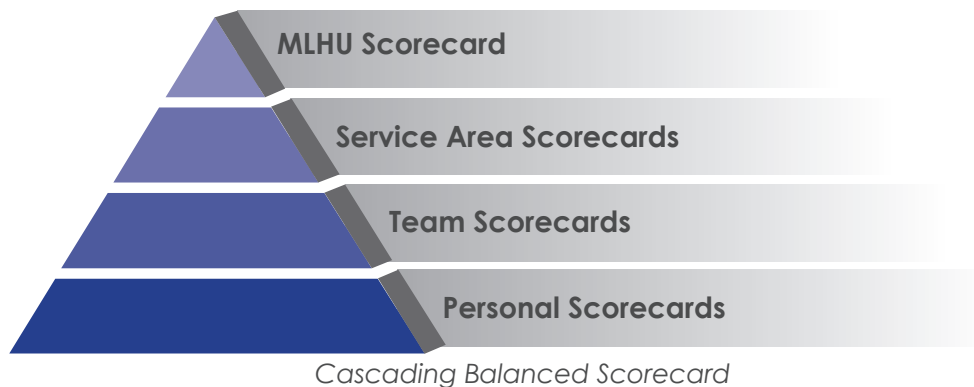
Ongoing consultation with the community and our clients is essential to make sure we are achieving our strategic priorities to the best of our ability and addressing the health needs and concerns of our community.

## The Balanced Scorecard and Indicator Development

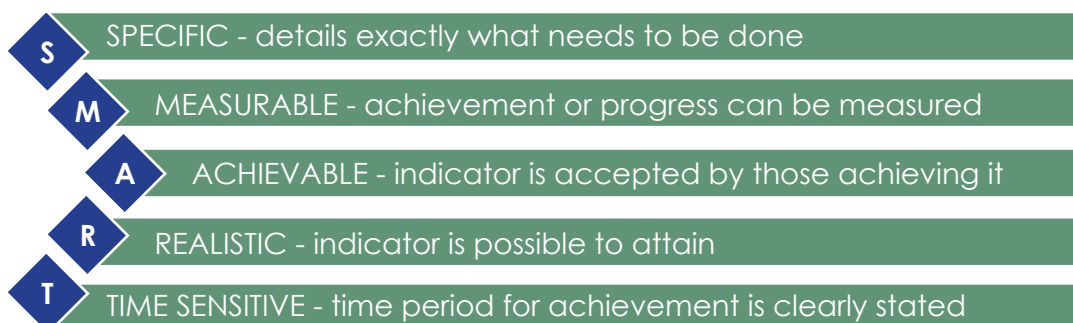
The balanced scorecard is intended to help organizations set, track and achieve key strategic initiatives and objectives. The Middlesex-London Health Unit will use the balanced scorecard for precisely this task. We will do this by developing indicators for

each of the strategic priorities and objectives and developing cascading balanced scorecards that will create alignment between the organization-wide scorecard and corresponding service area and team scorecards.

Cascading balanced scorecards allow all staff to develop objectives and measures that link their work to overall organizational strategy. They also ensure that staff have a deep understanding of the Health Unit's strategic priorities and objectives. Every scorecard that is developed, whether it exists at the service area, team or individual level must link to the larger organizational priorities to derive the greatest value from the cascading process. Cascading scorecards allow all employees, regardless of position, to demonstrate their critical contributions to the overall efforts of the Health Unit.



Indicators are succinct measures that are meant to help us understand the work of the organization, compare performance over time and to continuously improve. It is important to remember that indicators cannot capture the richness and complexity of everything we do. On their own, they can only indicate how we are doing; they cannot prove or disprove program or organizational success or failure. The indicators we use must be SMART:



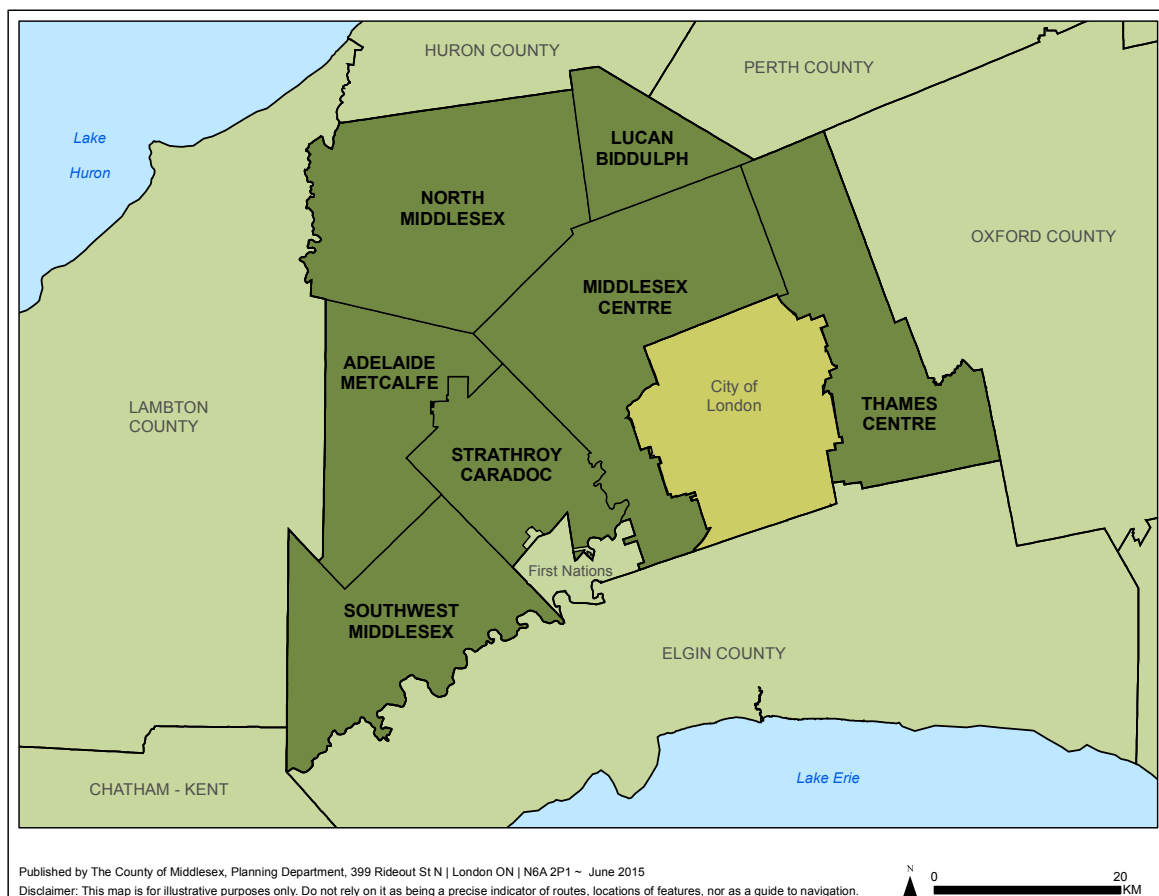
# Who We Serve:

Middlesex-London covers 3,317 square kilometers and had a total population of 439,151 people in 2011. Middlesex County has eight municipalities: North Middlesex, Southwest Middlesex, Thames Centre, Strathroy-Caradoc, Middlesex Centre, Adelaide Metcalfe, Lucan Biddulph and the Village of Newbury. There are three First Nations communities in Middlesex-London which are located south of Strathroy-Caradoc; the Chippewas of the Thames First Nation, Munsee-Delaware Nation and Oneida.

In 2011, Middlesex-London had a greater proportion of young adults between the ages of 15 and 29 years but a slightly lower proportion of children aged 5 to 14 and adults between the ages of 35 and 54 compared to Ontario. All age groups are predicted to grow over the next 25 years but the age 65 years and older group will more than double

between 2006 and 2036. The overall growth rate in Middlesex-London was slower than in Ontario between 1986 and 2010 but they have similar projected growth rates between 2011 and 2036.

The proportion of the population who were immigrants and visible minorities in 2006 was much lower in Middlesex-London relative to Ontario as a whole. Compared to Ontario, Middlesex-London has fewer new immigrants as a percentage of the total immigrant community. The largest groups of people belonging to visible minorities in Middlesex-London were Black, Latin American and Arab. While 9% of the population reported speaking a language other than English or French at home, only 1% of the population of Middlesex-London was unable to communicate in one of the official languages.







TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 September 17

---

## **POLICY REVIEW AND DEVELOPMENT**

### ***Recommendations***

*It is recommended that the Governance Committee:*

- 1) Receive Report No. 15015GC re Policy Review and Development for information, and*
- 2) Approve the (a) Workplace Violence, (b) Harassment and Discrimination, (c) Accessibility for Ontarians with Disabilities Act – Customer Service Standard and (d) Accessibility for Ontarians with Disabilities Act – Integrated Service Standard administrative policies as attached.*

### **Key Points**

- To be consistent with the Ontario Public Health Organizational Standards and best practices, the Governance Committee of the Board of Health should review governance policies once every two years.
- Similar best practices apply to the administrative policies of the Middlesex-London Health Unit.
- Administrative policies are typically approved by the Senior Leadership Team. In the case of policies required for legislative and regulatory compliance, Board of Health sign off is required.

### **Background**

The Ontario Public Health Organizational Standards (OPHOS) establish the management and governance requirement for all boards of health and public health units and the expectations associated with these requirements. According to Standard 2.10, specific board of health policies must be in place regarding the functioning of the governing body and ensure that they are reviewed and revised, as necessary, and at least every two years.

The Middlesex-London Health Unit has two types of policies: governance and administrative. Governance policies represent the general principles that set the direction, limitations and accountability frameworks for the Middlesex-London Health Unit (MLHU) and relate to bylaws, organizational structure and finances. Administrative policies align the processes and procedures for the management of MLHU and help to establish efficiency, consistency, responsibility and accountability. The Governance Committee is responsible for the approval of all administrative policies that are required for legislative and regulatory compliance.

The Governance Committee will recall Report No. 08-15GC, where it was recommended that as part of the annual work plan the committee review governance policies and report on progress during the third quarter (July 1 to September 30) of each year.

## Board of Health Governance Policies

The current review status of the Board of Health Governance Policies can be found attached as [Appendix A](#).

The Board of Health Code of Conduct has been identified for review this fall, in association with the planned board development session in November.

Additional governance policies will be reviewed at subsequent Governance Committee meetings with each policy undergoing review or revision at least once every two years, in line with the Ontario Public Health Organizational Standards. A summary of policy related activities will be provided each year.

## Administrative Policy Review

Staff at the Middlesex-London Health Unit have a similar policy development and review process that seeks to align procedures for managing MLHU and to establish efficiency, consistency, and accountability across the organization and to review and revise policies at least once every two years. This process was established in April 2015 to address the large number of the policies that are currently due to be reviewed. Outstanding policies will be addressed throughout 2015 and 2016.

The current review status of MLHU administrative policies can be found attached as [Appendix B](#).

Several policies that have been developed or revised through this process and require Governance Committee approval due to legislative and regulatory requirements. These include:

- Workplace Violence ([Appendix C](#)) – replacing old policy ([Appendix D](#));
- Harassment and Discrimination ([Appendix E](#)) – replacing Human Rights Recognition ([Appendix F](#)) and Employee Harassment Policy ([Appendix G](#));
- Accessibility for Ontarians with Disabilities Act – Customer Service Standard ([Appendix H](#)); and
- Accessibility for Ontarians with Disabilities Act – Integrated Service Standard ([Appendix I](#)) – both AODA policies replacing previous single AODA policy ([Appendix J](#))

## Next Steps

The Governance Committee will continue to review and revise policies to ensure that they are up to date and reflective of organizational, legislative and regulatory needs. Administrative policies that are approved by the Governance Committee will be implemented with staff through various means to ensure organizational compliance

This report was prepared by Mr. Jordan Banninga, Manager of Strategic Projects.



Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health

Board of Health – Governance Policy Tracking Table - September 17, 2015

| Policy # | Section    | Title  | Last reviewed | Notes  |
|----------|------------|--|---------------|--|
| 1-010    | Governance | Structure And Responsibilities Of The Board Of Health    | 2012-04-01    | Due to be reviewed   |
| 1-010A   | Governance | Appendix A - Bylaws                                      | n/a           |  |
| 1-010B   | Governance | Appendix B - Provincial Appointee Reappointments Process | n/a           |  |
| 1-010C   | Governance | Appendix C - Electronic Participation                    | n/a           |  |
| 1-020    | Governance | Orientation For Board of Health Members                  | 2012-04-01    | Due to be reviewed   |
| 1-030    | Governance | Strategic Planning                                       | 2012-04-01    | Due to be reviewed   |
| 1-040    | Governance | Reports to the Board of Health                           | 2004-06-01    | Due to be reviewed   |
| 1-050    | Governance | Organizational Structure                                 | 2010-06-01    | Due to be reviewed – Organizational Structure and Location Committee has been struck to assess current structure. SLT to present findings and make recommendations to the Board of Health by the end of 2015 |
| 1-050A   | Governance | Appendix A - MLHU Org Chart                              | n/a           |  |
| 1-050B   | Governance | Appendix B - EHC DP Org Chart                            | n/a           |  |
| 1-050C   | Governance | Appendix C - FHS Org Chart                               | n/a           |  |
| 1-050D   | Governance | Appendix D - FOS Org Chart                               | n/a           |  |
| 1-050E   | Governance | Appendix E - IT Org Chart                                | n/a           |  |
| 1-050F   | Governance | Appendix F - HRLR Org Chart                              | n/a           |  |
| 1-050G   | Governance | Appendix G - OHCD SH Org Chart                           | n/a           |  |
| 1-050H   | Governance | Appendix H - OMOH Org Chart                              | n/a           |  |
| 1-060    | Governance | Signing Authority  | 2014-03-31    |  |
| 1-070    | Governance | Procurement  | 2008-02-01    | Due to be reviewed   |
| 1-070A   | Governance | Appendix A - Procurement Guidelines                      | n/a           |  |
| 1-080    | Governance | Contractual Services                                     | 2007-01-01    | Due to be reviewed   |
| 1-080A   | Governance | Appendix A - Directory of Approval of Contracts          | n/a           |  |
| 1-090    | Governance | Media Relations  | 2011-07-01    | Due to be reviewed   |
| 1-100    | Governance | Annual Report to the Public                              | 2012-04-01    | Due to be reviewed   |
| 1-110    | Governance | Code of Conduct  | 2007-11-01    | Review at Board of Health development session in November  |
| 1-110A   | Governance | Appendix A - Code of Conduct                             | n/a           | Review at Board of Health development session in November  |
| 1-110B   | Governance | Appendix B - BOH Code of Conduct                         | n/a           | Review at Board of Health development session in November  |

