AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

Microsoft Teams
Thursday, June 17, 2021, 5:30 p.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA – June 17, 2021

3. APPROVAL OF MINUTES – April 15, 2021

4. NEW BUSINESS

4.1. 2021-22 Provisional Strategic Plan Status Update (Report No. 11-21GC)
4.2. Governance By-Law and Policy Review (Report No. 12-21GC)
4.3. 2021 Board of Health Self-Assessment Results (Report No. 13-21GC)
4.4. 2020 Occupational Health and Safety Report (Report No. 14-21GC)

5. OTHER BUSINESS

Next meeting date is September 16, 2021 at 6 p.m.

6. CONFIDENTIAL

The Governance Committee will move into a confidential session to consider matters regarding labour relations or employee negotiations and personal matters about identifiable individuals, including municipal or local board employees.

7. ADJOURNMENT

PUBLIC MINUTES
GOVERNANCE COMMITTEE
Microsoft Teams
Thursday, April 15, 2021 5:30 p.m.

MEMBERS PRESENT: Mr. Bob Parker (Chair)
Ms. Aina DeViet
Ms. Maureen Cassidy
Ms. Arielle Kayabaga
Mr. Mike Steele

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Stephanie Egelton, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Ms. Emily Williams, Director, Healthy Organization/Interim CEO
Ms. Victoria Mazzarolo, Student, Healthy Organization
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Kelly Elliott, Board Member

Chair Bob Parker called the meeting to order at **5:45 p.m.**

DISCLOSURES OF CONFLICT OF INTEREST

Chair Parker inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **Ms. Aina DeViet, seconded by Mr. Mike Steele,** *that the **AGENDA** for the April 15, 2021 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Maureen Cassidy, seconded by Mr. Steele,** *that the **MINUTES** of the February 18, 2021 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

Governance By-law and Policy Review (Report No. 07-21GC)

Ms. Emily Williams, Director of Healthy Organization/Interim CEO presented the report on Governance By-law and Policy Review and noted that there were five policies presented to Committee members for update feedback.

It was moved by **Ms. DeViet, seconded by Ms. Cassidy,** that the Governance Committee make a recommendation to the Board of Health to:

1) *Receive Report No. 07-21GC 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. 08-21GC)

Ms. Williams presented the report on the Board of Health Self-Assessment and noted that it was deferred last year due to COVID-19.

Discussion about the following item included:

- The expansion of more questions for the Board.
- The need for questions regarding committees including ad-hoc committee growth, work that they do and places that they can improve.
- Having this assessment connect with the needs regarding orientation of Board Members.
- Noting the turnover of Board Members and that all members have something to contribute to this assessment.

Ms. Arielle Kayabaga further suggested to have a communication created, noting the roles of Board Members, committees, and key positions within the health unit, as many members of the Board are receiving questions from constituents on the matter. It was noted that this could be achieved through assistance of MLHU's Communications Department.

It was moved by **Ms. Arielle Kayabaga, seconded by Mr. Steele**, that the Governance Committee make a recommendation to the Board of Health to *create a communication for the Board and public regarding the roles of the Board of Health (Governance) and key positions within the Middlesex-London Health Unit.*

Carried

It was moved by **Ms. Kayabaga, seconded by Ms. Cassidy,** that the Governance Committee make a recommendation to the Board of Health to*:*

1) *Receive Report No. 08-21GC re: "Board of Health Self-Assessment";*
2) *Approve the revised Board of Health Self-Assessment Tool appended to this report; and*
3) *Approve initiation of the Board of Health self-assessment process for 2021.*

Carried

Further, it was moved by **Ms. DeViet, seconded by Mr. Steele,** that the Governance Committee make a recommendation to the Board of Health to *amend the revised Board of Health Self-Assessment Tool to include questions about sub-committees within the Middlesex-London Board of Health.*

Carried

2020 Strategic Plan Summary (Report No. 09-21GC)

Ms. Williams presented this report on the 2020 Strategic Plan Summary. It was noted by Ms. Kendra Ramer, Manager, Strategic Projects that some projects (such as Middlesex County Services Review) were delayed due to COVID-19.

It was moved by **Ms. DeViet, seconded by Ms. Cassidy,** *that the Governance Committee make a recommendation to the Board of Heath to receive Report No. 09-21GC re: "2020 Strategic Plan Summary" for information.*

Carried

MLHU Provisional Strategic Plan (Report No. 10-21GC)

Dr. Chris Mackie introduced the Provisional Strategic Plan to the Committee. It was noted that this plan is a short-term, action-oriented plan that is based on what the Health Unit had previously identified as key priorities, and what can realistically be accomplished in the next 12-18 months.

It was moved by **Mr. Steele, seconded by Ms. Kayabaga,** that the Governance Committee make a recommendation to the Board of Health to*:*

1) *Receive Report No. 10-21GC re: "2021-22 MLHU Provisional Plan" for information; and*
2) *Approve the 2021-22 Provisional Plan (Appendix A) and reporting template (Appendix B) as appended to this report.*

Carried

OTHER BUSINESS

Next meeting is Thursday, June 17, 2021 at 6 p.m.

CONFIDENTIAL

At **6:40 p.m.,** it was moved by **Ms. Cassidy, seconded by Ms. DeViet,** *that the Governance Committee will move in-camera to consider matters regarding identifiable individuals.*

Carried

At **6:59 p.m.,** it was moved by **Ms. Cassidy, seconded by Ms. Kayabaga,** *that the Governance Committee rise and return to public session from closed session.*

Carried

ADJOURNMENT

At **7 p.m.,** it was moved by **Ms. Cassidy, seconded by Ms. Kayabaga,** *that the meeting be adjourned.*

Carried

ROBERT PARKER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 11-21GC

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health
Emily Williams, CEO (Interim)

DATE: 2021 June 17

2021-22 PROVISIONAL STRATEGIC PLAN STATUS UPDATE

Recommendation

It is recommended that the Governance Committee recommend that the Board of Health receive Report No. 11-21GC re: "2021-22 Provisional Plan Status Update" for information.

Key Points

- The 2021-22 Provisional Strategic Plan (Provisional Plan) and Status Update Report are included as Appendix A and Appendix B.
- The goals identified in Phase One of the 2021-22 Provisional Plan are proceeding as planned.
- Lead accountability has been determined and project roles have been assigned for each of the Provisional Plan goals in Phase one.

Background

Work is underway to ensure that the priorities and objectives identified in the Provisional Plan are translated into projects and/or operational work, and that ongoing performance monitoring takes place to support status reporting. At its meeting on April 15, 2021 the Provisional Plan Status Update template (Report No. 10-21GC) was approved as a communication tool to be used to regularly inform the Board of Health on the status of the Provisional Plan. The Strategic Projects team is accountable for monitoring and reporting project status to the Board of Health. Regular reporting helps to identify recent accomplishments, critical issues or major risks, upcoming deliverables, and next steps. The 2021-22 Provisional Plan and Current Status Update are attached as Appendix A and Appendix B.

Provisional Plan Update

Presently, the goals identified in Phase One of the Provisional Plan are all proceeding as planned and are well underway. Accountability has been determined by the Senior Leadership Team and project sponsors have been assigned to each of the goals. Project Sponsors contributed to scoping the work and setting key deliverables for the execution of the goals in phase one of the plan. The Strategic Projects team will support

the work as project manager(s) and subject matter experts from the various program areas have been assigned as project leads. Members of the project teams contribute to carrying out the activities associated with each of the goals.

Next Steps

The Strategic Projects team will continue to be accountable for monitoring and reporting the status of the Provisional Plan to the Board of Health.

This report was prepared by the Strategic Projects Team, Healthy Organization Division.

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

Emily Williams, BScN, RN, MBA
CEO (Interim)

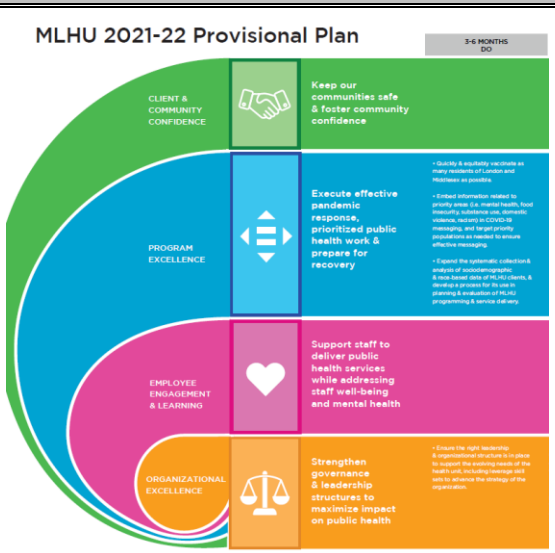
MLHU 2021-22 Provisional Plan

		3-6 MONTHS DO	6-12 MONTHS DESIGN	12-18 MONTHS DEFINE
CLIENT & COMMUNITY CONFIDENCE	Keep our communities safe & foster community confidence		• Expand the range of technology solutions to meet client, community partner & staff needs for delivering virtual programming and services and enhancing staff safety. • Continue to develop and implement a Client Experience tool to be utilized by teams and programs.	
PROGRAM EXCELLENCE	Execute effective pandemic response, prioritized public health work & prepare for recovery	• Quickly & equitably vaccinate as many residents of London and Middlesex as possible. • Embed information related to priority areas (i.e. mental health, food insecurity, substance use, domestic violence, racism) in COVID-19 messaging, and target priority populations as needed to ensure effective messaging. • Expand the systematic collection & analysis of sociodemographic & race-based data of MLHU clients, & develop a process for its use in planning & evaluation of MLHU programming & service delivery.	• Implement prioritized recommendations from the Diversity and Inclusion Assessment and Anti-Black Racism Report, including piloting the use of a shared workplan to facilitate collective & collaborative organizational work across teams.	• Integrate screening & risk assessment to identify mental health issues, substance misuse, domestic violence, an food insecurity into all public health programming where possible; ensuring subsequent support and/or referrals are offered as appropriate. • Inform healthy public policy related to priority areas, basic income, employment, and housing support, during & beyond COVID-19, through participation in stakeholder collaborations & partnership. • Develop surveillance indicators & gather information from the local community on the impacts of COVID-19 on various health outcomes using multiple engagement tactics. • Expand the use of sociodemographic & race-based data in population health assessment.
EMPLOYEE ENGAGEMENT & LEARNING	Support staff to deliver public health services while addressing staff well-being and mental health		• Provide regular communications to staff on health & safety topics of concern (e.g., COVID-19 exposure, psychological safety in the workplace) through email, team meetings, & virtual Town Halls. • Develop strategies to mitigate or address staff stress and/or burnout, including offering a variety of EFAP benefits including those that address mental health & well-being.	• Execute a plan to value & recognize staff contributions in all MLHU programs, including opportunities to enhance staff connectedness & belonging.
ORGANIZATIONAL EXCELLENCE	Strengthen governance & leadership structures to maximize impact on public health	• Ensure the right leadership & organizational structure is in place to support the evolving needs of the health unit, including leverage skill sets to advance the strategy of the organization.	• Develop an updated report on modernization of public health that encompasses lessons learned from the pandemic. • Assess & refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, & processes are clear.	• Develop & initiate a revised performance management framework. • Initiate stakeholder engagement as an integral part of the MLHU strategic planning & incorporate the UN Sustainable Goals as a guiding framework for development of the next Strategic Plan.

2021-22 Provisional Plan Status Update to BOH

Status Legend	Complete ☑	Proceeding as planned 👍	Problems surfaced; considered manageable ⚑	Major obstacles; requires intervention ☒

PHASE 1 (DO): April 1, 2021 – October 31, 2021



GOALS	LEAD	STATUS
Quickly and equitably vaccinate as many residents of London and Middlesex as possible.	MOH/HL	👍
Embed information related to priority areas (i.e. mental health, food insecurity, substance use, domestic violence, racism) in COVID-19 messaging, and target priority populations as needed to ensure effective messaging.	MOH/ OCNO/HL	👍
Expand the systematic collection and analysis of sociodemographic and race-based data. Develop a process for its use in planning and evaluation of MLHU programming and service delivery.	OCNO/HO	👍
Ensure the right leadership and organizational structure is in place to support the evolving needs of the health unit, including leveraging skill sets to advance the strategy of the organization.	BOH	👍

Recent Accomplishments:

- Vaccinated >60% of adults with first doses in the region with >80% of those 80 years or older.
- Created an automated external dashboard with detailed vaccination information.
- Implemented complicated eligibility criteria with partnerships between 3 regions at a Collaborative Planning Table.
- Developed infrastructure and human resource capacity to allow for upscaling number of doses administered per day on very short notice (opened 4th mass vaccination clinic in May).
- Leveraged existing partnerships to establish a network of Health Care Providers, EMS and Long-Term Care Homes to deliver vaccine to additional populations and provide tailored mobile clinic service delivery to areas of high need.
- Engaged the community through townhalls, website/social media content and media advisories.
- Created a communication plan for embedding messaging about priority areas into COVID-19 communications.
- Examined data collection tools utilized for case/contact management to determine applicability in other areas of the health unit.

Critical Issues & Major Risks:

- Unstable vaccine and materials supply.
- Health human resources remains a challenge on all teams.
- Overcoming vaccine hesitancy in the population.
- Navigating issues of public trust and confidence with administration of vaccination program.
- Timing of provincial policy decisions (short notice and/or weekend changes) provide limited notice for implementation, creating multiple challenges.
- 3rd party application for vaccine appointment booking leaves little control on timing of required change.
- High degree of data accuracy required daily.
- Recent departures of key personnel increased the demands placed on staff involved in project work.

Upcoming Deliverables	Target Completion Date (YY/MM/DD)
1. Vaccinating >70% of the eligible individuals	21/06/30
2. Address vaccine hesitancy by providing mobile teams to harder to reach areas	21/10/31
3. Identify key messages related to priority areas and flag for Communications team	21/10/31
4. Establish process for development of message content related to priority areas	21/07/31
5. Create a framework for client data collection and analysis in the electronic client record (ECR)	21/07/31

Next Steps:

- Continue vaccinating all eligible people in the region (including moving to second doses)
- Assess population health data to ensure all parts of the community are being vaccinated equitably
- Continue outreach efforts to harder to reach groups
- Enhance data quality improvement efforts
- Execute evaluation plan
- Consolidate the vaccine campaign documentation of all the work that has been done to date.
- Assign responsibility for message content development related to priority areas and establish timeline for delivery.
- Finalize project charter for collection and analysis of sociodemographic and race-based data in ECR.
- Finalize electronic data collection tool.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 12-21GC

TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health
Emily Williams, CEO (Interim)

DATE: 2021 June 17

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. 12-21GC re: "Governance By-law and Policy Review" for information; and
2) Approve the governance by-laws and policies as appended to this report.

