

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

Thursday, June 18, 2020 5:30 p.m.  
Microsoft Teams Conferencing

**1. DISCLOSURE OF CONFLICTS OF INTEREST**

**2. APPROVAL OF AGENDA**

**3. APPROVAL OF MINUTES – February 27, 2020**

**4. NEW BUSINESS**

- 5.1 Governance By-Law and Policy Review (Report No. 006-20GC)
- 5.2 Occupational Health and Safety Annual Report 2019 (Report No. 007-20GC)
- 5.3 Return to Operations (Report No. 008-20GC)

**5. OTHER BUSINESS**

Next meeting will be October 15, 2020 @ 6:00pm

**6. CONFIDENTIAL**

The Governance Committee will move in-camera to consider matters regarding labour relations, identifiable individuals and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

**7. ADJOURNMENT**



**PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**GOVERNANCE COMMITTEE**

Thursday, February 27, 2019, 6:00 p.m.  
399 Ridout Street North, London, Ontario  
Side Entrance (recessed door)  
MLHU Boardroom

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**MEMBERS PRESENT:** Ms. Aina DeViet (Committee Chair)  
Ms. Maureen Cassidy  
Mr. Ian Peer  
Mr. Bob Parker

**REGRETS:** Ms. Arielle Kayabaga

**OTHERS PRESENT:** Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)  
Dr. Chris Mackie, Medical Officer of Health/CEO  
Dr. Alex Summers, Associate Medical Officer of Health  
Mr. Brian Glasspoole, Manager, Finance  
Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance  
Ms. Kendra Ramer, Manager, Strategic Projects  
Ms. Cynthia Bos, Manager, Human Resources  
Ms. Heather Lokko, Director, Healthy Start

Dr. Mackie called the meeting to order at 6:02 p.m.

**ELECTION OF CHAIR, GOVERNANCE COMMITTEE**

Dr. Mackie invited nominations for Chair of the Governance Committee for 2020.

Ms. Cassidy nominated Ms. DeViet. Ms. DeViet accepted the nomination.

Dr. Mackie invited nominations three more times. None were heard.

It was moved by Ms. Cassidy, seconded by Mr. Parker, *that Ms. Aina DeViet be named Chair of the Governance Committee for 2020 by acclaimed vote.*

Carried

**DISCLOSURE OF CONFLICT OF INTEREST**

Chair DeViet inquired if there were disclosures of conflicts of interest to be declared. None were declared.

**APPROVAL OF AGENDA**

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the **AGENDA** for the February 27, 2020 Governance Committee meeting be approved.*

Carried

**APPROVAL OF MINUTES**

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the **MINUTES** of the November 21, 2019 Governance Committee meeting be approved.*

Carried

## NEW BUSINESS

### Q4 2019 Activity Report – Strategic Plan Update (Report No. 001-20GC)

Dr. Mackie introduced the report. Ms. Ramer answered questions.

Committee members commended Health Unit staff for keeping projects on track in the midst of a very busy time of year, and for their efforts during MLHU's move to Citi Plaza.

It was moved by Mr. Peer, seconded by Ms. Cassidy, *that the Governance Committee receive Report No. 001-20GC re: "Q4 2019 Activity Report – Strategic Plan Update" for information.*

Carried

### Terms of Reference and Reporting Calendar (Report No. 002-20GC)

Dr. Mackie introduced the report and noted that the Finance & Facilities Committee Terms of Reference would be coming forward later this evening as part of the FFC meeting update.

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

- 1) *Receive Report No. 002-20GC re: "Governance Committee Terms of Reference and Reporting Calendar";*
- 2) *Recommend that the Board of Health approve the Governance Committee Terms of Reference (Appendix A); and*
- 3) *Recommend that the Board of Health approve the 2020 Governance Committee Reporting Calendar (Appendix B).*

Carried

### Governance By-Law and Policy Review (Report No. 003-20GC)

Dr. Mackie directed members' attentions to [Appendix A](#), which details the recommended changes to the four policies before the committee this evening.

Dr. Mackie thanked Ms. Gauthier for her tremendous work and effort in reviewing the Governance Policies and providing a summary of the changes proposed.

The following by-laws/policies (see [Appendix B](#)) were reviewed by the Governance Committee:

- G-030 MOH/CEO Position Description
- G-290 Standing and Ad Hoc Committees
- G-380 Conflicts of Interest and Declaration
- G-B30 By-law No. 3 – Proceedings of the Board of Health

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

- 1) *Receive Report No. 003-20GC re: "Governance By-Law and Policy Review" for information; and*
- 2) *Approve the governance by-laws and policies as appended to this report.*

Carried

### Board of Health Self-Assessment (Report No. 004-20GC)

Dr. Mackie introduced the report. He added that Health Unit staff members value the Board's input through the self-assessment process, and appreciate detailed feedback to help them continue to move work forward.

Therefore, they are hopeful for a good rate of participation on this year's survey.

Discussion ensued on the following items:

- The self-assessment process, and the types of questions that will be included.
- That the self-assessment will again be shared electronically this year.

It was moved by Mr. Parker, seconded by Mr. Peer, *that the Governance Committee:*

- 1) *Receive Report No. 004-20GC re: “Board of Health Self-Assessment”;* and
- 2) *Recommend that the Board of Health approve the Board of Health Self-Assessment Tool appended to this report and approve initiation of the Board of Health self-assessment process for 2020.*

Carried

**Annual Privacy Program Update (Report No. 005-20GC)**

Dr. Mackie introduced the report and provided context. He directed questions to Ms. Gauthier.

Discussion ensued on the following items:

- That MLHU does not experience many privacy breaches relative to the high number of contacts to which staff have access.
- That the report was commendably thorough.

It was moved by Ms. Cassidy, seconded by Mr. Parker, *that the Governance Committee receive Report No. 005-20GC re: “Annual Privacy Program Update” for information.*

Carried

**OTHER BUSINESS**

The next meeting of the Governance Committee will be on Thursday, June 18, 2020, at 6:00 p.m.

Ms. DeViet noted that she will not be able to attend the next meeting.

Dr. Mackie provided an update on the strategic planning process, which staff will begin thinking about in the coming months, and discussed some early ideas around framework. This information will come as an update to the Governance Committee meeting at the June meeting.

**ADJOURNMENT**

At 6:18 p.m., it was moved by Ms. Cassidy, seconded by Mr. Parker, *that the meeting be adjourned.*

Carried

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**AINA DEVIET**  
**Committee Chair**

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**CHRISTOPHER MACKIE**  
**Secretary-Treasurer**



TO: Chair and Members of the Governance Committee  
FROM: Christopher Mackie, Medical Officer of Health / CEO  
DATE: 2020 June 18

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## GOVERNANCE BY-LAW AND POLICY REVIEW

### Recommendation

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

- 1) *Receive Report No. 006-20GC re: “Governance By-law and Policy Review” for information; and*
- 2) *Approve the governance policy appended to this report.*

### Key Points

- It is the responsibility of the Governance Committee to make recommendations to the Board of Health regarding review and development of governance by-laws and policies.
- The approved policy model requires that governance by-laws and policies be reviewed at least every two years; review and revision of governance by-laws and policies can be initiated at any time, as needed.
- Review of several policies has been deferred as a result of the COVID-19 pandemic.
- The policy brought forward to the Governance Committee has been reviewed by Health Unit staff and updated to enhance clarity and ensure compliance with applicable standards, legislation, and agreements.