Board of Health – Administrative Policy Tracking Table - September 17, 2015

| Policy #      | Section        | Title   | Last reviewed | Notes              |
|---------------|----------------|---|---------------|--------------------|
| <u>2-010</u>  | Administration | Committees  | 2005-12-01    | Due to be reviewed |
| <u>2-010A</u> | Administration | Appendix A - Director Committee Terms of Reference                          | n/a-          |                    |
| <u>2-020</u>  | Administration | Operational Planning  | 2010-06-01    | Due to be reviewed |
| <u>2-020A</u> | Administration | Appendix A - MLHU Planning Cycle  | n/a           |                    |
| <u>2-030</u>  | Administration | Policy Development and Review   | 2015-04-07    |                    |
| <u>2-030A</u> | Administration | Appendix A - Policy Development & Review Checklist                          | n/a           |                    |
| <u>2-030B</u> | Administration | Appendix B - Policy Development Review Process                              | n/a           |                    |
| <u>2-030C</u> | Administration | Appendix C - Policy Development & Revision Form                             | n/a           |                    |
| <u>2-030D</u> | Administration | Appendix D - Policy Change Table  | n/a           |                    |
| <u>2-030E</u> | Administration | Appendix E - Admin Policy Manual Archiving & Update Process                 | n/a           |                    |
| <u>2-040</u>  | Administration | Research & Evaluation   | 2014-10-01    |                    |
| <u>2-040A</u> | Administration | Appendix A - Definitions of Personally Identifiable Info                    | n/a           |                    |
| <u>2-040B</u> | Administration | Appendix B - Request to Recruit Participants for External Research Projects | n/a           |                    |
| <u>2-040C</u> | Administration | Appendix C - Research and Evaluation Checklist                              | n/a           |                    |
| <u>2-040D</u> | Administration | Appendix D - Project Summary Form   | n/a           |                    |
| <u>2-040E</u> | Administration | Appendix E - Project Review Request Form                                    | n/a           |                    |
| <u>2-040F</u> | Administration | Appendix F - REB Approved project Review Request Form                       | n/a           |                    |
| <u>2-040G</u> | Administration | Appendix G - Project Review Form  | n/a           |                    |
| <u>2-050</u>  | Administration | Women Abuse   | 2003-06-01    | Due to be reviewed |
| <u>2-050A</u> | Administration | Appendix A - RUCS Protocol  | n/a           |                    |
| <u>2-060</u>  | Administration | Child Abuse   | 2015-06       |                    |



Board of Health – Administrative Policy Tracking Table - September 17, 2015

|               |                |   |            |                         |
|---------------|----------------|---|------------|-------------------------|
| <u>2-060B</u> | Administration | Appendix B - Protocol between MLHU & CAS                  | n/a        |                         |
| <u>2-070</u>  | Administration | Baby-Friendly Organization                                | 2015-04-23 |                         |
| <u>2-080</u>  | Administration | Delegation to Dispense Nicotine Replacement Therapy (NRT) | 2015-04    |                         |
| <u>2-80A</u>  | Administration | Appendix A - NRT Manual                                   | n/a        |                         |
| <u>3-010</u>  | Property       | Office Locations, Lease Agreements & Building Maintenance | 2008-09-01 | Due to be reviewed      |
| <u>3-020</u>  | Property       | Parking   | 2012-03-01 | Due to be reviewed      |
| <u>3-020A</u> | Property       | Appendix A - Terms of Use Agreement                       | n/a        |                         |
| <u>3-020B</u> | Property       | Appendix B - Parking Access Information                   | n/a        |                         |
| <u>3-030</u>  | Property       | Non-Smoking Workplace                                     | 2008-06-01 | Due to be reviewed      |
| <u>3-040</u>  | Property       | Building Security   | 2004-10-01 | Due to be reviewed      |
| <u>3-050</u>  | Property       | Meeting Rooms   | 2004-09-01 | Due to be reviewed      |
| <u>3-060</u>  | Property       | Keys  | 2004-09-01 | Due to be reviewed      |
| <u>3-060A</u> | Property       | Appendix A - Acknowledgement Receipt of Keys              | n/a        |                         |
| <u>3-070</u>  | Property       | Lots or Damaged Equipment                                 | 2004-10-01 | Due to be reviewed      |
|               | Property       | Security Camera Policy                                    | 2014-11-12 | Middlesex County policy |
|               | Property       | Appendix A - Camera Locations                             | n/a        |                         |
| <u>4-010</u>  | Finance        | Budget Preparation and Approval                           | 1992-09-01 | Due to be reviewed      |
| <u>4-020</u>  | Finance        | Budget Report   | 2008-10-01 | Due to be reviewed      |
| <u>4-030</u>  | Finance        | Equipment, Materials and Supplies Purchases               | 2005-05-01 | Due to be reviewed      |
| <u>4-030A</u> | Finance        | Appendix A - Stores Purchases                             | n/a        |                         |
| <u>4-030B</u> | Finance        | Appendix B - Requisition Form                             | n/a        |                         |
| <u>4-040</u>  | Finance        | Petty Cash  | 2014-03-31 |                         |
| <u>4-040A</u> | Finance        | Appendix A - Petty Cash Voucher                           | n/a        |                         |
| <u>4-050</u>  | Finance        | Insurance Coverage  | 2008-10-01 | Due to be reviewed      |
| <u>4-055</u>  | Finance        | Gifts and Honorariums                                     | 2014-03-31 |                         |
| <u>4-060</u>  | Finance        | Grant Applications and Agreements                         | 2014-03-31 |                         |
| <u>4-060A</u> | Finance        | Appendix A - Internal Resource Assessment Form            | n/a        |                         |

Board of Health – Administrative Policy Tracking Table - September 17, 2015

|               |                 |   |            |                    |
|---------------|-----------------|---|------------|--------------------|
| <u>4-070</u>  | Finance         | Corporate Sponsorship                                   | 2014-03-31 |                    |
| <u>4-070A</u> | Finance         | Appendix A - Assessment                                 | n/a        |                    |
| <u>4-080</u>  | Finance         | Expense Claim Forms                                     | 2008-10-01 | Due to be reviewed |
| <u>4-080A</u> | Finance         | Appendix A - Registration                               | n/a        |                    |
| <u>4-080B</u> | Finance         | Appendix B - Request for Advance                        | n/a        |                    |
| <u>4-080C</u> | Finance         | Appendix C - Expense Voucher                            | n/a        |                    |
| <u>4-080D</u> | Finance         | Appendix D - Voucher Reimbursement of Program Expenses  | n/a        |                    |
| <u>4-090</u>  | Finance         | Use of Personal Vehicle                                 | 2014-03-31 |                    |
| <u>4-100</u>  | Finance         | Pay Policy  | 2005-12-01 | Due to be reviewed |
| <u>4-110</u>  | Finance         | Moving Expenses - RESCINDED                             | 2014-03-31 |                    |
| <u>4-120</u>  | Finance         | Out of Town Travel and Accommodation Expenses           | 2013-10-01 |                    |
| <u>4-130</u>  | Finance         | Corporate Credit Cards                                  | 2014-03-31 |                    |
| <u>4-130A</u> | Finance         | Appendix A - Corporate Credit Card Cardholder Agreement | n/a        |                    |
| <u>4-140</u>  | Finance         | Tangible Capital Assets                                 | 2010-01-01 |                    |
| <u>4-150</u>  | Finance         | Reserve and Reserve Funds                               | 2014-11-01 |                    |
| <u>5-010</u>  | Human Resources | Position Identification and Classification System       | 2008-09-01 | Due to be reviewed |
| <u>5-015</u>  | Human Resources | Position Descriptions                                   | 2008-09-01 | Due to be reviewed |
| <u>5-020</u>  | Human Resources | Position Postings                                       | 2008-09-01 | Due to be reviewed |
| <u>5-025</u>  | Human Resources | Recruitment and Hiring                                  | 2005-02-01 | Due to be reviewed |
| <u>5-025A</u> | Human Resources | Appendix A - Guidelines                                 | n/a        |                    |
| <u>5-030</u>  | Human Resources | Probation   | 2008-09-01 | Due to be reviewed |
| <u>5-035</u>  | Human Resources | Employee Orientation                                    | 2000-08-01 | Due to be reviewed |
| <u>5-035A</u> | Human Resources | Appendix A - Orientation Checklist                      | n/a        |                    |
| <u>5-040</u>  | Human           | Vulnerable Sector Screening                             | 2012-07-01 | Due to be reviewed |

Board of Health – Administrative Policy Tracking Table - September 17, 2015

|               |                 |  |            |  |
|---------------|-----------------|--|------------|--|
|               | Resources       |  |            |  |
| <u>5-050</u>  | Human Resources | Performance Appraisal  | 2004-11-01 | Due to be reviewed   |
| <u>5-055</u>  | Human Resources | Progressive Discipline   | 2008-09-01 | Due to be reviewed   |
| <u>5-060</u>  | Human Resources | Continuing Education   | 2011-04-01 | Due to be reviewed   |
| <u>5-065</u>  | Human Resources | Career Planning and Graduate Education                                     | 2011-06-01 | Due to be reviewed   |
| <u>5-065A</u> | Human Resources | Appendix A - Career Planning & Graduate Education                          | n/a        |  |
| <u>5-070</u>  | Human Resources | Students   | TBD        | Due to be reviewed   |
| <u>5-075</u>  | Human Resources | Human Rights Recognition   | 2005-01-01 | Currently under review in conjunction with legislative requirements for harassment, Human Rights, etc. |
| <u>5-080</u>  | Human Resources | Accessibility for Ontarians with Disabilities - Customer Service           | 2015-01-01 |  |
| <u>5-080A</u> | Human Resources | Appendix A - Assistive Devices   | n/a        |  |
| <u>5-081</u>  | Human Resources | Accessibility for Ontarians with Disabilities - Integrated Standard        | 2015-01-01 |  |
| <u>5-081A</u> | Human Resources | Appendix A - Definitions   | n/a        |  |
| <u>5-085</u>  | Human Resources | Employment Harassment  | 2000-08-01 | Currently under review in conjunction with legislative requirements for harassment, Human Rights, etc. |
| <u>5-090</u>  | Human Resources | Reporting of Errors in Treatment and/or Occurences with Health Unit Clints | 2000-08-01 | Due to be reviewed   |
| <u>5-095</u>  | Human Resources | Complaints   | 2000-06-01 | Due to be reviewed   |
| <u>5-095A</u> | Human Resources | Appendix A - Complaint Form  | n/a        |  |
| <u>5-115</u>  | Human Resources | Recognition of Years of Service  | 2004-11-01 | Due to be reviewed   |
| <u>5-120</u>  | Human Resources | Retirement or Resignation  | 2011-04-01 | Due to be reviewed   |

Board of Health – Administrative Policy Tracking Table - September 17, 2015

|               |                 |  |            |                        |
|---------------|-----------------|--|------------|------------------------|
| <u>5-125</u>  | Human Resources | Personnel Records                                    | 2010-04-01 | Due to be reviewed     |
| <u>5-130</u>  | Human Resources | Requests for Verification of Employment/Salary       | 2007-02-01 | Due to be reviewed     |
| <u>5-130A</u> | Human Resources | Appendix A - Authorize Release of Salary Information | n/a        |                        |
| <u>5-135</u>  | Human Resources | Personal Appearance and Dress                        | 2008-09-01 | Currently under review |
| <u>5-140</u>  | Human Resources | CUPE Clothing Allowance                              | 2002-04-01 | Due to be reviewed     |
| <u>5-145</u>  | Human Resources | Vacation   | 2002-02-01 | Due to be reviewed     |
| <u>5-145A</u> | Human Resources | Appendix A - Employee Absence Record                 | n/a        |                        |
| <u>5-150</u>  | Human Resources | Alternate Location of Work                           | 2011-07-01 | Due to be reviewed     |
| <u>5-150A</u> | Human Resources | Appendix A - Alternate Location of Work Agreement    | n/a        |                        |
| <u>5-155</u>  | Human Resources | Leave of Absence                                     | 2008-04-01 | Due to be reviewed     |
| <u>5-160</u>  | Human Resources | Attendance Management                                | 2011-06-01 | Due to be reviewed     |
| <u>5-160B</u> | Human Resources | Appendix B - Medical Note                            | n/a        |                        |
| <u>5-160C</u> | Human Resources | Appendix C - Attendance Counselling Program          | n/a        |                        |
| <u>5-165</u>  | Human Resources | Sick Leave   | 2003-01-01 | Due to be reviewed     |
| <u>5-170</u>  | Human Resources | Employee Assistance Program                          | 2006-09-01 | Due to be reviewed     |
| <u>5-175</u>  | Human Resources | Safe Return to Work and Accommodation                | 2010-06-01 | Due to be reviewed     |
| <u>5-175A</u> | Human Resources | Appendix A - Safe Return to Work Plan                | n/a        |                        |
| <u>5-175B</u> | Human Resources | Appendix B - Authorization to Release                | n/a        |                        |
| <u>5-175C</u> | Human           | Appendix C - Best Practices                          | n/a        |                        |