Key Points

- It is the responsibility of the Governance Committee to make recommendations to the Board of Health regarding the review and development of governance by-laws and policies.
- Appendix A details recommended changes to the by-laws and policies that have been reviewed and outlines the status of all documents contained within the Governance Manual.
- There are eight (8) remaining by-laws/policies that remain overdue and scheduled to be reviewed by the Governance Committee over the coming months.
- An additional 16 by-laws/policies are coming due for review before the end of the year.

Background

In 2016, the Board of Health (BOH) approved a plan for the 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. In a Special Meeting of the BOH on May 3, 2021, the BOH determined that the Medical Officer of Health (MOH) and Chief Executive Officer (CEO) roles would be separated. A number of the by-laws/policies applicable to the BOH contain a reference to the MOH/CEO combined role.

Policy Review

The following by-laws/policies (Appendix B) have been prepared for review by the Governance Committee:

- G-000 Bylaws, Policy and Procedures
- G-010 Strategic Planning
- G-160 Jordan's Principle
- G-360 Resignation and Removal of Board Members
- G-400 Political Activities

Appendix A details the recommended changes for each of the above by-laws/policies as well as the status of all documents contained within the Governance Manual.

There is a total of 43 by-laws/policies and eight (8) of these remain overdue for review as of May 31, 2021. The remaining eight (8) overdue policies are scheduled to be reviewed by the Governance Committee over the coming months and brought forward for approval at its next meeting. There are an additional 16 by-laws/policies that are due for review before the end of the current year.

Next Steps

The Governance Committee needs to review and approve the appended by-laws/policies. Once the Governance Committee is satisfied with its review, the by-laws/policies will be forwarded to the Board of Health for approval.

This report was prepared by the Healthy Organization Division.

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

Emily Williams, BScN, RN, MBA
CEO (Interim)

Governance By-law and Policy Review Status and Recommendations

May 31, 2021

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-000 Bylaws, Policy and Procedures	11/15/2018	Reviewed	No significant changes to the policy. Appendix D was completely rewritten to reflect the new process for managing policies in PolicyManager.	June 17, 2021
G-010 Strategic Planning	11/15/2018	Reviewed	A few minor wording changes highlighted in yellow. Need to consider revising the commitment to developing a 3-5-year strategic plan given that MLHU is currently executing a Provisional Plan for the next 18 months. Reference to Director's Committee removed and replaced with Senior Leadership Team.	June 17, 2021
G-020 MOH/CEO Direction	02/27/2020	Current		
G-030 MOH/CEO Position Description	02/27/2020	Current		
G-040 MOH/CEO Selection and Succession Planning	10/19/2017	On Hold Review Pending		
G-050 MOH/CEO Performance Appraisal	11/21/2019	Current		November 18, 2021
G-080 Occupational Health and Safety	10/15/2021	Current		
G-100 Information Privacy and Confidentiality	03/21/2021	Current		

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-120 Risk Management	06/20/2019	Current		November 18, 2021
G-150 Complaints	04/15/2021	Current		
G-160 Jordan's Principle	11/15/2018	Reviewed	No changes to the Policy. Terminology remains consistent with the legislation – Jordan's Principle.	June 17, 2021
G-180 Financial Planning and Performance	09/19/2019	Current		November 18, 2021
G-190 Asset Protection	09/19/2019	Current		November 18, 2021
G-200 Approval and Signing Authority	11/21/2019	Current		November 18, 2021
G-205 Borrowing	04/15/2021	Current		
G-210 Investing	09/19/2019	Current		November 18, 2021
G-220 Contractual Services	11/21/2019	Current		November 18, 2021
G-230 Procurement	11/21/2019	Current		November 18, 2021
G-240 Tangible Capital Assets	09/19/2019	Current		November 18, 2021
G-250 Reserve and Reserve Funds	11/21/2019	Current		November 18, 2021
G-260 Governance Principles and Board Accountability	04/15/2021	Current		

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-270 Roles and Responsibilities of Individual Board Members	04/15/2021	Current		
G-280 Board Size and Composition	03/21/2019	Overdue	*Under review by Governance Committee Members.*	September 16, 2021
G-290 Standing and Ad Hoc Committees	02/27/2020	Current		
G-300 Board of Health Self-Assessment	03/21/2019	Overdue	*Under review by Governance Committee Members.*	September 16, 2021
G-310 Corporate Sponsorship	09/19/2019	Current		November 18, 2021
G-320 Donations	09/19/2019	Current		November 18, 2021
G-330 Gifts and Honoraria	09/19/2019	Current		November 18, 2021
G-340 Whistleblowing	06/18/2020	Current		
G-350 Nominations and Appointments to the Board of Health	03/21/2019	Overdue	*Under review by Governance Committee Members.*	September 16, 2021
G-360 Resignation and Removal of Board Members	06/21/2018	Reviewed	Proposed wording changes highlighted in yellow. Questions to discuss: 1. Following the motion to remove a Board member, is a vote required as to whether or not to conduct an investigation? 2. Should there be a process for the Board member to rebut the Board of Health's decision to investigate?	June 17, 2021

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
			3. Should a timeframe be specified for appointing a new Board member once a decision has been made to remove?	
G-370 Board of Health Orientation and Development	03/21/2019	Overdue	*Under review by Governance Committee Members.*	September 16, 2021
G-380 Conflicts of Interest and Declaration	02/27/2020	Current		
G-400 Political Activities	06/21/2018	Reviewed	Proposed wording changes highlighted in yellow.	June 17, 2021
G-410 Board Member Remuneration and Expenses	06/20/2019	Current		November 18, 2021
G-430 Informing of Financial Obligations	04/15/2021	Current		
G-470 Annual Report	03/21/2019	Overdue	*Under review by Governance Committee Members.*	September 16, 2021
G-480 Media Relations	03/21/2019	Overdue	*Under review by Governance Committee Members.*	September 16, 2021
G-490 Board of Health Reports	03/21/2019	Overdue	*Under review by Governance Committee Members.*	September 16, 2021
G-B10 By-law No. 1 Management of Property	03/21/2019	Overdue	*Under review by Governance Committee Members.*	September 16, 2021
G-B20 By-law No. 2 Banking and Finance	06/20/2019	Current		November 18, 2021
G-B30 By-law No. 3 Proceedings of the Board of Health	07/16/2020	Current	*Changes to the term of Chair and Vice-Chair should be considered when this by-law is due to be reviewed.*	

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-B40 By-law No. 4 Duties of the Auditor	06/20/2019	Current		November 18, 2021

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

BY-LAWS, POLICY AND PROCEDURES

PURPOSE

The Middlesex-London Health Unit (MHLU) is committed to providing a consistent approach to effective, open, and supportive systems of governance and management. The purpose of this policy is to outline the process for the development and review of the policies contained within the Health Unit's Governance and Administration Manual.

POLICY

All by-laws and policies at the Middlesex-London Health Unit must:

- Reflect the goals and values of MLHU and the Board of Health;
- Comply with relevant legislation and regulations;
- Be specific and clearly worded;
- Be relevant to the current and future needs of the MLHU and the Board of Health;
- Follow the prescribed development and review process (Appendix A);
- Be published according to MLHU policy standards (Appendix B); and
- Undergo biannual review.

PROCEDURE

Middlesex-London Health Unit Governance and Administration Manual shall include:

Governance By-laws and Policies

The Board of Health is responsible for the Health Unit's governance by-laws and policies. These represent the principles that set the direction, limitations and accountability frameworks for MLHU. Governance by-laws relate to management of property, banking and finance, proceedings of the Board of Health, and duties of the auditor. Governance policies relate to strategic direction, leadership and Board management, program quality and effectiveness, financial and organizational accountability, Board effectiveness and communications and external relations.

Administrative Policies & Procedures

The Senior Leadership Team is responsible for the Health Unit's administrative policies. These policies align the procedures for managing MLHU and establish efficiency, consistency, responsibility and accountability. Administrative policies relate to general administration, property, finance, human resources, records and privacy, information technology, health and safety, and communications.

Policy	Brief statement(s) that clearly set out Board of Health and/or Health Unit principles and rules with respect to a particular matter to provide the organization with a specific direction.
Procedure	Clear, high-level description of responsibilities and steps to implement the policy. Separate from program guidelines, plans and/or manuals. Note: often legislation will require the employer to create both a policy and a program to address a specific issue (e.g., fit testing). Program details are best outlined separate from written policy, and made available to staff on the intranet or in standards, protocols or guidelines.

Standards, Protocols and Guidelines

Where the policy and procedure does not provide sufficient detail to operationalize the policy across the organization, division or team standards, protocols and guidelines may be developed to ensure that the policy is enacted and practiced across the organization. The Middlesex-London Health Unit Governance and Administration Manual does not include standards, protocols or guidelines that further operationalize policies and procedures at the divisional or team level. These are developed at the sole discretion of Directors and Program Managers who are responsible for the standards, guidelines and protocols that apply specifically to the work of their divisions and team. These must align with all established administrative policies, procedures, standards, protocols and guidelines.

Standards	Establishes the acceptable level of quality with quantifiable low level mandatory controls.
Protocols	A protocol is a step by step descriptive guideline to achieve completion of a task and is to be followed in letter and spirit in all circumstances.
Guidelines	Provide additional recommended guidance to implement programs and services or to adhere to administrative policies and procedures.

Medical Directives

The Middlesex-London Health Unit Governance and Administration Manual does not include medical directives which apply to a specific patient population who meet specific criteria. A medical directive is role specific (e.g., Nurse Practitioner, Registered Dietician, Registered Nurse) not person specific and users within the role must possess the necessary knowledge, skills, and judgment before implementing a medical directive. Specifically, a directive:

- Is given in advance to enable an implementer to act under specific conditions without a direct assessment by the physician. Implementers are not ordering a procedure when they implement a directive; rather they are implementing a physician's order.
- Must have the integrity of a direct order, thus physicians potentially responsible must approve it.
- Is approved only when all affected regulated professionals and relevant administrators participate in their development.
- Is always written and has essential components.

Policy Development

Governance policy development can be initiated by the Board of Health. The Senior Leadership Team may also provide recommendations regarding governance policies to the Board of Health for consideration.

Administrative policy development can be initiated by the Medical Officer of Health and Chief Executive Officer and/or the Senior Leadership Team. Additionally, an administrative policy development and revision form (Appendix C) can be submitted by a member of the Management Leadership Team for consideration and direction from the Senior Leadership Team.

For both governance and administrative policy development, the Senior Leadership Team will determine the assignment of responsibility for development of the policy, the consultation process and timelines. The consultation and development process will include input from the Manager of Risk, Privacy and Governance, the policy sponsor(s), content expert(s) and additional stakeholders, as required.

Standard, protocol and guideline development can be initiated in response to a specific need. It is recommended that standards, protocols and guidelines align with administrative policies and serve as appendices to organization-wide policies rather than stand-alone documents.

Policy Review

Policies contained within the Administration Manual will be reviewed at a minimum of every two years (biannually) or as needed, based on changing legislation or organizational needs.

The Manager of Privacy, Risk and Governance is responsible for the biannual review and will coordinate policy workgroups (where appropriate) to ensure that review of each policy occurs according to this cycle.

Review and revision of governance policies can be initiated at any time by the Board of Health or, as recommended to the Board of Health by the Senior Leadership Team.

Administrative policy review and revision can also be initiated at any time by a member of the Senior Leadership Team or the Non-union Leadership Team. Review and revision from the Management Leadership Team should be submitted through a policy development and revision form (Appendix C) to the Manager of Privacy, Risk and Governance who will then submit it to the senior leadership team.

For both governance and administrative policy development, the Senior Leadership Team will determine the assignment of responsibility for development of the policy, the consultation process and timelines. The consultation and development process will include input from the Manager of Privacy, Risk and Governance, the policy sponsor(s), content expert(s) and additional stakeholders, as required.

All changes to policy should be tracked in the development and revision form (Appendix C) to streamline consideration and approval.

The most recent review date will be listed on each policy in addition to the original implementation date. Each revision date is listed after the previous revision date(s).

Policy Approval

Governance policies can only be approved by the Board of Health. New or revised policies will be ratified by the signature of the current Board of Health Chair.

The Senior Leadership Team will approve all new or revised administrative policies that pertain to the operational management of the Health Unit, except where Board of Health approval is also required. New or revised policies will be ratified by signature of the Medical Officer of Health and Chief Executive Officer.

Standards, protocols and guidelines will be approved and ratified by signature of Divisional Directors and are to be reviewed regularly for alignment with organizational policies.

Policy Distribution and Retention

The Manager of Privacy, Risk and Governance is responsible for ensuring the Governance and Administration Manuals are managed and accessible in an automated policy management software program. All new policies and revisions are communicated to staff.

Withdrawn Policies

The Manager of Privacy, Risk and Governance, in consultation with sponsors and/or content experts will recommend policies to be withdrawn from the agency manual to the appropriate approval body. The Manager of Privacy, Risk and Governance will maintain a copy of withdrawn policies including their withdrawal date, the reason for withdrawal, and the appropriate signature.

Governance and Administrative Policy Manual Archiving

The Manager of Privacy, Risk and Governance will ensure that each change to the policy manuals are tracked and that copies of each revision are kept to protect against potential future litigation.

The process for managing policies (e.g. distribution, policy withdraws, and archiving) can be found in Appendix D.

