

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

MLHU Board Room – CitiPlaza
355 Wellington Street, London ON
Thursday, April 20, 2023 at 6 p.m.

1. ELECTION OF CHAIR, GOVERNANCE COMMITTEE

2. DISCLOSURE OF CONFLICTS OF INTEREST

3. APPROVAL OF AGENDA – April 20, 2023

4. APPROVAL OF MINUTES – November 10, 2022

5. NEW BUSINESS

- 5.1. 2023 Governance Committee Reporting Calendar (Report No. 01-23GC)
- 5.2. Governance Policy Review (Report No. 02-23GC)
- 5.3. Quarterly Risk Register Update (Report No. 03-23GC)
- 5.4. 2021-22 Provisional Plan Progress Update (Report No. 04-23GC)
- 5.5. 2022 Occupational Health and Safety Report (Report No. 05-23GC)

6. OTHER BUSINESS

The next meeting of the Governance Committee will be on Thursday, June 15 at 6 p.m.

7. ADJOURNMENT



**PUBLIC MINUTES
GOVERNANCE COMMITTEE**
MLHU Board Room – Citi Plaza
Thursday, November 10, 2022 6:00 p.m.

MEMBERS PRESENT: Ms. Aina DeViet (Chair)
Mr. Matt Reid
Ms. Kelly Elliott
Mr. Michael Steele

REGRETS: Ms. Tino Kasi

OTHERS PRESENT: Ms. Carolynne Gabriel, Executive Assistant to the Board of Health (Recorder)
Dr. Alexander Summers, Medical Officer of Health
Ms. Emily Williams, Chief Executive Officer
Ms. Sarah Maaten, Acting Director, Office of the Medical Officer of Health
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease
Ms. Maureen MacCormick, Director, Healthy Living
Ms. Kendra Ramer, Manager, Privacy, Risk and Governance
Mr. Michael Kadour, Consultant

At **6:02 p.m.**, Chair Aina DeViet called the meeting to order.

DISCLOSURES OF CONFLICT OF INTEREST

Chair DeViet inquired if there were any disclosures of conflict of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **Mr. Matt Reid**, seconded by **Ms. Kelly Elliott**, that the **AGENDA** for the November 10, 2022 Governance Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Mr. Michael Steele**, seconded by **Mr. Reid**, that the **MINUTES** of the September 15, 2022 Governance Committee meeting be approved.

Carried

Chair DeViet called upon Dr. Alexander Summers, Medical Officer of Health who introduced Ms. Sarah Maaten in her role as Acting Director, Officer of the Medical Officer of Health.

NEW BUSINESS

2021-22 Provisional Plan Update (Report No. 13-22GC)

This report was introduced by Ms. Emily Williams, CEO who identified that the main reasons for postponing the work on the strategic plan are:

- The Province will potentially be reviewing and revising the Ontario Public Health Standards (OPHS) in 2023.
- The Health Unit does not have clarity on the direction the Province will take with regards to COVID-19 and recovery work.
- The financial situation of the Health Unit is uncertain, pending the Provincial funding announcement anticipated in early 2023.
- Many other Ontario health units are also pausing or extending their strategic plans.

Ms. Williams introduced Ms. Kendra Ramer, Manager, Privacy, Risk, and Project Management. Ms. Ramer highlighted that the report proposes conducting a current state analysis which would include consultation with the Board of Health, the Senior Leadership Team (SLT), and MLHU staff and management to update the objectives in the current Provisional Plan. The objectives in the current Provisional Plan are framed within the context and environment of its time and some objectives will need to be reframed to remain relevant. The main activity in developing the new Strategic Plan will take place in 2023, with planning and development of the 2025-2029 strategic plan to occur in 2024. The work will be led by the Program Planning and Evaluation Team with support from the Project Management Office.

It was moved by **Ms. Elliott, seconded by Mr. Reid**, *that the Governance Committee recommend to the Board of Health to:*

- 1) *Receive Report No. 13-22GC, re: “2021-22 Provisional Plan Update” for information; and*
- 2) *Approve the extension of the 2021-22 Provisional Plan to the end of 2024 following a current state analysis with a plan to develop a 2025-2029 Strategic Plan in 2024.*

Carried

MLHU Q3 2022 Risk Register (Report No. 14-22GC)

This report was introduced by Ms. Williams who introduced Ms. Ramer.

Highlights of this report included:

- The Risk Register up to the end of September (Q3) includes 16 high risks, five medium risks, and two low risks.
- Of the 16 high risks, two remain at significant residual risk: non-full-time staff joining OMERS and the return of Public Health Modernization as a result of the Provincial election.
- One technology risk was removed due to being successfully mitigated through decommissioning and removing end-of-life servers.
- Five new risks were added in Q3: two related to privacy, which have already been brought to the Board, one related to legal compliance involving a class action suit, and two categorized as financial involving non-full-time staff joining OMERS and the potential for claw back of funds from 100% funded programs.
- Two high risks transitioned from minor residual risk in Q2 to moderate residual risk in Q3: the Medical Officer of Health continuing to operate with limited back-up coverage due to the recent departing of the Acting Associate Medical Officer of Health, and the risk for turnover of municipal councilors on the Board of Health.
- The Q3 Risk Register was included in the Standard Activity Report submitted annually to the Ministry.

Chair DeViet inquired what actions can be taken to mitigate the risk of turnover on the Board of Health due to the municipal election, as significant turnover on the Board may impact its ability to move forward at the pace required to manage the COVID-19 response and financial decisions. Ms. Williams indicated that both herself and Dr. Summers are engaged in lobbying efforts to advocate for continuity on the Board of Health with the City and County.

It was moved by **Mr. Steele, seconded by Ms. Elliott**, *that the Governance Committee recommend to the Board of Health to:*

- 1) *Receive Report No. 14-22GC, re: "MLHU Q3 2022 Risk Register" for information; and,*
- 2) *Approve the Q3 2022 Risk Register (Appendix A).*

Carried

OTHER BUSINESS

The next meeting of the Governance Committee is to be determined.

ADJOURNMENT

At **6:15 p.m.**, it was moved by **Mr. Reid, seconded by Ms. Elliott**, *that the meeting be adjourned.*

Carried

AINA DEVIET
Chair

EMILY WILLIAMS
Secretary



TO: Chair and Members of the Governance Committee

FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health

DATE: 2023 April 20

2023 GOVERNANCE COMMITTEE REPORTING CALENDAR

Recommendation

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

- 1) Receive Report No. 01-23GC re: “Governance Committee Reporting Calendar”; and*
- 2) Recommend that the Board of Health approve the 2023 Governance Committee Reporting Calendar ([Appendix B](#)).*

Key Points

- The 2023 Governance Committee Reporting Calendar ([Appendix B](#)) provides a framework for activities to be undertaken in the current year.
- Policy review by the Committee has been split into areas of subject matter.
- It is recommended that the Governance Committee continue to meet five times in the calendar year to ensure all legislative accountabilities of the Board of Health are fulfilled.

Background

In accordance with Policy G-290 Standing and Ad Hoc Committees, the Governance Committee is authorized by the Board of Health to serve a specific purpose set out in the Terms of Reference as noted in [Appendix A](#). The Reporting Calendar delineates the regular activities required of the Committee each calendar year in compliance with applicable statutes. Further, it serves as an account of the Committee’s proactive approach to Board of Health governance, performance, and accountability.

At its meeting on January 19, 2023, the Board of Health approved the Governance Committee Terms of Reference. The Reporting Calendar ([Appendix B](#)) is reviewed and approved annually.

Amendments to the Reporting Calendar

Amendments to the 2023 Governance Reporting Calendar include:

- Removing the initiation of the MOH/CEO Performance Appraisal, as there is a standing committee for this purpose (MOH/CEO Performance Appraisal Committee).

The policy review process has been adjusted from last year, with policies grouped by subject matter area, as well as allocated over two years, to make reviewing easier for the Committee.

Next Steps

The Governance Committee has the opportunity to review the appended Reporting Calendar for 2023.

Once the Governance Committee is satisfied with its review, the Reporting Calendar will be forwarded to the Board of Health for approval.

This report was prepared by the Chief Executive Officer.

Handwritten signature of Emily Williams in cursive script.

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

Handwritten signature of Alexander T. Summers in cursive script.

Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

GOVERNANCE COMMITTEE – TERMS OF REFERENCE

PURPOSE

The Governance Committee serves to provide an advisory and monitoring role. The committee's role is to assist and advise the Board of Health, the Medical Officer of Health (MOH) and Chief Executive Officer (CEO) in the administration and risk management of matters related to Board membership and recruitment, Board self-evaluation, and governance policy.

REPORTING RELATIONSHIP

The Governance Committee reports to the Board of Health of the Middlesex-London Health Unit. The Chair of the Governance Committee, with the assistance of MOH and CEO, will make reports to the Board of Health following each of the meetings of the Governance Committee.

MEMBERSHIP

The membership of the Governance Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board member, one City of London Board member and one provincial Board member.

The Secretary and Treasurer will be ex-officio non-voting members.

Staff support includes:

- Chief Executive Officer; and
- Executive Assistant (EA) to the Board of Health and/or EA to the MOH.

Other Board of Health members may attend the Governance Committee but are not able to vote.

CHAIR

The Governance Committee will elect a Chair at the first meeting of the year to serve for a one or two-year term. The Chair may be appointed for additional terms following the completion of an appointment to enhance continuity of the Committee.

TERM OF OFFICE

At the first Board of Health meeting of the year the Board will review the Governance Committee membership. At that time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered terms will be maintained to ensure a balance of new and continuing members. A member may serve on the Committee as long as they remain a Board of Health member.

DUTIES

The Governance Committee will seek the assistance of and consult with the MOH and CEO for the purposes of making recommendations to the Board of Health on the following matters:

1. Board member succession planning and recruitment;

2. Orientation and continuing education of Board members;
3. Assessment and enhancement of Board and Board committee performance;
4. Performance indicators that are reported to the Board;
5. Compliance with the Board of Health Code of Conduct;
6. Governance policy and by-law development and review;
7. Compliance with the Ontario Public Health Standards;
8. Strategic planning;
9. Privacy program;
10. Risk management;
11. Human resources strategy and workforce planning; and
12. Occupational health and safety.

FREQUENCY OF MEETINGS

The Governance Committee will meet five (5) times per year or at the call of the Chair of the Committee.

AGENDA & MINUTES

1. The Chair of the committee, with input from the MOH and CEO, will prepare agendas for regular meetings of the committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the EA to the Board of Health or the EA to the MOH.
4. Agenda and minutes will be made available at least five (5) days prior to meetings.
5. Agenda and meeting minutes are provided to all Board of Health members.

BYLAWS:

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable. This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

REVIEW

The Terms of Reference will be reviewed every two (2) years or when an amendment is deemed necessary by the Committee or Board of Health.

2023 Governance Committee Reporting Calendar

Q1 (Jan 1 to Mar 31)

Meeting: February

- ~~Approve Reporting Calendar~~
- ~~Annual Declarations – Confidentiality and Conflict of Interest~~
- ~~Report on Privacy Program~~
- ~~Report on Provisional/Strategic Plan and Performance~~
- ~~Board of Health Orientation~~
- ~~Report on Board of Health Risk Management~~
- ~~Review Governance By-laws and Policies~~

Q1 and Q2 (Jan 1 to Jun 30)

Meetings: February, April & June

- Approve Reporting Calendar
- Annual Declarations – Confidentiality and Conflict of Interest
- Report on Privacy Program
- Report on Provisional/Strategic Plan and Performance
- Board of Health Orientation
- Report on Board of Health Risk Management
- Review Governance By-laws and Policies
- Initiate Board of Health Self-Assessment (every 2 years)
- Report on Occupational Health and Safety Program
- Report on Provisional/Strategic Plan and Performance
- Report on Board of Health Risk Management

Q3 (Jul 1 to Sep 30)

Meeting: September

- Report on Public Health Funding and Accountability Agreement Indicators
- Report on Provisional/Strategic Plan and Performance
- Report on Board of Health Self-Assessment (every 2 years)
- Report on Board of Health Risk Management
- Review Governance By-laws and Policies

Q4 (Oct 1 to Dec 31)

Meeting: November

- Report on Provisional/Strategic Plan and Performance
- Report on Board of Health Risk Management
- Board of Health Orientation Planning
- Review Governance By-laws and Policies

Reporting Calendar

The reporting calendar ensures the Committee's requirements to assist and advise the Board of Health on matters outlined in the Committee Terms of Reference.