### Background

In 2016, the Board of Health approved a plan for review and development of by-laws and policies based on a model that incorporates best practices from the Ontario Public Health Standards and advice obtained through legal counsel. Refer to [Report No. 018-16GC](#).

### Policy Review

Policy G-340 Whistleblower ([Appendix A](#)) has been prepared for review by the Governance Committee. Revisions are being proposed to establish clear delineation and requirements for whistleblower reports as opposed to other types of complaints, which are addressed by Policy G-150 Complaints. Appendix B details the recommendations for this policy.

Several policies that were due for review at the June Governance Committee meeting have been deferred because of to the COVID-19 pandemic, as outlined in ([Appendix B](#)).

### Next Steps

The Governance Committee has the opportunity to review the appended policy. Once the Governance Committee is satisfied with its review, the policy will be forwarded to the Board of Health for approval.

This report was prepared by the Healthy Organization Division.

A handwritten signature in black ink, appearing to read 'C. Mackie'.

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

# WHISTLEBLOWER

## PURPOSE

To encourage and support the reporting of concerns about unethical or illegal conduct within the Middlesex-London Health Unit (MLHU), and to ensure that those who report concerns in good faith will be protected from reprisal.

## POLICY

MLHU is committed to maintaining a high standard of ethical conduct and upholds practices that support integrity, honesty, and comply with governing laws and regulations.

MLHU encourages the reporting of concerns related to unethical or illegal behaviours, activities and practices of individuals affiliated with MLHU within the scope of its operations (Refer to Appendix A for reporting procedure).

Incidents of unethical or illegal conduct include, but are not limited to:

- Breach of federal or provincial laws or other legal obligations that could result in fines or civil damages payable by MLHU or otherwise cause significant harm to the reputation or public image of MLHU;
- Unethical business conduct in violation of behavior or conduct policies, conflicts of interest, or other serious violations of human resources policies or legislation;
- Accounting, auditing or other financial reporting fraud or misrepresentation;
- Danger to the health, safety or well-being of employees, Board members, students, volunteers, contractors, clients or the general public.

All complaints will be dealt with promptly and investigated as appropriate, in a fair and equitable manner.

Whistleblower reports will be kept confidential to the extent possible, consistent with the need to conduct a full and fair investigation. Anonymity will be maintained where requested, save and except in those circumstances where the nature of the disclosure and/or the resultant investigation make it necessary to disclose identity.

MLHU will not tolerate reprisal of persons who make a report in good faith in accordance with this policy, even if the allegations are not found to be substantiated. Individuals who experience retaliation such as harassment or adverse employment consequences (for example, demotion, denial of promotion or compensation) should immediately report such behaviour (Refer to Appendix A for procedure). An individual who retaliates against another individual for reporting in good faith will be subject to discipline, which may include termination or loss of affiliation.

In making a report, an individual must be acting in good faith with reasonable grounds for believing that a person or persons have engaged in, or intend to engage in, unethical or illegal

conduct. An individual who makes an unsubstantiated report that is knowingly false or made with malicious intent will be subject to discipline up to and including termination or loss of affiliation.

## **APPENDICES**

Appendix A – Whistleblower Procedure

## **APPLICABLE LEGISLATION AND STANDARDS**

Health Protection and Promotion Act

Municipal Act

Criminal Code

## **RELATED POLICIES**

G-260 – Governance Principles and Board Accountability

## **Whistleblower Procedure**

### **1. Reporting Alleged or Potential Incidents of Unethical or Illegal Conduct**

- 1.1. Alleged and potential incidents of unethical or illegal conduct shall be reported, verbally or in writing, to the Chair of the Board of Health, or if otherwise received, shall be forwarded immediately and confidentially to the Board Chair. The Board Chair has specific and exclusive responsibility to ensure all reported allegations are investigated.
  - a. If an individual has a complaint pertaining to the Board Chair, it will be sent to the Vice-Chair of the Board of Health.
- 1.2. Complainants must provide as much detail as possible regarding the allegations including when and where the alleged incident(s) occurred, who was involved, and any other relevant details.
- 1.3. The Board Chair shall advise the Medical Officer of Health/Chief Executive Officer (MOH/CEO) and members of the Board of Health of a complaint and consult with the MOH/CEO and Board members on investigation and appropriate action. If an individual has a complaint pertaining to the MOH/CEO or a Board member, the Board Chair shall consult with the other Board members on investigation and appropriate action.
- 1.4. The Board of Health may delegate responsibility to external counsel to investigate specific matters related employees. External investigations are required for complaints involving the MOH/CEO, the Board Chair or Board members to avoid potential conflicts. Complaints may also be referred to the appropriate law enforcement or regulatory authorities as appropriate.
- 1.5. The Board Chair or designate (i.e. Vice-Chair or appointed legal counsel) is responsible to acknowledge receipt of a complaint in writing within five (5) business days. All complaints will be promptly investigated, and appropriate corrective action will be taken if warranted by an investigation.
- 1.6. Investigations are based on the following principles:
  - a. The investigation will be carried out fairly and without bias.
  - b. Those involved in the investigation will be independent of both the person who made the complaint and any persons under investigation. This means they should not either be reporting to, or supervising, any such persons.
  - c. Disclosure of information will be limited to those who need to be involved in order to carry out the investigation.
  - d. The person who is the subject of the report is entitled to know the substance of the allegation(s) and have an opportunity to respond.
  - e. Investigations will be conducted in a timely manner.
  - f. The Board of Health expects individuals to cooperate during any investigation.
- 1.7. Respondents will be advised of a complaint against them and be given an opportunity to respond.
- 1.8. The actions that may be taken to address a substantiated complaint will depend on the particular circumstances, and consequences may include, but are not limited to, discipline up to and including termination or loss of affiliation.



1.9. Complaint and investigation files must be kept separate from employee files and stored in a secure location with access limited to those responsible for conducting the investigation. No record of a complaint will be kept in any employee file unless improper conduct is found that results in disciplinary action. In that case, the outcome of the investigation will be reflected in the file of the disciplined employee. Once an investigation has been completed, all related records will be considered "restricted" and held by the Executive Assistant to the Board of Health.

## **2. Reporting Alleged Whistleblower Reprisal**

- 2.1. Any individual who, in good faith, made a complaint of alleged unethical or illegal conduct in accordance with this policy and who later believes they are experiencing reprisal for the complaint shall report the alleged reprisal to the Board Chair or designate (i.e. Vice-Chair or appointed legal counsel).
- 2.2. The complaint will be reviewed within three (3) business days and an investigation into the complaint may be undertaken should there appear to be any substance to the complaint of retaliation.
- 2.3. Individuals who are discovered to be retaliating against any whistleblower may be subject to discipline up to and including termination or loss of affiliation and where relevant legal actions.