APPENDICES

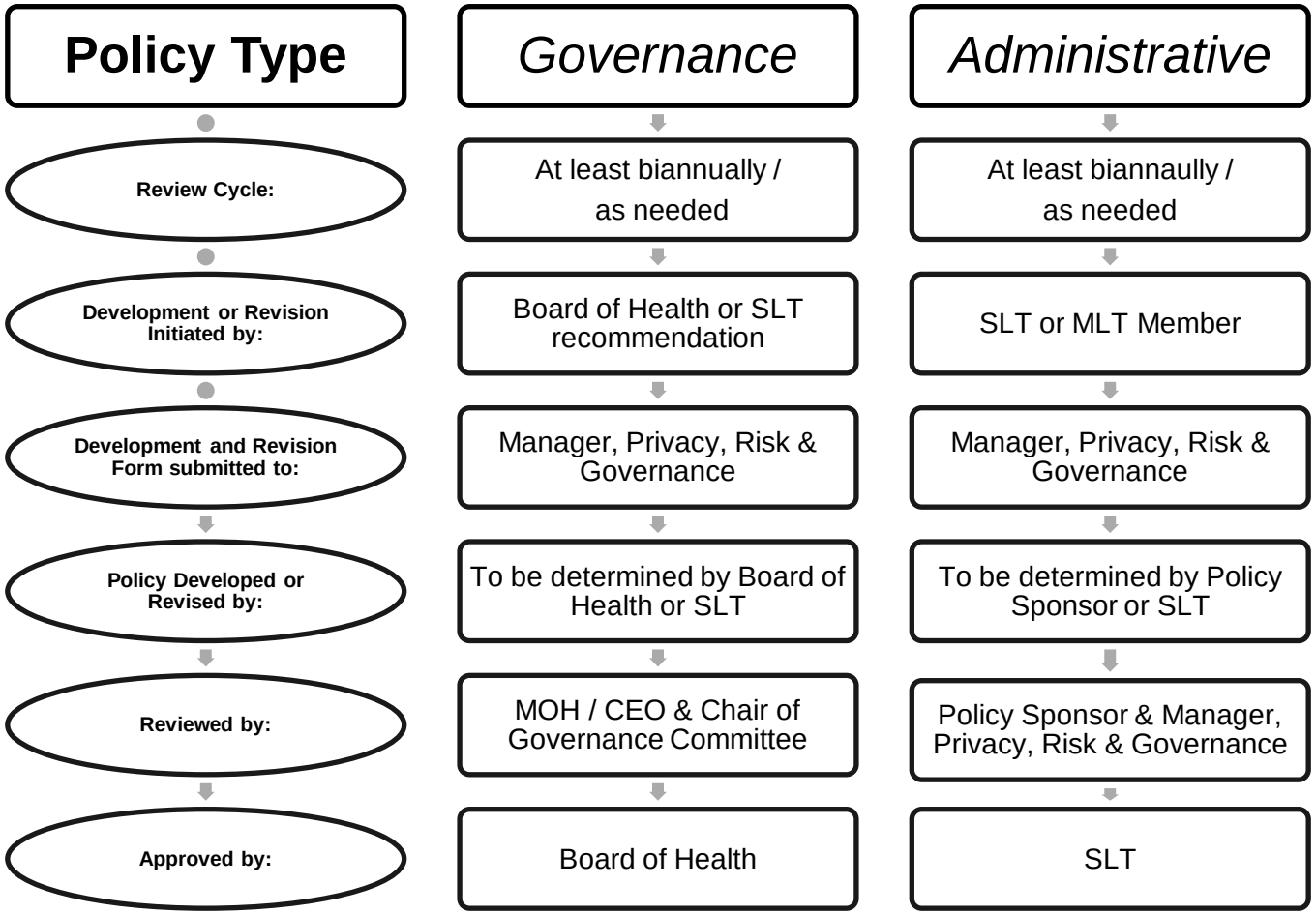
Appendix A – Policy Development and Review Process
Appendix B – Policy Development and Review Checklist
Appendix C – Development and Revision Form
Appendix D – Management of Policies in PolicyManager

APPLICABLE LEGISLATION AND STANDARDS

Health Protection and Promotion Act, R.S.O. 1990, c. H.7
Ontario Public Health Organizational Standards

Policy Development and Review Process

Policy G-000 Appendix A



Policy Development and Review Checklist

Purpose

1. Do all review members understand the policy goal?
2. Is it clear to whom and what the policy applies?
3. Will the policy be uniformly applied and enforced in all Service Areas?
    a. If not, ensure Service Area identifies how it will be applied and/or enforced.

Risk, Best-Practice and Impact

1. If appropriate, have policies from other Boards of Health been examined for comparison?
    a. If yes, list the Boards of Health that were examined.
2. If appropriate, have policies from similar institutions been examined for comparison?
    a. If yes, list the institutions that were examined.
3. If appropriate, has applicable legislation been identified and reviewed to ensure adherence?
    a. Ensure applicable legislation is identified in policy.
4. Have proposed major practice changes been reported to and/or discussed with stakeholders so that they are aware of the implications of any potential change?
    a. If yes, does this policy affect the organization's reporting, service delivery or planning cycles?
    b. If yes, list stakeholders that were engaged.
5. Are the responsibilities under this policy assigned to a person(s), in a way that is compatible with organizational roles?

Alignment

1. Does the document align with the Middlesex-London Health Unit Vision, Mission and Values?
2. Does the document align with the Middlesex-London Health Unit Code of Conduct?
3. Is there another policy with the same or a similar intent?
    a. If yes, can these be integrated?
    b. If yes, are appropriate references included to related policies?
    c. If yes, is it clear when each policy will apply?

Implementation

1. Will there be any training or professional development requirements associated with the development, implementation or monitoring of this policy?
    a. If yes, ensure these are explicit in the policy?
2. Is there a defined implementation date (the date the policy comes into force)?
3. Is there a unique proposed review date?

Structure & Appropriateness

1. Does the document follow our policy template?
2. Do all logos and/or images follow our graphics standards?
3. Has appropriate formatting been used (e.g., bullets, numbered-lists, headings, etc.)
4. Is the "purpose" section clearly distinct from the "policy" section?
5. Have all procedures been separated from the "policy" section?
6. Does the document consider diversity, accessibility or equal opportunity?
7. Does the document employ gender-neutral and inclusive language?
8. Have all references in the draft policy been verified as accurate and current?

Clarity

1. Are key terms (and any new terms) adequately defined?

2. Is terminology consistent across all documents?
3. Is the policy written in a manner that can be understood by a wide audience (i.e., plain language)?

Implementation Checklist

Administrative Manual

1. Approved document added to master copy
2. Replaced document removed (if applicable)
3. Table of contents updated (if applicable)

Intranet

4. Approved document added to policy page

Archive

5. Add replaced document to electronic policy archive

Implementation

6. Is there a plan to inform all staff of the relevant policy changes?

Development and Revision Form

Policy G-000 Appendix C

Review Type:	☐Develop (New policy) ☐Consider (New policy) ☐Review, no changes required ☐Move ☐Redraft ☐Revision ☐Remove/ Withdraw	Indicate if this is a new by-law, policy or a revision or if the policy is being rescinded.
Title:		Enter title as it will appear on the by-law or policy.
Section:		List the section that best applies.
Sponsor:	•	Person responsible for the by-law or policy. Mandatory for all documents.
Development Responsibility:	•	Identify the person responsible and accountable for the development process for the by-law or policy.
Associated Documents:	•	Enter all associated documents.
Keywords:		Enter 10 keywords for ease of searching.

Purpose

Issue or need to be addressed:	•	State the problem, issue or need that the by-law or policy is intended to address. Does this by-law or policy apply to a specific division, program, collective agreement, etc.?
Consultation Plan & Stakeholder List:	•	Stakeholders to be consulted – list name and title; If Committees/Groups: list name of committee, group, department, etc.
Summary of Changes:	•	To be completed before approval. Provide a summary of all changes made. Include a blackline document if appropriate.

Policy G-000 Appendix D

Management of Policies in PolicyManager

All governance policies are managed electronically in an automated policy management software program called PolicyManager. By maintaining the policies electronically, it is not necessary to keep a hard copy of the Governance Policy Manual. PolicyManager also provides version control and archiving abilities.

Governance policies can be accessed without a log in by Board of Health members as well as the public through the Middlesex-London Health Unit (MLHU) website. There is a direct link to PolicyManager located on the website under the Board of Health section. Employees of MLHU may use the website or can log into PolicyManager to see the Governance Policy Manual.

Adding a new policy

1. After approval by the Governance Committee, the new policy is emailed to the Program Administrative Assistant (PA) for Strategic Projects, Privacy, Risk and Governance who is also a System Administrator for PolicyManager.
2. The policy is uploaded to PolicyManager with appropriate meta data to ensure that the program is able to notify the PA when the policy is next ready for review.
3. The policy is then published to PolicyManager by the PA and can be viewed by everyone.

Replacing a current policy with a revised policy

1. After approval by the Governance Committee, the revised policy is emailed to the Program Administrative Assistant (PA) for Strategic Projects, Privacy, Risk and Governance who is also a System Administrator for PolicyManager.
2. The PA opens the current policy in PolicyManager and replaces it with the revised policy and ensures the meta data is updated.
3. The policy is automatically published to PolicyManager and becomes available to everyone.
4. All previous versions of the policy are saved in PolicyManager.

Retiring a policy

1. After approval by the Governance Committee, the retired policy is emailed to the Program Administrative Assistant (PA) for Strategic Projects, Privacy, Risk and Governance who is also a System Administrator for PolicyManager.
2. The PA opens the current policy in PolicyManager and selects it to be retired. At this time a note may be added describing the reason the policy is being retired.
3. Once a policy is retired, all circulations and internal links associated with the policy will be removed.
4. The retired policies will be displayed within a specific area in PolicyManager called Retired Documents.
5. Policies may also be unretired at any time.

STRATEGIC PLANNING

PURPOSE

To ensure the review, development and implementation of the strategic plan that outlines the organization's goals, objectives and priorities.

POLICY

A strategic plan will be developed in consultation with the Board of Health, staff, stakeholders and community members as appropriate to identify the strategic directions for the Health Unit.

The Strategic Plan will cover a specified timeframe, and will:

- Describe the philosophy, mission, values statement, goals and objectives of the Board of Health;
- Describe how equity issues will be addressed in the delivery and outcomes of programs and services;
- Describe how the outcomes of the Foundational Standard will be achieved;
- Establish policy direction regarding a performance management and quality improvement system;
- Consider organizational capacity; and
- Establish strategic priorities for the organization that address local contexts and integrate local community priorities.

PROCEDURE

Development and Review
The strategic plan will be reviewed annually (in the context of the workplan, outcomes, progress, performance) by management and the Board of Health. Input from Board of Health members, staff, stakeholders and community members will be sought as appropriate.

Revision and Approval
Any proposed revisions to the plan resulting from the annual review process will be finalized by the Senior Leadership Team and presented to the Board of Health for final approval.

Implementation and Evaluation
Upon approval by the Board of Health, the strategic plan will be implemented and evaluated as identified in the agency planning cycle. The Medical Officer of Health / Chief Executive Officer will ensure the strategic plan is implemented. As appropriate, each Division will adapt their operational plans to align with the strategic directions of the plan.

Dissemination
The strategic plan will be made available to all staff and to the public.

APPLICABLE LEGISLATION

Ontario Public Health Organizational Standards

JORDAN'S PRINCIPLE

PURPOSE

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

POLICY

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

PROCEDURE

Provision of Programs and Services to First Nations Children

When Middlesex-London Health Unit programs and services are requested by First Nations children, the Health Unit shall pay for services for a Status Indian child where that service is available to other children. This service shall be provided without delay or disruption.

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

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

Staff Awareness and Education

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

APPLICABLE LEGISLATION AND STANDARDS

Convention on the Rights of the Child (CRC, 1989)
Canadian Charter of Rights and Freedoms (1982)

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

RESIGNATION AND REMOVAL OF BOARD MEMBERS

PURPOSE

The purpose of this policy is to outline the process to be followed in the event of a Board Member's resignation, death or a request for the removal of Member from the Board of Health (BOH) due to improper conduct, failure to attend Board of Health meetings or other reasons as prescribed by BOH policies.

POLICY

In circumstances where a BOH Member is allegedly failing to uphold their duties as outlined in the Governance Manual, or where harm has been caused to the MLHU, the BOH may act to remove a BOH Member.

Where a BOH Member has been removed, or where a seat on the Board is vacated through death or resignation, the Board may act, with appropriate consultation with the City of London, Middlesex County and the Ministry of Health and Long-Term Care, to have a new Member appointed.

PROCEDURE

Board Member Resignation

A BOH Member may resign his/her office by delivering a written resignation to the Chair of the Board and the Medical Officer of Health/Chief Executive Officer (MOH/CEO). The resignation shall take effect at the time it is received or the time specified in the letter whichever is later. The Chair of the Board and MOH/CEO shall acknowledge and confirm the resignation, in writing, within five (5) business days of receipt.

Board Member Death

On official confirmation of the death of the Member, the office shall be deemed vacated.

Board of Health Member Removal

Any Member of the BOH may initiate the procedure for the removal of another Member upon a motion made in-camera at a regular meeting of the Board of Health and passed by a two-third majority vote of the Board of Health.

Following such a motion, the Board of Health shall determine whether an investigation is required to ensure that there is just cause. Just cause is defined as follows:

- A BOH Member breaches any material duty or obligation under the MLHU Governance Bylaws, policies, or other applicable legislation;
- A Board of Health Member willfully or recklessly engages in conduct that causes or will cause material harm to the MLHU, including to the reputation or mission of the Health Unit;
- A Board of Health Member is convicted of, or pleads guilty to, any offence that would impede the Member's ability to perform their role; and
- Failure to comply with attendance requirements.

If an investigation is not required, the Chair of the BOH shall make a motion for the removal of the BOH Member. A BOH Member shall cease to hold office if a motion calling for the removal of that Board Member is passed by a two-thirds majority of the Members of the BOH.

If an investigation is required, the BOH shall strike an Investigation Committee comprised of at least the Board Chair and two Members of the Governance Committee, two Members of the Finance and Facilities Committee and one at-large Member. In the event that allegations of wrong-doing are brought by another Member of the Board, the Member bringing forward the allegation may not sit on the Investigation Committee. It shall be the responsibility of this committee to:

- Review the applicable provisions of the Health Protection and Promotion Act and the MLHU Governance By-laws and policies;
- Consult with legal counsel, the City of London, Middlesex County and the Ministry of Health;
- Conduct an investigation concerning the allegations made by the Member who moved the motion; and
- Report back to the Board of Health with the findings of the investigation within ninety (90) days.

A Board Member who is being investigated shall not be entitled to vote on matters submitted for a vote to the Board or to any committee thereof, or to attend meetings of the Board of Health or any committee thereof during the investigation.

In the event of a finding that supports removal of the Board Member, the Investigated Member shall have the opportunity to submit a rebuttal within sixty (60) days of the presentation of the findings to the BOH. This rebuttal may be submitted to the BOH in the form of written documentation and/or oral presentation.

Following the investigation and opportunity for rebuttal, the Chair of the BOH shall request a motion for the removal of the BOH Member. A BOH Member shall cease to hold office if a motion calling for the removal of the Board Member is passed by a two-thirds majority of the Members of the BOH.

Board Member Appointment

Where a Board Member has been removed and a vacancy exists on the Board, the Board of Health, in accordance with Policy G-280 Board Size and Composition and Policy G-350 Nominations and Appointments to the Board of Health shall act immediately to have a new Member appointed to the Board of Health.