Privacy Program

The Board of Health must ensure there is a privacy program in place to monitor compliance with governance accountabilities and legislative requirements with respect to privacy and the confidentiality and security of personal information and personal health information. (Refer to Policy G-100 Information Privacy and Confidentiality.)

Annual Declarations

In accordance with Ontario privacy laws and the Ontario Public Health Standards, Board of Health members are accountable for maintaining the confidentiality and security of personal information, personal health information, and other confidential information that they gain access to for the purpose of discharging their duties and responsibilities as a member of the Board. As such, Board members will sign an annual confidentiality attestation. (Refer to Policy G-100 Privacy and Freedom of Information and Policy.)

Board of Health members also have a duty to avoid conflicts of interest – situations where financial, professional or other personal considerations may compromise, or have the appearance of compromising, a Board member's judgment in carrying out his/her fiduciary duties as a Board of Health member. As such, Board members will sign an annual conflicts of interest declaration. (Refer to Policy G-380 Conflicts of Interest and Declaration.)

Strategic Planning

The organization's strategic plan is developed in consultation with the Board of Health, staff, and other key stakeholders as appropriate, and is subject to final approval by the Board of Health. The strategic plan is reviewed annually by management and the Board of Health. (Refer to Policy G-010 Strategic Planning.)

Board of Health Orientation and Development

In accordance with the Ontario Public Health Standards, the Board of Health must ensure that members are aware of their roles and responsibilities by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for all board members. (Refer to Policy G-370 Board of Health Orientation and Development.)

Risk Management

The Ontario Public Health Standards require the Board of Health to have a formal risk management framework in place that identifies, assesses, and addresses risks. (Refer to Policy G-120 Risk Management.) In accordance with the Ontario Public Health Standards and the Public Health Funding and Accountability Agreement, the Board of Health will report to the ministry the high risks that are being managed by the Board.

Governance By-laws and Policies

By-laws and policies establish the governing principles, practices and accountability frameworks for the Board of Health. The Ontario Public Health Standards set out by-laws and policies that must be in place for Board operation and require that these are reviewed at least every two years. (Refer to Policy G-000 By-laws, Policy and Procedures.)

Board of Health Self-Assessment

In accordance with the Ontario Public Health Standards, the Board of Health must complete a self-assessment at least every other year and provide recommendations for improvements in Board effectiveness and engagement. (Refer to Policy G-300 Board of Health Self-Assessment.)

Occupational Health and Safety Program

The Board of Health has statutory duties in accordance with the *Occupational Health and Safety Act* to maintain a safe and healthy workplace. The Board shall be informed of all significant health and safety activities including employee incidents and investigations through an annual report summarizing the health and safety program. (Refer to Policy G-080 Occupational Health and Safety.)

Public Health Funding and Accountability Agreement Indicators

The Public Health Funding and Accountability Agreements provide a framework for setting specific performance expectations and establishing data requirements to support monitoring of these performance expectations.



TO: Chair and Members of the Governance Committee

FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health

DATE: 2023 April 20

GOVERNANCE POLICY REVIEW

Recommendation

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

- 1) Receive Report No. 02-23GC re: “Governance Policy Review” for information; and*
- 2) Approve the governance policies as amended, appended to this report ([Appendix B](#)).*

Key Points

- It is the responsibility of the Board of Health to review and approve governance by-laws and policies.
- [Appendix A](#) details recommended changes to the by-laws and policies that have been reviewed by the subcommittees of the Board and outlines the status of all documents contained within the Governance Manual.
- There are seven (7) policies that have been prepared for review by the Governance Committee ([Appendix B](#)).

Background

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

Policy Review

For 2023 and 2024, policies will be grouped together (when possible) by subject matter area for ease in reviewing.

There are 7 (seven) policies included as [Appendix B](#) that have been reviewed by the Governance Committee and prepared for approval by the Board of Health:

- G-180: Financial Planning and Performance
- G-205: Borrowing
- G-430: Informing of Financial Obligations
- G-200: Approval and Signing Authority
- G-260: Governance Principles and Board Accountability
- G-370: Board of Health Orientation and Development
- G-400: Political Activities

[Appendix A](#) to this report details the recommended changes for the above by-laws/policies as well as the status of all documents contained within the Governance Manual.

Next Steps

It is recommended that the Governance Committee recommend to the Board of Health approve the policies as amended as outlined in [Appendix B](#).

This report was prepared by the Chief Executive Officer.



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

2023 Governance By-law and Policy Review Schedule and Recommendations Table

April 2023

Group	Document Name	Last Review	Status	Recommended Changes	For Review on
Board of Health Operations	G-280 Board Size and Composition	10/21/2021	Current		11/16/2023
Board of Health Operations	G-300 Board of Health Self-Assessment	10/21/2021	Current		11/16/2023
Board of Health Operations	G-350 Nominations and Appointments to the Board of Health	10/21/2021	Current		11/16/2023
Board Responsibility and Transparency	G-260 Governance Principles and Board Accountability	04/15/2021	Reviewed	<ul style="list-style-type: none"> - Verbiage to imply Board of Health as “its”. - Staff response: Will be amended. 	4/20/2023
Board Responsibility and Transparency	G-370 Board of Health Orientation and Development	10/21/2021	Reviewed	<ul style="list-style-type: none"> - No comments received. 	4/20/2023
Board Responsibility and Transparency	G-400 Political Activities	06/17/2021	Reviewed	<ul style="list-style-type: none"> - No comments received. 	4/20/2023
By-laws	G-B10 By-law No. 1 Management of Property	10/21/2021	Current		6/15/2023
By-laws	G-B20 By-law No. 2 Banking and Finance	10/21/2021	Current		6/15/2023
By-laws	G-B30 By-law No. 3 Proceedings of the Board of Health	06/16/2022	Current		6/15/2023
By-laws	G-B40 By-law No. 4 Duties of the Auditor	10/21/2021	Current		6/15/2023

Group	Document Name	Last Review	Status	Recommended Changes	For Review on
Financial Activities	G-180 Financial Planning and Performance	11/18/2021	Reviewed	<ul style="list-style-type: none"> - Note/question that the (annual service plan) ASP would be a driver/foundation for the budget and the budget allocates resources and supports the work outlined in the ASP. - Staff response: recommend that the word 'supports' be changed to 'includes' in the policy. 	4/20/2023
Financial Activities	G-430 Informing of Financial Obligations	04/15/2021	Reviewed	<ul style="list-style-type: none"> - Question if there was a timeline for notifying City and County of financial obligations. - Staff response: the budget timing is different for both; the County operates on the fiscal year (Apr-Mar) and the City on the calendar year. They are each updated throughout the health unit budgeting process to enable their planning processes. 	4/20/2023
Financial Activities	G-205 Borrowing	04/15/2021	Reviewed	<ul style="list-style-type: none"> - No comments received. 	4/20/2023
Financial Activities	G-200 Approval and Signing Authority	11/18/2021	Reviewed	<ul style="list-style-type: none"> - Suggestion to change "should nots" to cannot. - Staff response: Will be amended. - Are there circumstances where a delegation might be deemed ok? - Staff response: No, negotiations must reside with a leader as they are the only individuals in a position to legally bind the organization. 	4/20/2023
Risk and Privacy	G-080 Occupational Health and Safety	06/17/2021	Current		9/21/2023
Risk and Privacy	G-100 Privacy and Freedom of Information	02/17/2022	Current		9/21/2023
Risk and Privacy	G-120 Risk Management	10/21/2021	Current		9/21/2023



FINANCIAL PLANNING AND PERFORMANCE

Commented [MS1]: I have no additional comments.

PURPOSE

To ensure that Middlesex-London Health Unit (MLHU) budgeting and financial practices are performed in a fiscally responsible manner and that processes are in place that allow for responsible financial controls and the ability to demonstrate organizational performance.

POLICY

The Treasurer or his/her designate prepares and controls the Annual Budget under the jurisdiction of the Board of Health and prepares financial and operating statements for the Board of Health in accordance with Ministry of Health policies and Public Sector Accounting Board Guidelines.

Fiscal Year

The fiscal year is January 1 to December 31 for all mandatory programs and any programs funded in whole or in part, by municipalities. For programs funded by other agencies, the fiscal year shall be determined by the agency providing funding.

Annual Budget Preparation

The annual budget will be developed based on a variety of factors including strategic directions, provincial and/ or municipal guidance, previous years' base budgets, community need, new funding or legislative requirements. Budget planning and performance reporting is the responsibility of the directors, managers and other staff who manage budgets. (Refer to Appendix A for the budget planning and approval cycle.)

The planning and approval cycle has the following components:

- a) Annual Service Plan – The Annual Service Plan (ASP) is a Ministry-driven requirement that provides a comprehensive summary of each MLHU program including the program's purpose, costs, key performance indicators and other relevant information. The ASP supports the annual budget that is approved by the Board of Health, as well as annual budget reporting by program to the Ministry of Health (MOH).
- b) Zero-based Budgeting – Zero-based Budgeting is a process by which program and operating budgets are built 'from scratch' via the assessment of every aspect of program and service activity to determine its worth, and subsequently attributes that amount to the budget. Funds are allocated based on prioritization and necessity, not historical budget amounts.
- c) Program Budgeting Marginal Analysis (PBMA) – PBMA facilitates reallocation of resources based on maximizing service. This is done through the transparent application of pre-

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Commented [AD2]: Doesn't the ASP define the MLHU "deliverables" as required under legislation ...it would be a driver/foundation for the budget ... the budget allocates resources and supports the work outlined in the ASP?

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defined criteria and decision-making processes to prioritize where proposed funding investments and disinvestments are made.

- d) Quarterly Financial Reporting – MLHU staff provide financial analysis for each quarter and report the actual and projected budget variance as well as any budget adjustments, or noteworthy items that have arisen since the previous financial update that could impact the MLHU budget.
- e) One-time Funding Requests – One-time funding requests may be used for non-recurring expenditures or to temporarily enhance program objectives. (Requests should be made during the budget preparation process, by making application to the provincial government for one-time funding when filing the Annual Service Plan. Approval of the request will follow Policy G-200 Signing Authority based on the total value of the request.)

Annual Budget Approval

The Finance and Facilities Committee (FFC) of the Board of Health reviews and recommends the annual budget for Board of Health approval.

Factual Certificate

MLHU management completes a factual certificate to increase oversight in key areas of financial and risk management. The certificate process ensures that the FFC has done its due diligence. The certificate is reviewed on a quarterly basis alongside financial updates.

Audited Financial Statements

The preparation of the financial statements is the responsibility of MLHU's management. Financial statements must be prepared in compliance with legislation and in accordance with Canadian public sector accounting standards. The FFC meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

The Board of Health must provide audited financial reports to funding agencies for programs that are funded from April 1st – March 31st each year to provide assurance that the funds were expended for the intended purpose. These programs are also reported in the main audited financial statements of MLHU which is approved by the Board of Health. This report includes program revenues and expenditures of these programs during the period of January 1st to December 31st. These program audit reports are also included in the main audited statements for MLHU.