Board of Health – Administrative Policy Tracking Table - September 17, 2015

|                |                   |  |            |                    |
|----------------|-------------------|--|------------|--------------------|
|                | Resources         |  |            |                    |
| <u>5-180</u>   | Human Resources   | Long Term Disability   | 2000-08-01 | Due to be reviewed |
| <u>5-185</u>   | Human Resources   | Breastfeeding Workplace Policy                                       | 2014-12-10 |                    |
| <u>5-190</u>   | Human Resources   | Volunteer Resources  | 2013-12-01 |                    |
| <u>5-190A</u>  | Human Resources   | Appendix A - Volunteer Agreement (April 2008)                        | n/a        |                    |
| <u>6-010</u>   | Records & Privacy | Confidential Information   | 2010-04-01 | Due to be reviewed |
| <u>6-010A</u>  | Records & Privacy | Appendix A - Legislative References                                  | n/a        |                    |
| <u>6-010B1</u> | Records & Privacy | Appendix B1 - Acknowledgement of Confidentiality Responsibilities    | n/a        |                    |
| <u>6-010B2</u> | Records & Privacy | Appendix B2 - Oath of Confidentiality                                | n/a        |                    |
| <u>6-010C</u>  | Records & Privacy | Appendix C - MLHU Privacy Statement                                  | n/a        |                    |
| <u>6-010D</u>  | Records & Privacy | Appendix D - Notice of Collection                                    | n/a        |                    |
| <u>6-010E</u>  | Records & Privacy | Appendix E - Withdrawal Change or Reinstatement Consent Form         | n/a        |                    |
| <u>6-010F</u>  | Records & Privacy | Appendix F - Determinants for Obtaining Consent                      | n/a        |                    |
| <u>6-020</u>   | Records & Privacy | Access to Information Requests                                       | 2010-04-01 | Due to be reviewed |
| <u>6-020A</u>  | Records & Privacy | Appendix A - Decision Tree - Handling Access to Information Requests | n/a        |                    |
| <u>6-020B</u>  | Records & Privacy | Appendix B - Request for Access to Correct Record                    | n/a        |                    |
| <u>6-020C</u>  | Records & Privacy | Appendix C - Response to Request for Access                          | n/a        |                    |
| <u>6-020D</u>  | Records & Privacy | Appendix D - Notification of Client Record Update                    | n/a        |                    |
| <u>6-020E</u>  | Records & Privacy | Appendix E - Authorization to Release Personal Health Information    | n/a        |                    |

Board of Health – Administrative Policy Tracking Table - September 17, 2015

|                |                        |   |            |                        |
|----------------|------------------------|---|------------|------------------------|
| <u>6-020F</u>  | Records & Privacy      | Appendix F - Access and Privacy Tracking and Recording Form       | n/a        |                        |
| <u>6-020G</u>  | Records & Privacy      | Appendix G - Legislative Requirements Managing Access Requests    | n/a        |                        |
| <u>6-030</u>   | Records & Privacy      | Records Management  | 2011-04-01 | Due to be reviewed     |
| <u>6-035</u>   | Records & Privacy      | Scanning Signature  | 1994-05-01 | Due to be reviewed     |
| <u>6-035A</u>  | Records & Privacy      | Appendix A - Scanning Signature Form                              | n/a        |                        |
| <u>6-040</u>   | Records & Privacy      | Security of Confidential Personal and Personal Health Info        | 2010-04-01 | Due to be reviewed     |
| <u>6-040A1</u> | Records & Privacy      | Appendix A1 - Acknowledgement of Confidentiality Responsibilities | n/a        |                        |
| <u>6-040A2</u> | Records & Privacy      | Appendix A2 - BOH Oath of Confidentiality                         | n/a        |                        |
| <u>6-040I</u>  | Records & Privacy      | Appendix I - USB Memory Stick Agreement                           | n/a        |                        |
| <u>7-010</u>   | Information Technology | Physical Security   | 2000-08-01 | Currently under review |
| <u>7-020</u>   | Information Technology | Software Installation   | 2000-08-01 | Currently under review |
| <u>7-030</u>   | Information Technology | Computer User Accounts, Password Control and Use                  | 2002-04-01 | Currently under review |
| <u>8-010</u>   | Health & Safety        | Occupational Health & Safety                                      | 2011-06-01 | Due to be reviewed     |
| <u>8-010A</u>  | Health & Safety        | Appendix A - JOHSC Terms of Reference                             | n/a        |                        |
| <u>8-020</u>   | Health & Safety        | Employee Injury/Incident  | 2009-04-01 | Due to be reviewed     |
| <u>8-020A</u>  | Health & Safety        | Appendix A - WSIB Act   | n/a        |                        |
| <u>8-020B</u>  | Health & Safety        | Appendix B - Emergency Contact Information Form                   | n/a        |                        |
| <u>8-020C</u>  | Health & Safety        | Appendix C - Employee Incidence Report (EIR) Form                 | n/a        |                        |
| <u>8-020D</u>  | Health & Safety        | Appendix D - Panic Alarm Protocol                                 | n/a        |                        |
| <u>8-020E</u>  | Health & Safety        | Appendix E - Difibrillator Usage                                  | n/a        |                        |

Board of Health – Administrative Policy Tracking Table - September 17, 2015

|               |                 |   |            |  |
|---------------|-----------------|---|------------|--|
| <u>8-030</u>  | Health & Safety | Non-Employee Injury/Incident                                | 2006-02-01 | Due to be reviewed   |
| <u>8-030A</u> |                 | Appendix A - Non-Employee Injury-Incident Report            | n/a        |  |
| <u>8-040</u>  | Health & Safety | Critical Injury or Fatality                                 | 2008-11-01 | Due to be reviewed   |
| <u>8-040A</u> |                 | Appendix A - Critical Injury/Fatality Report Form           | n/a        |  |
| <u>8-050</u>  | Health & Safety | First Aid Requirements                                      | 2008-12-01 | Due to be reviewed   |
| <u>8-060</u>  | Health & Safety | Workplace Violence  | 2013-06-01 | Currently under review in conjunction with legislative requirements for harassment, Human Rights, etc. |
| <u>8-070</u>  | Health & Safety | Ergonomics  | 2009-02-01 |  |
| <u>8-070A</u> | Health & Safety | Appendix A - Employee Ergonomic Concern Form                | n/a        |  |
| <u>8-070B</u> | Health & Safety | Appendix B - Ergonomic Risk Identification Checklist        | n/a        |  |
| <u>8-070C</u> | Health & Safety | Appendix C - Ergonomic Injury Evaluation and Reporting Form | n/a        |  |
| <u>8-070D</u> | Health & Safety | Appendix D - PDA Information Sheet                          | n/a        |  |
| <u>8-070E</u> | Health & Safety | Appendix E - MMH Guidelines                                 | n/a        |  |
| <u>8-070F</u> | Health & Safety | Appendix F - Office Design Guideline                        | n/a        |  |
| <u>8-070G</u> | Health & Safety | Appendix G - Office Equipment Procurement Criteria          | n/a        |  |
| <u>8-070H</u> | Health & Safety | Appendix H - Ergonomics_MSD Glossary of Terms               | n/a        |  |
| <u>8-070I</u> | Health & Safety | Appendix I - MSD Hazard Summary Sheet                       | n/a        |  |
| <u>8-080</u>  | Health & Safety | Workplace Hazardous Materials Information System (WHMIS)    | 2006-06-01 | Due to be reviewed   |
| <u>8-090</u>  | Health & Safety | Scent-Free Organization                                     | 2006-02-01 | Due to be reviewed   |
| <u>8-100</u>  | Health & Safety | Infection Control   | 2008-12-01 | Due to be reviewed   |
| <u>8-100A</u> | Health & Safety | Appendix A - Routine Practices                              | n/a        |  |
| <u>8-100B</u> | Health & Safety | Appendix B - Surveillance MLC                               | n/a        |  |
| <u>8-100C</u> | Health & Safety | Appendix C - Staff Health Program MLC                       | n/a        |  |
| <u>8-100D</u> | Health & Safety | Appendix D - Environmental Management                       | n/a        |  |
| <u>8-100E</u> | Health & Safety | Appendix E - Cleaning and Sterilization                     | n/a        |  |
| <u>8-100F</u> | Health & Safety | Appendix F - Product Purchase and                           | n/a        |  |

Board of Health – Administrative Policy Tracking Table - September 17, 2015

|               |                 | Evaluation   |            |  |
|---------------|-----------------|--|------------|--|
| <u>8-100G</u> | Health & Safety | Appendix G - Office Design and Renovation  | n/a        |  |
| <u>8-100H</u> | Health & Safety | Appendix H - Program Evaluation  | n/a        |  |
| <u>8-100I</u> | Health & Safety | Appendix I - Additional Precautions  | n/a        |  |
| <u>8-100J</u> | Health & Safety | Appendix J - Accountability Audit Tool   | n/a        |  |
| <u>8-100K</u> | Health & Safety | Appendix K - Infection Prevention Control Checklist                              | n/a        |  |
| <u>8-110</u>  | Health & Safety | Respirator Protection - Fit-Testing  | 2015-02-19 |  |
| <u>8-110A</u> | Health & Safety | Appendix A - Qualitative Respirator Fit Tests (QLFT)                             | n/a        |  |
| <u>8-110B</u> | Health & Safety | Appendix B - Quantitative Respirator Fit Tests (QNFT)                            | n/a        |  |
| <u>8-110C</u> | Health & Safety | Appendix C - Fit Testing Screening Form  | n/a        |  |
| <u>8-110D</u> | Health & Safety | Appendix D - Fit Test Wallet Card  | n/a        |  |
| <u>8-120</u>  | Health & Safety | Immunization and TB Skin Testing Recommendations for Staff and CERV Team Members | 2010-08-01 | Due to be reviewed   |
| <u>8-120A</u> | Health & Safety | Appendix A - Job Assessment Form   | n/a        |  |
| <u>8-120B</u> | Health & Safety | Appendix B - Assessment of Current Immunization and TB Skin Test Status          | n/a        |  |
| <u>8-120C</u> | Health & Safety | Appendix C - Current Status Review Form  | n/a        |  |
| <u>8-120D</u> | Health & Safety | Appendix D - MLHU Acknowledgement re: Election to Decline                        | n/a        |  |
| <u>8-120E</u> | Health & Safety | Appendix E - Final Notice Letter   | n/a        |  |
| <u>8-130</u>  | Health & Safety | Personal Safety  | 2008-02-01 | Currently under review in conjunction with legislative requirements for harassment, Human Rights, etc. |
| <u>8-130A</u> | Health & Safety | Appendix A - Personal Safety Guidelines  | n/a        |  |
| <u>8-140</u>  | Health & Safety | Inclement Weather  | 2012-01-01 | Due to be reviewed   |
| <u>8-150</u>  | Health & Safety | Office Closure Due to Severe Weather   | 2012-01-01 | Due to be reviewed   |
| <u>8-160</u>  | Health & Safety | 12   | 2005-03-01 | Due to be reviewed   |
| <u>8-170</u>  | Health & Safety | Fire Safety Planning   | 2005-04-01 | Due to be reviewed   |
| <u>8-170A</u> | Health & Safety | Appendix A - Approved Fire Plan for 50 King St. (2012)                           | n/a        |  |
| <u>8-180</u>  | Health & Safety | Emergency Response to External   | 2006-02-01 | Due to be reviewed   |



Board of Health – Administrative Policy Tracking Table - September 17, 2015

|               |                 |  |            |                    |
|---------------|-----------------|--|------------|--------------------|
|               |                 | Disaster   |            |                    |
| <u>8-190</u>  | Health & Safety | Safe Driving   | 2012-01-01 | Due to be reviewed |
| <u>8-200</u>  | Health & Safety | Food: Promoting Healthy Choices                                    | 2010-09-01 | Due to be reviewed |
| <u>8-200A</u> | Health & Safety | Appendix A - Safe Food Handling for Health Unit Functions          | n/a        |                    |
| <u>8-200B</u> | Health & Safety | Appendix B - Healthy Eating Practical Suggestions Checklist        | n/a        |                    |
| <u>9-010</u>  | Communications  | Authorship - Health Unit Publications                              | 2004-10-01 | Due to be reviewed |
| <u>9-020</u>  | Communications  | Copyright  | 2010-09-01 | Due to be reviewed |
| <u>9-020A</u> | Communications  | Appendix A - Corporate Exclusions List                             | n/a        |                    |
| <u>9-020B</u> | Communications  | Appendix B - Copyright Permission Form                             | n/a        |                    |
| <u>9-020C</u> | Communications  | Appendix C - Permission to Use MLHU Materials Form                 | n/a        |                    |
| <u>9-030</u>  | Communications  | Social Media   | 2013-01-01 | Due to be reviewed |
| <u>9-030A</u> | Communications  | Appendix A - Service Request Form                                  | n/a        |                    |
| <u>9-050</u>  | Communications  | Communications Plan for Major Resource Development & Reproductions | 2004-10-01 | Due to be reviewed |
| <u>9-060</u>  | Communications  | Facsimile Transmittals   | 2004-10-01 | Due to be reviewed |
| <u>9-060A</u> | Communications  | Appendix A - HU Facsimile Numbers                                  | n/a        |                    |
| <u>9-070</u>  | Communications  | Annual Report  | 2004-10-01 | Due to be reviewed |
| <u>9-080</u>  | Communications  | MLHU Logo Usage  | 2003-05-01 | Due to be reviewed |
| <u>9-090</u>  | Communications  | French Language Services   | 2004-02-01 | Due to be reviewed |
| <u>9-090A</u> | Communications  | Appendix A - Revised Translation Service Guidelines                | n/a        |                    |
| <u>9-090B</u> | Communications  | Appendix B - Request for Translation Service                       | n/a        |                    |

**SUBJECT:** WORKPLACE VIOLENCE  
PREVENTION

**POLICY NUMBER:** 8-060

**SECTION:** Health and Safety

Page 1 of 7

**IMPLEMENTATION:** November 7, 2007

**APPROVED BY:** Senior Leadership Team / Board  
of Health

**SPONSOR:** Director, Human Resources  
and Corporate Strategy

**SIGNATURE:**

**REVIEWED BY:** Manager, Occupational Health  
and Safety & Privacy

**DATE:**

---

## PURPOSE

To facilitate the Health Unit's compliance with [Part III.0.1 \(Violence and Harassment\) of the Occupational Health and Safety Act \(OHSA\)](#).

To minimize the possibility of violent incidents occurring in Middlesex-London Health Unit workplaces and to ensure that, should such incidents occur, they are managed appropriately.