APPLICABLE LEGISLATION AND STANDARDS

Health Promotion and Protection Act, R.S.O. 1990, c. H.7
Ontario Public Health Organizational Standards

RELATED POLICIES

G-350 – Nominations and Appointments to the Board of Health
G-280 – Board Size and Composition

POLITICAL ACTIVITIES

PURPOSE

To ensure public trust in the Middlesex London Health Unit (MLHU), employees must be, and be seen to be impartial and free of undue political influence in the exercise of their duties and responsibilities. Employees must ensure that their political activity does not interfere with their duties and responsibilities to MLHU, including negatively impacting MLHU's reputational and other legitimate interests. As such, while employees may be politically active, certain limited restrictions may apply as set out in this Policy.

POLICY

In all cases, an employee's right to participate in the political system must be balanced with their duty to act in a manner that is neither prejudicial or likely prejudicial to the reputation of MLHU, nor incompatible with the due and faithful discharge of their duties and responsibilities to MLHU.

PROCEDURE

In general, unless otherwise limited by this Policy or applicable legislation, MLHU employees, while off duty may:

1. Vote in federal, provincial, municipal and school board elections;
2. Privately discuss and express views as citizens;
3. Make a personal contribution to a candidate's campaign;
4. Belong to a political party;
5. Support or oppose candidates for elected office or political party;
6. Canvass on behalf of a candidate;
7. Wear campaign buttons or other promotional apparel;
8. Place campaign signs at their personal residence;
9. Engage in social media political discussions as a private citizen; they must not identify themselves as employees of MLHU, subject to this Policy and MLHU's Social Media Policy;
10. Attend candidates' debates or meetings;
11. Attend riding association meetings;
12. Run for elected office, subject to specific limitations as set out in legislation and this Policy; and,
13. Serve in elected office, subject to specific limitations as set out in legislation and this Policy.

The time devoted to any political involvement must not interfere with the employee's ability to perform their duties and responsibilities to MLHU.

Employees shall not engage in any political activity during working hours. They shall not utilize MLHU property for election purposes either during or outside business hours.

Employees shall not identify themselves as employees of MLHU when engaged in political activity (e.g. in written materials including campaign literature or social media posts, and wearing MLHU branded clothing while canvassing).

Employees must not undertake political activities that are prejudicial or are likely to be prejudicial to the reputation or other legitimate interests of MLHU. This includes any viewpoints, information or opinions which could be reasonably interpreted by members of the public as representing the Health Unit and which disparage or undermine the work of the MLHU or contravene professional standards and/or conduct guidelines. Employees will be held accountable for any statements, including postings of information and opinions in personal social media accounts or other public forums such as political debates,

Candidacy for Elected Office

All employees are required to discuss their intentions to run for office with their direct leader and advise their Director, (if the Director is not their direct leader). Employees may be eligible for an unpaid leave of absence and are encouraged to request a leave of absence when seeking nomination as a candidate, or to campaign for public office where the candidacy does not conflict with the interests of MLHU; however, MLHU reserves the right to deny such request where the leave would conflict with operational requirements.

Leave to campaign for public office may not begin prior to the date a federal or provincial/territorial election writ is issued or, in the case of municipal elections, the date nomination papers may be filed and, must end no later than the polling day or the day that the writ is withdrawn or deemed to be withdrawn by the appropriate elections office and/or legislation.

Employees desiring a leave to campaign for public office are required to submit their request in writing to the Director of Corporate Services.

Employees elected to public office requiring a full-time commitment will generally be expected to resign from their employment with MLHU.

Election to public office requiring a part-time commitment shall not result in the need for resignation where:

a. the service does not interfere with the performance of the employee's duties; and
b. the service does not create a real or perceived conflict with the interests of MLHU.

Any questions regarding the scope or application of this Policy must be raised with Human Resources prior to an employee’s participation in political activity.

Enforcement

Any complaints of breach of this Policy will be investigated and resolved in accordance with the process set out in the Corporate Code of Conduct.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 13-21GC

TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health
Emily Williams, CEO (Interim)

DATE: 2021 June 17

2021 BOARD OF HEALTH SELF-ASSESSMENT RESULTS

Recommendation

It is recommended that the Governance Committee recommend to the Board of Health to receive Report No. 13-21GC re: "2021 Board of Health Self-Assessment Results" for information.

Key Points

- There was an overall 90% response rate to the survey with results included as Appendix A.
- Results of the first three (3) parts of the survey are summarized in this report.
- Part D of the survey pertaining to the performance of the Board Chair are provided to the Board Chair independent of this report.

Background

The Board of Health (BOH) Self-Assessment Survey provides an opportunity for members of the BOH to assess their effectiveness in meeting the requirements set out in the Ontario Public Health Standards. On April 15, 2021, the Board approved the BOH Self-Assessment Tool and initiation of the BOH self-assessment process for 2021 (refer to Report No. 08-21GC). The survey was distributed to BOH members on May 3, 2021, for completion by May 21, 2021. Some additional responses were provided after the completion date and were included in the results. Participation in the survey was voluntary and all individual responses are kept confidential.

Self-Assessment Results

Nine out of ten Board Members (90%) completed the survey. The results are included as Appendix A and are summarized below based on each part of the survey.

Part A: How Well Has the Board Done Its Job?

- 10 of the 13 questions in this section resulted in over 75% of respondents providing affirmative responses ("agree" or "strongly agree).
- Three (3) questions resulted in less than 70% of respondents providing affirmative responses which related to relationships, communication with key stakeholders, and ensuring that stakeholders receive reports on how MLHU has used its financial and human resources.

Part B: How Well Has the Board Conducted Itself?

- Five (5) out of 10 questions in this section resulted in over 75% of respondents providing affirmative responses.
- Five (5) questions resulted in the majority of respondents providing neutral or less affirmative ("disagree" or "strongly disagree") responses specific to the following:

- preparation before Board meetings;
- interaction with external stakeholders at Board meetings;
- recruitment of new Board members; and
- responsibility for Director recruitment and orientation.

- Comments in this section pertained to concerns about not having ample time to review reports prior to closed meetings, as well as the recruitment of new Board members being a challenge related to the process for appointing provincial representatives.

Part C: My Performance as an Individual Board Member

- 11 out of the 13 questions in this section resulted in over 80% of respondents providing affirmative responses.
- Two (2) questions resulted in more respondents providing a neutral response with regards to encouraging or being encouraged by other Board members to express opinions at meetings.
- There were no less-affirmative responses provided in this section.

Part D: Performance of the Board Chair

- Results from this section were shared independent of this report directly to the Board Chair.

Next Steps

The Governance Committee may propose recommendations to support its effectiveness in the months ahead as the BOH monitors the execution of the 2021-22 Provisional Plan. Recommendations for further development opportunities should be discussed by the Governance Committee and brought forward to the Board for approval.

This report was prepared by the Manager, Strategic Projects, Healthy Organization Division.

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

Emily Williams, BScN, RN, MBA
CEO (Interim)

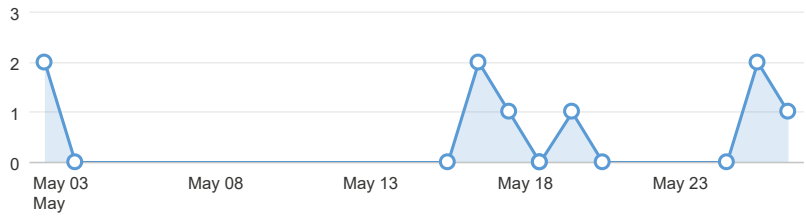
2021 Board of Health Assessment

Respondents

Reached end

100%

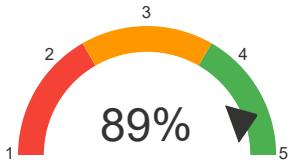
Response timeline



N 9

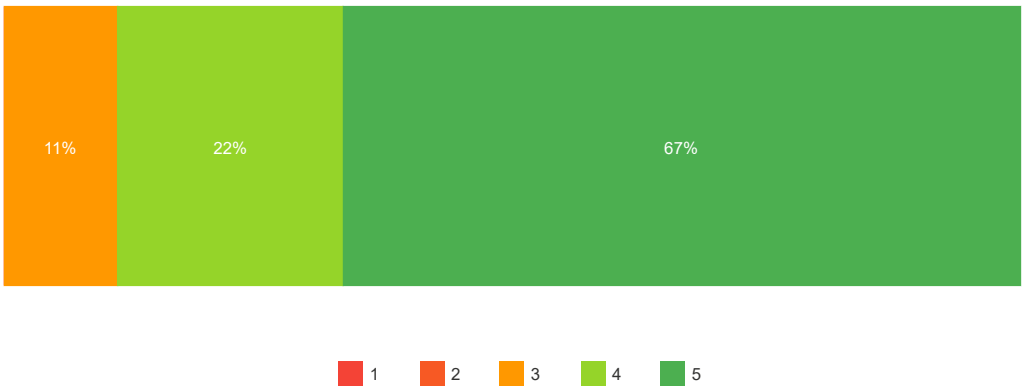
PART A. How Well Has the Board Done Its Job?

Select the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).Part A. How Well Has the Board Done Its Job?MLHU operates with a strategic plan or a set of measurable goals and priorities.



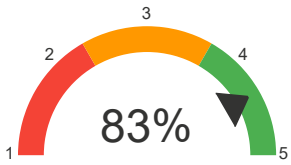
N 9

Select the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).Part A. How Well Has the Board Done Its Job?MLHU operates with a strategic plan or a set of measurable goals and priorities.



N 9

The Board’s regular meeting agenda items reflect MLHU's strategic plan or priorities.



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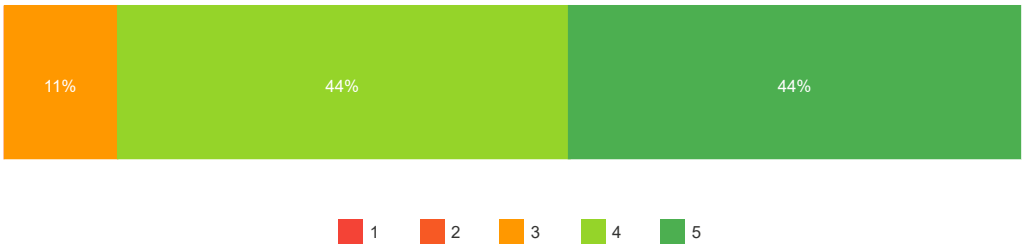
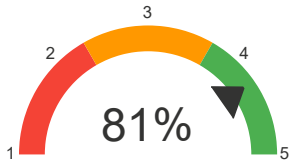


N 9

The Board has created or reviewed, in this period, some key governance job descriptions (e.g board chair, directors and committees).



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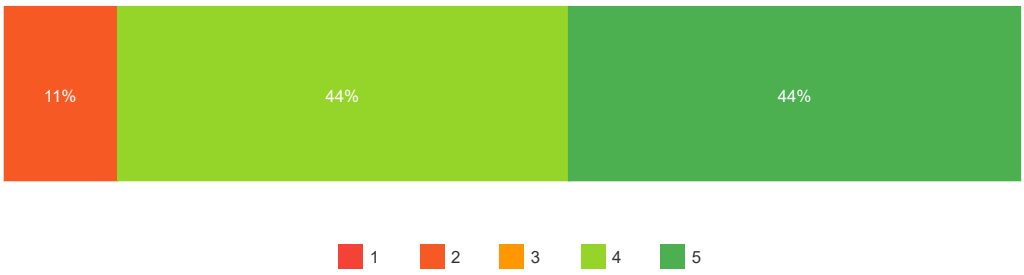
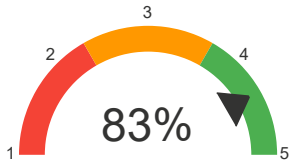


N 9

The Board gives direction to staff on how to achieve the organizational goals of MLHU by setting, referring to, or revising policies.



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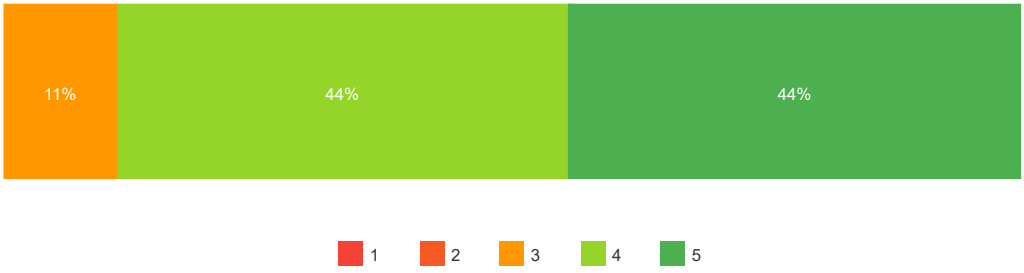
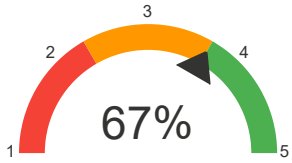


N 9

The Board has identified and reviewed MLHU's relationship with each of its key stakeholders.



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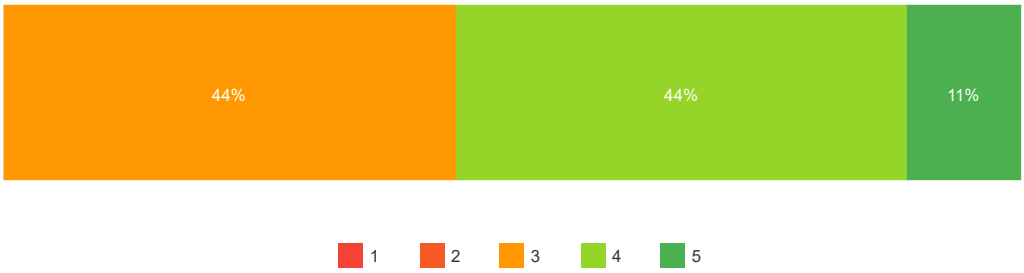
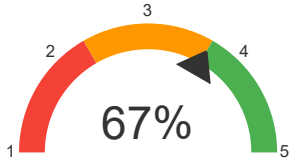


N 9

The Board has ensured that MLHU's accomplishments and challenges have been communicated to key stakeholders.