APPENDICES

Appendix A – Annual Budget Planning and Reporting Cycle

RELATED POLICIES

G-200 Approval & Signing Authority

ANNUAL BUDGET PLANNING AND REPORTING CYCLE

January	<ul style="list-style-type: none"> Annual budget submission to FFC
February	<ul style="list-style-type: none"> Annual budget approved by Board of Health
March	<ul style="list-style-type: none"> Budget submission to the Ministry of Health and Long-Term Care Q4 Variance Reporting and Factual Certificate to FFC
April	
May	<ul style="list-style-type: none"> Q1 Variance Reporting and Factual Certificate to FFC
June	<ul style="list-style-type: none"> January 1 to December 31 – Audited Financial Statements to FFC
July	<ul style="list-style-type: none"> PBMA criteria recommended to FFC High-level planning parameters for upcoming year recommended to FFC
August	
September	<ul style="list-style-type: none"> Q2 Variance Reporting and Factual Certificate to FFC April 1 to March 31 Consolidated Financial Statements to FFC
October	
November	<ul style="list-style-type: none"> Q3 Variance Reporting and Factual Certificate to FFC PBMA proposals recommended to FFC
December	



APPROVAL AND SIGNING AUTHORITY

PURPOSE

To outline the signing authority and responsibilities for those who can approve financial and non-financial transactions, and all binding agreements on behalf of the Board of Health.

POLICY

This Policy applies to:

- All financial commitments;
- All purchase orders/requisitions and contracts; and
- All binding contractual agreements.

This Policy does not apply to employment contracts (Refer to Policy 5-25 Recruitment & Hiring) and disbursement of salaries, benefits, and government withholdings.

Roles and Responsibilities

The Board of Health (BOH) will:

- Provide approval for the overall budget of MLHU
- Hold the responsibility of granting signing authority to make commitments or expenditures on behalf of the organization, in accordance with the requirements of this Policy
- **Control access to their digital signature (Chair, Vice Chair, Committee Chair) for the purpose of granting signing authority within the approval limits stated in Appendix A, with the only exception being a deferral to their Executive Assistant as required.**

Commented [SE1]: Added to include EA to the BOH

The Chief Executive Officer (CEO) and Medical Officer of Health (MOH) will:

- Ensure that the expenditures of MLHU are within the budget set out by the Board of Health
- Hold Senior Leaders and Leaders accountable to abiding by the requirements set out in Policy 4-140 - Approval and Signing Authority
- Hold the responsibility of granting signing authority to make commitments or expenditures on behalf of the organization, in accordance with the requirements of this Policy
- Adjust signing authority of Leaders if actions are not in alignment with the requirements of this Policy, based on recommendations from SLT
- Control access to their digital signature for the purpose of granting signing authority within the approval limits stated in Appendix A, with the only exception being a deferral to their Executive or Administrative Assistant as required

Commented [SE2]: Referenced, as the Board is accountable for MOH, CEO, EA and not SLT

Commented [SE3]: MOH and CEO have EAs

Approval and Signing Authority Structure and Limits

Financial signing authority will follow the limits established in Appendix A. Similar and related transactions that would normally be processed concurrently must not be split in order to avoid signing authority levels. Under no circumstances is a Leader or Senior Leader permitted to approve their own expense. The Board of Health Chair is responsible for approving the expenses of the CEO and MOH.

Signing authority and approval of contracts will occur in accordance with Appendix B.

Delegation of Signing Authority

Delegation of approval is permitted during temporary absences of an approver. The delegate must be of an equivalent or higher managerial rank to the approver they are replacing. The absence of the approver should be noted beside the delegate's signature. The individual that has been delegated signing authority will remain ultimately responsible and cannot further delegate the responsibility.

Contract Negotiation and Renewal

The following outline expectations for contract negotiation and renewal:

- The Senior Leader or Leader will be responsible for negotiating the contract with the provider/recipient. Contract negotiation and renewal **should not** be delegated to any employee or staff.
- All contracts **should** have dual approval and be within the spending limits in Appendix A. Relative to the type of contract being negotiated or reviewed, the second approver for the contract must be the role as identified in Appendix B.
 - Where the contract relates to procurement of any good or service, the Manager, Procurement and Operations **should be engaged** in contract negotiations and renewals.
 - All drafts of contracts being negotiated or renewed **should be reviewed** by the Manager, Privacy, Risk and Project Management. Through their review, they will determine if the contract should be submitted for further legal consult-[ation](#)
 - Where the content of the contract is subject to a provincial policy or standard, the Senior Leader or Leader is responsible for ensuring that such policies and standards are followed.
- The MLHU Contract Review Checklist (Appendix C) must be completed for any contracts that need to be executed. The completed checklist and supporting documentation are submitted to the Division Senior Leader and Manager, Procurement and Operations, who will review and forward to the appropriate approver.
- All original contracts will be filed with the Manager, Procurement and Operations. A copy of the final signed contract will be retained in Policy Manager, the Senior Leader or Leader as needed, and by the other party/parties.
- All contracts should be fully executed prior to the commencement date for the provision of services.
- All contracts are to be evaluated before renewal.

Commented [AD4]: Instead of "should not" be delegated ... is the more prescriptive "cannot" more correct? Are there any circumstances where a delegation might be deemed OK?

Commented [MS5]: There are several "should"s in this section. When would we not require these steps. I have highlighted the "should"s

Signatures

The Board will maintain a formal list of names, titles, and signatures of those individuals who

have signing authority. Formal procedures are in place to ensure that each issued cheque contains two electronic signatures, comprising one Board Member and the Chief Executive Officer. These signatures shall be kept and held in custody with the Chief Executive Officer.

Commented [SE6]: Propose that this be changed to Secretary and Treasurer.

DEFINITIONS

“**Contract**” means any written or verbal agreement, contract, letter of intent, memorandum of understanding or memorandum of agreement, the provisions of which are binding upon MLHU.

“**Signing Authority**” means the individual(s) can bind the organization for financial and non-financial commitments in accordance with the limits established within this policy.

APPENDICES

Appendix A – Financial Signing Authority Limits
Appendix B – Contractual Signing Authority
Appendix C – MLHU Contract Review Checklist

RELATED POLICIES

G-220 Contractual
Services G-230
Procurement
G-B20 By-law No. 2 Banking and Finance

FINANCIAL SIGNING AUTHORITY

In alignment with the recommended approval authority schedule (AAS) by the Broader Public Service (BPS) Directive, the financial signing authorities are as follows:

Group	Total Amount of Expense Per Transaction (in CAD, inclusive of taxes and gratuities)
Non-Management Employee	-
Leaders (Supervisors, Associate Managers, Managers)	\$5,000
Director / Associate Medical Officer of Health / Manager, Procurement and Operations	\$20,000
Chief Executive Officer / Medical Officer of Health / Assistant Director, Finance (as approver of MOH or CEO)	\$60,000
Board of Health	>\$60,000

Commented [SE2]: Suggested change: Up to but not including \$10,000

Commented [SE1]: Suggested change: group names have changed based on new leadership structures.

Commented [SE3]: Suggested change: Up to but not including \$50,000

Commented [SE4]: Suggested change: Up to but not including \$1,000,000

Commented [SE5]: Suggested change: \$1,000,000 or more

Notes:

- Any expense that is to be approved that total \$250,000 or more, the expense should be paid through a manual cheque, and should require two signatures of either the MOH, CEO, Assistant Director, Finance, or Board of Health.
- Individuals are only authorized to commit MLHU financial resources within the context of the budgets or funding for which they are responsible, unless authority has been delegated in accordance with this Policy.
- Any consulting service with a value of \$0 up to but not including \$100,000 can be secured through an invitational competitive process; all other consulting services of a higher value must be secured through an open competitive process.

CONTRACTUAL SIGNING AUTHORITY

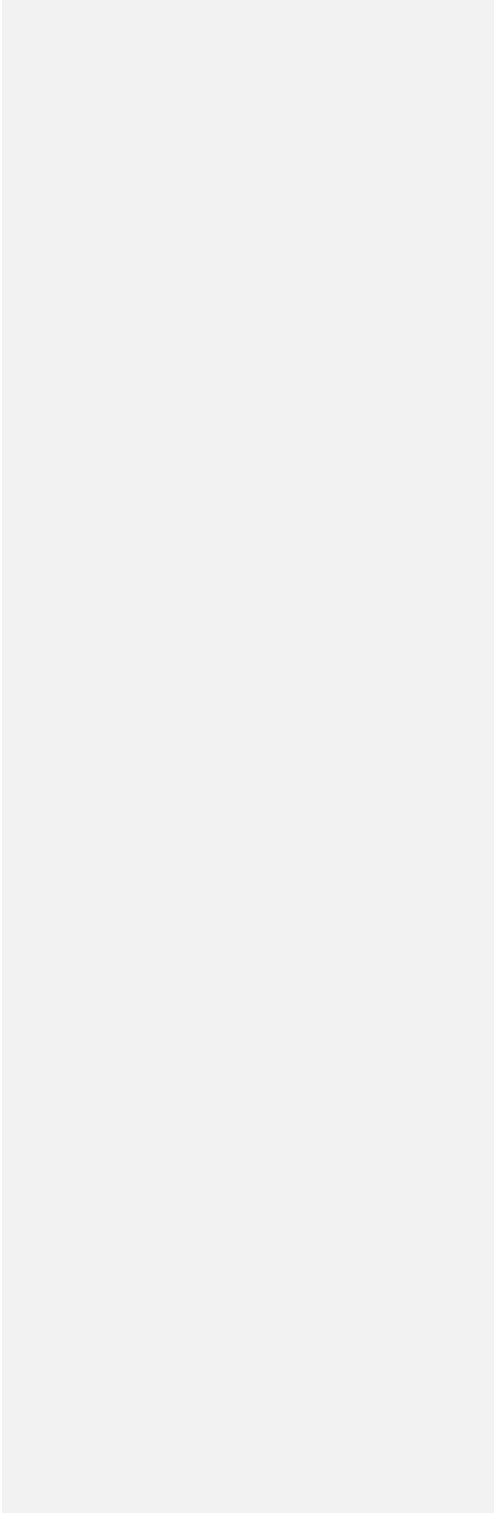
	Type of Contract	Signing Authority
1.	General	
	Union Agreements (MOUs, grievance responses etc.)	CEO
	Collective Agreement Minutes of Settlement	CEO
	Banking – Choice of Bank	CEO
	Banking – Day to Day	Assistant Director, Finance or designate
	Insurance – Choice of Carrier/Broker and Coverage (employee group insurance benefits, Employee and Family Assistance Program)	CEO
	Auditor – Appointment	Board of Health
	Auditor – Certificates and Undertakings	Board of Health
2.	Consultants, Independent Contractors and Professional Services	
	Lawyers/Labour Negotiators (appointment)	CEO
	Dentists and Physicians (appointment of medical advisors)	MOH
	Dentists and Physicians (e.g. Sexual Health Clinic, TB Clinic)	MOH
	Public Health Physicians	MOH
	Nurse Practitioners (RN Extended Class)	MOH
	Agency or Individual Service Provider (not listed above) – Short-Term (i.e., less than 12 months)	MOH and CEO
	Agency or Individual Service Provider (not listed above) – Long-Term (i.e., 13 months or more)	MOH and CEO
<u>Note:</u> Any consulting service that is valued at \$100,000 or greater must be procured through an open competitive process.		
3.	Program-Related Service Agreements	
	Ministry of Health or other ministries	MOH
	Other local agencies (coalition agreements, lead agency agreements).	MOH
	Procurement Agreements including Non-Disclosure Agreements (NDAs) up to \$20,000	CEO
	Program-specific NDAs	CEO
5.	Educational Agreements	
	Affiliation Agreements, Student Placements	CEO or MOH
6.	Research/Grants	
	Research Applications	MOH
	Research Agreements and Awards	CEO

7.	Contracting of Services	
	Lead Agency Agreements	MOH and CEO
	Supplemental Services	CEO

*Refer to Appendix A for financial signing authority limits where applicable.

**Signing authority is automatically vested in individuals at higher levels of authority in the direct line of reporting.