## COMMITMENT

Everyone has a right to work in environments free from violence. Acts of violence are unacceptable in the workplace or at work-related activities. The Health Unit is committed to the prevention of workplace violence and will take whatever steps are reasonable to protect Health Unit staff from all sources of workplace violence. For the purposes of this policy, personal relationship violence, such as domestic violence, will also be addressed.

The Health Unit recognizes the reality of domestic violence in society and how it can affect employees and their work. We also recognize that the stigma associated with domestic violence (PSHSA, 2010, p.13) may make an employee unwilling to disclose their situation. The Health Unit is committed to heightening awareness of domestic violence and minimizing the barriers to disclosure in order to increase the chance that the risk of domestic violence entering the workplace can be known so that the appropriate safety precautions and planning can occur (Ministry of Labour, 2010, p.17).

The Health Unit will engage and empower all workplace parties to work cooperatively towards a safe, violence-free workplace.

## DEFINITIONS

1. "Domestic Violence" means a pattern of behaviour used by one person to gain power and control over another with whom he/she has or has had an intimate, family or personal relationship. It may include physical violence, sexual, emotional and psychological intimidation, verbal abuse, stalking and use of electronic devices to harass and control.

"Sources of domestic violence" is a term that recognizes that this type of personal relationship violence may be committed by any individual who has a personal relationship with the employee, including a spouse, an intimate partner or a family member.

2. "Worker" means any of the following
  - a) a person who performs work or supplies services for monetary compensation;
  - b) a secondary school student who performs work or supplies services for no monetary compensation under a work experience program authorized by the school board that operates the school in which the student is enrolled;
  - c) a person who performs work or supplies services for no monetary compensation under a program approved by a college of applied arts and technology, university or other post-secondary institution;
  - d) a person who receives training from an employer, but who, under the *Employment Standards Act, 2000*, is not an employee for the purposes of that Act because the conditions set out in subsection 1(2) of that Act have been met.

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT: WORKPLACE VIOLENCE  
PREVENTION**

**POLICY NUMBER: 8-025**

**SECTION: Health and Safety**

Page 2 of 7

---

3. "Workplace" means any land, premise, location or thing at, upon, in or near which a worker works.
4. "Workplace Violence" means any action, conduct, threat<sup>1</sup> or gesture of a person towards a worker in their workplace that can reasonably be expected to cause harm, injury or illness to that worker, including:
  - (a) the exercise of physical force by a person against a worker in a workplace that causes or could cause physical injury to the worker;
  - (b) an attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker;
  - (c) a statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.
5. "Workplace parties" means all Workers, and Board members, volunteers and students.
6. "Sources of violence" is a term that recognizes that violence may be committed by:
  - a. A perpetrator who has no relationship to the workplace;
  - b. A client at the workplace who becomes violent toward a worker or another client;
  - c. An employee or past employee of the workplace
  - d. An individual who has a personal relationship with an employee (e.g. domestic violence).
7. "Visitors" is used to describe any persons who might have reason to visit or attend any Health Unit workplace, other than Workplace Parties. Visitors can include clients, members of the public, volunteers, students, community agency representatives, emergency services personnel, health care professionals, contractors, and delivery people.

### APPLICATION AND SCOPE

This policy applies to all Workplace Parties and Visitors of the Middlesex-London Health Unit.

Contractors will also be advised of their responsibilities and rights under this policy. In particular, contractors will be advised that they must take every reasonable precaution to ensure that violence does not enter Health Unit workplaces.

### POLICY

All workplace parties must participate in ensuring the workplace is free of violence.

All workplace parties must report any situation which threatens the safety of a worker or anyone else in the workplace.

A workplace party shall not enter any situations in which s/he feels his/her safety is at risk from violence, attempts at violence or threats of violence. This includes verbal aggression and intimidating behaviours that the workplace party believes could cause physical injury. Similarly, workplace parties must leave any situation in which they feel their safety has become at risk from violence.

All workers will be advised of their right to refuse unsafe work with respect to workplace violence under section 43 of the OHSA.

All reported incidents and complaints of workplace violence will be investigated and managed in a fair and timely manner, respecting the privacy of all concerned. The sharing of information, including personal

---

<sup>1</sup> Threatening may involve both words and behaviours – intimidating words, abusive language, unwelcome touching, stalking, unwelcome visits to the workplace, harassing/use of electronic devices like telephones or the internet/texting, violent or threatening gestures, "slamming" on walls/desks, damage to property (i.e. vehicle break-in, vandalism, breaking/throwing things in the office/room/area), displaying /carrying a weapon, missed attempts at use of physical force – anything that would be seen by a reasonable person as threatening violence (OHSA, R.S.O. 1990 c.O.1, s 1(1)).

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT: WORKPLACE VIOLENCE  
PREVENTION**

**POLICY NUMBER: 8-025**

**SECTION: Health and Safety**

Page 3 of 7

---

information, to prevent workplace violence and address the risks of workplace violence is a required duty of employers and supervisors under the OHSA. Sharing of information will be done with respect for the confidentiality, privacy and dignity of the staff member(s) and others involved. However, the Health Unit recognizes there are limits to confidentiality when a clear threat of danger exists.

### RESPONSIBILITIES

The Board of Health and the Senior Leadership Team will ensure that this policy and the supporting program are implemented and maintained. They will also ensure that all workplace parties have the appropriate information and instruction to protect themselves from violence in the workplace.

Directors and Managers will meet their supervisory responsibilities by adhering to this policy and the supporting program. They will also take all precautions reasonable in the circumstances to protect workers from workplace violence, which shall include ensuring that workplace parties have the information needed to protect themselves from workplace violence and that workplace parties take appropriate precautions and follow all established safety protocols.

Workplace parties will work in compliance with this policy and its supporting program. All workplace parties are responsible for bringing any incident or situation which threatens the safety of workplace parties or visitors to the attention of Human Resources to respond and manage these reports. Workplace parties must also ensure that they take appropriate precautions and follow all established safety protocols and training.

### CONSEQUENCES AND DISCIPLINE

Anyone who engages in workplace violence may be subject to complaint procedures, investigation, remedies, sanctions and discipline up to and including termination and referral to a police service for investigation. See also [Policy 5-055 Progressive Discipline](#).

### REPRISAL AND RETALIATION FORBIDDEN

Anyone who has in good faith made a report, raised a concern, provided information, taken action or made decisions regarding a concern or incident of workplace violence is protected from reprisal. Anyone engaging in reprisal may be the subject of a complaint and/or disciplinary measures under [Policy 5-055, Progressive Discipline](#), up to and including termination of employment.

### POLICY REVIEW

The Manager, Privacy/Occupational Health and Safety in consultation with the Joint Occupational Health & Safety Committee (JOHSC) will review the Workplace Violence Prevention policy annually, and forward any recommended changes to the Senior Leadership Team for consideration and approval.

### PROGRAM

#### 1.0 Measures to Assess the Risk of Workplace Violence

1.1 The Senior Leadership Team will ensure that a workplace violence risk assessment is conducted as often as necessary for all Health Unit workplaces (e.g. office buildings, clinics, restaurants, schools and homes). The risk assessment will take into account:

- (a) the types of activities that staff members participate in (e.g. handling cash);
- (b) the conditions of work (e.g. working alone, in isolation or at night);
- (c) circumstances specific to the workplace (e.g. geographic location of the workplace);
- (d) circumstances that are common to similar workplaces (i.e. other public health units).

1.2 The results of this risk assessment and any reassessment will be communicated to the Joint Occupational Health and Safety Committee who may make recommendations and suggestions regarding precautions to protect against workplace violence.

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT: WORKPLACE VIOLENCE  
PREVENTION**

**POLICY NUMBER: 8-025**

**SECTION: Health and Safety**

Page 4 of 7

---

- 1.3 Directors/Managers will ensure that workplace parties are aware of all risks associated with the workplace and any activities specific to their role.
- 1.4 Workers who are likely to encounter an individual in the course of his/ her work, and are likely to be exposed to workplace violence, will be informed about the potential of violence from any individual who has a history of violence.
- 1.5 Workers who identify a potential risk situations for which the Health Unit does not have a protocol shall discuss this situation with his/her Director/Manager in advance of entering the situation.

### **2.0 Measures to Control the Risk of Workplace Violence**

- 2.1 The Senior Leadership team will ensure that controls are in place to address all of the risks identified in the workplace violence risk assessment.
- 2.2 To control or minimize the risk of an incident of workplace violence, workplace parties are empowered to trust their instincts and not enter any situation in which they feel their safety is at risk from violence, attempts at violence or threats (i.e. verbal or behavioural).
- 2.3 All workplace parties must know and follow the [Personal Safety Guidelines for Health Unit Staff](#).
- 2.4 When workplace parties raise potential risk situations with the Director/ Manager, the Manager/Director will work with the workplace party to determine a course/plan of action to protect safety for the particular situation and circumstances, and may consult other workplace parties (e.g. Manager, Privacy/Occupational Health and Safety, the Manager, Procurement and Operations, Director, Human Resources and Corporate Strategy and external resources (e.g. Police Services or the London Abused Women's Centre).

### **3.0 Procedures to Summon Immediate Assistance**

- 3.1 Any workplace party who feels that they or anyone else is in immediate danger should call 9-1-1 to request assistance from the police service, ambulance or fire personnel. Within Health Unit buildings, workplace parties must dial 9 + 9-1-1.
- 3.2 Workplace parties should also be familiar with the [Health Unit Panic Alarm Protocol](#). Panic alarms have been strategically placed within health unit office locations (e.g. reception areas). All workplace parties should familiarize themselves with the alarm locations and the Panic Alarm Protocol. It is important to note that a panic alarm should never be considered as an alternative to calling for emergency first responders (i.e. police/fire/ambulance). These alarms primarily serve to enable a workplace party to call for rapid assistance to deal with someone who is argumentative, hostile or appears to be in physical, mental or medical distress.
- 3.3 The Health Unit has established a "Code White" (i.e. Violent/Behavioural Situation) protocol as part of its emergency preparedness program. All workplace parties are required to familiarize themselves with this protocol. The "Code White" protocol may be enhanced through the use of the public address system for the office locations where this technology is supported (i.e. 50 King Street).

### **4.0 Reporting concerns about workplace violence (including domestic violence)**

- 4.1 All workplace parties and visitors are to bring any situation which threatens the safety of the workplace to the attention of a Manager or Director (verbally or in writing).
- 4.2 Concerns presenting imminent danger will be reported to a police service (i.e. London, Strathroy-Caradoc or OPP).

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT: WORKPLACE VIOLENCE  
PREVENTION**

**POLICY NUMBER: 8-025**

**SECTION: Health and Safety**

Page 5 of 7

---

- 4.3 If the Manager/Director is not available and the concern does not require police intervention but does require action to ensure immediate safety, one of the following individuals must be contacted and/or consulted: (1) another Manager or Director; (2) the Director of Human Resources and Corporate Strategy; or (3) the Manager, Privacy and Occupational Health and Safety; or (4) a member of the JOHSC.
- 4.4 The Manager/Director must ensure that reported concerns are documented on an [Employee Incident Report \(EIR\)](#) to ensure that all the appropriate information has been gathered and the appropriate inter-agency and external agency notifications are initiated.
- 4.5 All reported concerns will include any relevant supporting records, such as e-mail, voicemail, photographs and the like.

### 5.0 Reporting incidents of physical violence

- 5.1 In the event of an incident of workplace violence, follow the procedures under 3.0 of this policy to summon immediate assistance.
- 5.2 Within 24 hours (or as soon as it is safe to do so), the workplace party shall notify their Manager or Director of the incident.
- 5.3 The Manager or Director will ensure that the MOH/CEO, Human Resources and Occupational Health and Safety are notified of the incident.
- 5.4 An EIR must be completed within 48 hours of the incident and submitted to Human Resources.

### 6.0 How reported concerns or incidents of workplace violence will be managed

#### 6.1 Manager/Director-led response

- 6.1.1 The Manager or Director who receives a report regarding a concern or incident of workplace violence will:
- (a) initiate the response process by taking the appropriate steps to put immediate or interim measures in place, necessary for the protection of the workplace parties and visitors in the workplace.
  - (b) act as the lead in communication with the workplace parties affected by the violence.
  - (c) gather information and document the concern.
  - (d) consult promptly with the Service Area Director, the MOH, Director Human Resources and Corporate Strategy, the Manager, Privacy and Occupational Health and Safety, and others as required to establish a working plan of response, if needed beyond the measures in place and actions already taken /to be taken in the initial response, or as the assessment indicates.

#### 6.2 The Workplace Violence Response Team

- 6.2.1 The Health Unit shall designate a Workplace Violence Response (WVR) Team which shall consist of, at minimum: (1) the Manager, Privacy and Occupational Health and Safety; (2) the Director Human Resources and Corporate Strategy; (3) the affected

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT: WORKPLACE VIOLENCE  
PREVENTION**

**POLICY NUMBER: 8-025**

**SECTION: Health and Safety**

Page 6 of 7

---

worker's Manager/ Director. Membership will vary in size and composition, depending on the particular circumstances of the concern, threat, or incident.

- 6.2.2 Where an incident of workplace violence is reported that the Senior Leadership Team determines, in its own discretion, requires ongoing/additional security, safety measures, supports, administrative management or accommodation measures, the WVR team acts as the coordinating body for the Health Unit's response.
- 6.2.3 The team may operate informally or formally (depending on the nature of the report) and will meet as often as is necessary to assign tasks and ensure that security measures are established, safety plans are developed, supports for any affected workplace parties are provided and that decisions and actions are implemented and accurately documented.
- 6.2.4 The WVR team will:
- (a) Assess the risks of workplace violence arising from the reported incident and update the Risk Assessment accordingly;
  - (b) Consider safety measures (to protect the directly-affected individual) and security measures (to protect the safety of the workplace and workplace parties or visitors).
  - (c) Put a short or long-term response plan in place.
  - (d) Coordinate implementation of the response plan.
  - (e) Prepare a summary of the response actions and measures taken, with timeline, for inclusion with the record of the incident.
  - (f) Continually reassess the situation and the response plans.
  - (g) Arrange a post-response consultation with all involved in the reported incident to identify gaps, areas for improvement and actions or response measures to be implemented in similar situations in future; and
  - (h) Notify the Senior Leadership Team and Joint Health and Safety Committee, as necessary.