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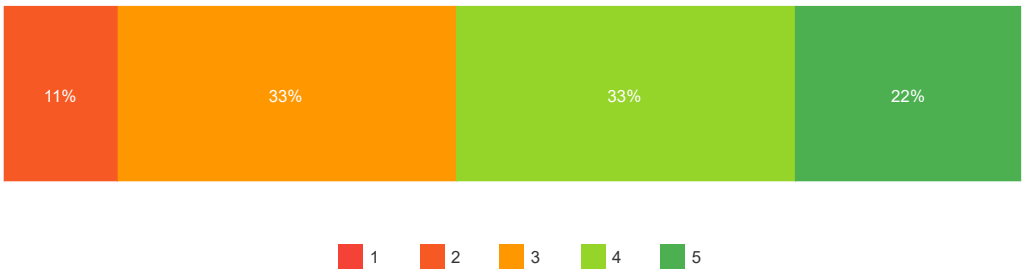
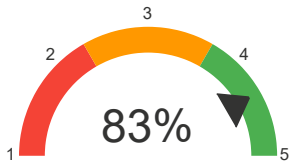


N 9

The Board takes all relevant information into consideration when making decisions.



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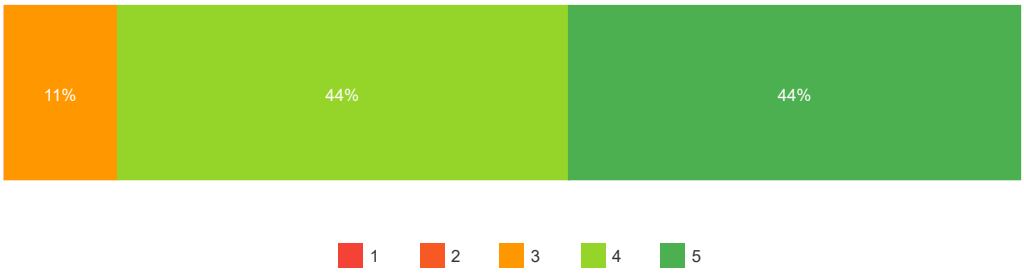
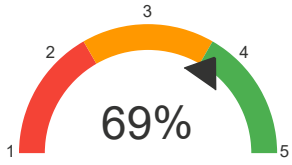
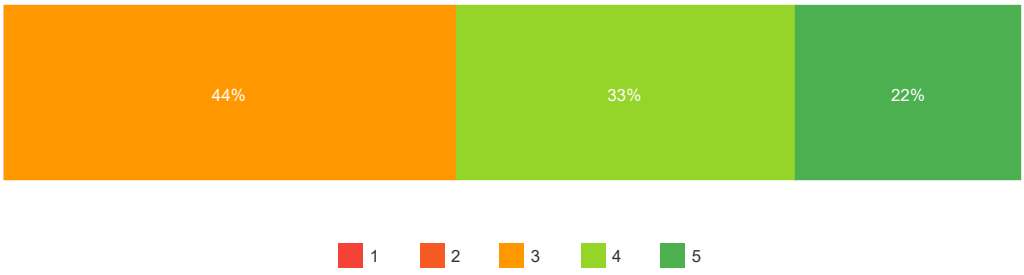


N 9

The Board has ensured that stakeholders have received reports on how MLHU has used its financial and human resources.

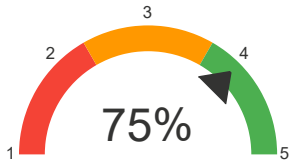


N 9



N 9

In the past year the Board has adequately responded to serious complaints of wrongdoing or irregularities.



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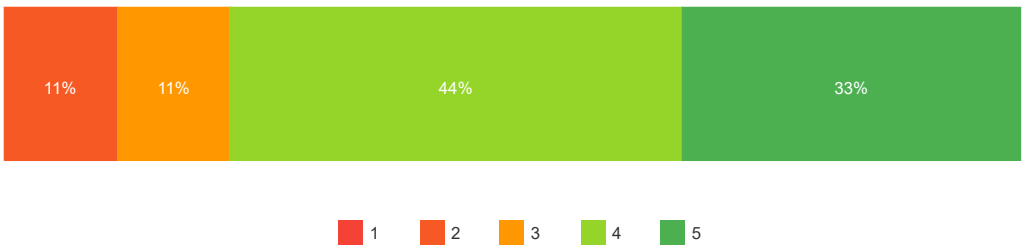
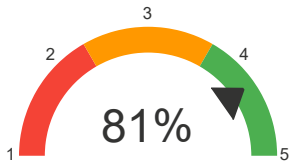


N 9

The current relationship between the Board and senior staff results in effective and efficient management of the health unit.



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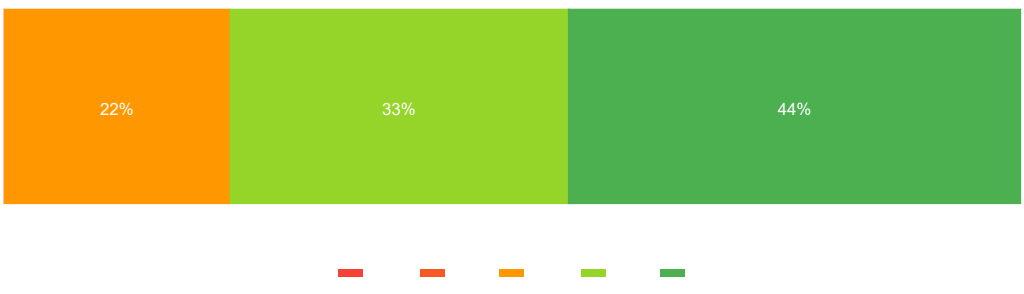
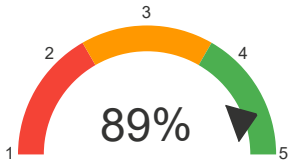


N 9

The standing and ad hoc committees of the Board are performing their respective accountabilities effectively and efficiently.



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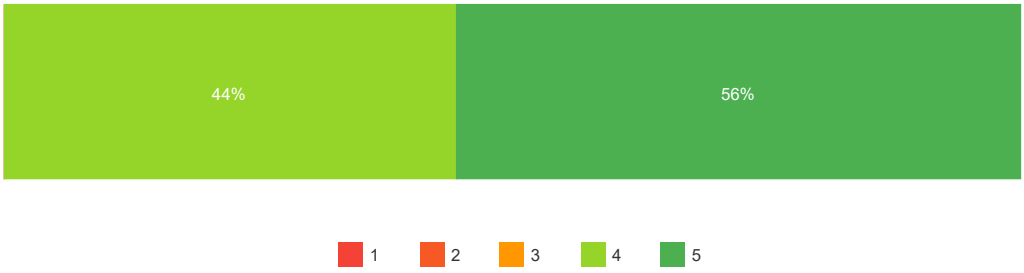
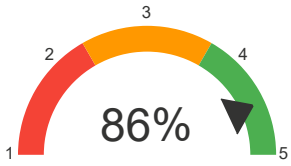


N 9

The standing and ad hoc committees of the Board are structured appropriately to oversee relevant accountabilities.



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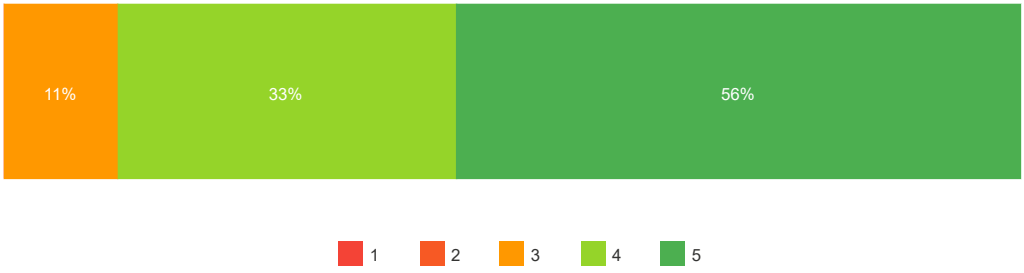
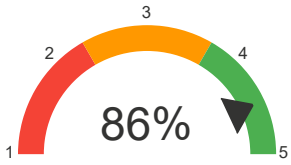


N 9

The board has designated the appropriate standing and ad hoc committees to carry out the required functions of the Board.



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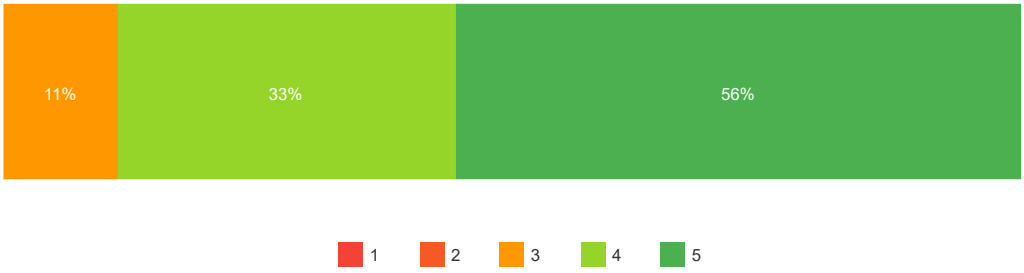


N 9

Comments:

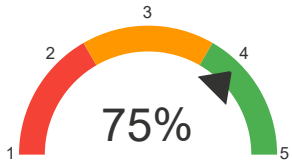
No data found

Comments:

No data found

PART B. How Well Has the Board Conducted Itself?

Select the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).Part B. How Well Has the Board Conducted Itself?As Board members we are aware of what is expected of us.



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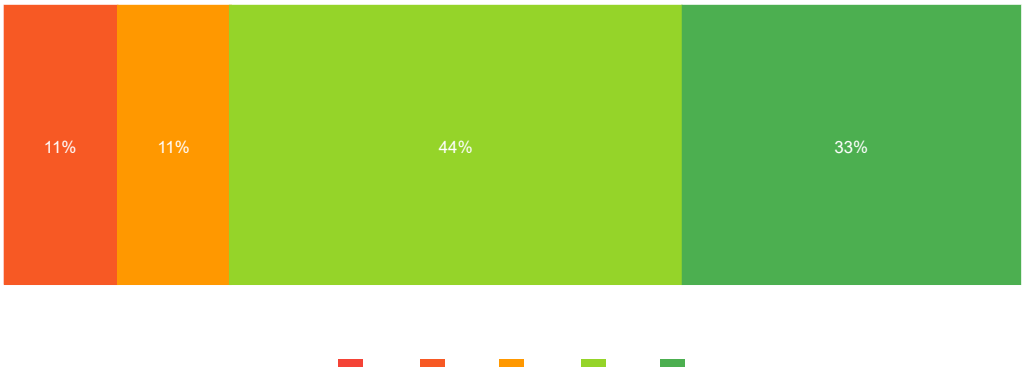
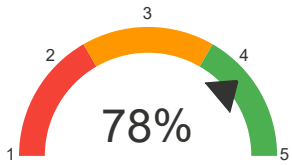


N 9

Board meeting agendas are well planned so that we are able to get through all necessary business.



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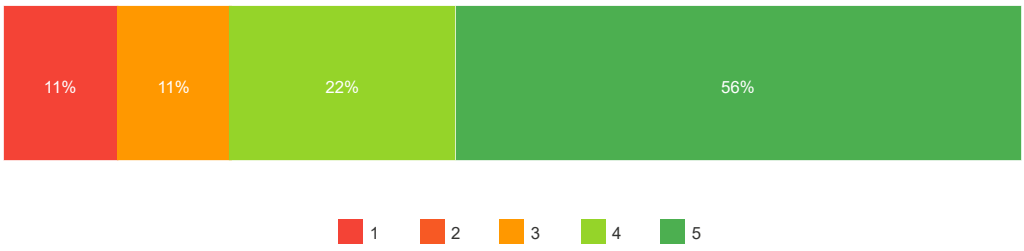
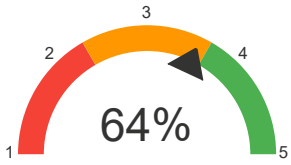


N 9

Board members come to meetings prepared.



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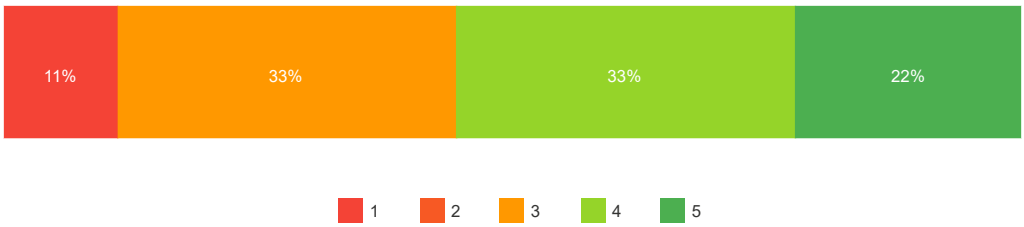
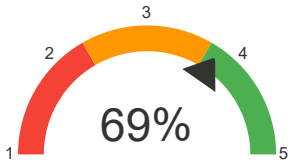


N 9

We receive written reports to the Board in advance of our meetings.



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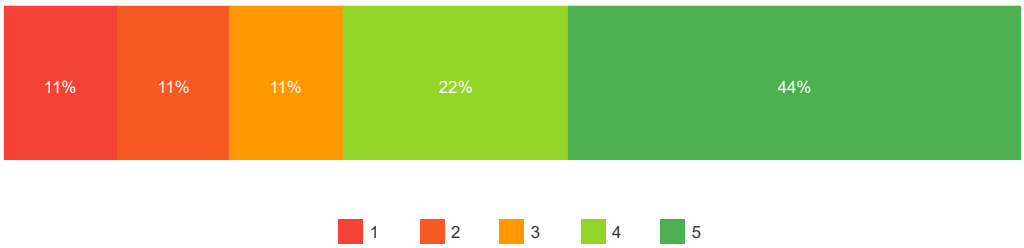
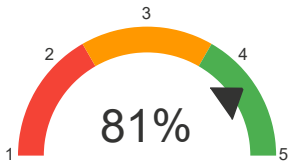


N 9

All Board members participate in important Board discussions.



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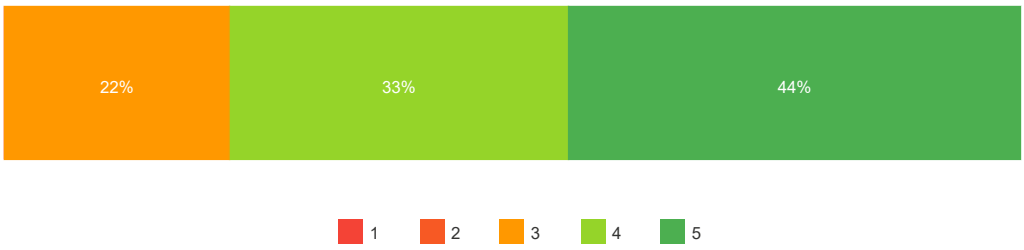
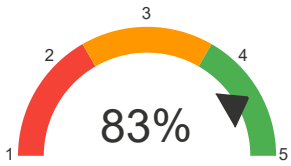


N 9

We do a good job encouraging and managing different points of view.