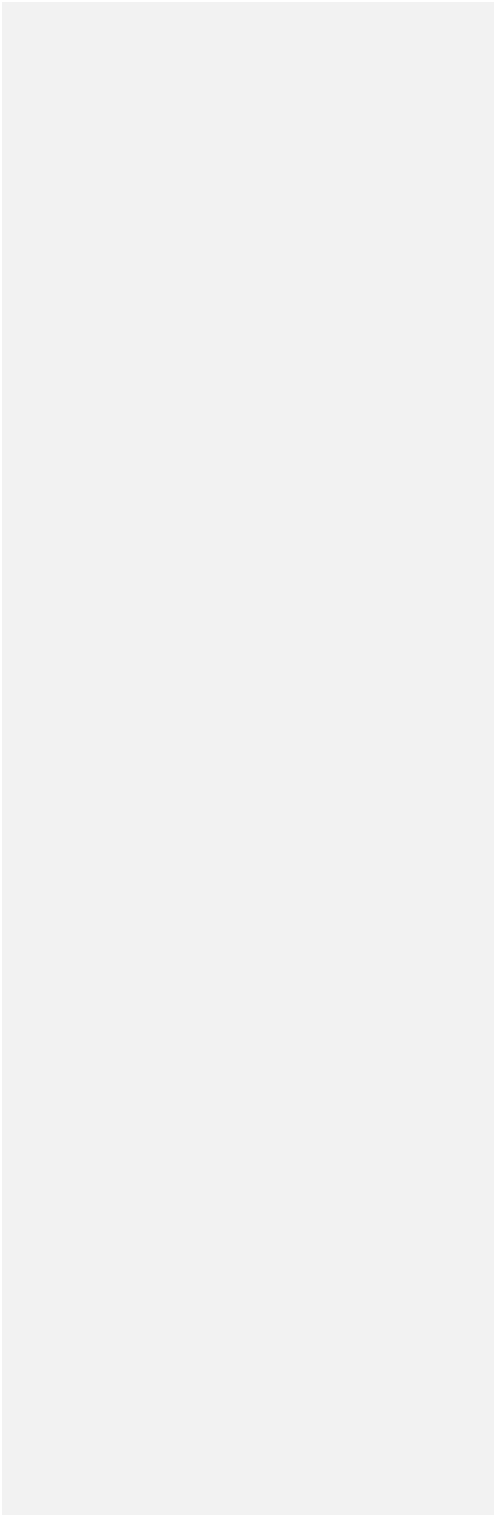
Name of Contractor / Party / Vendor			
Type of Contract		Contract Value	
Submitter		Approver	
<i>Please refer to Administrative Policy 4-140 Approval and Signing Authority</i>			
Reviewed by CEO/MOH	<input checked="" type="checkbox"/>	Reviewed by Board of Health	<input checked="" type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>



Information which <u>must</u> be included in the contract:		<input checked="" type="checkbox"/> / <input type="checkbox"/>
1a	Legal names of the parties.	<input type="checkbox"/>
2a	Vision, purpose and objectives of the contract. This would include both terms and quantities of the goods or services procured.	<input type="checkbox"/>
3a	Term of the contract, including a specific beginning and end date.	<input type="checkbox"/>
4a	Responsibilities of each party, including any requirements for reporting and/or performance.	<input type="checkbox"/>
5a	Consequences for failure to fulfil contract conditions.	<input type="checkbox"/>
6a	Confidentiality provisions. (Contractor and its agents are prohibited from using or disclosing financial, personal, and other sensitive information about the Health Unit and its members, or clients except as necessary to perform pursuant to contract terms.)	<input type="checkbox"/>
7a	Privacy breach obligations (Contractor and its agents have duties to report and manage privacy breaches).	<input type="checkbox"/>
8a	Statement that the contracting agency or party is not an employee (and is not subject to the applicable law of Ontario relating to employees), agent or partner of the Health Unit, and is an independent contractor	<input type="checkbox"/>
9a	Except when short-term in nature, provisions for amending the contract or early termination of the processes results involved.	<input type="checkbox"/>
10a	Compliance clause (parties agree to comply with all applicable federal and provincial laws and regulations). Exceptions may only be made with explicit prior permission of the Board of Health	<input type="checkbox"/>
11a	Licensing and certification requirements for the contracting agency, or recipient party.	<input type="checkbox"/>
12a	Statement that the entire written contract is binding and any verbal agreements are of no force and effect.	<input type="checkbox"/>
13a	Statement that if any provision of contract is determined to be invalid or unenforceable in whole or in part, such invalidity or unenforceability shall attach only to such provision or part thereof and the remaining part of such provision and all other provisions hereof shall continue in full force and effect.	<input type="checkbox"/>
14a	Statement regarding how and when notice in contracts are to be delivered.	<input type="checkbox"/>
15a	Statement prohibiting the assignment of services without the express consent of the Health Unit.	<input type="checkbox"/>
16a	Payment terms, including some manner for determining when payment is to be made (i.e., specific dates when payment is to be made, payment to be made within thirty days of receipt of invoice, etc.).	<input type="checkbox"/>
17a	Provisions requiring the contractor to pay all employees who are perform services at the Health Unit not less than the living wage (see procurement protocols for further details).	<input type="checkbox"/>
18a	Signature lines for execution by appropriate parties.	<input type="checkbox"/>
19a	Reference documents tied to the contract.	<input type="checkbox"/>

Information which <u>should</u> be included, if applicable:		<input checked="" type="checkbox"/> / <input type="checkbox"/>
1b	Any other conditions considered essential in order for the contract to occur.	<input type="checkbox"/>
2b	Additional rights and/or responsibilities of each party.	<input type="checkbox"/>
3b	Requirement of receipts if payment for expenses is being made, statement of any requirements for reimbursement and a limitation on payment.	<input type="checkbox"/>
4b	Clear identification of the party who will be responsible for any costs associated with the contract (losses suffered as a result of actions, negligence, or the conduct of the contractor / provider).	<input type="checkbox"/>
5b	Requirement to audit the contractor / party's internal control records and documents.	<input type="checkbox"/>
6b	Service disruption clauses and business continuity plans.	<input type="checkbox"/>
7b	Warranties (For services, should warrant that services to be performed in a professional and workmanlike manner consistent with industry standards).	<input type="checkbox"/>
8b	Service Level Agreements (Usually an attachment. Includes performance standards; response times and requirements; and penalties for failure to meet performance standards).	<input type="checkbox"/>
9b	Declarations that the contractor / party has no conflict of interest.	<input type="checkbox"/>
10b	Commitment to adhere to Health Unit policies, rule, regulation, procedures and guidelines.	<input type="checkbox"/>
11b	Evidence of insurance coverage (Vendor should provide reliable evidence of current insurance coverage in an amount sufficient to protect Health Unit's interests).	<input type="checkbox"/>
12b	Outline respective roles and responsibilities with respect to joint appointments under affiliation agreements.	<input type="checkbox"/>
13b	Outline recognition of authorship, ownership and proprietary rights and give direction regarding the retention or destruction of proprietary Health Unit information.	<input type="checkbox"/>
14b	Funding specifications (i.e. any limitations or restrictions on the use or application of funds, whether continuation of the work is dependent on funding or advances of funds that are not spent to provide services will be returned to the Health Unit or funder).	<input type="checkbox"/>
15b	Renewal terms.	<input type="checkbox"/>

Contract Omissions and/or Variance from Policy	
<i>#</i>	<i>Rationale</i>





BORROWING

PURPOSE

The purpose of this policy is to establish objectives for debt financing activities to meet infrastructure and operating requirements while meeting the objectives of the Board of Health and related statutory and contractual requirements.

POLICY

Pursuant to Section 56 (1) of the Health Promotion and Protection Act the Middlesex-London Health Unit (MLHU), may enact by-laws and policies respecting banking and finance. After consultation with municipal councils, the Board of Health, may borrow funds to meet infrastructure and operating requirements of the Health Unit.

The primary objectives of this policy are as follows:

1. Adherence to statutory requirements

The Board shall secure temporary or long-term borrowing for health unit purposes as described by the Health Protection & Promotion Act, and the Municipal Act, specifically Part XIII Debt and Investment and the applicable regulations thereunder.

2. Minimize long-term cost of financing

The Board shall ensure that the debt program uses a systematic approach that minimizes the impact of debt servicing costs on the operating budget.

- a. The Board shall strive to maintain a strong credit rating to assist in securing a favourable cost of borrowing.
- b. Obligated municipalities shall be consulted and considered for access to their capital markets.
- c. The term of long-term financing shall extend the shorter of the lifetime of the capital work for which the debt was incurred, or 40 years in accordance to Section 408 (3) of the Municipal Act.
- d. The Health Unit shall utilize benchmarks, measures, indicators, ratios and limits as determined relevant and appropriate by the Secretary-Treasurer or designate to monitor debt servicing costs and annual repayment limits.

In order to meet Health Unit expenditures, the Board Chair and Secretary-Treasurer of the Board of Health are, following a majority vote of the Board of Health, authorized to borrow by way of promissory note or other suitable debt instrument, from a registered chartered bank, trust company or credit union.

The Board may delegate the Secretary-Treasurer to exercise this power on the behalf of the Board in such manner as the Board may determine by Board resolution. The Secretary-Treasurer or designate shall have the authority to implement the debt program and establish procedures consistent with this policy.

While the Board of Health has the authority to borrow, approval either through lease or purchase to acquire and hold real property for the purpose of carrying out the functions of the Health Unit, approval must first be obtained by two obligated municipalities served by the Board.

APPLICABLE LEGISLATION AND STANDARDS

Health Protection and Promotion Act, R.S.O. 1990, c. H.7
Municipal Act, 2001, S.O. 2001, c. 25

RELATED POLICIES

G-B20 By-law #2 Banking and Finance



GOVERNANCE PRINCIPLES AND BOARD ACCOUNTABILITY

PURPOSE

To outline the governance principles and accountabilities of the Board of Health as an entity as defined by the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. This policy seeks to articulate the overarching philosophy and approach to its governance responsibilities, including its governance principles and accountabilities.

The Board governs the Health Unit through the direction and supervision of the business and affairs of the Health Unit in accordance with its By-Laws, vision, mission and core values, governance policies and other applicable laws and regulations.

POLICY

Guiding Principles

The Board of Health acts in the best interests of the Health Unit, having regard for its accountabilities to its clients, the community served, other health care providers, and to the Government of Ontario.

The Health Unit maintains a culture based on the values as approved by the Board of Health and strives for a collaborative approach to decision-making, based on evidence, best practice, open debate and a forthright examination of all issues, while respecting and valuing dissenting views.

The Board of Health maintains a clear distinction between the governance and operation of the Health Unit, while recognizing the interdependencies between them.

The Middlesex-London Health Unit (MLHU) Board of Health is committed to the following principles:

Acting in a fiduciary duty to the MLHU and in the best interest of the Corporation:

- Being accountable to the individuals and communities which it serves, and to the Government of Ontario for the efficient and effective delivery of public health programs and services;
- Providing a focus on strategic leadership and direction;
- Making decisions in a rigorous and transparent manner;
- Creating a clear differentiation between governance and management while recognizing their interdependencies;

- Establishing policies, making decisions and monitoring performance relating to the key dimensions of the business of the MLHU and to the Board of Health's own effectiveness; and
- Holding management accountable for providing policy options, appropriate reports to support decisions, and the monitoring and reporting of management and operations of MLHU to ensure consistency with Board of Health policies.

ACCOUNTABILITY

The Board of Health is accountable to:

1. The ~~its Board of Health's~~ clients and communities served for:
 - the quality of the services; clinical, health promotion, education and safety of clients;
 - engaging the communities served when developing plans and setting priorities for the delivery of public health services;
 - considering the diversity of needs and interests served in its policy formulation and decision-making;
 - operating in a fiscally sustainable manner within its resource envelope and utilizing its resources efficiently and effectively across the spectrum of services to fulfill the Board of Health mission and mandate;
 - advocating for and seeking resources to provide appropriate public health services; and
 - the appropriate use of community contributions and resources.
2. The Government of Ontario for:
 - compliance with Health Protection and Promotion Act R.S.O. 1990, c. H.7;
 - the Broader Public Sector Accountability Act, 2010, S.O. 2010, c. 25; and
 - other applicable laws, regulations, policies and directions and implementation of approved capital projects.
3. The Municipalities served for:
 - effective and efficient service to their residents / communities ~~served~~.

Commented [AD1]: ...verbose?