### 6.3 Investigation

- 6.3.1 Where a report of workplace violence is made against a workplace party or visitor, the Manager/Director shall immediately inform Human Resources who will conduct an investigation into the reported incident of workplace violence.
- 6.3.2 Such investigation shall include, at minimum, a meeting with the complainant to obtain the particulars of the incident and with the respondent, to address the incident. Human Resources may also, at its own discretion, meet with witnesses or gather additional documentation to support its investigation. Human Resources may adopt any temporary measures it, in its sole discretion, deems appropriate.
- 6.3.3 Following the conclusion of the investigation process, Human Resources will advise both the complainant and the respondent of the findings of the investigation and will make a determination as to the proper course to resolve the matter. Although the complainant will be informed of the findings, the complainant is not entitled to know the details of any specific corrective, disciplinary or preventative measures implemented.
- 6.3.4 Human Resources may, at its sole discretion, handle the incident in accordance with the provisions of another applicable Policy.

### 7.0 Support for workplace parties experiencing or affected by violence

- 7.1 Workplace parties who experience violence, observe or are otherwise affected by a threat or incident of workplace violence will be encouraged to get support and information through the Health Unit and referrals to other sources of help, which include:

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT: WORKPLACE VIOLENCE  
PREVENTION**

**POLICY NUMBER: 8-025**

**SECTION: Health and Safety**

Page 7 of 7

---

- (a) the Director/Manager;
- (b) access to professional support (e.g. MLHU Employee Assistance Program (EAP) or other trained facilitators, such as a Critical Incident Stress Management Debriefing; or
- (c) peer consultation.

### RELATED POLICIES

This Workplace Violence Policy provides the overarching framework for the Health Unit's workplace violence program. A number of existing administrative policies and procedures relate to this policy, employee safety and critical incidents.

See also:

[Policy 3-040 Building Security](#)

[Policy 5-085 Harassment and Discrimination](#)

[Policy 5-095 Complaints](#)

[Policy 8-130 Personal Safety](#)

[Policy 8-040 Critical Injury or Fatality](#)

[Policy 8-030 Non-Employee Injury-Incident](#)

[Policy 8-020 Employee Injury/Incident](#)

### REFERENCES

Ministry of Labour. (2010). [Workplace Violence and Harassment: Understanding the Law](#). Queen's Printer for Ontario.

Occupational Health and Safety Act, RSO 1990, c O.1. Retrieved from:

<http://www.canlii.org/en/on/laws/stat/rso-1990-c-o1/latest/rso-1990-c-o1.html>

Public Services Health & Safety Association (PSHSA). (2010) [Addressing Domestic Violence in the Workplace: A Handbook](#). Toronto, ON: Public Services Health & Safety Association (PSHSA).

Public Services Health & Safety Association (PSHSA). (2010). [Fast Facts: Workplace Violence: Complying with the Occupational Health and Safety Act](#). Toronto, ON: Public Services Health & Safety Association (PSHSA).



**SUBJECT:** WORKPLACE VIOLENCE  
**SECTION:** Health and Safety

**POLICY NUMBER:** 8-025  
Page 1 of 7

**IMPLEMENTATION DATE:** November 7, 2007  
**REVISION DATE:** April 1 2009, July 26 2012, June 5 2013

**APPROVED BY:** Senior Leadership Team  
**SIGNATURE:**

---

## PURPOSE

To facilitate the Health Unit's compliance with [Part III.0.1 \(Violence and Harassment\) of the Occupational Health and Safety Act \(OHSA\)](#).

To minimize the possibility of violent incidents occurring in Middlesex-London Health Unit workplaces and to ensure that, should such incidents occur, they are managed appropriately.

## COMMITMENT

Everyone has a right to work in environments free from violence. Acts of violence are unacceptable in the workplace or at work-related activities. The Health Unit is committed to the prevention of workplace violence and will take whatever steps are reasonable to protect Health Unit staff from all sources of workplace violence. For the purposes of this policy, personal relationship violence, such as domestic violence, will also be addressed.

The Health Unit recognizes the reality of domestic violence in society and how it can affect employees and their work. We also recognize that the stigma associated with domestic violence (PSHSA, 2010, p.13) may make an employee unwilling to disclose their situation. The Health Unit is committed to heightening awareness of domestic violence and minimizing the barriers to disclosure in order to increase the chance that the risk of domestic violence entering the workplace can be known so that the appropriate safety precautions and planning can occur (Ministry of Labour, 2010, p.17).

The Health Unit will engage and empower all workplace parties to work cooperatively towards a safe, violence-free workplace.

## DEFINITIONS

1. "Domestic Violence" means a pattern of behaviour used by one person to gain power and control over another with whom he/she has or has had an intimate, family or personal relationship. It may include physical violence, sexual, emotional and psychological intimidation, verbal abuse, stalking and use of electronic devices to harass and control (PSHSA, 2010, p. 1).

"Sources of domestic violence" is a term that recognizes that this type of personal relationship violence may be committed by any individual who has a personal relationship with the employee, including a spouse, an intimate partner or a family member (Ministry of Labour, 2010, p.2).

2. "Workplace" means any land, premise, location or thing at, upon, in or near which a worker works (Occupational Health and Safety Act (OHSA), R.S.O. 1990 c.O.1, s 1(1)).
3. "Workplace Violence" means any action, conduct, threat<sup>1</sup> or gesture of a person towards a worker in their workplace that can reasonably be expected to cause harm, injury or illness to that worker, including:
  - (a) the exercise of physical force by a person against a worker in a workplace that causes or could cause physical injury to the worker;

---

<sup>1</sup> Threatening may involve both words and behaviours – intimidating words, abusive language, unwelcome touching, stalking, unwelcome visits to the workplace, harassing/use of electronic devices like telephones or the internet/texting, violent or threatening gestures, "slamming" on walls/desks, damage to property (i.e. vehicle break-in, vandalism, breaking/throwing things in the office/room/area), displaying /carrying a weapon, missed attempts at use of physical force – anything that would be seen by a reasonable person as threatening violence (OHSA, R.S.O. 1990 c.O.1, s 1(1)).

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT: WORKPLACE VIOLENCE  
PREVENTION**

**POLICY NUMBER: 8-025**

**SECTION: Health and Safety**

Page 2 of 7

---

- (b) an attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker;
  - (c) a statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker (OHSA, R.S.O. 1990 c.O.1, s 1(1)).
4. "Workplace parties" means Board members, management, staff and paid students.
5. "Sources of violence" is a term that recognizes that violence may be committed by:
- a. A perpetrator who has no relationship to the workplace;
  - b. A client at the workplace who becomes violent toward a worker or another client;
  - c. An employee or past employee of the workplace
  - d. An individual who has a personal relationship with an employee (e.g. domestic violence) (PSHSA, 2010, p.1).
6. "Visitors" is used to describe any persons who might have reason to visit or attend any Health Unit workplace, other than Health Unit employees and clients. Visitors can include members of the public, volunteers, students, community agency representatives, emergency services personnel, health care professionals, contractors, and delivery people.

### **APPLICATION AND SCOPE**

This policy applies to all Board of Health members, staff, students, volunteers, visitors and clients of the Middlesex-London Health Unit.

Contractors will also be advised of their responsibilities and rights under this policy. In particular, contractors will be advised that they must take every reasonable precaution to ensure that violence does not enter Health Unit workplaces. This includes the duty to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour, if any worker in the Health Unit can be expected to encounter that person in the course of his or her work; and this risk is likely to expose any Health Unit worker to physical injury.

### **POLICY**

All workplace parties must participate in ensuring the workplace is free of violence.

All workplace parties must report any situation which threatens the safety of a worker or anyone else in the workplace.

A staff member shall not enter any situations in which s/he feels his/her safety is at risk from violence, attempts at violence or threats of violence. This includes verbal aggression and intimidating behaviours. Similarly, staff must leave any situation in which they feel their safety has become at risk from violence.

All employees will be advised of their right to refuse unsafe work with respect to workplace violence under section 43 of the OHSA.

The Health Unit will establish and maintain a workplace violence program that implements this policy. The program must include: (1) measures and procedures to control the risks of violence associated with the roles and responsibilities of Health Unit staff; (2) measures and procedures for summoning immediate assistance when workplace violence occurs or is likely to occur; (3) a process for workers to report incidents of or raise concerns about workplace violence; and (4) measures and procedures for how the employer will investigate

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT: WORKPLACE VIOLENCE  
PREVENTION**

**POLICY NUMBER: 8-025**

**SECTION: Health and Safety**

Page 3 of 7

---

and deal with incidents or complaints of workplace violence (OHSA, R.S.O. 1990 c.O.1, s. 32.0.2. (2)).

All reported incidents and complaints of workplace violence will be investigated and managed in a fair and timely manner, respecting the privacy of all concerned. The sharing of information, including personal information, to prevent workplace violence and address the risks of workplace violence is a required duty of employers and supervisors under the OHSA. Sharing of information will be done with respect for the confidentiality, privacy and dignity of the staff member(s) and others involved. However, the Health Unit recognizes there are limits to confidentiality when a clear threat of danger exists.

### RESPONSIBILITIES

The Board of Health and the Senior Leadership Team will ensure that this policy and the supporting program are implemented and maintained. They will also ensure that all workplace parties have the appropriate information and instruction to protect themselves from violence in the workplace.

Directors and Managers will meet their supervisory responsibilities by adhering to this policy and the supporting program. They will also take all reasonable steps to protect ensure that their direct reports have the information needed to protect themselves from workplace violence and that staff members take appropriate precautions and follow all established safety protocols.

Staff members will work in compliance with this policy and its supporting program. All staff are responsible for bringing any incident or situation which threatens the safety of anyone in the workplace to the attention of someone in a position of authority to respond and manage these reports. Staff must also ensure that they take appropriate precautions and follow all established safety protocols and training.

### CONSEQUENCES AND DISCIPLINE

Anyone who engages in workplace violence may be subject to complaint procedures, investigation, remedies, sanctions and discipline up to and including termination and referral to a police service for investigation. See also [Policy 5-055 Progressive Discipline](#).

### REPRISAL AND RETALIATION FORBIDDEN

Anyone who has in good faith made a report, raised a concern, provided information, taken action or made decisions regarding a concern or incident of workplace violence is protected from reprisal. Anyone engaging in reprisal may be the subject of a complaint and/or disciplinary measures under [Policy 5-055, Progressive Discipline](#), up to and including termination of employment.

### POLICY REVIEW

The Manager, Privacy/Occupational Health and Safety in consultation with the Joint Occupational Health & Safety Committee (JOHSC) will review the Workplace Violence Prevention policy annually, and forward any recommended changes to the Senior Leadership Team for consideration and approval.

### PROCEDURES

#### 1.0 Measures to Assess the Risk of Workplace Violence

1.1 The Senior Leadership Team will ensure that a workplace violence risk assessment is conducted and remains current for all Health Unit workplaces (e.g. office buildings, clinics, restaurants, schools and homes). The risk assessment will take into account:

- (a) the types of activities that staff members participate in (e.g. handling cash);

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT: WORKPLACE VIOLENCE  
PREVENTION**

**POLICY NUMBER: 8-025**

**SECTION: Health and Safety**

Page 4 of 7

---

- (b) the conditions of work (e.g. working alone, in isolation or at night);
- (c) circumstances specific to the workplace (e.g. geographic location of the workplace);
- (d) circumstances that are common to similar workplaces (i.e. other public health units).

- 1.2 The results of this risk assessment will be communicated to the Joint Occupational Health and Safety Committee (OHSA, R.S.O. 1990 c.O.1, s. 32.0.3. (3))
- 1.3 Directors/Managers will ensure that staff is aware of all risks associated with the workplace and any activities specific to their role.
- 1.4 A staff member must discuss potential risk situations s/he identifies with his/her Director/Manager in advance of entering the situation.

### **2.0 Measures to Control the Risk of Workplace Violence**

- 2.1 The Senior Leadership team will ensure that controls are in place to address all of the risks identified in the workplace violence risk assessment. For example, additional lighting may be installed to address poorly lit parking areas or security protocols may be enhanced to address the disclosure of an employee's potentially violent personal relationship.
- 2.2 To control or minimize the risk of an incident of workplace violence, staff members are empowered to trust their instincts and not enter any situation in which they feel their safety is at risk from violence, attempts at violence or threats (i.e. verbal or behavioural).
- 2.3 All staff members must know and follow the [Personal Safety Guidelines for Health Unit Staff](#).
- 2.4 When staff members raise potential risk situations with the Director/ Manager, the Manager/Director will work with the staff member to determine a course/plan of action to protect safety for the particular situation and circumstances, and may consult other staff members (e.g. Manager, Privacy/Occupational Health and Safety, the Purchasing and Operations Administrator, Director, Human Resources and Labour Relations and external resources (e.g. Police Services or the London Abused Women's Centre).

### **3.0 Procedures to Summon Immediate Assistance**

- 3.1 Any staff member who feels that they or anyone else is in immediate danger should call 9-1-1 to request assistance from the police service, ambulance or fire personnel. Within Health Unit buildings, staff must dial 9 + 9-1-1.
- 3.2 Staff should also be familiar with the [Health Unit Panic Alarm Protocol](#). Panic alarms have been strategically placed within health unit office locations (e.g. reception areas). All staff members should familiarize themselves with the alarm locations and the Panic Alarm Protocol. It is important to note that a panic alarm should never be considered as an alternative to calling for emergency first responders (i.e. police/fire/ambulance). These alarms primarily serve to enable a staff member to call for rapid assistance to deal with someone who is argumentative, hostile or appears to be in physical, mental or medical distress.
- 3.3 The Health Unit has established a "Code White" (i.e. Violent/Behavioural Situation) protocol as part of its emergency preparedness program. All staff members are required to familiarize themselves with this protocol. The "Code White" protocol may be enhanced through the use of the public address system for the office locations where this technology is supported (i.e. 50 King

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT: WORKPLACE VIOLENCE  
PREVENTION**

**POLICY NUMBER: 8-025**

**SECTION: Health and Safety**

Page 5 of 7

---

Street).