## Governance By-law and Policy Review Status and Recommendations

June 18, 2020

Document Name	Last Review	Status	Recommended Changes
G-000 Bylaws, Policy and Procedures	11/15/2018	Current	
G-010 Strategic Planning	11/15/2018	Current	
G-020 MOH/CEO Direction	11/15/2018	Current	
G-030 MOH/CEO Position Description	02/27/2020	Current	
G-040 MOH/CEO Selection and Succession Planning	10/19/2017	Review Pending	
G-050 MOH/CEO Performance Appraisal	11/21/2019	Current	
G-080 Occupational Health and Safety	11/21/2019	Current	
G-100 Information Privacy and Confidentiality	03/21/2019	Current	
G-120 Risk Management	06/20/2019	Current	
G-150 Complaints	06/21/2018	Review Pending	
G-160 Jordan's Principle	11/15/2018	Current	
G-180 Financial Planning and Performance	09/19/2019	Current	
G-190 Asset Protection	09/19/2019	Current	
G-200 Approval and Signing Authority	11/21/2019	Current	
G-205 Borrowing	09/20/2018	Current	
G-210 Investing	09/19/2019	Current	

Document Name	Last Review	Status	Recommended Changes
G-220 Contractual Services	11/21/2019	Current	
G-230 Procurement	11/21/2019	Current	
G-240 Tangible Capital Assets	09/19/2019	Current	
G-250 Reserve and Reserve Funds	11/21/2019	Current	
G-260 Governance Principles and Board Accountability	06/21/2018	Review Pending	
G-270 Roles and Responsibilities of Individual Board Members	06/21/2018	Review Pending	
G-280 Board Size and Composition	03/21/2019	Current	
G-290 Standing and Ad Hoc Committees	02/27/2020	Current	
G-300 Board of Health Self-Assessment	03/21/2019	Current	
G-310 Corporate Sponsorship	09/19/2019	Current	
G-320 Donations	09/19/2019	Current	
G-330 Gifts and Honoraria	09/19/2019	Current	

Document Name	Last Review	Status	Recommended Changes
G-340 Whistleblower	09/20/2018	Revised – For Approval	<ul style="list-style-type: none"> <li>• Refined definition/examples of whistleblower incidents based on policy research and current legislation</li> <li>• Procedural content moved to appendix and updated as follows: <ul style="list-style-type: none"> <li>- Reporting of whistleblower incidents should occur directly to the Board Chair or designate (not through a manager as in the current policy)</li> <li>- Clarification of who is responsible to acknowledge receipt of whistleblower reports (Board Chair or designate vs. “MLHU”)</li> <li>- Response to whistleblower complaints must be provided in writing (not specified in current policy) and within five business days (current policy requires response within fifteen business days)</li> <li>- Complaint and investigation files shall be considered restricted and held by the Executive Assistant to the Board (current policy does not specify who holds the records)</li> <li>- Reporting of alleged reprisal for a whistleblower complaint shall be reported directly to the Board Chair or designate (not through a manager as in the current policy) and the complaint shall be reviewed within three business days (no time frame for response in current policy)</li> </ul> </li> </ul>

Document Name	Last Review	Status	Recommended Changes
G-350 Nominations and Appointments to the Board of Health	03/21/2019	Current	
G-360 Resignation and Removal of Board Members	06/21/2018	Review Pending	
G-370 Board of Health Orientation and Development	03/21/2019	Current	
G-380 Conflicts of Interest and Declaration	02/27/2020	Current	
G-400 Political Activities	06/21/2018	Review Pending	
G-410 Board Member Remuneration and Expenses	06/20/2019	Current	
G-430 Informing of Financial Obligations	06/21/2018	Review Pending	
G-470 Annual Report	03/21/2019	Current	
G-480 Media Relations	03/21/2019	Current	
G-490 Board of Health Reports	03/21/2019	Current	
G-B10 By-law No. 1 Management of Property	03/21/2019	Current	
G-B20 By-law No. 2 Banking and Finance	06/20/2019	Current	
G-B30 By-law No. 3 Proceedings of the Board of Health	05/21/2020	Current	
G-B40 By-law No. 4 Duties of the Auditor	06/20/2019	Current	

TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2020 June 18

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## 2019 OCCUPATIONAL HEALTH AND SAFETY REPORT

### **Recommendation**

*It is recommended that the Governance Committee receive Report No. 007-20GC re: “2019 Occupational Health and Safety Report” for information.*

### **Key Points**

- The Occupational Health and Safety (OHS) annual report summarizes the health and safety accomplishments, challenges, incidents and activities of the Joint Occupational Health and Safety Committee from the previous calendar year.
- In 2019, the number of employee-reported incidents increased by 13.3% compared to 2018.
- The Joint Occupational Health and Safety Committee participated in two investigations in relation to three employee-reported incident reports.
- Key accomplishments include enhancements to the ergonomics program and the creation/revision of physical demands descriptions for all MLHU positions by team.

### **Background**

Occupational health and safety is an integral aspect of any successful organization. Ensuring that all workplace parties are aware of their roles and responsibilities under the Occupational Health and Safety Act (OHSA) is at the foundation of any health and safety program.

As part of the Occupational Health and Safety Program, the Human Resources Coordinator, Health and Safety, submits an annual report ([Appendix A](#)) summarizing health and safety accomplishments, challenges, employee-reported incident summary and activities of the Joint Occupational Health and Safety Committee (JOHSC) from the previous calendar year. The annual report is shared with staff at all levels of the organization.

### **Occupational Health & Safety Incidents**

The attached report highlights the functioning of the internal responsibility system, where each member of the organization has a role to play in supporting occupational health and safety and ensuring the Middlesex-London Health Unit (MLHU) is committed to fostering a safe work environment.

Over the course of 2019, there were 34 employee-reported incidents, which is a 13.3% increase from 2018. The largest increase was in exposures, with an increase from 0 in 2018 to 3 in 2019. Two of these incidents were related to reported air quality concerns at 50 King Street, which are no longer an issue with the move to Citi Plaza. Details of the investigation into these concerns are included within [Appendix A](#). The other exposure report was related to a scent sensitivity. Middlesex-London experienced several days of freezing rain and icy conditions which resulted in an increase in slips, trips and falls for 2019.

There was also an increase in the number of needlesticks from 0 in 2018 to 2 in 2019. One of the needlesticks involved an instrument, the other was the grazing of a needle, and both incidents were reported to WSIB as per reporting requirements. The most common employee reported incidents include workplace violence, slips, trips and falls and struck with/ caught by/ contact with.

### **Occupational Health & Safety Training, Policies and Physical Demand Descriptions**

Following employee feedback and challenges in scheduling on-site sessions, MLHU moved to a blended model for CPR and First Aid training, facilitated by Middlesex-London EMS. This flexible and blended model includes an online theory component followed by a short hands-on practical session to practice the skills needed to competently provide first aid and/or CPR. The CPR certification training was completed by 23 employees.

Over the course of 2019 the intensive review of all MLHU health and safety policies to ensure compliance with the OHSA continued. By the end of 2019, 19 of 21 health and safety policies had undergone the review process. The review of the remaining health and safety policies, Immunization and Infection Control, will be completed in 2020. These policies require collaboration with several teams and the expertise of several public health staff for consultation.

A large focus of 2019 was the review and creation of physical demands descriptions (PDDs) for all MLHU positions by team. This work has resulted in a more functional use of PDDs for ergonomic reviews and assessments as well as safe return to work and accommodation. Enhancements to the ergonomics program included a focused effort to educate and support staff with concerns related to proper ergonomic set up, which may have resulted in the reduction of MSD employee-reported incidents in 2019.