The Board of Health governance principles and accountabilities align with the Ontario Public Health Organizational Standards and are based on best practices in public sector governance. The critical elements of governance and accountability also take into consideration the unique context of public health units.

APPENDICES

Appendix A - Governance Principles and Board Accountability

APPLICABLE LEGISLATION AND STANDARDS

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

RELATED POLICIES

G-270 – Roles and Responsibilities of Individual Board Members

GOVERNANCE PRINCIPLES AND BOARD ACCOUNTABILITY

By-laws	<ul style="list-style-type: none"> • By-law #1 - Management of Property • By-law #2 - Banking & Finance • By-law #3 - Proceedings of the Board of Health • By-law #4 - Duties of the Auditor
Strategic Direction	<ul style="list-style-type: none"> • Strategic Planning
Leadership and Board Management	<ul style="list-style-type: none"> • MOH and CEO Direction • MOH and CEO Position Description • MOH and CEO Selection and Succession Planning • MOH and CEO Performance Appraisal • MOH and CEO Compensation • MOH and CEO Reimbursement and Travel
Program Quality and Effectiveness	<ul style="list-style-type: none"> • Occupational Health and Safety – Framework • Quality Improvement - Framework • Privacy & Security of Information • Performance Monitoring • Risk Management • Ethics • Respect for Diversity • Complaints • Jordan's Principle
Financial and Organizational Accountability	<ul style="list-style-type: none"> • Financial Planning and Performance • Asset Protection • Approval and Signing Authority • Investing • Borrowing • Contractual Services • Procurement • Tangible Capital Assets • Reserve and Reserve Funds • Corporate Sponsorship • Donations • Gifts and Honorariums • Board Member Remuneration • Travel Reimbursement
Board Effectiveness	<ul style="list-style-type: none"> • Governance Principles and Board Accountability • Roles and Responsibilities of the Board of Health • Board Size and Composition • Standing and Ad Hoc Committees • Board of Health Self- Assessment • Nominations and Appointments to the Board of Health • Resignation and Removal of Board Members • Board of Health Orientation and Development • Conflicts of Interest & Declaration • Code of Conduct

Communications and External Relations	<ul style="list-style-type: none">• Advocacy• Community Engagement• Relationship with the Ministry of Health and Ontario Health• Relationships with Other Health Service Providers and Key Stakeholders• Annual Report• Media Relations• Board of Health Reports
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BOARD OF HEALTH ORIENTATION AND DEVELOPMENT

PURPOSE

To support the integration and engagement of new Board of Health (Board) members and to ensure that members of the Board have the knowledge and skills necessary to effectively discharge their duties as members of the Board.

POLICY

Board members shall receive an initial orientation to the Middlesex-London Health Unit (MLHU), and to their role and responsibilities as Board members, as soon as practical following their appointments. Board orientation is an ongoing process that includes self-directed and supported learning.

Additionally, the Board will participate in development opportunities based on priorities identified in the Board Self-Assessment. (See Policy G-300 Board of Health Self-Assessment.)

PROCEDURE

1. Required Pre-Orientation Training

- 1.1. Members of the Board of Health are required to complete training for the Accessibility for Ontarians with Disabilities Act (AODA) prior to their on-site orientation. Those who have already completed AODA training can forward a confirmation of participation to the Executive Assistant to the Board of Health rather than completing the training again. The training can be accessed using a link to be provided to new Board members.

2. On-Site Orientation

- 2.1. An initial on-site orientation will be provided upon appointment of new members, including an overview of MLHU operations and governance, and a tour of the facility. All Board members are encouraged to attend.
- 2.2. Following the initial on-site orientation, further orientation to MLHU operations and governance roles and responsibilities will occur at Board meetings and other events throughout the first six months of new appointments to support engagement of new Board members.

3. Online Self-Directed Learning

- 3.1. Additional content for the Board is maintained on the Board orientation website, including priority reading and key provincial legislation and standards relating to public health. Materials also outline the roles and responsibilities of Board members to support effective governance.

4. Board of Health Development

- 4.1. The Governance Committee is responsible for setting parameters for Board development activities, which are informed by the Board Self-Assessment results. Board development sessions are to be held on at least an annual basis.

APPLICABLE LEGISLATION AND STANDARDS

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018

RELATED POLICIES

G-300 Board of Health Self-Assessment



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.

Commented [SE1]: Suggested change to Chief Executive Officer and Medical Officer of Health

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.



Commented [MS2]: Is there a timeframe for notice to the City and the County?

INFORMING OF FINANCIAL OBLIGATIONS

PURPOSE

The following is a statement of financial obligations of the Board of Health. This Policy is subject to all legislation and By-laws governing the Board of Health.

POLICY

The Board of Health shall annually give written notice to the City of London and the County of Middlesex regarding:

- The estimated total annual expense that each will be required to pay to the Board of Health for delivery of the mandatory programs and services under the Ontario Public Health Standards.
- The specific proportion of the estimated amount for which each municipality is responsible, in accordance with the agreement respecting the proportion of the expenses to be paid by each municipality.
- The time at which the Board of Health requires payment to be made by each municipality and the amount of each payment required.

APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O. 1990, c. H.7
Municipal Act, 2001, S.O. 2001, c. 25

RELATED POLICIES

G-B20 By-Law #2 Banking and Finance



TO: Chair and Members of the Governance Committee

FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health

DATE: 2023 April 20

QUARTERLY RISK REGISTER UPDATE

Recommendation

It is recommended that the Governance Committee recommend to the Board of Health to receive Report No. 03-23GC re: “Quarterly Risk Register Update” for information.

Key Points

- Boards of Health are required to report to the Ministry of Health in a standardized manner the high risks that are currently being managed at each board of health. The Risk Management Plan remains in alignment with board of health requirements under the Ontario Public Health Standards (OPHS) and the approved Middlesex-London Health Unit (MLHU) Risk Management Policy (G-120).
- The Risk Register ([Appendix A](#)) is a repository for all risks identified (high, medium and low) and includes additional information about each risk (priority rating, mitigation strategies, and residual risk).
- Actions taken to reduce risk are monitored and efforts to improve performance are reported to the Board on a quarterly basis.

Background

In January 2018, the Ministry of Health and Long-Term Care implemented modernized Ontario Public Health Standards (OPHS) and introduced new accountability and reporting tools required under the Public Health Accountability Framework.

The OPHS require boards of health to have a formal risk management framework in place that identifies, assesses, and addresses risks. All boards of health are required to submit a Risk Management Report as part of their Q3 Standards Activity Report (SAR) on an annual basis. At its meeting on February 17, 2022, the Board of Health approved the [2022 Risk Management Report](#) which summarized high risks and key mitigation strategies to be submitted to the Ministry.

Risk Management Reporting

Risk assessment and mitigation occurs at the organization, program, and project levels according to the process outlined in the approved MLHU Risk Management Policy (G-120). The Board of Health is kept informed of identified high risks and key mitigation strategies on an annual basis as detailed on the annual Risk Management Report. The Risk Register ([Appendix A](#)) that is a repository for all risks identified (high, medium and low) and includes additional information about each risk (priority rating, mitigation strategies, and residual risk).

Next Steps

The Governance Committee has the opportunity to review the Risk Register ([Appendix A](#)) included with this report.

This report was prepared by the Chief Executive Officer.



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health



TO: Chair and Members of the Governance Committee

FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health

DATE: 2023 April 20

2021-22 PROVISIONAL PLAN PROGRESS UPDATE

Recommendation

It is recommended that the Governance Committee recommend that the Board of Health receive Report No. 04-23GC re: “2021-22 Provisional Plan Progress Update” for information.

Key Points

- In Q4 2021 the Board of Health approved extending the timelines for phase two and three of the Provisional Plan by a minimum of three months. This elongation of the phases carries the Provisional Plan into Q2 2023.
- Progress has been made on many projects on the Provisional Plan, with six (6) projects ongoing, and one (1) completed.

Background

The Health Unit continues to ensure that the objectives identified on the Provisional Plan are prioritized and balanced with the ongoing demands of the organization. The current Provisional Plan is attached as [Appendix A](#). On October 21, 2021, the Board of Health approved extending the timelines for phase two and three of the Provisional Plan by a minimum of three (3) months. This elongation of the phases carries the Provisional Plan into Q2 2023. A new provisional plan is currently being developed for Q3 2023- Q4 2024 with the plan to develop a 2025-2029 Strategic Plan in 2024.

Provisional Plan Update

The Health Unit has continued to work on the goals identified on the Provisional Plan during Q1 2023 and has executed on key deliverables associated with the seven (7) strategic projects being implemented including:

#	Project Name	Provisional Plan Goal
1	Employment Systems Review	<ul style="list-style-type: none"> • 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 and collaborative organizational work across teams.
2	Implementation of the Anti-Black Racism Plan	
3	Onboarding and Enhancement of the Electronic Client Record (ECR)	<ul style="list-style-type: none"> • Expand the range of technology solutions to meet client, community partner and staff needs for delivering virtual programming and services and enhancing staff safety.
4	Transition to SharePoint	

5	Implementation of the Joy in Work Framework	<ul style="list-style-type: none"> Assess and refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, and processes are clear.
6	Return to Office	
7	Sociodemographic and Race-based Data Collection in Electronic Systems	<ul style="list-style-type: none"> Execute a plan to value and recognize staff contributions in all MLHU programs, including opportunities to enhance staff connectedness and belonging. Expand the systematic collection and analysis of sociodemographic and race-based data of MLHU clients, and develop a process for its use in planning and evaluation of MLHU programming and service delivery

A Q1 Provisional Plan summary report has been included as [Appendix B](#).

There is only one (1) goal, identified below, that has been delayed due to the need to prioritize resources for other projects:

- 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 and collaborative organizational work across teams.

Work will continue on a delayed schedule with specific components being prioritized.

Next Steps

The 2023/2024 Provisional Plan will be presented to the Governance Committee in Q2 2023, along with a new way to report on the status and progress of strategic initiatives.

This report was prepared by the Manager, Strategy, Planning and Performance.



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer



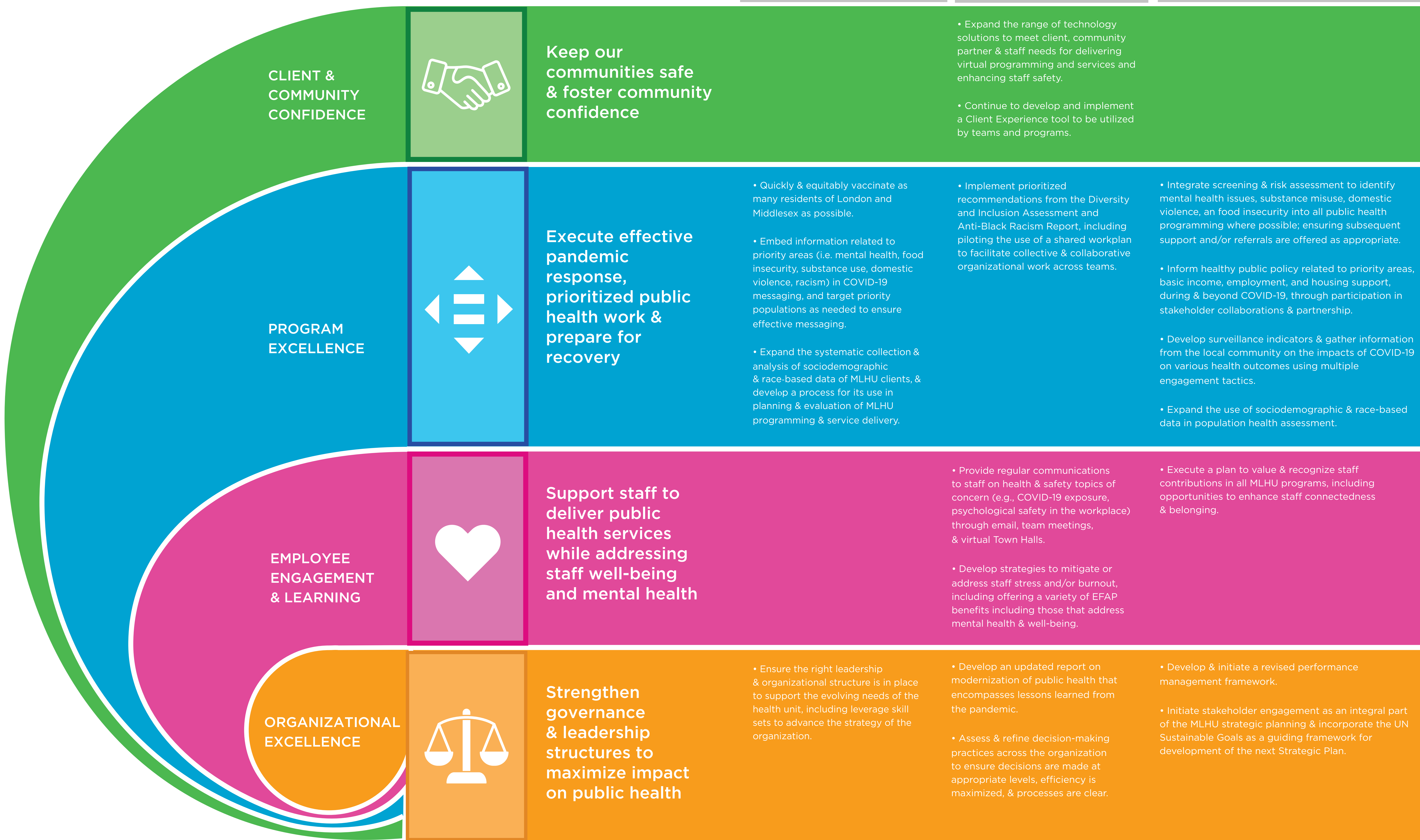
Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