### **4.0 Reporting concerns about workplace violence (including domestic violence)**

- 4.1 All workplace parties and visitors are to bring any situation which threatens the safety of the workplace to the attention of a Manager or Director (verbally or in writing).
- 4.2 Concerns presenting imminent danger will be reported to a police service (i.e. London, Strathroy-Caradoc or OPP).
- 4.3 If the staff member's Manager/Director is not available and the concern does not require police intervention but does require action to ensure immediate safety, one of the following individuals must be contacted and/or consulted: (1) another Manager or Director; (2) the Director of Human Resources; or (3) the Manager, Privacy and Occupational Health and Safety; or (4) a member of the JOHSC.
- 4.4 Reported concerns must also be documented on an [Employee Incident Report \(EIR\)](#) to ensure that all the appropriate information has been gathered and the appropriate inter-agency and external agency notifications are initiated.
- 4.5 All reported concerns will include any relevant supporting records, such as e-mail, voicemail, photographs and the like.

### **5.0 Reporting incidents of physical violence**

- 5.1 In the event of an incident of workplace violence, follow the procedures under 3.0 of this policy to summon immediate assistance.
- 5.2 Within 24 hours (or as soon as it is safe to do so), the staff member will notify their Manager or Director of the incident.
- 5.3 The Manager or Director will ensure that the MOH/CEO, Human Resources and Occupational Health and Safety are notified of the incident.
- 5.4 An EIR must be completed within 48 hours of the incident and submitted to Human Resources.

### **6.0 How reported concerns or incidents of workplace violence will be managed**

#### **6.1 Manager/Director-led response**

- 6.1.1 The Manager or Director who receives a report regarding a concern or incident of workplace violence will:
  - (a) initiate the response process by taking the appropriate steps to put immediate or interim measures in place, necessary for the protection of the staff member and others in the workplace.
  - (b) act as the lead in communication with the staff member affected by the violence.
  - (c) gather information and document the concern.

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT: WORKPLACE VIOLENCE  
PREVENTION**

**POLICY NUMBER: 8-025**

**SECTION: Health and Safety**

Page 6 of 7

---

- (d) consult promptly with the Service Area Director, the MOH, Director HRLR, the Manager Privacy and Occupational Health and Safety and others as required to establish a working plan of response, if needed beyond the measures in place and actions already taken /to be taken in the initial response, or as the assessment indicates.

### 6.2 The Workplace Violence Response Team

- 6.2.1 In incidents and threat situations requiring additional/ongoing security, safety measures, supports, administrative management or accommodation measures, a Workplace Violence Response (WVR) Team is formed.
- 6.2.2 WVR Membership will vary in size and composition, depending on the particular circumstances of the concern, threat or incident. At a minimum, the response team will consist of: (1) the affected staff member(s)' Manager/Director; (2) the Manager, Privacy/Occupational Health and Safety; and (3) the Director Human Resources/Labour Relations. Other internal (e.g. Operations) or external (e.g. police, legal counsel) may also be requested to participate as a member of a WVR team.
- 6.2.3 The WVR team acts as the coordinating body for the Health Unit's response.
- 6.2.4 The team may operate informally or formally (depending on the nature of the report) and will meet as often as is necessary to assign tasks and ensure that security measures are established, safety plans are developed, supports for the affected staff member(s) are provided and that decisions and actions are implemented and accurately documented.
- 6.2.5 The WVR team will:
  - (a) Assess the risks;
  - (b) Consider safety measures (to protect the directly-affected individual) and security measures (to protect the safety of the workplace and staff or others in it).
  - (c) Put a short or long-term response plan in place.
  - (d) Coordinate implementation of the response plan.
  - (e) Prepare a summary of the response actions and measures taken, with timeline, for inclusion with the record of the incident.
  - (f) Continually reassess the situation and the response plans.
  - (g) Arrange a post-response consultation with all involved in the response to identify gaps, areas for improvement and actions or response measures to be implemented in similar situations in future.

### 7.0 Support for staff experiencing or affected by violence

- 7.1 Staff who experience violence, observe or are otherwise affected by a threat or incident of workplace violence will be encouraged to get support and information through the Health Unit and referrals to other sources of help, which include:
  - (a) the Director/Manager;
  - (b) access to professional support (e.g. MLHU Employee Assistance Program (EAP) or other trained facilitators, such as a Critical Incident Stress Management Debriefing; or
  - (c) peer consultation.

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT: WORKPLACE VIOLENCE  
PREVENTION**

**POLICY NUMBER: 8-025**

**SECTION: Health and Safety**

Page 7 of 7

---

### RELATED POLICIES

This Workplace Violence Policy provides the overarching framework for the Health Unit's workplace violence program. Detailed information, instructions, protocols, forms and procedures (are) available in the Workplace Violence Program manual.

A number of existing administrative policies and procedures relate to this policy, employee safety and critical incidents.

See also:

[Policy 3-040 Building Security](#)

[Policy 5-075 Human Rights Recognition](#)

[Policy 5-085 Employment Harassment](#)

[Policy 5-095 Complaints](#)

[Policy 8-130 Personal Safety](#)

[Policy 8-040 Critical Injury or Fatality](#)

[Policy 8-030 Non-Employee Injury-Incident](#)

[Policy 8-020 Employee Injury/Incident](#)

### REFERENCES

Ministry of Labour. (2010). [Workplace Violence and Harassment: Understanding the Law](#). Queen's Printer for Ontario.

Occupational Health and Safety Act, RSO 1990, c O.1. Retrieved from:  
<http://www.canlii.org/en/on/laws/stat/rso-1990-c-o1/latest/rso-1990-c-o1.html>

Public Services Health & Safety Association (PSHSA). (2010) [Addressing Domestic Violence in the Workplace: A Handbook](#). Toronto, ON: Public Services Health & Safety Association (PSHSA).

Public Services Health & Safety Association (PSHSA). (2010). [Fast Facts: Workplace Violence: Complying with the Occupational Health and Safety Act](#). Toronto, ON: Public Services Health & Safety Association (PSHSA).

**ADMINISTRATION MANUAL**

**SUBJECT:** Harassment and Discrimination  
**SECTION:** Human Resources

**POLICY NUMBER:** 5-085  
**PAGE:** 1 of 8

**IMPLEMENTATION:** November 4, 2014

**APPROVAL:** Senior Leadership Team / Board  
of Health

**SPONSOR:** Director, Human Resources  
& Corporate Strategy

**SIGNATURE:**

**REVIEWED BY:** Senior Leadership Team

**DATE:** May 7, 2015

## **PURPOSE**

Middlesex-London Health Unit (MLHU) is committed to providing and maintaining a workplace which ensures that all workers are treated with dignity and respect and are able to work in an environment free from harassment and discrimination. This policy complements MLHU's Workplace Violence Policy.

Harassment and discrimination in any form, will not be tolerated, condoned or ignored. MHLU upholds as a matter of normal business practice, the freedom from harassment and discrimination provisions of the Human Rights Code (the "Code") and the Occupational Health and Safety Act (the "Act").

## **POLICY**

This Policy applies to all employees of MLHU. (i.e. full-time, part-time, temporary, probationary, casual and contract staff) (collectively, "the workers"), as well as all business-related interactions between employees of MHLU and third parties who deal with MLHU (i.e. including, but not limited to, clients, contractors, consultants, volunteers, students, vendors, suppliers, and visitors) (collectively, "third parties").

The Policy covers discrimination and harassment as defined under the Code and the Act. MLHU prohibits discrimination based on sex or sexual orientation, gender identity, gender expression, race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, age, record of offences, marital status, family status and disability (the "Prohibited Grounds"). MLHU prohibits harassment on the basis of any of the Prohibited Grounds, as well as any form of psychological or workplace harassment.

The procedures in this Policy may be used by any worker who believes that he or she or another person has been harassed or discriminated against in the workplace. Third parties may also make a complaint under this Policy if they believe that they have been discriminated against or harassed by a worker.

For the purpose of this Policy, MLHU's workplace includes any place where the business of MLHU is conducted or where social or other functions occur (e.g. at the office, outside the office, at office-related social functions, in the course of work assignments outside the office, at work-related conferences or training sessions and during work-related travel).



# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT:** Harassment and Discrimination  
**SECTION:** Human Resources

**POLICY NUMBER:**  
**PAGE:**

**5-085**  
**1 of 8**

### **Discrimination**

Discrimination occurs when an individual suffers adverse treatment as a result of one of the Prohibited Grounds. Discrimination can occur as a result of specific actions taken against an individual as a result of a Prohibited Ground (called “direct discrimination”) or as a result of the effect that a neutral policy or standard has on an individual as a result of a Prohibited Ground (called “adverse-effect discrimination”).

#### Examples of discrimination include:

- Termination, demotion, failure to provide opportunities, refusal to hire or any other employment-related decisions made as a result of a Prohibited Ground;
- Refusal to provide services as a result of a Prohibited Ground;
- Failing to accommodate the needs arising from a Prohibited Ground to the point of undue hardship.

### **Harassment**

For the purpose of this Policy, harassment means a course of vexatious comment or conduct, whether related to a Protected Ground or not, by someone who knows, or ought reasonably to know, that the comment or conduct is unwelcome.

Although harassment usually occurs as a result of a series of incidents, a single incident, if serious, may constitute harassment. The unwelcome comment or conduct does not have to be directed at a specific person for harassment to occur. Comments or conduct that tend to ridicule or disparage a group of identifiable persons may give rise to an offensive or ‘poisoned’ work environment and thus to harassment<sup>1</sup>.

There are many forms of harassment, including but not limited to sexual harassment, racial harassment and workplace harassment.

Generally, **sexual harassment** refers to any unwelcome sexual advances, requests for sexual favours, or other verbal or physical conduct of a sexual nature:

- when such conduct might reasonably be expected to cause insecurity, discomfort or humiliation to another person; or
- when submission to such conduct is made either implicitly or explicitly a condition of employment; or
- when submission to or rejection of such conduct is used as a basis for any employment decision (including, but not limited to, matters of promotion, compensation, job security or benefits affecting the employee); or
- when such conduct has the purpose or effect of interfering with a person’s work performance or creating an intimidating, hostile or offensive work environment; or
- when such conduct is demeaning to a person because of his or her sex, sexual orientation, gender identity or gender expression.

---

<sup>1</sup>Poisoned Work Environment: A poisoned environment is form of discrimination that is created by comments or conduct that result in a hostile or offensive environment in which to work. The comments or conduct need not be directed at a specific individual, and may be from any individual, regardless of position or status. A single comment or action, if sufficiently serious, may create a poisoned environment.

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT:** Harassment and Discrimination  
**SECTION:** Human Resources

**POLICY NUMBER:**  
**PAGE:**

**5-085**  
**1 of 8**

Examples of **sexual harassment** may include, but are not limited to:

- remarks, jokes, or innuendos about sex or sexual orientation where the speaker has been advised that they are offensive or where they are by their nature offensive;
- leering or other offensive or sexually suggestive gestures;
- derogatory or degrading remarks used to describe or directed toward members of one sex or sexual orientation;
- the display or distribution of sexually explicit or otherwise offensive material;
- refusing to work with people because of their sex or sexual orientation;
- unwelcome advances, invitations or propositions of a sexual nature which might, on reasonable grounds, be perceived as placing a condition on a person's employment, work assignment, or on any opportunity for training or promotion;
- unwarranted inquiries or comments about a person's personal life
- unwanted physical contact, including touching, patting, etc.;
- rough and vulgar humour or language related to gender;
- verbal abuse, threats or taunting; and
- sexual assault.

Examples of **racial harassment** may include:

- comment or conduct which disparages or ridicules a person's race, ancestry, place of origin, ethnic origin, citizenship or colour;
- insulting gestures or jokes which relate to race, ancestry, place of origin, ethnic origin, citizenship or colour.

**Workplace harassment** is harassment of a worker in the workplace by an individual that is not necessarily related to any Protected Ground. Examples of workplace harassment may include, but are not limited to:

- shouting, profanity or abusive language;
- slamming doors, throwing objects or blow-ups or eruptions;
- persistent practical jokes where one person is the object of the joke;
- isolation, shunning or bullying;
- gossip, rumours, negative blogging or cyber bullying;
- unsubstantiated criticism or unreasonable demands; and
- insults or name-calling.

Harassment on other grounds may follow similar patterns

### **What is not Harassment?**

This Policy is not intended to:

- a. interfere with or restrict the valid authority of managerial personnel in the evaluation of workers' performance, the management of relationships or the application of administrative and/or disciplinary measures;
- b. interfere with normal social interaction amongst/between workers; and
- c. interfere with legitimate, unbiased and fair business practices of MLHU.

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT:** Harassment and Discrimination  
**SECTION:** Human Resources

**POLICY NUMBER:**  
**PAGE:**

**5-085**  
**1 of 8**

### Responsibilities

All workers have a responsibility to ensure that discrimination and harassment do not occur in the workplace, to ensure that their own behaviour is in compliance with this Policy and applicable legislation and to participate in training for this Policy developed by MLHU. All workers have the right to file a complaint about situations they believe constitute discrimination or harassment under this Policy. This right should be exercised in a timely manner to ensure that MLHU is able to undertake an effective and timely investigation into the allegations. Workers are also required to cooperate fully in any investigation of a harassment or discrimination complaint.

Management employees, including managers and supervisors ("**Managers**") have the additional responsibility to take all necessary steps to prevent discrimination and harassment in their departments, to ensure that measures and procedures outlined in this Policy are followed by workers, that workers have the information they need in respect of discrimination and harassment, and where the Manager receives a complaint under this Policy, to immediately notify Human Resources.

MLHU will ensure this Policy is implemented and maintained and that all workers have the appropriate information and instruction to identify incidents of discrimination and harassment.

MLHU pledges to respond to allegations of discrimination and harassment that are brought to its attention in a fair and timely manner, respecting the privacy of all concerned to the greatest extent possible in the circumstances.