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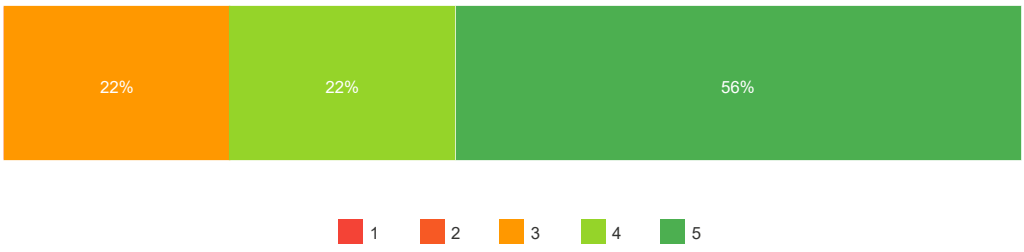
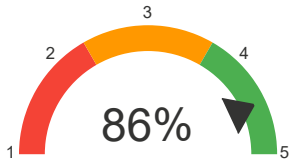


N 9

We all support the decisions we make as a Board.



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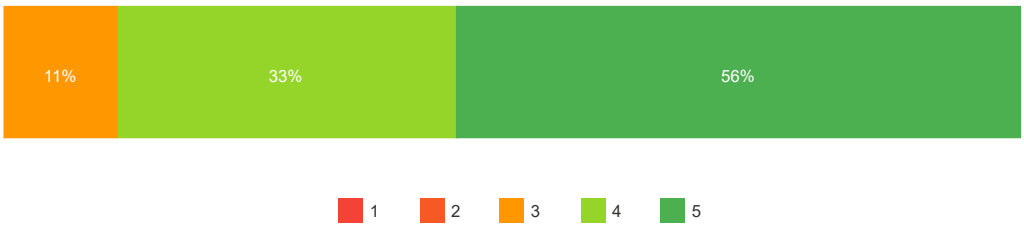
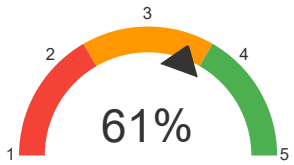


N 9

The Board assesses its composition and strengths in advance of recruiting new Board members.



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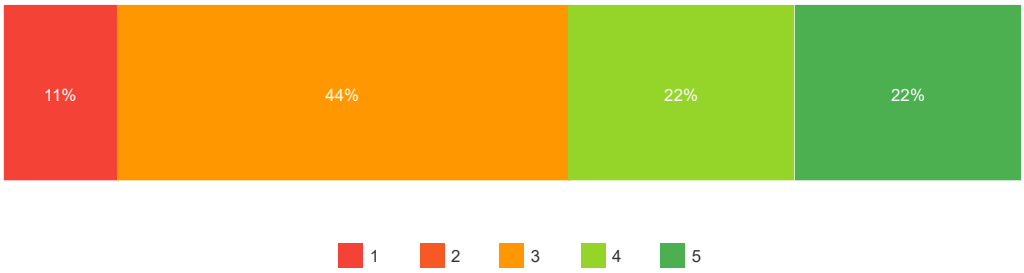
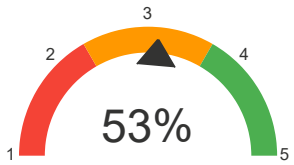


N 9

The Board assumes much of the responsibility for Director recruitment and orientation.



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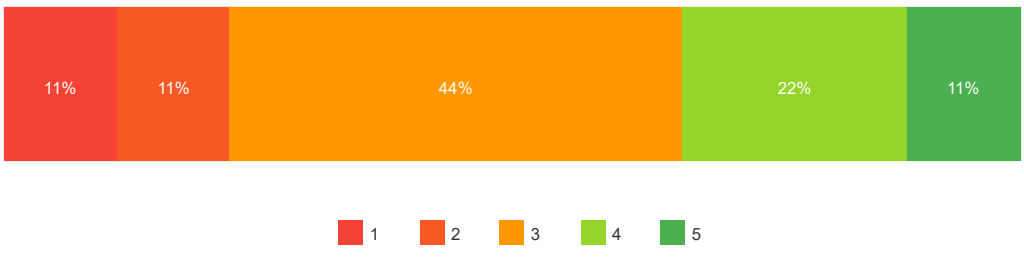
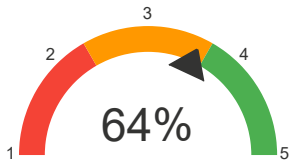


N 9

Board members have some interaction with external stakeholders at Board meetings (e.g. as guests) or between meetings.



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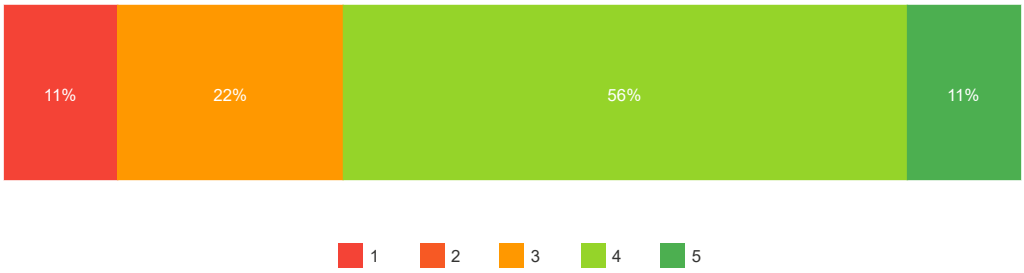


N 9

Comments:

N 2

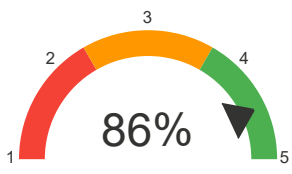
Comments:

Comments:	Report
Virtual meetings and dealing with closed meeting reports continues to be a concern. It's hard going into a meeting with zero idea what we are discussing, nor having proper time to digest all of the information. Also, approving minutes that none of us have read, but having to trust that the Chair of the Committee or Board Chair has 'seen them' as being good enough is not a proper way for a Board to approve minutes from previous meetings.	
The Board has been assessing its composition and strength in requesting reappointments of current members. Recruitment has been challenging given the provincial practices of not renewing terms of experienced members and of appointing new members for only 1-year terms. Pleas from the Board to retain experienced members have mostly gone unheeded. It is difficult for the Board to assume responsibility for recruitment of Provincial appointees given the current approach by the Province.	

N 2

PART C. My Performance as an Individual Board Memb

Select the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).Part C. My Performance as an Individual Board Member I am aware of what is expected of me as a Board member.



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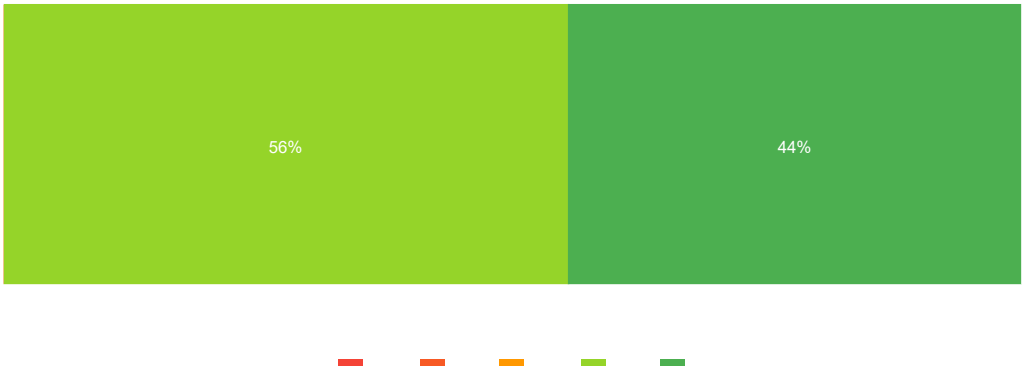
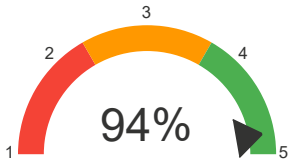


N 9

I have a good record of meeting attendance.



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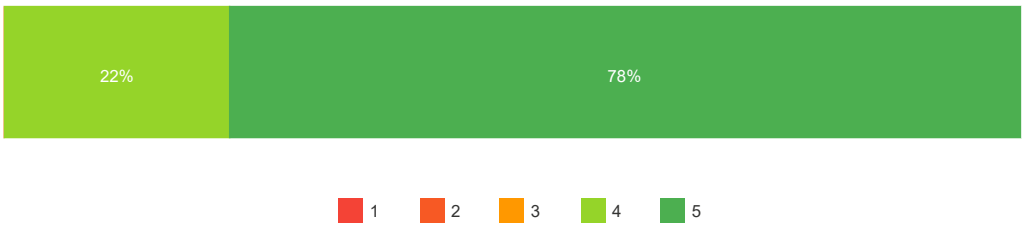
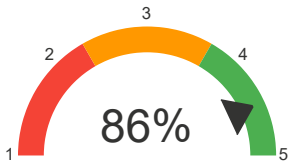


N 9

I read the minutes, reports and other materials in advance of our board meetings.



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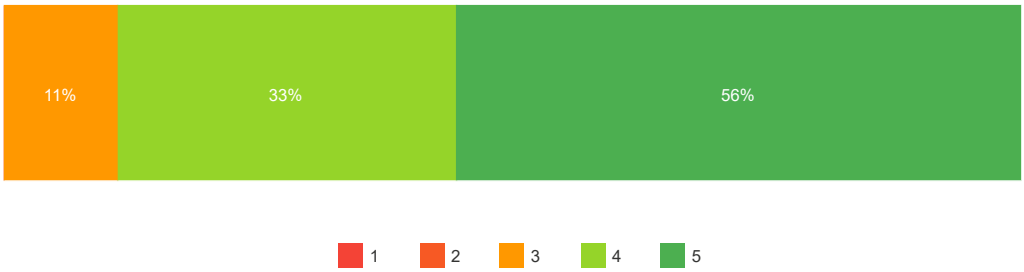
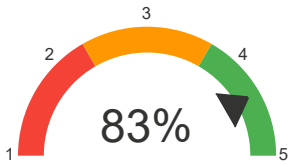


N 9

I am familiar with the content of MLHU's by-laws and governing policies.



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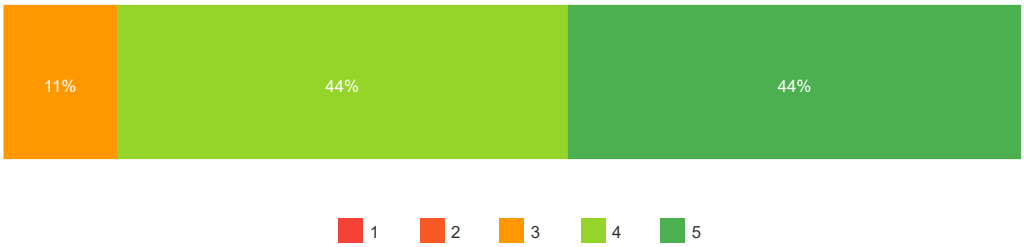
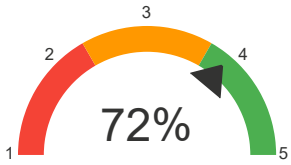


N 9

I frequently encourage other Board members to express their opinions at Board meetings.



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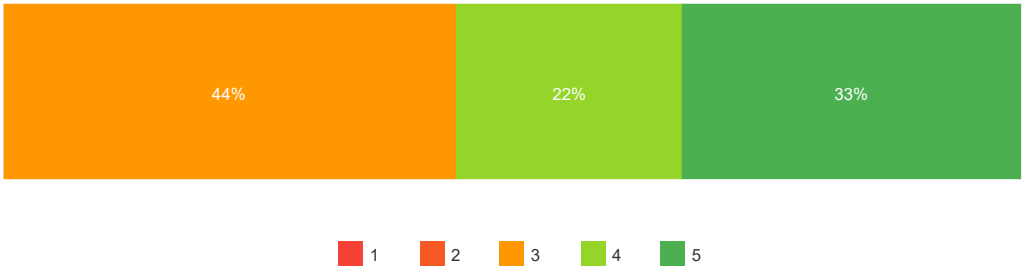

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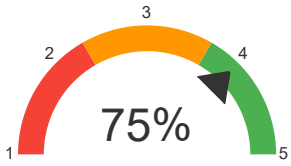
I am encouraged by other Board members to express my opinions at Board meetings.



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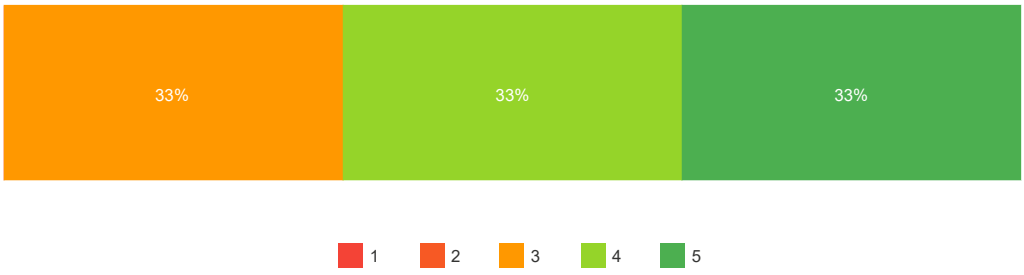
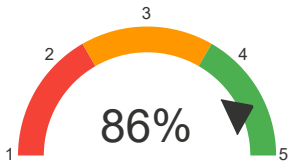


N 9

I am a good listener at Board meetings.



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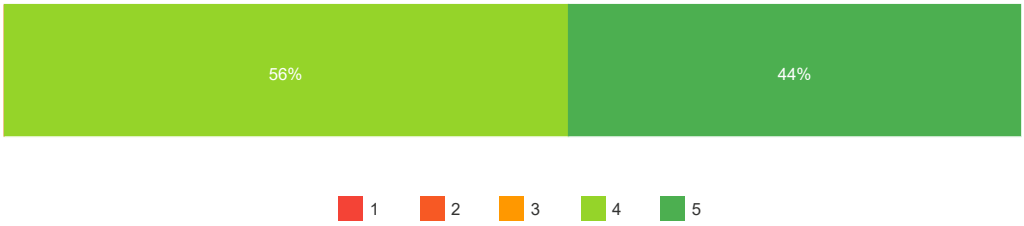
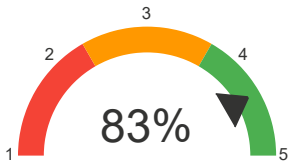


N 9

I follow through on things I have said I would do.