MLHU 2021-22 Provisional Plan

3-6 MONTHS DO

6-12 MONTHS DESIGN

12-18 MONTHS DEFINE



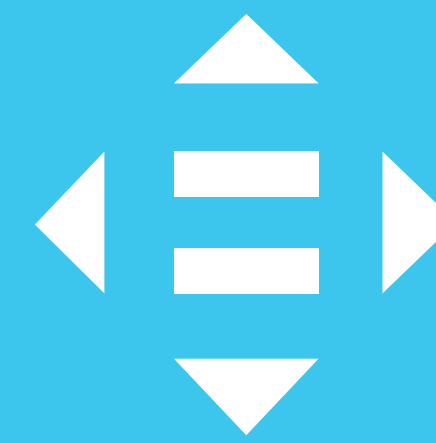
CLIENT & COMMUNITY CONFIDENCE



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 – Q1 2023 (Jan-Mar)

Status Legend	Complete 	Proceeding as planned 	Problems surfaced; considered manageable 	Major obstacles; requires intervention
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





MLHU 2021-22 Provisional Plan	GOALS	STATUS
<p>CLIENT & COMMUNITY CONFIDENCE Keep our communities safe & foster community confidence</p> <p>PROGRAM EXCELLENCE Execute effective pandemic response, prioritized public health work & prepare for recovery</p> <p>EMPLOYEE ENGAGEMENT & LEARNING Support staff to deliver public health services while addressing staff well-being and mental health</p> <p>ORGANIZATIONAL EXCELLENCE Strengthen governance & leadership structures to maximize impact on public health</p>	Expand the systematic collection & analysis of sociodemographic & race-based data of MLHU clients and develop a process for its use in planning and evaluation of MLHU programming and service delivery.	
	Expand the range of technology solutions to meet client, community partner and staff needs for delivering virtual programming and services enhancing staff safety.	
	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 and collaborative organizational work across teams.	
	Execute a plan to value and recognize staff contributions in all MLHU programs, including opportunities to enhance staff connectedness and belonging.	
	Assess & refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, and processes are clear.	

<p>Recent Accomplishments:</p> <ul style="list-style-type: none"> • Employment Systems Review (ESR) <ul style="list-style-type: none"> ○ Received and distributed final report on AODA audit ○ Presented SLT-approved draft Recruitment Policy and Procedure to MLT and have begun implementation of new procedures with a “soft launch”, where feedback continues to be considered and incorporated into processes ○ Established processes to coordinate the capacity building schedule and budget for leadership and employee training related to Equity, Diversity, and Inclusion ○ Summarized Exit Surveys and Interviews for integration into annual HR Dashboard reporting • Anti-Black Racism Plan <ul style="list-style-type: none"> ○ Hosted the first meeting of 2023 in January with the ABRP Advisory Committee to review the workplan developed for the ten recommendations identified for action for this year and to introduce new interim Director ○ Created and shared a schedule of meetings for the whole year, which includes the focus of discussion for each meeting for the purpose of timely and effective implementation of the prioritized recommendations for 2023 ○ Initiated implementation of “<i>Ensure physical and virtual spaces are reflective of Black cultures (e.g., images and greetings in different African languages)</i>”; Painting created by a local Black artist procured. • Onboarding/Enhancement of ECR <ul style="list-style-type: none"> ○ Completed planning for implementation of ECR with Oral Health – Daycare Screening program ○ Initiated and focused the implementation for the Infectious Disease Control Team Tuberculosis (TB) program clinic ○ Integrated the iHEAL program forms into Profile ○ Participated in the Profile for Public Health Working Group ○ Explored new documentation guidelines and processes • Transition to SharePoint (SP) <ul style="list-style-type: none"> ○ 52 of 54 teams have structures in SP and are migrating data ○ Advanced training completed with SP page editors 	<p>Next Steps:</p> <ul style="list-style-type: none"> • Employment Systems Review (ESR) <ul style="list-style-type: none"> ○ Continue with phased implementation of revised recruitment procedures with Leadership team and sharing with union partners ○ Finalize Recruitment Policy and Procedures; release and communicate to all staff ○ Develop plan for implementation of recommendations from formal AODA audit report, update Multi-year Plan, inform SLT ○ Update Retirement and Resignation Policy ○ Scope out a plan for development for organizational Conflict of Interest Policy ○ Review of Anti-Harassment and Anti-Discrimination Policy • Anti-Black Racism Plan <ul style="list-style-type: none"> ○ Development of Communication and Engagement Plan (focused on Anti-Black Racism messages and individual MLHU program activities to engage the African, Caribbean and Black communities of Middlesex-London). ○ Continue to consult with the ABRP Advisory Committee throughout the implementation of recommendations. ○ Continue scoping to identify recommendations to be prioritized based on engagement activities. ○ Continue to work towards respectful and trusting relationships with the ACB communities. • Onboarding/Enhancement of ECR <ul style="list-style-type: none"> ○ Finalize implementation with Oral Health – Daycare Screening program by September ○ Finalize plan for implementation of TB Clinic
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2021-22 Provisional Plan Status Update to BOH – Q1 2023 (Jan-Mar)

Status Legend	Complete 	Proceeding as planned 	Problems surfaced; considered manageable 	Major obstacles; requires intervention 
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<ul style="list-style-type: none"> • Return to Office <ul style="list-style-type: none"> ○ Project completed in October 2022 ○ Activities were transitioned to responsible teams to operationalize processes created during Project • Implementation of Joy in Work Framework <ul style="list-style-type: none"> ○ Staff day event held on November 18, 2022 ○ Leadership competency framework was created, and a development plan has been launched ○ Updated vacation policy and increased amounts of vacation and lieu time for all leaders ○ Introduced electronic mechanism to track leader overtime ○ Surveyed leaders to determine priorities for organization-wide process documentation ○ First meeting held regarding ‘common agency business processes’ to be documented ○ Held MLHU Leadership Team social event ○ Leadership development plan is underway with Crucial Conversations refresh, Crucial Accountability and LEADS training all started • SDOH and Race-based Data Collection <ul style="list-style-type: none"> ○ Rescoped project and drafted new Project Charter to reflect direction, including compressed timelines and deliverables for Phase 2/3 (approach has shifted to a continuous quality improvement project, which will pilot processes with prioritized teams based on First Nation partner needs) ○ Identified the pilot teams ○ Prioritized data domains for implementation in the pilots (Indigenous identity initially, followed by racial identity) 	<ul style="list-style-type: none"> ○ Continue to investigate how best to capture SDOH data in Profile • Transition to SharePoint (SP) <ul style="list-style-type: none"> ○ Discussions with SLT on migrating the MLHU HUB to SP have begun; leverage organizational supports to facilitate proper implementation ○ Continue to offer limited training sessions throughout 2023 to increase staff knowledge • Implementation of Joy in Work Framework <ul style="list-style-type: none"> ○ Review and update leader job descriptions ○ Finalize the decision authority matrix by leadership position • SDOH and Race-based Data Collection <ul style="list-style-type: none"> ○ Work with pilot teams to embed the prioritized dataset into their workflows ○ Develop standardized processes to collect, store, report on, and share data with partners ○ Develop training and resources to support the pilot teams ○ Develop monitoring process to inform CQI process • Address the critical issues and major risks identified below through risk mitigation strategies
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Associated Projects / Activities	Status	Critical Issues & Major Risks:
1. Employment Systems Review (ESR)		<ul style="list-style-type: none"> • Employment Systems Review (ESR) <ul style="list-style-type: none"> ○ Accessibility audit has produced additional recommendations, impacting project timelines and budget ○ Many recommendations arising from AODA audit require engagement with landlord for implementation; may be time consuming and encounter some resistance • Anti-Black Racism Plan <ul style="list-style-type: none"> ○ Prioritized resources for other projects impact timely implementation of recommendations outside of those that are data-related • Onboarding/Enhancement of ECR <ul style="list-style-type: none"> ○ Lack of funding may impact progress in future ○ Identified need for training from other providers regarding reporting and form creation best practices. • Transition to SharePoint (SP) <ul style="list-style-type: none"> ○ Issues may arise around organizational staff capacity to facilitate migration of the MLHU HUB as success requires engagement from these resources and teams. A request for assistance is underway. • SDOH and Race-based Data Collection <ul style="list-style-type: none"> ○ Implementing collection of a standardized set of SDOH questions may not be consistent with existing workflows and data collection processes ○ Challenges may exist in receiving buy-in from staff and Leaders to consistently implement SDOH data collection
2. Implementation of the Anti-Black Racism Plan		
3. Onboarding/Enhancement of the Electronic Client Record (ECR)		
4. Transition to SharePoint		
5. Implementation of the Joy in Work Framework		
6. Return to Office		
7. Sociodemographic and Race-based Data Collection in Electronic Systems		



TO: Chair and Members of the Governance Committee

FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health

DATE: 2023 April 20

2022 OCCUPATIONAL HEALTH AND SAFETY REPORT

Recommendation

It is recommended that the Governance Committee recommend that the Board of Health receive Report No. 05-23 GC, re: “2022 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 2022, the number of employee-reported incidents was 86; an 11% increase when compared to 2021.
- Key accomplishments include improved safety and security measures in Strathroy, re-introducing de-escalation training for staff in response in an increase in reports of verbal aggression, establishing a robust and effective employee immunization policy, and continued regular occupational health and safety education for MLHU employees.
- The MLHU achieved the highest vaccine uptake rates for COVID-19 and Influenza since the implementation of the Employee Immunization Program.

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. This is further codified in the organizational requirements within the legislative Public Health Accountability Framework, in which the “board of health shall comply with all legal and statutory requirements”.

As part of the Occupational Health and Safety Program, the Occupational Health and Safety team submits an annual report ([Appendix A](#)) summarizing health and safety initiatives, employee-reported injuries and incidents, and the 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 annual report highlights the functioning of the Internal Responsibility System, where each member of the organization has a role to play in supporting occupational health and safety and ensuring the MLHU is committed to fostering a safe work environment.

Over the course of 2022, there were 86 employee-reported incidents, which is an 11% increase from 2021.

The most reported incidents were workplace violence (47%); struck with/ caught by/ contact with (10%); slips, trips, and falls (9%); and exposures (9%). The second largest increase in reporting was related to exposures (100% increase), with staff reported incidents related to minor electric shock, chemical fumes, hand sanitizer splashes, and exposure to second-hand smoke.