### **Next Steps**

The Occupational Health and Safety program at MLHU and the work of the JOHSC continue to make improvements for the health and safety of all employees through awareness campaigns, ongoing training opportunities, and ensuring legislative compliance.

This report was prepared by the Human Resources Team, Healthy Organization Division.



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



**ANNUAL  
REPORT OF OCCUPATIONAL  
HEALTH AND SAFETY  
PROGRAM  
2019**



## Introduction

The following report is submitted to the Governance Committee of the Board of Health and is available for all staff to review on an annual basis by the end of the second quarter of the following year as per policy 8-010 Occupational Health and Safety. The information included in this report includes a summary of the activities and initiatives related to health and safety that were completed over the course of 2019.

## Activities and Initiatives

### Policy Review

By the end of 2019, 19 of 21 (90%) health and safety policies had been extensively revised to meet current legislated requirements and align with current MLHU practices and were reviewed by the Senior Leadership Team. The intensive review of all MLHU health and safety policies is nearly complete to ensure compliance with the Occupational Health and Safety Act (OHSA). The health and safety policies improved dramatically over 2019 by streamlining content and ensuring clarity and consistency across all policies. Moving into 2020, a review schedule has been implemented to ensure OHSA compliance. All policies were uploaded to the new online Policy Manager tool which will facilitate and expediate the review process, send reminders when review deadlines are upcoming and allow for efficient tracking of policy attestations.

### Revision of Terms of Reference

The MLHU Joint Occupational Health and Safety Committee (JOHSC) operates as a Multi-Workplace JOHSC as approved by the Ministry of Labour, Training and Skills Development. This status requires the Terms of Reference to be reviewed regularly and if any revisions are made, the terms of reference must be submitted to the Ministry for approval.

The terms of reference were reviewed internally over the years but had not been revised and provided to the Ministry since 2010. The terms of reference were revised to align with the requirements provided by the Ministry and were approved by the Ministry with minor revisions in 2019.

### Creation of an Incident Response Team

As per section 32.0.2 (2)(b) of the Occupational Health and Safety Act, a workplace violence program shall "include measures and procedures for summoning immediate assistance when workplace violence occurs or is likely to occur". To fulfill this legislative requirement, the Emergency Preparedness Manager took the lead in creating an Incident Response Plan, which includes a dedicated incident response team. The incident response plan was initiated in 2019 in advance of the move to Citi Plaza. Recruitment for the MLHU Incident Response Team (MIRT) was also completed in 2019.

This internal team, filled on a voluntarily basis, will respond when summoned to incidents with a goal of safeguarding life and property through clearing the incident scene, crowd control, de-escalation and liaising with/directing first responders. The MIRT will participate in the following types of training through 2019-2021: crisis intervention, mental health first aid, hazardous spills, active shooter, first aid and CPR, bomb threat and suspicious package. Further development of the internal response plan and MIRT are anticipated in early 2020.

### Review and Creation of Agency-Wide Physical Demands Descriptions

In May 2019, the Occupational Health and Safety (OHS) program welcomed an OHS practicum student from Western University's Occupational Health and Safety Management program. During their placement they not only supported the maintenance of the OHS program, but they also conducted a review of all physical demands descriptions (PDDs). These documents are used for return to work purposes as well as detailing the physical, environmental and psychosocial needs of the employee. Over the course of this placement, over 100 PDDs were reviewed and/or created, bringing this documentation up-to-date and creating a more relevant and useful tool for ergonomic reviews and assessments as well as safe return to work and accommodation.

### CPR Training

The MLHU offers annual CPR certification and re-certification to all permanent employees. In 2019, 23 employees were certified or re-certified in either CPR-C or CPR for health care providers (HCP). In 2019, MLHU transitioned to a blended model for CPR training through Middlesex-London EMS. This training was completed predominately online with a small hands-on portion. This model allows employees to complete training in a more flexible manner

that works for their schedule. It also makes scheduling more efficient as there are no class minimums to contend with. Feedback from staff was positive and MLHU will continue to use this method for training moving forward due to the reduction in course fees and the flexible mode of delivery.

## Hazard Identification

### Workplace Inspections and Management Responses

The JOHSC conducts monthly inspections of all office locations to identify hazards, make recommendations to management for corrective actions and monitor progress of corrective actions and measures undertaken. See Table 1 below for a summary of the results from the 2019 worksite inspections. The overarching goal of the worksite inspections is to monitor and evaluate the effectiveness of the Internal Responsibility System.



Management responses to identified hazards and risks associated with the facilities, equipment and furnishings were routinely and promptly provided in writing by the Manager, Procurement and Operations. Most operational issues were resolved expeditiously or a plan to address them was put in place and communicated to the employees and the JOHSC within the required 21-day timeframe. At the end of 2019, 2 items were outstanding with action plans for resolution. These items included:

- **Compliance:** Updating the health and safety bulletin boards with up-to-date inspection reports, committee minutes, membership list, etc. as per the mandatory posting requirements under the OHS Act.
- **Musculoskeletal Disorders (MSD) Hazard:** Replacement of old and damaged chairs in the Strathroy Office

All bulletin boards have been updated to comply with legislative requirements and are monitored on a monthly basis to confirm compliance. The replacement of old office chairs in the Strathroy office remains ongoing as employee needs arise.

Employees are encouraged to report any hazards to their reporting manager before involving the JOHSC. They are also encouraged to review the posted worksite inspection reports on the HUB or on the dedicated JOHSC bulletin board in each office location.

Table 1: Summary of 2019 Worksite Inspections

2019 Workplace Inspections	50 King Street	201 Queens Ave	Strathroy
Number of inspections	12	12	12
Types of items identified	1 - Physical 12 - Biological 1 - Chemical 6 - Musculoskeletal 0 - Psychosocial 27 - Safety 3 - Compliance	1 - Physical 2 - Biological 1 - Chemical 0 - Musculoskeletal 0 - Psychosocial 17 - Safety 5 - Compliance	0 - Physical 2 - Biological 2 - Chemical 4 - Musculoskeletal 0 - Psychosocial 11 - Safety 7 - Compliance
Total number of items (hazards (new and repeated), legislative compliance issues) identified.	50	26	26

Physical – includes hazards that come from forms of energy that can result in bodily harm

Biological – includes hazards that come from living organisms

Chemical – includes hazards associated with chemicals / chemical use

Musculoskeletal (MSD) – includes hazards that may result in Musculoskeletal Disorders

Psychosocial – includes hazards that affect the mental and physical well being of people

Safety – includes hazards associated with equipment, as well as slips, trips and falls

Compliance – includes practices or conditions that are not in compliance with relevant legislation/regulations

### Air Quality Concerns – Second Floor

In November 2019, staff concerns regarding air quality on the second floor of 50 King Street arose. Two employee incident reports were filed and an investigation into the source of staff discomfort and adverse reactions were investigated. Upon receiving employee reports, MLHU contracted Pinchin to complete an indoor air quality assessment. Upon completing the review, it was found that there was a “slight cleaning product-like odour at the time of the investigation”. All other measures taken (mould spores, carbon dioxide, carbon monoxide, etc.) were found to be at acceptable levels for commercial buildings and no recommendations were provided. Although no hazards were identified, the smell in the office area persisted. Further investigation was conducted by the JOHSC with the support from an industrial hygienist from Workplace Safety and Prevention Services. The source of the odor was not determined. In order to ensure staff health, the two affected offices were closed off and not used for the remainder of the time at 50 King Street.