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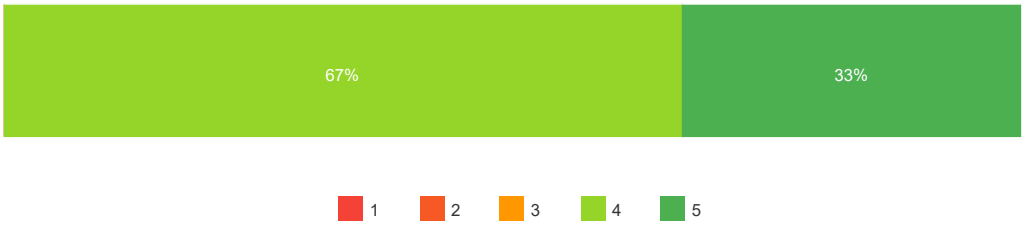
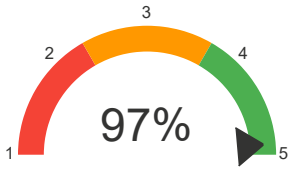


N 9

I maintain the confidentiality of all Board decisions.



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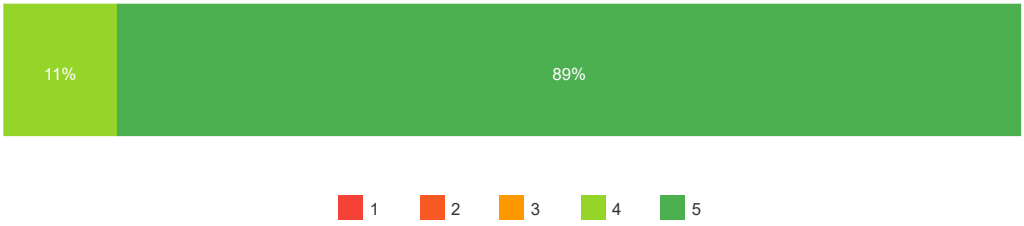
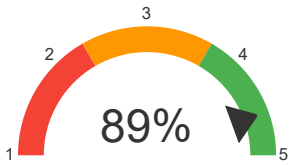


N 9

When I have a different opinion than the majority, I raise it.



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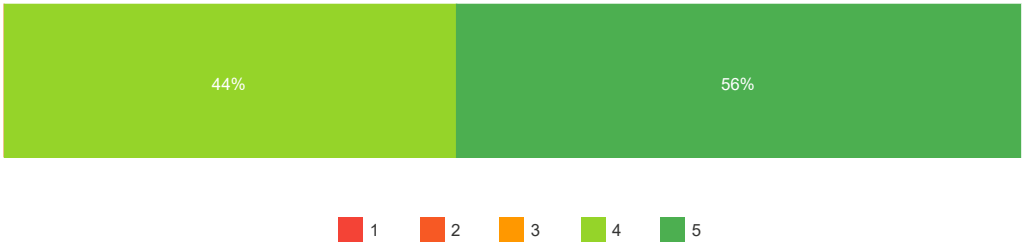

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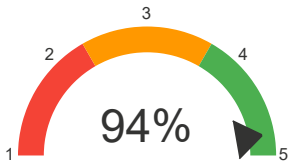

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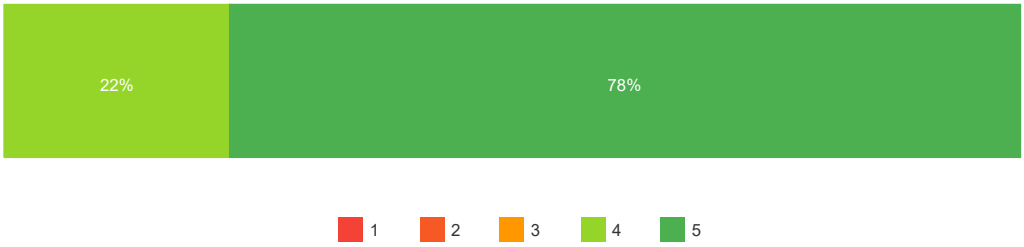

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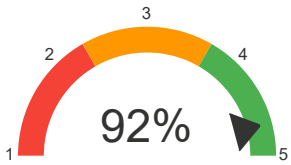

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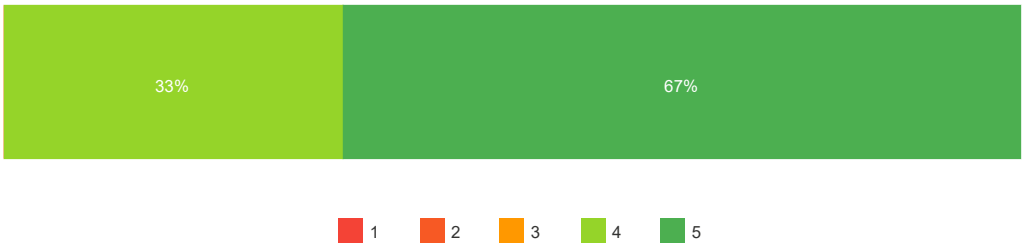

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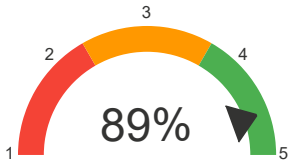

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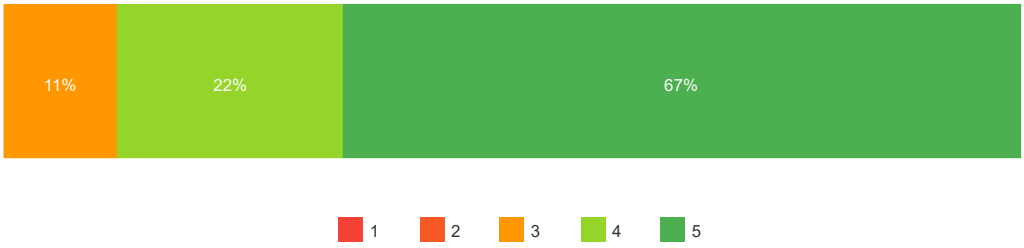

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 14-21GC

TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health
Emily Williams, CEO (Interim)

DATE: 2021 June 17

2020 OCCUPATIONAL HEALTH AND SAFETY REPORT

Recommendation

It is recommended that the Governance Committee recommend to the Board of Health to receive Report No. 14-21 re: "2020 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 (JOHSC) from the previous calendar year.
- In 2020, the number of employee-reported incidents (34) remained the same when compared to 2019.
- The JOHSC participated in two investigations in relation to two employee-reported incident reports.
- Key accomplishments include providing support to staff during the transition of the move to Citi Plaza and the integration of occupational health and safety measures to prevent COVID-19 transmission in the workplace.

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, employee-reported incidents, 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, in which 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 2020, there were 34 employee-reported incidents, which is a 0% increase from 2019. The most common employee-reported incidents include workplace violence; slips, trips and falls; and struck with/ caught by/ contact with. The largest increase occurred in workplace violence, with an increase from seven reported incidents in 2019 to 16 in 2020. Nine of these incidents involved agitated clients or persons with no

connection to MLHU yelling at or being verbally aggressive towards MLHU staff. Two of these incidents were threats of physical violence and one was an exercise of physical violence. Of the 16 incidents, no employees were harmed or injured. One investigation was conducted in relation to a threat of violence made towards MLHU staff in February of 2020. Further details of these incident reports are included within Appendix A.

Relocation Considerations and Musculoskeletal Injury Prevention

As employees made the physical move from MLHU's former offices at 50 King Street and 201 Queens Avenue to its new office at Citi Plaza, Occupational Health and Safety supported Operations and Information Technology to ensure that new workstations for employees were set up appropriately to prevent potential musculoskeletal injuries due to poor or awkward postures. Additionally, MLHU employees were offered the opportunity to attend in-person ergonomic coaching sessions. These sessions allowed staff to learn about workstation setup as well as strategies to reduce the risk for injury. As staff transitioned to remote work, virtual coaching sessions were offered to support those with challenges setting up workstations safely at home.

Occupational Health & Safety and the COVID-19 Response

A large focus of 2020 was the integration of public health and hazard control measures to prevent the transmission of COVID-19 in the workplace. Not only was safety fully integrated into the Incident Management System Response model, but the Occupational Health and Safety Program gained traction throughout the organization. From supporting strategies for the conservation of personal protective equipment (PPE) to providing workstation setup support for remote work, Health and Safety became integrated into many processes and Health Unit programs. Universal masking, limiting in-person interactions, and active employee and client screening all contributed to the prevention of COVID-19 transmission at MLHU in 2020.

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. The current investment, made at the end of 2020, of an additional FTE in the Occupational Health and Safety Program has allowed for further integration and enhancement of health and safety at MLHU and is playing an integral role in the set-up of mass immunization clinics in 2021.

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

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

Emily Williams, BScN, RN, MBA
CEO (Interim)

Annual Report of the Middlesex-London Health Unit's Occupational Health and Safety Program 2020

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Middlesex-London Health Unit
355 Wellington Street
London, Ontario
N6A 3N7

Cite reference as: Middlesex-London Health Unit. (2021). *Annual report of the Middlesex-London Health Unit's occupational health and safety program 2020*.

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 2020.

Activities and Initiatives

Staff Safety and the Move to Citi Plaza
During the first quarter of 2020, the Health Unit began its phased move into Citi Plaza. A standard for workstation set up was established in collaboration with Health and Safety, Operations and Information Technology. Throughout 2020 and into 2021, the Joint Occupational Health and Safety Committee (JOHSC) continued to discuss safety concerns regarding the new location. These included, but were not limited to, the loading dock; the parking garage; lighting levels; moving boxes in walkways; and personal safety. MLHU also commissioned the consulting company Threat Ready to complete an Environmental Design Assessment [Crime Prevention Through Environmental Design (CPTED)] to identify any risks or threats of violence to employee and client safety. The recommendations from this report were presented to both the JOHSC and the Senior Leadership Team. Most of the recommendations (48) were completed in 2020, with four to be completed in 2021.

In early 2020, members of the MLHU management team met with Citi Plaza building management to discuss staff concerns about building security. Citi Plaza provided a security presentation and provided security contact cards to all MLHU staff to be used should mall security need to be called. Staff were also encouraged to call security to request a safety walk should they feel uncomfortable walking alone to their car.

Ladder Safety
The move to Citi Plaza was an opportunity to introduce new and improved safety practices. A ladder (and step ladder) safety campaign was created by the Occupational Health and Safety (OHS) team. With assistance from Operations, step ladders were placed in all areas where high shelving was installed to eliminate any overhead reaching or standing on chairs. Additional signage detailing the safety precautions for ladder-use were posted where step ladders or ladders were stored. Updates on ladder safety were also made to the OHS HUB page. Areas requiring a step ladder and/or signage are identified/reviewed during monthly worksite inspections.

Continuation of Health and Safety Policy Review
By the end of 2020, 19 of 21 (90%) health and safety policies had been extensively revised to meet current legislated requirements within the *Occupational Health and Safety Act* (OHSA) and align with MLHU practices. The health and safety policies improved dramatically over 2019 and 2020 by streamlining content and ensuring clarity and consistency across all policies. Moving into 2021, a review schedule has been implemented to ensure ongoing OHSA compliance.

Continued Development and Training of the MLHU 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 ensure compliance, the incident response plan and recruitment to the MLHU Incident Response Team (MIRT) was initiated in 2019 in advance of the move to Citi Plaza.

Prior to the pandemic response, Emergency Preparedness offered the MIRT training in crisis intervention, first aid and cardiopulmonary resuscitation (CPR), panic alarm response, and various situational tabletop exercises. These simulations tested the MIRT response for a medical emergency, emotional distress crisis, evacuation, and panic alarm activation. Further training is expected as MIRT members return to their pre-COVID-response positions and may include mental health first aid, hazardous spills, active shooter threat, bomb threat and suspicious package. In the interim, external security services have been engaged to support anticipated MIRT functions.

Annual CPR Training
The MLHU offers annual CPR certification and re-certification to all permanent employees. In 2020, 35 employees were certified or re-certified in CPR-C via a blended training program offered by Middlesex-London EMS. This blended model allows for more flexibility for staff, as there is both online theory and in-person practical training. In addition to the annual CPR training offering, 22 staff members received first aid and CPR training as designated first aid responders and/or as per the requirements for their respective programs.

Ergonomic Coaching Sessions
Recognizing that most employees moving to Citi Plaza would be introduced to new sit/stand workstation equipment, several ergonomic coaching sessions with professionals from Workplace Safety and Prevention Services (WSPS) were scheduled in collaboration with the Be Well program. These 15-minute sessions allowed staff to learn how to adjust their workstation for sitting and standing as well as troubleshoot any concerns they may have had about their new workstation. Following the sessions, additional equipment was provided to staff if identified as required by the WSPS professionals.

Following the move to mandatory remote work due to COVID-19, virtual coaching sessions were also offered to staff to allow them to learn about proper workstation set up at home. To further support staff during this time, MLHU offered staff the opportunity to bring home a monitor and/or an office chair.

The COVID-19 Response
COVID-19 was the focus of the Occupational Health and Safety (OHS) program during 2020. The pandemic response began in January and the Incident Management System (IMS) structure was established. The Human Resources Coordinator, Health and Safety was assigned the Safety Officer role in the IMS response, and through IMS, OHS took on a leadership role to ensure staff safety was a priority. Initially this response required 7-days per week operations to ensure there was coverage and support for staff working on a 7-day operational model. As cases slowed during the summer months, the safety portfolio returned to a 5-days per week schedule. Key workplace controls supported by public health measures were taken to ensure staff safety, and these included but are not limited to:

- Limiting in-person interactions as much as possible by moving staff to remote work models;
- Implementing universal masking and physical distancing guidelines for staff working in the office and/or clinical areas;
- Centralizing personal protective equipment (PPE);
- Dedicating a staff member to manage the distribution of PPE;
- Developing and introducing staff training on the use of contact and droplet PPE;
- Conducting organizational and position-based risk assessments to determine PPE needs;
- Introducing conservation efforts and procedures for the distribution and sourcing of PPE;
- Introducing in-person active screening for staff and clients;
- Developing and implementing an online active screening tool for employees and clients;
- Conducting daily auditing and follow up of employee active screening data to ensure compliance;
- Enhancing the sick leave policy to include procedures for COVID-19 testing, isolation and quarantine;
- Developing and installing various safety messaging and signage at all worksites;
- Completing COVID-19 safety measures consultations with management;
- Participating in COVID-19 in-service sessions for teams with the Associate Medical Officer of Health;
- Conducting regular auditing of safe work practices (distancing and masking); and
- Hiring an additional Human Resources Coordinator, Health and Safety to assist with OHS work from October 2020-December 2021.