There was a 117% increase in near miss reporting in 2022 in comparison to 2021. The MLHU investigated six potential cases of COVID-19 workplace transmission in late 2022, the organization's first occupational illness report filed since the declaration of the pandemic in 2020. Incident reporting is regularly encouraged to ensure MLHU is aware of what employees are experiencing on the job and has likely continued to have an impact on the number of reports received over the course of 2022.

Occupational Health, Safety and Wellness

Employees continue to utilize employee wellness supports available to them. In 2021-2022, the utilization rates for the Employee and Family Assistance Program (EFAP) were significantly higher than our contracted utilization rate. Additional virtual wellness program supports through a wellness provider, Cyno, will be implemented in 2023 to complement employee and family assistance programming and further support employee's individual wellness needs.

Revisions to the Employee Immunization Policy and dedicated attention to the Employee Immunization Program resulted in an increase in vaccine uptake and compliance rates. The compliance rate for submission of immunization history, as required by the Employee Immunization Policy, among new hires in 2022 was 100%. In addition, vaccine uptake (employees who reported receiving a recent dose of vaccine) rates for influenza increased by 5% when compared to 2021 and is the highest uptake of the influenza vaccine (80%) for MLHU employees since the Employee Immunization program was launched.

With the introduction of a hybrid work model at MLHU, the OHS team supported the Return to Office efforts through the creation of process documents, a business processes SharePoint page with employee resources, and employee communications. A focus on ergonomics was also an important part of return to office, which included a lighting assessment and ergonomic reviews.

The trend of increased vitriol, harassment and aspects of workplace violence continued from 2021 into 2022, resulting in an increase in workplace violence-related employee incident reports including reports of verbal aggression, harassment, and threats of physical violence. Occupational Health and Safety provided support to staff, including but not limited to formal safety planning, security enhancements in Strathroy, consultation, and the development of a robust training program which includes both strategies for verbal intervention and physical disengagement. De-escalation training developed by the Crisis Prevention Institute (CPI) will be a primary focus in 2023.

Next Steps

The Occupational Health and Safety program at the 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. Continued focus on policy review, employee education, infection control, workplace violence and employee wellness are anticipated over the course of 2023. The 2021 investment of an additional permanent full-time position in the Occupational Health and Safety Program has continued to allow for further integration and continuous quality improvement of occupational health, safety, and wellness at MLHU and continues to play an important role in the staff immunization program.

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

Handwritten signature of Emily Williams in cursive script.

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

Handwritten signature of Alexander T. Summers in cursive script.

Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

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

2022



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

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London, Ontario: Lilka Young

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Introduction

The following report is submitted to the Governance Committee of the Board of Health and is available for all employees to review on an annual basis by 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 occupational health and safety that were completed over the course of 2022.

The Occupational Health and Safety Team

Reporting to the Manager, Human Resources, the Health and Safety Advisor with the support of a Human Resources Coordinator, Health and Safety oversees the occupational health, safety and wellness programming for MLHU. In 2021, MLHU invested in the expansion of the portfolio by funding a second permanent full-time position to support the increasing occupational health and safety efforts and initiatives at MLHU. This investment has allowed for greater focus on employee immunization and continued maintenance and improvements to health and safety policies and procedures to support legislative compliance and best practice. The Occupational Health and Safety team, with the support of the Joint Occupational Health and Safety Committee (JOHSC) monitor and support the Internal Responsibility System by reinforcing legislative requirements and consulting with teams to ensure that the appropriate safety measures are in place. The team also leads the follow up for employee incident reporting and reports quarterly to the Senior Leadership Team.

Activities and Initiatives

Employee Wellness Programming and Initiatives

Occupational Health and Safety took on more of a leadership role on the Be Well Committee in 2022 with the Health and Safety Advisor in the management co-chair position.

Over the course of 2022, the Be Well Committee continued to offer virtual wellness programming as employees continued to work either remotely or in the community (such as vaccination clinics, home visiting, inspections, and enforcement activities, etc.). Be Well also continued to provide the monthly Be Well highlights newsletter, weekly wellness reminders to support mental health and physical wellness with links to virtual wellness activities such as workouts, stretches and meditation sessions. Programming also included monthly virtual coffee breaks with themes and games, and wellness content/ activities being shared during weekly virtual town hall meetings. Staff participation varied by event and to support the varied schedules, many virtual activities (webinars and virtual exercise classes) were recorded and posted on the Be Well Website for employees to access when conducive to their schedule. There were also monthly participation surveys with prize incentives.

A new initiative was launched in 2022 in partnership with Employee Wellness Solutions Network (EWSN), which allowed staff to participate in virtual fitness classes on demand through the Fitness for All application. This tool was promoted via Be Well Highlights, town hall slides and wellness Wednesday communications.

Homewood Health's services run on annual calendar that spans from April to March. By the 3rd quarter, MLHU continued to have high utilization rates (over 33.71%) with the Employee and Family Assistance Program. The projected annualized utilization rate for 2022-2023 is 23.07%, well above the sector benchmark of 9.72%. MLHU employees have used a range of the programs available through the Homewood Health offering, including clinical, coaching, and online services.

Three wellness workshops were well attended by staff and covered topics such as establishing work/life harmony, managing the transition back to the workplace, and thriving in a hybrid work environment. Additional sessions will be scheduled in 2023, including a session focused on self-esteem, self-confidence, self-efficacy, and self-compassion.

In May 2022, Homewood Health launched a new tool on their online platform homeweb.ca called Pathfinder. This tool assists employees or their family members to find the resources, tools or counselling that align with their specified need. To date, 30 employees have registered for this service.

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To support recovery from the MLHU response to the COVID-19 pandemic, a number of acknowledgement sessions were held for both employees and leaders. These sessions provided time and space for employees to debrief their challenges and successes during the COVID-19 pandemic response with a clinical practitioner.

In response to reports of vicarious trauma, a crisis intervention session was organized to support the Community Outreach and Clinical Support Services Team. Following these sessions, further investigation into mental health supports for teams resulted in the piloted implementation of the Your Health Space (YHS) programming from the Canadian Mental Health Association. This mental health programming will be offered to select teams in the first two quarters of 2023.

The MLHU was able to return to in person staff events in 2022 with two staff day events provided, a social event in Springbank Park in June, and the annual Staff Recognition Day, which took place in person at the Palasad South location. Staff recognition was also conducted virtually over the course of four weeks in November to recognize long-term service award recipients. Both in-person events were well received by staff and will be built into wellness programming for 2023 and beyond.

Be Well also transitioned their external website (bewellatmlhu.com) to the internal SharePoint site in October 2022 to allow for protected access of internal information such as staff photos, event dates and locations.

At the end of 2022, the Be Well Committee voted to transition from EWSN to a new wellness partner, Cyno, for 2023, which will include more live virtual offerings for both one-on-one and group programming. The program offerings from Cyno are more varied (e.g. fitness, nutrition, life coaching, social activities, art therapy, music lessons, etc) and geared to the individual. This new programming allows for individual and customized support driven by employee needs and/or wellness goals.

Employee Immunization Program

In June 2022, MLHU revised the Employee Immunization Policy eliminating the COVID-19 vaccine mandate. The current policy requires that all employees report their vaccine status for COVID-19, influenza, and for several prescribed vaccines, including:

- Hepatitis B
- Measles, Mumps, Rubella
- Tetanus, Diphtheria, Pertussis
- Varicella
- TB Skin tests for select employees

The updated policy also included required safety measures for those who were not up to date with their vaccines. This included universal masking and rapid testing for those who were not up to date with a recent dose of COVID-19 vaccine, and universal masking for those who did not receive a recent dose of the influenza vaccine. These measures are in place during respiratory season, defined in the policy as November 1 – March 31 under the directive of the Medical Officer of Health.

At the end of 2022, 100% of staff were compliant with the COVID-19 vaccine reporting requirements, in that they had either reported receiving their primary series and a recent booster dose (80%), were exempt from/ declined receiving an additional dose of the COVID-19 vaccine (12%) or were not yet eligible to receive an additional dose (8%).

Table 1: 2022 Employee Immunization Uptake and Compliance Rates for COVID-19 and Influenza Vaccines

Vaccine	Employee Uptake Rate	Employee Compliance Rate
COVID-19	80%	100%
Influenza	80%	97%

Since the most recent policy revision and dedicated attention to the Employee Immunization program, the compliance rate for submission of immunization history among new hires in 2022 was 100%. In addition, vaccine uptake (employees who reported receiving a recent dose of vaccine) rates for influenza increased by 5% when

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compared to 2021 and is the highest uptake of the influenza vaccine (80%) for MLHU employees since the Employee Immunization program was launched. Further follow up to confirm employee immunization status for the antigens listed above will continue in 2023.

Supporting a Return to The Office

Over 2022, the Occupational Health and Safety Team assisted with the organizational priority of preparing employees to return to the office through a hybrid work model. This included the development of an Office Processes and Resource (OPR) page on SharePoint, which provides employees access to several organizational resources and process documents.

In response to near miss reporting and employee-related concerns, a process document for using the loading dock was developed and uploaded to the OPR SharePoint site. To further support staff in utilizing the loading dock safely, OHS and Communications filmed and produced a Loading Dock Safety video. This was launched at town hall and is available on the OPR SharePoint Page for staff to review when and if they are unfamiliar with using the loading dock. An additional safety video will be filmed in 2023 to support and orient employees to the various pieces of safety equipment available to them at MLHU office locations.

The COVID-19 Response and the COVID-19 Vaccination Effort

Entering the third year of the pandemic, Occupational Health and Safety continued to participate in the pandemic response. Occupational Health and Safety support for the COVID-19 vaccination clinics in Middlesex County and the City of London continued throughout the course of 2022.

Common safety concerns at these clinics were related to ergonomic set up, slip, trip and fall hazards and workplace violence (verbal aggression and threats of violence). To address these concerns, several corrective actions were put in place, including the consistent monitoring and correction of cable management, ongoing ergonomic support, and consistent OHS messaging via e-mail and weekly town hall communications. In recognizing the increase in verbally aggressive clients, Occupational Health and Safety worked with the Manager of Vaccine Preventable Disease and the Joint Occupational Health and Safety Committee (JOHSC) to introduce de-escalation training to 60 select staff. Participants included administrative staff, clinic leaders and members of the JOHSC.

De-Escalation Training and the Introduction of Verbal and Nonviolent Crisis Intervention Training

In 2022, four de-escalation training sessions were held and facilitated by a third-party trainer to address concerns that employees did not have the tools or resources to address or respond to verbally aggressive clients. To further address this need across the organization, two employees were certified as instructors for the Crisis Prevention Institute’s (CPI) Nonviolent Crisis Intervention training, which also includes Verbal Intervention.

The first Verbal Intervention session was offered in December 2022, with several sessions planned for 2023, including Nonviolent Crisis Intervention for leaders and employees who are at higher risk for workplace violence. 66 employees received training on verbal de-escalation in 2022. The training will be offered in two levels as summarized in the table below.

Table 2: Crisis Prevention Institute Training Options

Training Type	Included in Training	Mode of Training
Level One – Verbal Intervention	<ul style="list-style-type: none"> Identify and know how to respond to various levels of crisis behaviours Calm and consistent response Nonverbal communication Limit-setting strategies Safety intervention strategies Debriefing following an incident 	<ul style="list-style-type: none"> Blended (Online <u>and</u> in person)
Level Two – Nonviolent Crisis Intervention	<ul style="list-style-type: none"> Identify and know how to respond to various levels of crisis behaviours Calm and consistent response Nonverbal communication Limit-setting strategies 	<ul style="list-style-type: none"> Blended; or In Person

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	<ul style="list-style-type: none"> • Safety intervention strategies, including physical disengagements • Decision-making Matrix and assessing risk behaviour • Debriefing following an incident 	
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CPR Training and Standard First Aid Training

In 2022, the MLHU offered CPR certification and re-certification to all permanent employees who were interested in receiving training. In 2022, 42 employees were certified or re-certified in CPR-C or Standard First Aid 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, eight employees received first aid and CPR training as designated first aid responders and/or as per the requirements for their respective programs.