### Formal Recommendations

Under the OHSA, management is required to respond in writing within 21 days to a formal (written) recommendation from the JOHSC. There were no formal committee recommendations to management in 2019.

### Employee Reported Injuries and Incidents

At the end of 2019 there were 34 employee-reported incidents, compared to 30 employee-reported incidents in 2018 (a 13.3% increase). The most commonly reported incidents were workplace violence (21%); slips, trips and falls (21%); struck with/ caught by/ contact with (21%) and MSDs (18%). The largest increase was in exposures, with an increase to 3 from 0 in 2018. Two of these incidents were related to air quality concerns at 50 King Street, which are no longer an issue with the move to Citi Plaza. A winter which resulted in several days with freezing rain and icy conditions, resulted in an increase in slips, trips and falls for 2019. There was also an increase in the number of needlesticks from 0 in 2018 to 2 in 2019. One of the needlesticks involved a piece of dental equipment called an explorer, which is used to move debris from teeth during screening, the other was the grazing of a needle. Both incidents were reported to WSIB as per reporting requirements. The JOHSC was also engaged in an investigation into the needlestick involving the dental instrument to understand the cause of the injury and confirmed a change in practice regarding the use of explorers in school screening to prevent future reoccurrences.

All reported incidents are depicted in Figure 1 below.

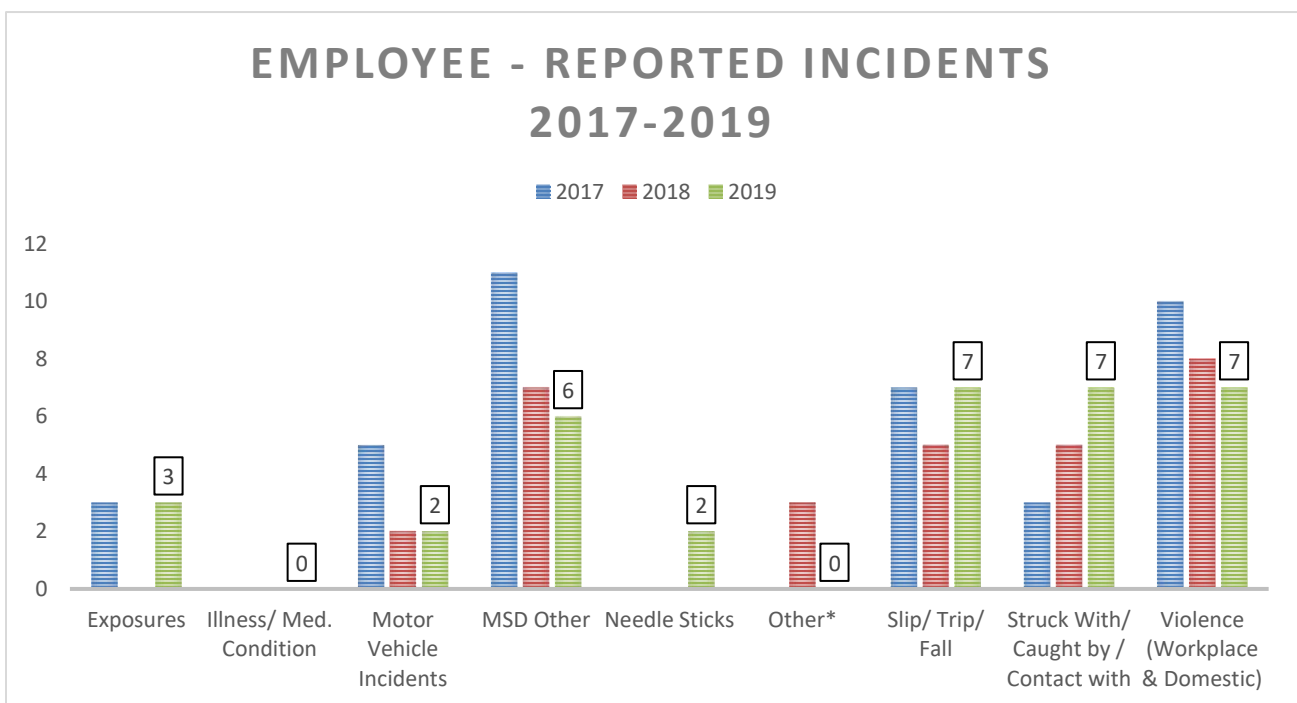


Figure 1: Employee- Reported Incidents 2017-2019

Examples of workplace violence incidents include any situation that involves a worker in the workplace that may result in actual or potential harm/ injury. This may include reports of physical violence, verbal abuse, threat of physical violence, etc.

Examples of struck with/ caught by/ contact with incidents include when an object strikes, pinches or makes contact an employee causing injury.

Examples of MSD Other are employee requests for ergonomic reviews/ assessments as well as reports of discomfort in relation to workstation set up/ material handling.

Over the course of 2019, enhancements to the ergonomics policy and program allowed for MLHU to focus on the reduction and prevention of MSD injuries. Policy changes streamlined processes and provided an opportunity to investigate employee concerns related to reports of discomfort before providing ergonomic equipment. This important work may have contributed to the decline in reported MSD injuries over the course of 2019.

MLHU supports receiving incident reports from visitors, clients, contractors, unpaid students and volunteers, to identify and determine factors involved in non-employee incidents to ensure the appropriate corrective actions are completed if a hazard is identified. These reports also include the Security Guard’s incident reports submitted to MLHU by Canadian Security Concepts.

Over the course of 2019, there were 6 non-employee incidents, 3 of which took place at 50 King Street, 2 offsite and 1 at the Strathroy office.

### Injury Costs and Benchmarking

The following statistics (Table 2) are provided to MLHU by the Workplace Safety and Insurance Board (WSIB) on an annual basis (3<sup>rd</sup> Quarter) and provide a summary of the organization’s injury counts, frequency rates and the average number of days lost (lost time).

In 2019, the WSIB launched a private compass tool that allows employers to review WSIB claim data in a more detailed manner. Features include a claims overview, premiums, predictability percentage, injury details, and injury rates.

According to the WSIB Compass tool, 46% of the MLHU’s lost time injuries between 2012-2018 were sprains and strains (MSD Other) and 62% of WSIB-reported injuries are sustained by nurses. The costliest claim remains a concussion, which was sustained in 2015.

Table 2: WSIB Benchmarking and Injury Demographics Report

Category	2019	2018	2017
Employee Count <sup>1</sup>	308	323	339
Reported Incidents	34	30	43
Lost Time Injuries <sup>2</sup>	1	1	0
No Lost Time Injuries	7	4	4
<b>Lost Time Injury Frequency</b>	<b>.21</b>	<b>.21</b>	<b>.00</b>
<b>No Lost Time Injury Frequency</b>	<b>1.03</b>	<b>.84</b>	<b>1.23</b>
Year-to-date Days Lost	6.46	.20	99
NEER Performance Index	.37	.12	1.58
Severity rate	5.26	.04	20.30

<sup>1</sup>The employee count reflects full-time, part-time, temporary and casual employees, including those on leave of absence at December 31, and does not account for employees who left MLHU during the year.