Be Well – Wellness Programming and Initiatives
Over the course of 2020, the Be Well Committee had to pivot their programming as more employees moved to 7-days per week operations and remote work became the default. As such, wellness programming was adapted from predominately in-person, interactive gatherings to frequent online interactions to meet the needs of staff. This included the introduction of weekly wellness reminders with links to virtual wellness activities such as workouts, stretches and meditation sessions, virtual coffee breaks with themes and games, and wellness content/activities being shared during weekly virtual townhall meetings. All employees were encouraged to provide feedback to the Committee regarding initiatives and wellness strategies to support health and wellness.

Health and Safety Online Learning
In late 2019, the Dayforce Human Resource System was launched, which included transferring the current learning management system data to Dayforce and allowing for better, more accurate tracking of employee training. Throughout 2020, various online certifications and courses from OHS were uploaded into Dayforce to ensure training records are accessible when required. This proved helpful during an investigation into a critical injury that required follow up from the Ministry of Labour.

Critical Injury and Incident Investigations

Critical Injury Investigation
In early 2020, the Director, Healthy Organization received a report that an employee had fallen after hours which resulted in medical attention and lost time due to a broken bone. Upon notifying Occupational Health and Safety, verbal notification to the Ministry of Labour, Skills, Training and Development (MLSTD) was initiated. As per Section 51 of the *Occupational Health and Safety Act*, all critical injuries (as defined under Regulation 834) must be reported to the MLSTD within 48 hours of the incident occurring. Upon notification and discussion with a representative from the MLSTD, an internal investigation was started.

Upon discussions with the affected staff member and reviewing the incident scene, it was determined that the uneven concrete outside of the steps of Citi Plaza was a hazard that resulted in the employee falling and breaking a bone. The City of London was notified of the incident, and they came quickly to repair the concrete. Following notification to the MLSTD, a field visit was scheduled to discuss the findings of the investigation. Proof of slips, trips and falls education was provided and no orders were issued to the Health Unit. MLHU continues to improve training and communication to staff, especially in times when a risk to staff health and safety has been identified. Additional slips, trips and falls content was added to the HUB to be used as a staff resource.

Incident Investigations
In addition to the critical injury investigation, the JOHSC and OHS also investigated an incident involving a verbal threat of violence made by a third-party contractor. This investigation included interviews with affected staff, subject-matter experts and security. The investigation report and recommendations to improve future incident response was presented to the Senior Leadership team in 2021 and included 12 recommendations for improvement within the following themes: onsite security, incident response and evacuation, lock down procedures, incident reporting and employee education and training.

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. The overarching goal of the worksite inspections is to monitor and evaluate the effectiveness of the Internal Responsibility System. Over the course of 2020, 26 inspections were conducted, and 81 items were identified. See Table 1 below for a summary of the results from the 2020 worksite inspections.

Management responses to identified hazards and risks associated with the facilities, equipment and furnishings were routinely and promptly provided in writing by the applicable manager. 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 a 21-day timeframe, based on the legislative requirement for formal recommendations. At the end of 2020, two items were outstanding with action plans for resolution and follow-up with building management ongoing. These items included:

- **Safety:** Concrete exposed on the floor throughout the hallways of the Strathroy office.
- **Safety:** Cracks and dimples in the concrete outside of the back entrance/exit of the lab area in the Strathroy office.

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 2020 Worksite Inspections

2020 Workplace Inspections	50 King Street	Citi Plaza	Strathroy
Number of inspections	**2**	**12**	**12**
Types of items identified.	0 - Biological 0 - Compliance 0 - Musculoskeletal 0 - Physical 0 - Psychosocial 1 - Chemical 2 - Safety	4 - Biological 2 - Chemical 8 - Compliance 2 - Musculoskeletal 2 - Physical 0 - Psychosocial 36 - Safety	1 - Biological 2 - Chemical 1 - Compliance 0 - Musculoskeletal 0 - Physical 0 - Psychosocial 20 - Safety
Total number of items [hazards (new and repeated), legislative compliance issues] identified.	**3** 3 – New 0 – Repeated	**54** 47 – New 7 – Repeated	**24** 22 – New 2 – Repeated

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 wellbeing 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.

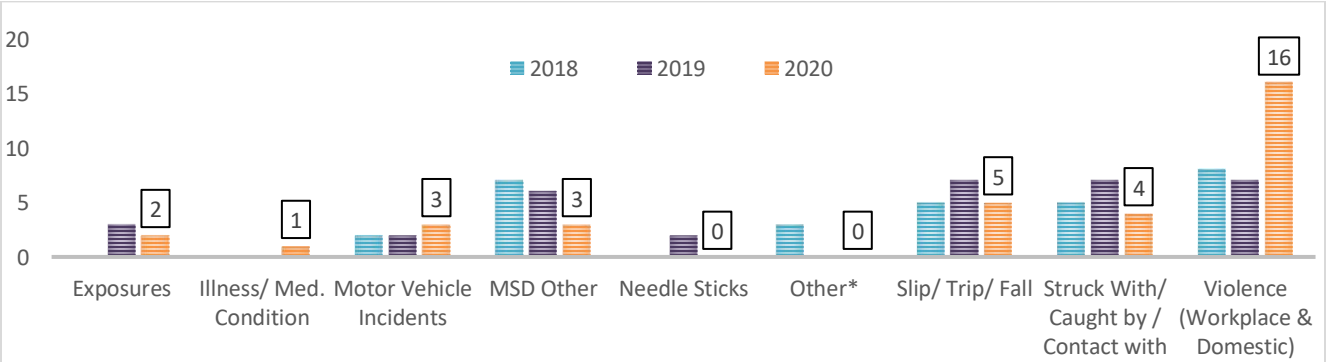
Formal Recommendations
Under the OHSA, management is required to respond in writing within 21 days to a formal (written) recommendation from the JOHSC. There were no formal recommendations made by the JOHSC in 2020.

Employee Reported Injuries and Incidents

The total number of employee-reported incidents (34) in 2020 did not change compared to the same period in 2019. The most reported incidents were workplace violence (47%); slips, trips and falls (15%); and struck with/ caught by/ contact with (12%). The largest increase was in workplace violence-related reports which increased to 16 (129% increase) during this period, compared to seven during the same period in 2019. Several of these reported incidents were related to attempted theft, vehicle break-ins and disruptive/ agitated clients. There were also two threats of physical violence and one act of physical violence. No employees who reported workplace violence incidents sustained injuries, and no workplace violence incidents involved worker-to-worker violence.

All reported incidents are depicted in Figure 1 below.

Figure 1: Employee- Reported Incidents 2018-2020



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. Interactions may be with other workers, clients, individuals with no connection to MLHU or a personal connection to a worker (i.e., intimate partner violence/ domestic violence). Examples of struck with/ caught by/ contact with incidents include when an object strikes, pinches or contacts an employee causing injury.

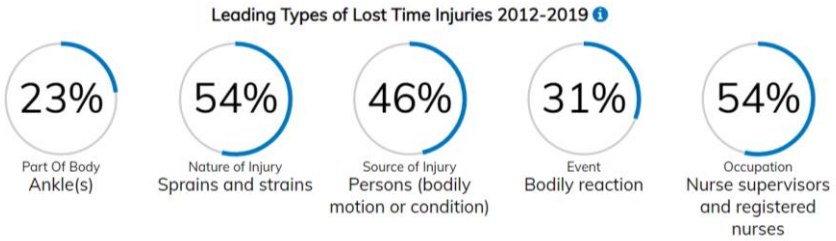
In addition to employees reporting, MLHU receives incident reports from and/or about visitors, clients, contractors, students and volunteers. These reports assist in identifying and determining factors involved in non-employee incidents to ensure the appropriate corrective actions are in place when a hazard is identified. Over the course of 2020, there were 3 non-employee reported incidents and 10 employee reports that occurred outside of work hours and/or were not work-related.

Injury Costs and Benchmarking

The following statistics (Figure 2, Figure 3 and Table 2) are accessible from the Workplace Safety and Insurance Board (WSIB) e-services portal and provide a summary of the organization's claim counts, frequency rates and the average number of days lost (lost time) over the course of the year.

According to the WSIB publicly accessible Compass tool, 54% of the MLHU's lost time injuries between 2012-2020 were sprains and strains (MSD Other) and 54% of WSIB-reported injuries were sustained by nurses.

Figure 2: Leading Types of Lost Time Injuries 2012-2019



There was an increase in reported lost time injuries in 2020, resulting in 6.78 days lost. Both 2019 and 2020 saw increases in lost time compared to 2018 (see Figure 3). The two lost time injuries in 2020 were in relation to a back injury due to improper lifting (4 days) and a motor vehicle incident (2.78 days). Overall, less injuries (3) were reported to WSIB in 2020 compared to previous years as indicated in Table 2.

Figure 3: Summary of Lost Time (Days Lost) 2014-2021

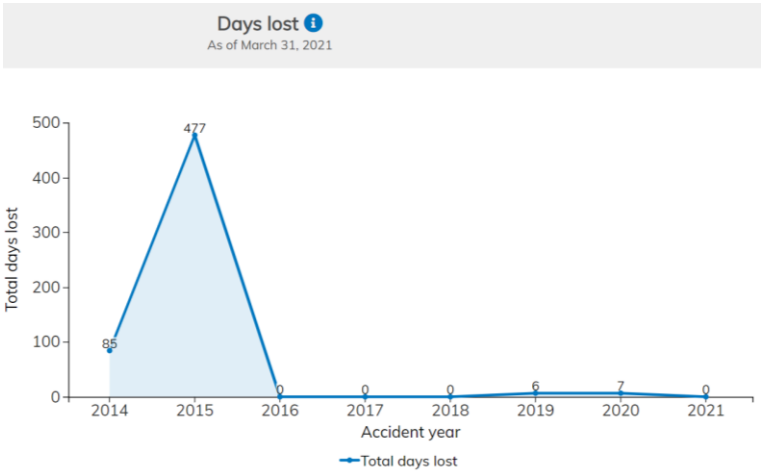


Table 2: WSIB Business Profile Report - WSIB Compass Database

Category	2020	2019	2018
Employee Count	392	308	323
Reported Incidents	34	34	30
Lost Time Injuries	2	1	1
No Lost Time Injuries	1	7	4
Recordable Injuries	3	8	5
Lost Time Injury Frequency	.40	.21	.21
No Lost Time Injury Frequency	.40	1.02	.84
Year-to-date Days Lost	6.78	6.46	.20
NEER Performance Index	N/A	.37	.12
Severity rate	1.72	5.22	.04

Notes:
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.
A Lost-Time Injury (LTI) is a serious injury that results in time off work beyond the day of the incident, a loss of wages, or a permanent disability, as approved by WSIB.
A No Lost Time Injury (NLTI) 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 a year-to-date days lost regardless of the accident dates divided by the full-time equivalent worker multiplied by 100.

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.
0.00– 0.99 – refund
1.00 – no surcharge or refund
1.01 to 4.00 – surcharge

The NEER program ended in 2019. Effective January 1, 2020, the WSIB launched a new Rate Framework which eliminated the rebate and surcharge framework.

MLHU continues to encourage employees to report injuries and/or incidents in a timely fashion. During follow-up of incidents, employees are encouraged to seek medical attention and/or report any lost time in relation to the injury, if required.

Joint Occupational Health and Safety Committee Involvement

Quarterly Meetings

The JOHSC is required to meet at least once every three months under the OHSA; however, the JOHSC conducted nine (up two from 2019) meetings over the course of 2020. The JOHSC regularly discusses employee-reported incidents, non-employee incidents, worksite inspections, and 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.

Incidents, identified hazards, and near misses are expected to be resolved satisfactorily by the employee's immediate manager, sometimes in consultation with Human Resources, Occupational Health and Safety, or 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 require engagement of the JOHSC in discussion, consultation, monitoring or the development of recommendations in order to address them.

As indicated by the employee incident reports, the potential for workplace violence was discussed frequently throughout the course of the year. The JOHSC also discussed safety concerns in relation to COVID-19 at each meeting. In addition to regular meeting agenda items, the following topics were discussed by the JOHSC in 2020:

- COVID-19 safety concerns
- Emergency evacuation
- Ergonomic coaching sessions and MSD concerns
- First Aid requirements
- Lone worker safety
- Move to Citi Plaza
- Parking lot safety
- Personal protective equipment training
- Personal safety guidelines and the use of personal alarms
- Results of the environmental design assessment
- Role of onsite security
- Safety concerns – Citi Plaza
- Summoning immediate assistance and the incident response team
- Vicarious trauma resources and support
- Working remotely

Safety and Health Week
Each May, the JOHSC celebrates Safety and Health Week. In 2020, the pandemic did not deter the committee as Safety and Health Week activities moved online and focused on incident reporting. It was determined by discussions with staff that several of them were unsure of the incident reporting procedure and where to find the incident report form. To educate staff on the incident reporting process and commemorate Safety and Health Week, the committee developed safety and health trivia for staff to complete virtually. Those who submitted their trivia answers and answered correctly were entered into a draw to receive a small first aid kit for their car.

JOHSC Membership Updates

The JOHSC welcomed two new Ontario Nurses Association (ONA) members, Chantha Sreng, and Sarah Neil, to the committee. At the end of 2020, long-time committee member Deborah Turner, representing the Canadian Union of Public Employees (CUPE) resigned from the committee after ten years of involvement. The JOHSC and OHS team thank Deb for her commitment and engagement in health and safety over the past decade.

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. 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.

In 2020, no members of the committee received certification training due to the re-deployment of many staff to the COVID-19 response. It is anticipated that additional members will receive certification training in 2021. Of the nine members, six hold JHSC Certification; those who completed the training after March 1, 2016 (4), require refresher training every 3 years.

Final Words

The COVID-19 pandemic has served as an opportunity for safety to be highlighted and further integrated into policy and processes at MLHU. Over the course of 2020, safety has been a focus across the Health Unit, whether it be personal protective equipment requirements, active screening for clients, physical distancing in the office, or ensuring staff are set up safely to work from home. This momentum and focus have allowed MLHU to further integrate, collaborate and discuss safety on a regular basis. At the end of 2020, the Health Unit supported further enhancement to the OHS program by hiring a second Human Resources Coordinator, Health and Safety to support the continued health and safety efforts required due to the continued COVID-19 response in 2021.