Workers of MLHU who engage in discriminatory or harassing behaviours acknowledge that they may expose themselves personally to damages in the event of a successful lawsuit or human rights case, in addition to any disciplinary consequences relating to their employment.

## PROCEDURE

Outlined below are the options available to a worker who believes that he or she, or another person, has been harassed or discriminated against by any other worker or a third party.

### 1) Address the Situation (optional)

- In many situations, simply informing the person that his or her comment or conduct is considered to be discriminatory or is unwelcome will resolve the issue. Telling the person to 'stop' or to change their behavior may be difficult to do, but frequently it is the most effective means of eliminating the problem.
- If you feel you have been discriminated against or are being harassed you may choose to advise the person responsible for the behaviour that his or her behaviour is inappropriate or unwelcome and should stop.
- Keep a written log of the unwelcome behaviour, including dates, times and any possible witnesses, and the steps you took to address the situation.

### 2) Report to Manager or Human Resources

- If you are not comfortable speaking to the person responsible for the behaviour directly (or if on speaking to that person, the behavior or unwelcome conduct or

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT:** Harassment and Discrimination  
**SECTION:** Human Resources

**POLICY NUMBER:**  
**PAGE:**

**5-085**  
**1 of 8**

comment persists), you are encouraged to make a complaint to your Manager or Human Resources.

- If you witness a worker engaging in discriminatory or harassing behavior toward another worker or third party, or are aware of ongoing harassment of or discrimination toward a worker, you should notify your Manager or Human Resources. If you are reporting discrimination or harassment as a witness, your name will be kept confidential to the greatest extent possible.
- Managers must inform Human Resources immediately of any complaint which is received by them and report any incidents of discrimination or harassment of which they are aware.

### 3) Investigation and Resolution

- Upon receiving notification of a complaint from a Manager or a worker, Human Resources (or an appropriate designate selected by Human Resources) will meet with the complainant (or the person making the complaint on behalf of the complainant) to review the complaint. Human Resources, on consultation with the complainant, will either:
  - i. Address the matter informally with the person whose behaviour was the subject of the complaint (the "**respondent**") and/or accompany or assist the complainant in doing so (the "**informal procedure**"). Such process can include mediation where Human Resources and the complainant determine that this method of resolution may be appropriate in the circumstances; or
  - ii. Request that the complainant complete an Initial Complaint Form (Appendix "A") to outline all of the details of the complaint so that Human Resources may commence an investigation into the matter (the "**formal procedure**").
- At any point during the informal or formal procedure, Human Resources may offer to arrange for mediation to permit the parties to resolve the complaint. Both parties must agree to participate in the mediation process before Human Resources will arrange for this option
- If the complainant requests that Human Resources resolve the complaint using the informal procedure, Human Resources will keep the complainant informed during the process and will notify the complainant when the matter has resolved.
- Where the complainant alleges that the informal procedure did not resolve the complaint, Human Resources will then follow the formal procedure
- When investigating a complaint under the formal procedure, Human Resources will, at a minimum, provide the Respondent with a copy of the Initial Complaint Form, obtain a written response from the respondent and meet with the respondent to address the allegations. Human Resources may also, at its own discretion, meet with witnesses or gather additional documentation to support its investigation.
- During the investigation, Human Resources may adopt any temporary measures it, in its sole discretion, deems appropriate.
- Following the conclusion of the investigation process, Human Resources will advise both the complainant and the respondent of the findings of the investigation and will make a determination as to the proper course to resolve the matter, which may include corrective, disciplinary or preventative measures. Although the complainant will be informed of the findings, the complainant is not entitled to know the specific corrective, disciplinary or preventative measures taken against the respondent.

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT:** Harassment and Discrimination  
**SECTION:** Human Resources

**POLICY NUMBER:**  
**PAGE:**

**5-085**  
**1 of 8**

- Human Resources will endeavour to complete the formal procedure as soon as possible.

Third parties who believe that they have been discriminated against or harassed by a worker should immediately request to speak with the worker's supervisor. The supervisor will obtain the appropriate details regarding the concern and will address the situation with the third party in the most appropriate manner given the circumstances. Internal personnel issues, including subsequent investigation, findings and corrective steps taken involving the worker, will not be shared with third parties.

While the Company is committed to resolving discrimination and harassment concerns internally, nothing in this Policy precludes a worker or client from filing a complaint under the *Human Rights Code*, initiating a grievance or having criminal charges laid in appropriate cases.

### **Disciplinary, Corrective and/or Preventative Measures**

If a complaint of discrimination or harassment is substantiated, MLHU will determine, where necessary, what disciplinary, corrective and/or preventative measures will be adopted to resolve the complaint and will follow-up to ensure such measures are implemented. The disciplinary, corrective and/or preventative measures arising out of the informal or formal resolution process will be based on the seriousness of the incident, the impact of the behavior in question and the particular circumstances of each individual case. Such action may include one or more of the following:

- formal apology;
- counseling and/or education on discrimination or harassment and respect in the workplace;
- coaching;
- verbal warning;
- written warning;
- change/transfer of the respondent's work assignment if it is not reasonable for the workers involved to continue to work together;
- police investigation where illegal actions have been discovered;
- demotion;
- suspension with or without pay of the respondent; and/or
- termination of the respondent's employment or other association with MLHU.

### **Confidentiality**

It is essential that the complainant, respondent and all of those involved in investigation of a complaint in any form, maintain confidentiality throughout and subsequent to the complaint procedure. MLHU will maintain the confidentiality of the complaint to the greatest extent possible, while still complying with its obligations to provide a workplace free of discrimination and harassment and to provide services to third parties in accordance with its obligations under the *Human Rights Code*.

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT:** Harassment and Discrimination  
**SECTION:** Human Resources

**POLICY NUMBER:**  
**PAGE:**

**5-085**  
**1 of 8**

It is a serious breach of this Policy to disclose any information relating to a complaint unless such disclosure is required by law or is necessary in order for the proper investigation and resolution of the matter. Any such breach will be subject to disciplinary action.

### **No Retaliation for using Policy**

All workers and third parties have the right to make a complaint or enforce their rights under this Policy without retaliation or threat of retaliation. Retaliation against anyone who, in good faith, makes a report, provides information, or participates in an investigation under this Policy is strictly prohibited and will not be tolerated. Workers who engage in retaliation will be subject to discipline up to and including dismissal.

Retaliatory behaviour could include:

- unwarranted criticism of a person's job performance;
- the arbitrary reassignment of a person to a different department, job or set of responsibilities;
- the failure to extend to a person opportunities available to others;
- the refusal to work with a person or other employees similarly situated or to provide services to a third party;
- the breach of the confidentiality requirements of this Policy; and
- the termination of a worker's employment.

### **Using the Policy in bad faith**

The intentional filing of a harassment or discrimination complaint that a worker or third party knows to be false is a serious matter. Where it is found that a complaint was made in bad faith or was frivolous or vindictive, or this Policy was otherwise used in bad faith by a worker, a record will be posted to the worker's personnel file confirming the worker used the Policy in bad faith and the worker will be subject to discipline up to and including termination. For third parties, using this Policy in bad faith may result in a review regarding the provision of services or breach of contract.

## **APPLICABLE LEGISLATION**

*Ontario Human Rights Code*  
*Occupational Health and Safety Act*

## **RELATED POLICIES**

[Policy 5-095 Complaints](#)

**MIDDLESEX-LONDON HEALTH UNIT**

**ADMINISTRATION MANUAL**

**SUBJECT:** Harassment and Discrimination  
**SECTION:** Human Resources

**POLICY NUMBER:**  
**PAGE:**

**5-085**  
**1 of 8**

**REVISION DATES** (\* = major revision):



## MIDDLESEX-LONDON HEALTH UNIT

### ADMINISTRATION MANUAL

|                        |  |                       |                     |
|------------------------|--|-----------------------|---------------------|
| <b>SUBJECT:</b>        | Human Rights Recognition                       | <b>POLICY NUMBER:</b> | 5-075               |
| <b>SECTION:</b>        | Human Resources                                | <b>PAGE:</b>          | 1 of 1              |
| <b>IMPLEMENTATION:</b> | October 15 1987                                | <b>APPROVAL:</b>      | Directors Committee |
| <b>SPONSOR:</b>        | Director of Human Resources & Labour Relations | <b>SIGNATURE:</b>     |                     |

---

#### PURPOSE

To ensure that employees are treated fairly with respect to human rights.

#### POLICY

The Board of Health will adhere to the Human Rights Code, R.S.O. 1990, c. H.19 and as amended.

#### PROCEDURE

The Health Unit will follow the procedures as articulated in the Human Rights Code. Human Rights code is accessible at [www.ohrc.on.ca/english/code](http://www.ohrc.on.ca/english/code).





## MIDDLESEX-LONDON HEALTH UNIT

### ADMINISTRATION MANUAL

|                        |  |                       |                     |
|------------------------|--|-----------------------|---------------------|
| <b>SUBJECT:</b>        | Employment Harassment                          | <b>POLICY NUMBER:</b> | 5-085               |
| <b>SECTION:</b>        | Human Resources                                | <b>PAGE:</b>          | 1 of 3              |
| <b>IMPLEMENTATION:</b> | October 15 1987                                | <b>APPROVAL:</b>      | Directors Committee |
| <b>SPONSOR:</b>        | Director of Human Resources & Labour Relations | <b>SIGNATURE:</b>     |                     |

---

#### PURPOSE

To provide a work environment in which employees are protected from threats or harassment.

Employment harassment includes but is not limited to comment or conduct by a supervisor or co-worker towards another employee which is intimidating, hurtful or malicious.

Employment harassment encompasses sexual, racial or ethnic, and other forms of harassment:

#### **Sexual Harassment includes:**

- suggestive staring or other gestures, offensive remarks, jokes, innuendos, or taunting about a person's body, attire, sex, sexual orientation.
- practical jokes of a sexual nature which cause awkwardness or embarrassment.
- objective physical contact such as touching, patting, or pinching, physical assault, displaying offensive material, requests for sexual favours or compromising invitations, with threat of reprisal if rejected or promise of preferential treatment if accepted.

#### **Racial or Ethnic Harassment includes:**

- unwelcome remarks, jokes, innuendos or taunting about a person's racial or ethnic background.
- the displaying of racist, derogatory, or offensive material.
- the refusal to converse or work co-operatively with an employee because of his/her racial or ethnic background.
- insulting gestures or practical jokes based on racial or ethnic ground which cause embarrassment or awkwardness.

#### **Other Harassment includes:**

- unwelcome remarks, jokes, innuendos or taunting about a person's religion, age, marital or family status, handicap.

#### POLICY

All complaints of employment harassment will be investigated.

Notwithstanding this policy, the employee may, at any time, seek advice or assistance from the Ontario Human Rights Commission.

REVISION DATES (\* = major revision): September 23, 1992, August 2, 2000

**SUBJECT:** Employment Harassment      **POLICY NUMBER:** 5-085  
**SECTION:** Human Resources            **PAGE:** 1 of 3

## PROCEDURE

### 1. Report of employment harassment

Employment harassment is unpleasant and intimidating. Fear of retaliation, embarrassment or feelings of guilt may deter an employee from reporting an incident. However, it is essential that these incidents are reported.

- **Ask the Harasser to Stop**

Inform the harasser that his/her behaviour is unwelcome. Although an individual should know better, he/she may not realize that the behaviour is offensive.

- **Lodge a Complaint**

If the harassment continues, report the problem to the Director/Manager or any member of the Directors Committee. The complaint will be investigated and if necessary, steps will be taken to resolve the problem. Unionized employees may wish to involve a Union Steward, or other advocate.

- **Documentation of the Harassment**

Record the details, threats of reprisal, dates, your response, times, location(s), witness(s) of the harassment. Failure to document these events will not invalidate your complaint, however, it will substantiate it.

### 2. Resolution of a Complaint

- The Director will investigate allegations of employment harassment within 30 days of receipt of the complaint.
- The Director will inform the Medical Officer of Health of the complaint.
- The investigation will include the interviews with the complainant, the alleged harasser and other persons who may provide information. Information will be received in strict confidence and will be documented.
- If there is evidence of harassment, disciplinary measures will be instituted.
- If the complaint is not supported, all documentation related to the complaint will be shredded after two years' time.

**ADMINISTRATION MANUAL**

|                        |  |                       |   |
|------------------------|--|-----------------------|---|
| <b>SUBJECT:</b>        | <b>Accessibility for Ontarians<br/>with Disabilities Act –<br/>Customer Service Standard</b> | <b>POLICY NUMBER:</b> | <b>5-080</b>                                |
| <b>SECTION:</b>        | <b>Human Resources</b>   |                       |   |
| <b>IMPLEMENTATION:</b> | January 1, 2015  | <b>APPROVAL:</b>      | Senior Leadership Team /<br>Board of Health |
| <b>SPONSOR:</b>        | Director of Human<br>Resources   | <b>SIGNATURE:</b>     |   |
| <b>REVIEWED BY:</b>    | HR Coordinator   | <b>DATE:</b>          |   |

---

## **PURPOSE**

The Middlesex-London Health Unit (MLHU) is committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in integration and equal opportunity and are committed to meeting the needs of people with disabilities in a timely manner. We will do so by preventing and removing barriers to accessibility and meeting accessibility requirements under the Accessibility for Ontarians with Disabilities Act (2005).

## **POLICY**

All employees, volunteers, board members and third parties providing programs and services on behalf of MLHU, must be aware of and comply with all aspects of the Accessibility for Ontarians with Disabilities Act (AODA), Customer Service Standard as contained herein.

### *Policy Development*

Policies, practices and procedures on providing programs or services to people with disabilities will be established and will be consistent with the core principles of independence, dignity, integration and equality of opportunity.

### *Assistive Devices*

Employees will accommodate the use of personal assistive devices and are required to familiarize themselves with the various forms of devices. See [Appendix A](#).

### *Communication*

Employees will communicate with people with disabilities in ways that take into account their disabilities. Accessible customer service requires employees to overcome and find ways around different barriers that customers may have. Employers must ensure that their employees are trained on how to successfully communicate with customers with disabilities to ensure accessible programs and services.