<sup>2</sup>Lost time injuries as per the WSIB Injury Summary Report as of April 30, 2020

**An LTI (Lost-Time Injury)** is a serious injury that results in time off work beyond the day of the incident, a loss of wages, or a permanent disability.

**An NLTJ (No Lost Time Injury)** is any injury in which no time is lost from work other than on the day of the incident, but medical attention/health care is sought (this does not include first aid that is received).

**Injury Frequency** and **Severity Rate** are calculated by the WSIB.

**Injury Frequency** is an approximation of the number of LTI's per 100 workers.

**Severity Rate** is an approximation of the number of days lost due to injuries occurring each year.

**New Experimental Experience Rating (NEER) Performance Index** is a comparison between MLHU's NEER cost record and the expected costs. If the costs are higher (lower) than expected, a surcharge (refund) is calculated.

0.0 – 0.99 – refund

1.00 – no surcharge or refund

1.01 to 4.00 – surcharge

In 2019, MLHU received a refund in relation to lower than expected costs in relation to WSIB claims. The NEER program ended in 2019. Effective January 1, 2020, the WSIB launched a new Rate Framework which eliminated the rebate and surcharge framework.

## Joint Occupational Health and Safety Committee Involvement

### Quarterly Meetings

The JOHSC is required to meet at least once every 3 months, however the JOHSC conducted 7 meetings over the course of 2019. The JOHSC regularly discusses employee-reported incidents, non-employee incidents, worksite inspections, as well as program/ policy updates at each scheduled meeting. Minutes of the JOHSC meetings are made available on the [JOHSC HUB page](#) and are also posted on the JOHSC bulletin boards at each office location.

Generally, incidents, identified hazards and near misses are resolved satisfactorily by the employee's immediate manager, sometimes in consultation with Human Resources, Occupational Health and Safety, or by Operations.

Employees are always encouraged to raise concerns with their manager first. However, the JOHSC will follow up and discuss concerns raised by employees during worksite inspections. These types of concerns may engage the JOHSC in discussion, consultation, monitoring or the development of recommendations. The following themes, in addition to regular meeting agenda items, were discussed by the JOHSC in 2019:

- Activity based workstations (ABW)
- Ergonomics and MSD concerns
- Domestic violence training
- Personal safety guidelines
- Role of onsite security
- Vicarious trauma resources and support
- Winter conditions in the parking lot
- Personal protective equipment
- Summoning immediate assistance
- Public address system
- Power outages/ tornado warning
- Use of tablets during inspections
- Citi Plaza move and construction

### Safety and Health Week

The JOHSC celebrated Safety and Health Week, formerly known as the North American Occupational Safety and Health (NAOSH) Week (May 5<sup>th</sup> to 11<sup>th</sup>) by engaging staff through playing a game which incorporated Health and Safety trivia. There was also a Safety and Health Week quiz for those who worked at 201 Queens and Strathroy. All participants had a chance to win small prizes. Safety and Health week was also an option on the May Participation Survey from Be Well, where participants are entered in a draw to win a gift card.

### Ergonomics Month

In October, the JOHSC participated in Ergonomics Month to promote ergonomic principles and injury prevention among MLHU employees. To commemorate Ergonomics Month, four question and answer drop-in sessions were held to support MLHU employees with concerns regarding workstation set up and general ergonomic practices. The JOHSC members also reviewed a new ergonomics e-learning module in preparation for the launch of the newly revised ergonomics policy.

## JOHSC Membership

The JOHSC welcomed 2 new members, Kathryn Sadowski and Isabel Resendes to the committee. The JOHSC also held an election for a new worker co-chair with the resignation of long-term worker co-chair Deb Turner. Deb was thanked for her many years of service and Lisa Kelliher was acclaimed the new worker representative co-chair.

Every Joint Health and Safety Committee (JHSC) must have at least two certified members: one representing workers, and one from management. One worker and one management member must complete Part One and Part Two of the JHSC certification training to maintain active certification status. A certified member is a JOHSC member who has completed both Part One (Basic Certification) and Part Two (Workplace-specific Hazard Training) of the Joint Health and Safety Committee Certification program. In 2019, five members of the committee completed their certification. Of the nine members, six hold JHSC Certification; those who completed the training after March 1, 2016, require refresher training every 3 years.

As a result of receiving special training in workplace health and safety, certified members are given additional powers under the Act. For example, certified employer and worker representatives can, under specified circumstances, collectively order the employer or constructor to stop work that is dangerous to a worker [subsection 45(4)]. MLHU's commitment to training allows for the JOHSC to act effectively when it comes to identifying workplace hazards.

Canadian Union of Public Employees	Ontario Nurses' Association	Management
Deborah Turner <sup>1, 2</sup> Second Floor – Citi Plaza (CP) (Ext. 2437)	Chantha Sreng ABW - CP (Ext. 2426)	Lilka Young <sup>2</sup> Management Co-Chair Second Floor - CP (Ext. 2349)
Kathryn Sadowski Second Floor - CP (Ext. 2580)	Shelley Hlymbicky <sup>2</sup> ABW - CP (Ext. 2268)	Judy Green <sup>2</sup> Second Floor - CP (Ext. 2371)
Lisa Kelliher <sup>2</sup> Worker Co-Chair Second Floor - CP (Ext. 2508)	Erica Zarins <sup>2</sup> Second Floor - CP (Ext. 2287)	Isabel Resendes Second Floor - CP (Ext. 2248)

<sup>1</sup> Designated Certified Member

<sup>2</sup> JHSC Certified Member

<sup>3</sup> Certification Pending

TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2020 June 18

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## COVID-19 RECOVERY PLANNING: RETURN TO OPERATIONS

### **Recommendation**

*It is recommended that Report No. 008-20GC re: “COVID-19 Recovery Planning: Return to Operations” be received for information.*

### **Key Points**

- COVID-19 recovery planning was initiated at the beginning of May, with five key areas of focus, including return to operations.
- Any return to operations (RTO) is fully contingent on COVID-19 requirements in Middlesex-London. The ongoing variability in the COVID-19 situation requires a dynamic and responsive RTO approach.
- Information has been gathered and an interactive dashboard created to support efficient and effective decision-making related to return to operations.

### **Background**

In May 2020, COVID-19 recovery planning was initiated. The following five objectives were identified, with along with associated key deliverables, existing areas of work to leverage, stakeholder groups for consultation, and timelines.

- 1) To create clear, feasible, prioritized, and phased plans for return to operations (RTO) for both public health interventions and organizational functions, while maintaining the ability to respond to ongoing COVID -19 demands.
- 2) To consider strengths and successes in MLHU’s pandemic response as well as to identify opportunities for growth, to position MLHU for future pandemics and, in particular, for a potential COVID-19 ‘second wave’.
- 3) To support employees to achieve optimal physical, mental, emotional, and social health post-pandemic and to facilitate organizational wellness during and after MLHU’s pandemic response.
- 4) To identify changes to organizational and program structures and processes implemented during the pandemic response that could be advantageous from an organizational and/or client perspective and develop recommendations for sustained or enhanced implementation post-pandemic.
- 5) To assess and/or anticipate community impacts and emerging public health issues and needs post-pandemic and develop concrete plans for public health strategies and activities to address these issues and needs.

A verbal update on recovery planning was provided to the Board of Health on May 21, 2020. A decision-making dashboard tool for return to operations has been created for objective #1, work on objectives #2 and #3 are well underway, and efforts on objectives #4 and #5 have recently been initiated.

## Return to Operations Planning

Any return to operations (RTO) is fully contingent on COVID-19 requirements in Middlesex-London, and as the COVID-19 requirements change, so will return to operations. It is anticipated that RTO may fluctuate over the next 12 months. Within this context, creating one predetermined RTO plan is not adequate; the ongoing variability in the COVID-19 situation requires a dynamic and responsive RTO approach.

Information was gathered from and validated by managers and directors for all 297 interventions included in MLHU's Annual Service Plan. The current status of every intervention was confirmed as modified, on hold, or status quo. With consideration of criteria used for the Program and Budget Marginal Analysis (PBMA) process, every 'modified' or 'on hold' intervention was given one of three ratings for return to operations – high, moderate, or low. Factors influencing RTO for 'modified' and 'on hold' interventions were described, including government or regulatory body directives, school status, external and internal partner status and capacity, seasonality, technological needs, orientation needs, and requirements for process modification or development. Program modifications were outlined, with recommendations regarding ongoing implementation of each modification. RTO phasing considerations and timelines were provided as needed. Staffing assignments to programs and interventions were identified, and current staff deployments were confirmed. Staff needs for return to operations and anticipated post-COVID program demand were estimated.

RTO planning process, assumptions, and parameters are included, along with some key metrics, in an infographic (see [Appendix A](#)).

## Return to Operations Dashboard

An interactive dashboard has been created to support efficient and responsive decision-making. The decision-making process incorporates automated steps to create efficiency, as well as manual decision-points to allow additional complexities to be taken into account (see [Appendix B](#)). With the dashboard, interventions which have been sorted by status and rating are assessed against various dependencies, resulting in lists of interventions recommended for return to operations. These interventions are then compared to regular and current staff assignments to determine staff availability. With all these components taken into consideration, appropriate decisions regarding which program interventions should return to operations and when can be made.

## Conclusion

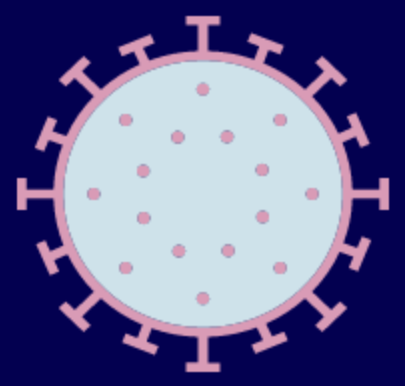
This dashboard will be utilized over the next several months to guide return to operations and will be updated regularly and enhanced as needed. The remaining four areas of recovery planning will continue, and the BOH will be provided with updates as these other areas of planning progress.

This report was submitted by the Chief Nursing Officer.



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



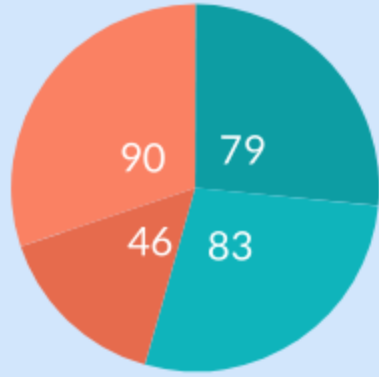


# MLHU Return to Operations

Recovery  
Objective 1

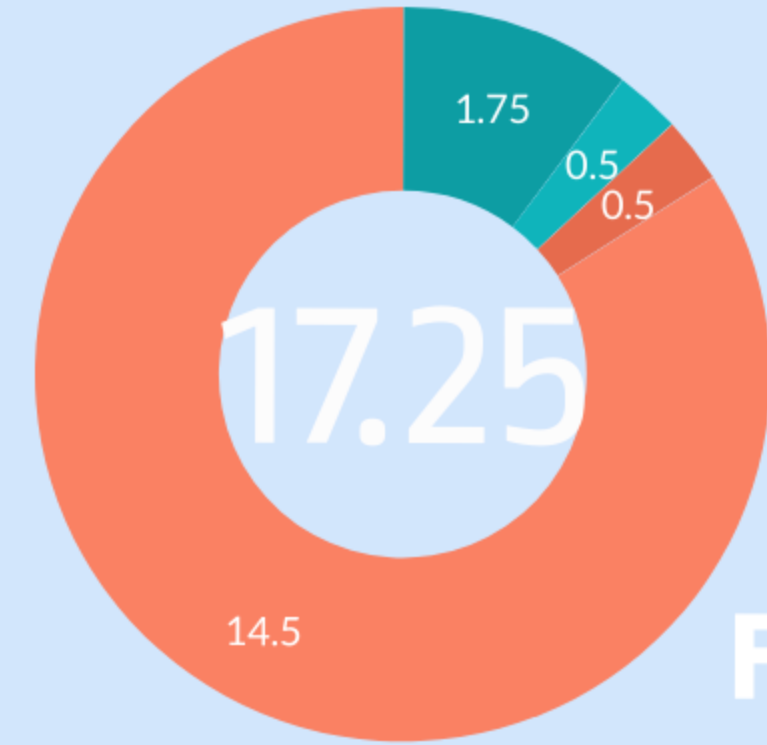
## ORGANIZATION METRICS

### RTO RATING



- High (26.51%)
- Moderate (27.85%)
- Low (15.44%)
- Not Reported (30.2%)

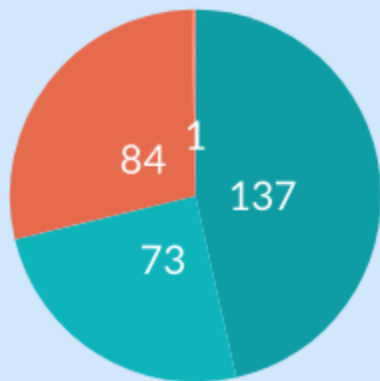
### ADDITIONAL FTE REQUESTED



- HO (10.14%)
- OMOH (2.9%)
- HS (2.9%)
- EHID (84.06%)

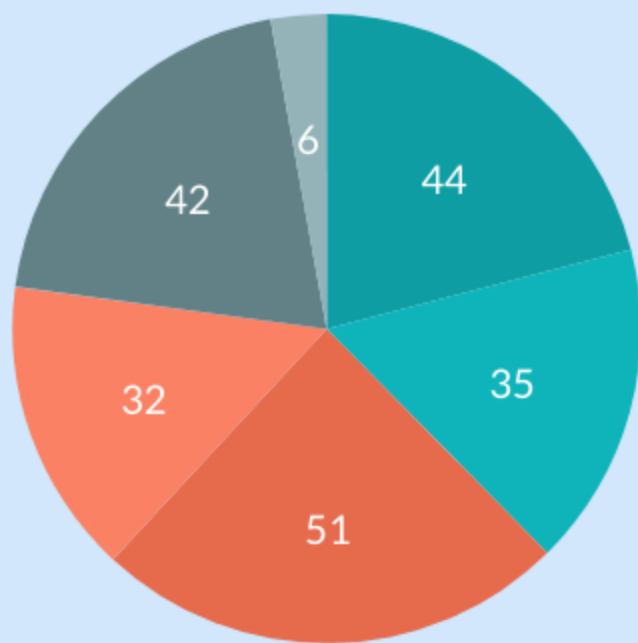
\* HL indicated a decrease in FTE by 0.5