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT:** Accessibility for Ontarians with Disabilities Act – Customer Service Standard  
**POLICY NUMBER:** 5-080  
**SECTION:** Human Resources

### *Service Animals*

Employees will accommodate the use of service animals by people with disabilities who are accessing programs or services unless the animal is otherwise excluded by law, such as food preparation areas as prohibited by Food Premises, R.R.O. 1990, Reg. 562 under the Health Protection & Promotion Act, R.S.O. 1990, c. H. 7. See [Appendix A](#).

### *Support Persons*

Where a person with a disability is accessing programs or services and is accompanied by a support person, employees will ensure that both persons are permitted to enter the premises together and will ensure that the person with a disability can access the support person while on the premises. If there is an admission fee in connection with a support person's presence at a program or service, MLHU will ensure that notice is given in advance about the amount, if any, that is payable in respect of the support person accompanying a person with a disability. See [Appendix A](#).

### *Notice of Temporary Service Disruption*

In the event of a planned or unexpected disruption to services or facilities for customers with disabilities at 50 King St., 201 Queens Ave., or 51 Front St, MLHU will notify customers promptly. A clearly posted notice will include information about the reasons for the disruption, its anticipated length of time and a description of alternative facilities or services, if available. The notice will be posted in conspicuous places at the affected premise and/or by placing the notice on the website.

### *Training*

All employees, volunteers, board members, and third parties providing programs and services to members of the public, as well as those who develop policies, practices and procedures governing the provision of programs or services to members of the public or other third parties must complete the organization's accessibility training. A list of training requirements is available in [Appendix A](#).

### *Feedback Process*

MLHU will make feedback processes accessible by providing accessible formats and communications supports when requested. Human Resources will respond to all feedback within 10 business days. See [Appendix A](#).

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT:** Accessibility for Ontarians with Disabilities Act – Customer Service Standard  
**POLICY NUMBER:** 5-080  
**SECTION:** Human Resources

### APPLICABLE LEGISLATION

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) was passed by the Ontario legislature with the goal of creating a fully accessible Ontario by 2025. One of the five standards developed, and now law, is the Customer Service Standard. This standard details specific requirements for all organizations with one or more employees.

Accessibility for Ontarians with Disabilities Act, 2005 (AODA) *Section 1:*

*“Recognizing the history of discrimination against persons with disabilities in Ontario, the purpose of this Act is to benefit all Ontarians by,*

*(a) developing, implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to programs, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025; and*

*(b) providing for the involvement of persons with disabilities, of the Government of Ontario and of representatives of industries and of various sectors of the economy in the development of the accessibility standards.”*

### RELATED POLICIES

Policy 5-081– Accessibility for Ontarians with Disabilities Act – Integrated Accessibility Standard

**REVISION DATES** (\* = major revision):

ADMINISTRATION MANUAL

|                        |   |                       |   |
|------------------------|---|-----------------------|---|
| <b>SUBJECT:</b>        | <b>Accessibility for Ontarians<br/>with Disabilities Act –<br/>Integrated Accessibility<br/>Standard Regulation</b> | <b>POLICY NUMBER:</b> | <b>5 - 081</b>                              |
| <b>SECTION:</b>        | <b>Human Resources</b>  |                       |   |
| <b>IMPLEMENTATION:</b> | January 1, 2015   | <b>APPROVAL:</b>      | Senior Leadership Team /<br>Board of Health |
| <b>SPONSOR:</b>        | Director of Human<br>Resources  | <b>SIGNATURE:</b>     |   |
| <b>REVIEWED BY:</b>    | HR Coordinator  | <b>DATE:</b>          |   |

---

## PURPOSE

The Middlesex-London Health Unit (MLHU) is committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in integration and equal opportunity and are committed to meeting the needs of people with disabilities in a timely manner. We will do so by preventing and removing barriers to accessibility and meeting accessibility requirements under the Accessibility for Ontarians with Disabilities Act (2005).

## POLICY

All employees volunteers, Board Members and third parties providing programs and services, must be trained and knowledgeable on the Integrated Accessible Standards Regulations (IASR).

MLHU has developed a multi-year Accessibility Plan and it shall be reviewed and updated once every 5 years, as necessary.

### *Accessible Formats & Communication Supports*

MLHU shall, upon request, and in consultation with the person making the request provide or make arrangements to provide accessible formats and communication supports for persons with disabilities. They shall be provided within ten (10) business days, taking into account the persons' accessibility needs and at a cost that is no more than the regular cost charged to other persons.

This does not apply to unconvertible information that MLHU does not control directly or indirectly through an external relationship. If the information is determined to be unconvertible, MLHU shall provide the person requesting the information with an explanation as to why the information is unconvertible or a summary of the unconvertible information.

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT:** Accessibility for Ontarians with Disabilities Act – Integrated Accessibility Standard Regulation  
**POLICY NUMBER:** 5 - 081  
**SECTION:** Human Resources

### *Accessible Websites & Web Content*

While the current website has many accessible features, MLHU will continue to ensure it is fully compliant on or before the deadline of January 1, 2021.

### *Emergency Procedures, Plans & Information*

MLHU shall provide all existing public emergency procedures, plans and public safety information, upon request, in an accessible format or with appropriate communication supports in a timely manner.

### *Recruitment*

MLHU will post information about the availability of accommodations for applicants with disabilities in the recruitment process. Job applicants selected for an interview will be notified that accommodations for material to be used in the process are available upon request. Human Resources personnel will consult with any applicant who requests an accommodation in a manner that takes into account the applicant's disability. Successful applicants will be notified about MLHU's policies for accommodating employees with disabilities as part of their offer of employment.

### *Employee Supports*

MLHU will inform employees of the policies used to support employees with disabilities, including policies on accommodations that take into account an employee's accessibility needs due to disability. This information will be provided to new employees as soon as practicable after they begin their employment and updated information will be provided to all employees whenever there is a change to existing policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability.

### *Accessible Formats & Communication Supports for Employees*

Upon an employee's request MLHU will discuss with the employee ways to provide or arrange for the provision of accessible formats and communication supports for information that is needed to perform the employee's job. See [Appendix A](#).

### *Workplace Emergency Response Information for Employees*

MLHU will create individualized workplace emergency response plans for employees who have a disability and require accommodations/supports to evacuate their workplace in an emergency. In addition, with the employee's consent, a person designated to provide assistance to the employee will be provided with the necessary information to assist the employee with the disability. These plans will be reviewed as necessary.

# MIDDLESEX-LONDON HEALTH UNIT

## ADMINISTRATION MANUAL

**SUBJECT:** Accessibility for Ontarians with Disabilities Act – Integrated Accessibility Standard Regulation  
**POLICY NUMBER:** 5 - 081  
**SECTION:** Human Resources

### *Documented Individual Accommodation Plans*

MLHU will create individual accommodation plans for any employee for whom they have been made aware has a disability. A written plan will be developed and revised as necessary.

### *Return to Work Process*

MLHU will develop and have in place a documented, return to work process for its employees who have been absent from work due to a disability and require disability-related accommodations in order to return to work.

### *Performance Management & Career Development & Redeployment*

MLHU shall take into account the accessibility needs of its employees with disabilities as well as any individual accommodation plans when providing career development, performance management and when considering redeployment.

## **APPLICABLE LEGISLATION**

Accessibility for Ontarians with Disabilities Act, 2005 (AODA), *Section 1:*

*“Recognizing the history of discrimination against persons with disabilities in Ontario, the purpose of this Act is to benefit all Ontarians by,*

*(a) developing, implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025; and*

*(b) providing for the involvement of persons with disabilities, of the Government of Ontario and of representatives of industries and of various sectors of the economy in the development of the accessibility standards.”*

## **RELATED POLICIES**

Policy 5-080 – Accessibility for Ontarians with Disabilities Act – Customer Service Standard

Accommodation & Safe Return to Work Policy

For Definitions, see Appendix A to Policy 5-081

**REVISION DATES** (\* = major revision):





## MIDDLESEX-LONDON HEALTH UNIT

### ADMINISTRATION MANUAL

|                        |   |                       |                     |
|------------------------|---|-----------------------|---------------------|
| <b>SUBJECT:</b>        | Accessibility for Ontarians with Disabilities | <b>POLICY NUMBER:</b> | 5-080               |
| <b>SECTION:</b>        | Human Resources                               | <b>PAGE:</b>          | 1 of 4              |
| <b>IMPLEMENTATION:</b> | October 27, 2011                              | <b>APPROVAL:</b>      | Directors Committee |
| <b>SPONSOR:</b>        | Director of Human Resources and Labour        | <b>SIGNATURE:</b>     |                     |

---

#### PURPOSE

To fulfill the mission of the Middlesex-London Health Unit (MLHU) in a way that is consistent with the accessibility principles of dignity, independence, integration and equality of opportunity for all persons with disabilities.

To establish a framework for meeting present and future legal obligations regarding customer service, employment, information and communication and the built environment, as set out in the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and its regulations, as amended from time to time.

#### POLICY

The Middlesex-London Health Unit (MLHU) is committed to meet the accessibility needs of persons with disabilities in a timely manner in accordance with the AODA and its Standards. MLHU will develop accessibility plans to fully implement its responsibilities under the AODA and AODA Standards in support of the goal of making the province fully accessible by 2025. The plans will identify and address barriers to accessibility: physical, attitudinal, technological, organizational (systemic), and informational.

MLHU will strive to meet the AODA standards regarding Customer Service, Employment, and Information and Communication, within the timelines for implementation for large organizations summarized in [Appendix A](#). The regulation for the AODA Standard concerning the Built Environment Standard is expected to become law by 2012.

This policy applies to all members of the Board of Health, employees, volunteers, and students, and, in addition, the Customer Service Standard applies to all other persons providing services on behalf of MLHU.

The Customer Service Standard applies to all persons providing goods and services to members of the public. The Customer Service Standard requires that goods and services be provided in a way that respects the dignity and independence of people with disabilities. The goal is to give persons with disabilities the same opportunity to access our services and programs and to benefit from those services in the same place and in a similar way as other members of the public.

The Middlesex-London Health Unit (MLHU) is committed to meet the accessibility needs of persons with disabilities in a timely manner in accordance with the AODA and its Standards. MLHU will develop accessibility plans to fully implement its responsibilities under the AODA and AODA Standards in support of the goal of making the province fully accessible by 2025. The

REVISION DATES (\* = major revision):

ADMINISTRATION MANUAL

**SUBJECT:** Accessibility for Ontarians with Disabilities      **POLICY NUMBER:** 5-080  
**SECTION:** Human Resources      **PAGE:** 1 of 4

plans will identify and address barriers to accessibility: physical, attitudinal, technological, organizational (systemic), and informational.

MLHU will strive to meet the AODA standards regarding Customer Service, Employment, and Information and Communication, within the timelines for implementation for large organizations summarized in [Appendix A](#). The regulation for the AODA Standard concerning the Built Environment Standard is expected to become law by 2012.

This policy applies to all members of the Board of Health, employees, volunteers, and students, and, in addition, the Customer Service Standard applies to all other persons providing services on behalf of MLHU.

The Customer Service Standard applies to all persons providing goods and services to members of the public. The Customer Service Standard requires that goods and services be provided in a way that respects the dignity and independence of people with disabilities. The goal is to give persons with disabilities the same opportunity to access our services and programs and to benefit from those services in the same place and in a similar way as other members of the public.

## PROCEDURE

### 1. Training for Staff, volunteers, members of the Board of Health and other persons who provide services to the public on behalf of MLHU:

#### 1.1 Training will include the following:

- an overview of the Ontario Human Rights Code as it applies to persons with disabilities.
- the purposes of the Accessibility for Ontarians with Disabilities Act, 2005
- the requirements of the AODA Standards set by regulations
- how to interact and communicate with people with various types of disabilities
- how to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person
- how to use assistive devices available that may help with the provision of goods or services to people with disabilities
- what to do if a person with a disability is having difficulty in accessing programs and services
- MLHU's policies, practices and procedures relating to the AODA, to the customer service standard, and to the parts of the Integrated Standard that take effect in 2012 and 2013.

1.1 All persons covered by this policy will receive a written guide to assist them individually and as team members and leaders to identify and remove barriers to accessibility by persons with disabilities.

1.2 Training will be conducted in a variety of ways on an ongoing basis to facilitate the implementation of procedures and practices that promote accessibility.

REVISION DATES (\* = major revision):

**SUBJECT:** Accessibility for Ontarians with Disabilities      **POLICY NUMBER:** 5-080  
**SECTION:** Human Resources      **PAGE:** 1 of 4

**2. Notice of temporary disruption**

- 2.1 Whenever there is a temporary or planned disruption of facilities or services that persons with disabilities would usually use, Finance & Operations will consult with Communications and Human Resources as soon as practicable, so that staff are notified, and notices to the public can be posted in appropriate locations.
- 2.2 A notice of temporary disruption will include information about the reason for the disruption, its anticipated duration, and a description of alternative facilities or services, if available.
- 2.3 (See example in [Appendix C.](#))
- 2.4 The notice will be placed at all public entrances and service counters on MLHU premises, and on the website if practicable.
- 2.5 A document setting out the steps to be taken in connection with a temporary disruption shall be available to any person.

**3. Feedback process**

- 3.1 Feedback regarding the way MLHU provides goods and services to people with disabilities can be given by voicemail, email, verbally in person, or by completing a feedback form. All feedback will be reported to the Director of Human Resources and Labour Relations and to the Director of the Service Area to which the complaint relates. (See feedback form in [Appendix D.](#))
- 3.2 Complaints will be addressed in a timely manner. If a complaint is not addressed or resolved informally, the complaint will be referred to the Medical Officer of Health.

**4. Notice of Availability of Documents**

- 4.1 Notices will be posted on the premises, or on the website, or by other reasonable method, to provide a list of the documents required under the AODA regulations to be available in accessible format upon request.

**See also:**

[Appendix B - MLHU Policy Statements regarding the Accessibility for Ontarians with Disabilities Act, the Customer Service Standard, and the Integrated Standard](#)

**Other related policies:**

[Human Rights 5-075](#)

[Return to Work and Accommodation Policy 5-175](#)

[Complaints 5-095](#)