### INTERVENTION STATUS



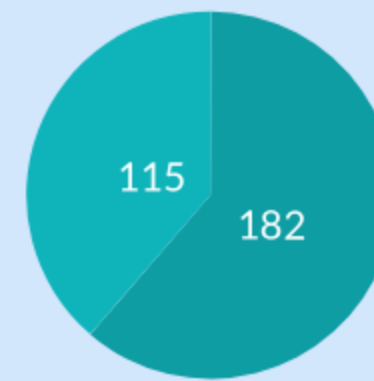
- On Hold (46.44%)
- Modified (24.75%)
- Status Quo (28.47%)
- Not Reported (0.34%)

### RATING AND STATUS



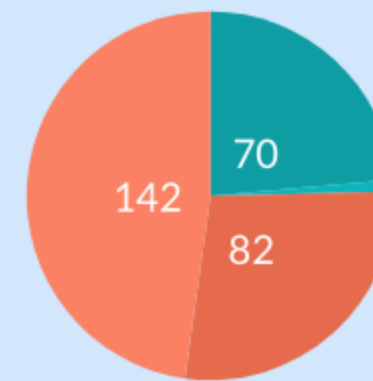
- High and On Hold (20.95%)
- High and Modified (16.67%)
- Moderate and On Hold (24.29%)
- Moderate and Modified (15.24%)
- Low and On Hold (20%)
- Low and Modified (2.86%)

### DEPENDENCIES



- Yes (61.28%)
- No (38.72%)

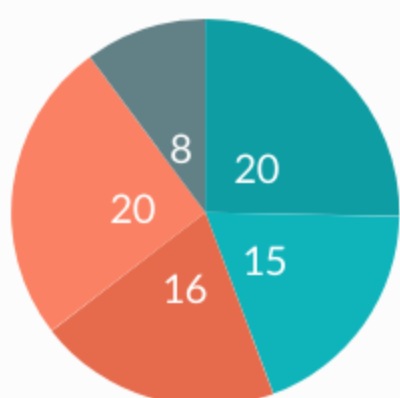
### POST-COVID DEMAND



- Increase (23.57%)
- Decrease (1.01%)
- No Change (27.61%)
- No Response (47.81%)

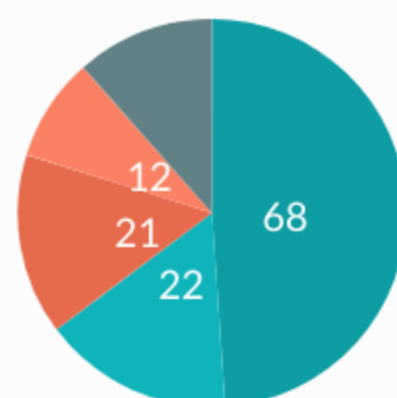
## DIVISION METRICS

### RATING-HIGH



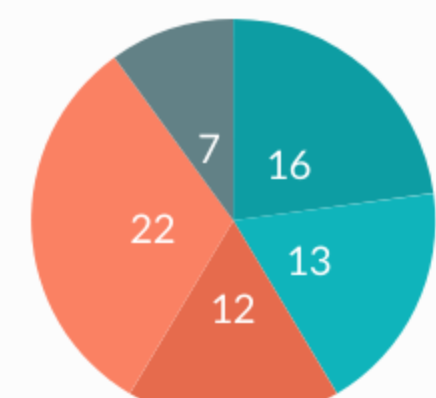
- HL (25.32%)
- EHID (18.99%)
- HO (20.25%)
- HS (25.32%)
- OMOH (10.13%)

### STATUS- ON HOLD



- HL (48.92%)
- EHID (15.83%)
- HO (15.11%)
- HS (8.63%)
- OMOH (11.51%)

### POST-COVID INCREASED DEMAND



- HL (22.86%)
- EHID (18.57%)
- HO (17.14%)
- HS (31.43%)
- OMOH (10%)

# ASSUMPTIONS

## SITUATIONAL

- Any return to operations is fully contingent on COVID-19 requirements in Middlesex-London; as the COVID requirements change, so will the return to operations
- Public health measures (e.g., active screening, physical distancing) will continue for at least 12 months
- PPE will be available as needed and we will continue to be judicious in its use
- MLHU staff will take their entitled vacation and this may have organizational capacity implications in 2020
- An employee will always be provided with manager support
- MLHU's current FTE complement will not increase for RTO implementation; FTE vacancies will be filled
- A variety of external factors will continue to influence MLHU's operations

## PROCESS

- The ongoing variability in the COVID situation requires a dynamic & responsive RTO approach; creating one predetermined RTO plan is not adequate
- Interventions identified as 'status quo', will remain that way moving forward
- The use of PBMA criteria for RTO prioritization for each intervention reduced inconsistency and subjectivity of the categorization process but did not eliminate it
- Funder requirements were considered when prioritizing interventions
- Consultation for RTO planning was adequate; ongoing consultation and decision-making at various levels will be required due to the dynamic nature of RTO
- The process for identifying how to return to operations could be used in scaling down operations

# PARAMETERS



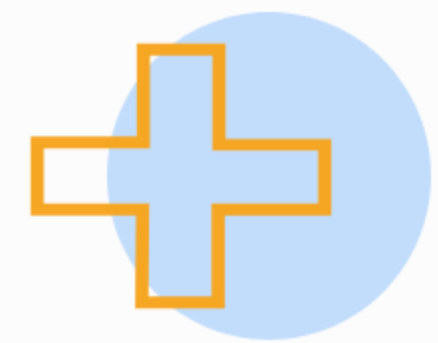
### RATING



### STATUS



### DEPENDENCIES



### ADDITIONAL CONSIDERATIONS

Interventions were given one of three rating levels based on PBMA criteria: High, Moderate, Low

Interventions were described as one of three statuses: Status Quo, Modified, On Hold

Factors influencing RTO were described for each intervention, including government or regulatory body directives, school status, internal and community partner availability/capacity, seasonality, technological needs, orientation needs, requirement for process development, RTO approach, expected post-COVID program demand, and staff availability

Program modifications were described, with recommendations regarding ongoing implementation of each modification. Phasing considerations and timelines were provided, where appropriate. FTE needs for RTO and for anticipated post-COVID program demand were estimated.

# PROCESS

Identified RTO objectives and key deliverables



Established initial RTO workgroup



Gathered information from managers, IMS leads & HR



Entered data and created manager reports

Created dashboard and decision making tool



Held planning day with RTO workgroup



Began dashboard development



Conducted manager validation and gathered additional information



# MLHU RTO: Decision Components and Process