In 2022, Oral Health employees received Basic Life Saving (BLS) CPR, in line with the recommendation from the [Royal College of Dental Surgeons of Ontario](#), whereby “all dentists and clinical staff must have the training and ability to perform basic life support (BLS) techniques”. Thirty employees, including members of the Oral Health team, were provided with BLS CPR Training.

Changes to the CPR and Standard First Aid Training requirements and eligibility are anticipated in 2023.

Strathroy Security and Safety Enhancements

Following an employee overhearing a violent incident in the corridor outside of the MLHU Strathroy Office in the Shops on Sydenham Plaza, a few recommendations were made to bolster employee safety and security. This included:

- Retrofitting the front entrance doors with an electronic locking and intercom system; and
- Implementing scheduled leadership presence at the Strathroy Office.

In addition to these measures, in response to a few unresolved JOHSC inspection findings, the Senior Leadership Team also sponsored a two-day clean up of the Strathroy Office. Old furniture and materials were removed from the site to facilitate a welcoming, warm, safe, and professional environment, more employee presence, and to address the outstanding worksite inspection findings. A similar clean up will occur at Citi Plaza in 2023.

Launching a User-Friendly and More Accessible Injury/ Incident Report Form

The new incident report form on CheckMarket was developed in late 2021 and released for staff use for both employee and non-employee incidents in 2022. As outlined below, MLHU saw an increase in reporting in 2022.

The new form allows for customizable notifications to leaders, which provides incident information to be shared in a timelier manner.

Ergonomics

To support employees with reported light sensitivities, an Illuminance Lighting Assessment was conducted in December 2021. The follow up to the recommendations within the report were actioned in 2022. This included the installation of lighting controls in the kitchen and an adjacent cubicle workstation, enforcing the use of overhead lighting when light levels are low, providing task lighting as necessary, encouraging the use of window blinds during daylight hours, and educating workers on the hazards associated with eye strain and monitor brightness functions. Continued support and problem solving for the window blinds are ongoing.

Clinical staff at Citi Plaza also raised concerns about the workstation set up in clinical exam rooms. A variety of monitor arms were trialed until the team came to a consensus. Further investigation and workstation improvements will be discussed in 2023.

Over the course of 2022, OHS conducted eight ergonomic assessments for employees. These proactive reviews were conducted following employee questions and/or concerns about their workstations. Six employees also reported musculoskeletal injuries in relation to sitting for long periods of time, awkward postures, lifting, moving/adjusting equipment and equipment tipping.

2022 Policy Review

Over the course of 2022, three policies were reviewed, including the Employee Immunization Policy, Ergonomics Policy, and the Scent-Free policy. Several policies will require review in 2023.

In addition, a new health and safety policy was created entitled *Latex Control* to formalize agency practices around identifying which products used at MLHU contain latex as well as prohibit the presence of poinsettias and latex balloons to ensure that employees with allergies and/or sensitives are able to come to work safely. Teams that use latex balloons for training purposes will continue with this practice and have been provided with direction on the appropriate labelling and storage of these items.

Employee Reported Injuries and Incidents

The total number of employee-reported workplace incidents (86) in 2022 increased (11%) compared to the same period in 2021. Incident reporting is regularly encouraged with staff to ensure that the MLHU is aware of the employee experience to inform and enhance OHS programming as well as to ensure the appropriate hazard controls are in place to prevent incidents from occurring. There was a 117% increase in near miss reporting in 2022 in comparison to 2021. Regular reminders about incident reporting and a continued increase in staffing may have contributed to the slight increase in reports in 2022.

The most reported incidents were workplace violence (47%); struck with/ caught by/ contact with (10%), slips, trips, and falls (9%), and exposures (9%). For the first time since the pandemic began, MLHU reported and investigated six cases of potential workplace transmission of COVID-19. The second largest increase in reporting was related to exposures (100% increase), with staff reported incidents related to minor electric shock, chemical fumes, hand sanitizer splashes, and exposure to second hand smoke.

In 2022, there was a notable increase in the severity of workplace violence reports, 15% of workplace violence reports referenced acts of attempted physical violence (3), exercise of physical violence (1) and reports of visitors or clients carrying a weapon (2). No reports of this nature were received in 2021. In addition, there were three domestic violence disclosures made over the course of the year, up from 0 in 2021. Following receipt and investigation of these reports, safety interventions such as a client code of conduct, communicating risk of violence, de-escalation training, and safety planning were put in place to maintain and support staff safety. Further revisions to the agency Workplace Violence Prevention policy are planned in 2023 to further address the risk of violence for MLHU employees.

All reported workplace injury/incidents are depicted in Figure 1 and 2 below.

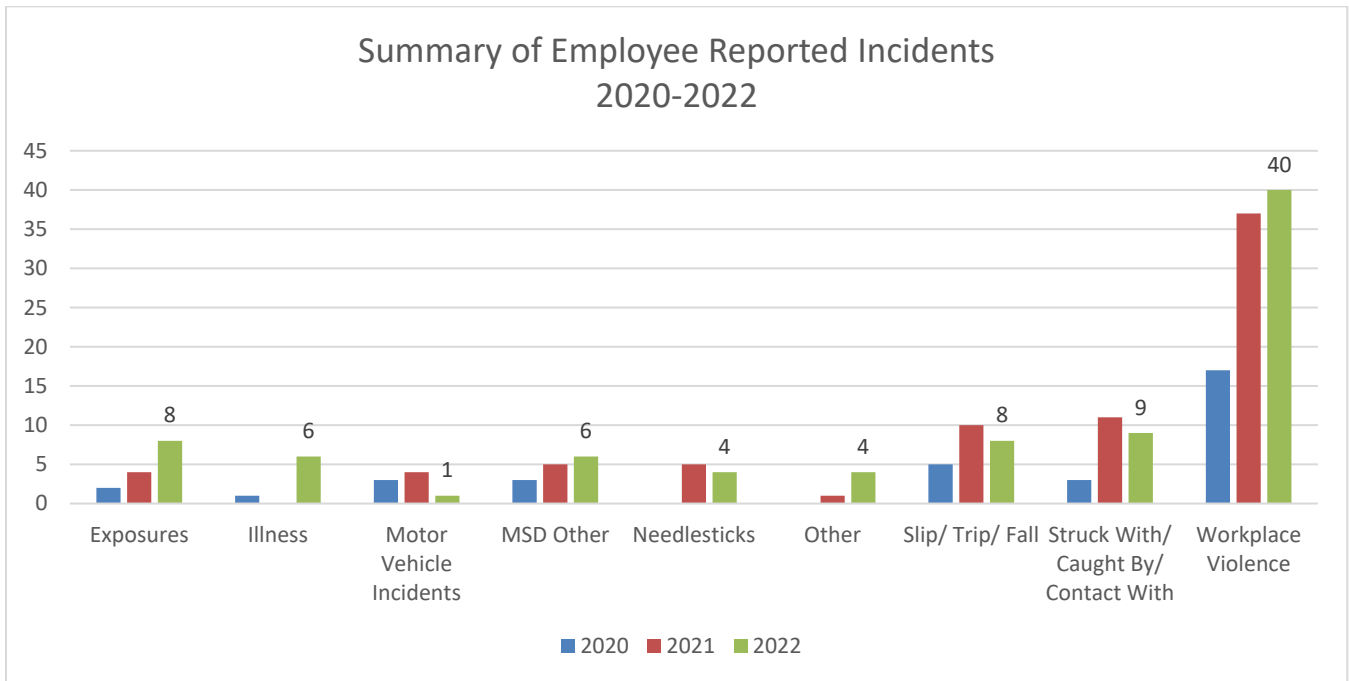


Figure 1: Employee- Reported Incidents 2020-2022

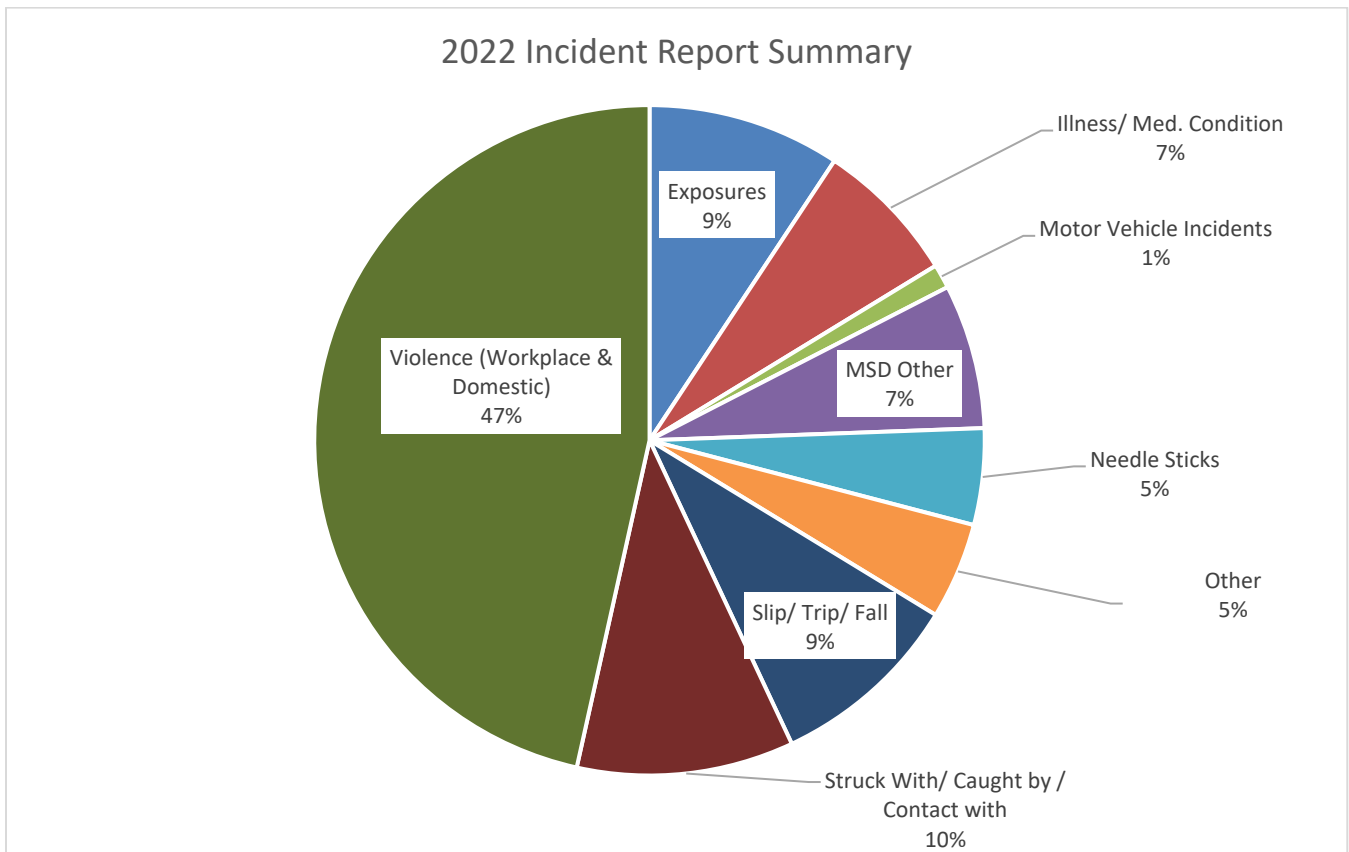


Figure 2: 2022 Incident Report Summary

Examples of workplace violence incidents, as defined at MLHU, include any situation that involves a worker in the workplace that may result in actual or potential harm/ injury. This may include reports of acts or attempts or threats of physical violence, verbal aggression/ abuse, and harassment. 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).

Table 3: Breakdown of Workplace Violence Incidents

Classification of Workplace Violence Incidents	Frequency
Type 1: Criminal Intent – No relationship to MLHU	12
Type 2: Client – Relationship to MLHU	24
Type 3: Worker-to-Worker	1
Type 4: Personal Relationship	3
Total	40

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

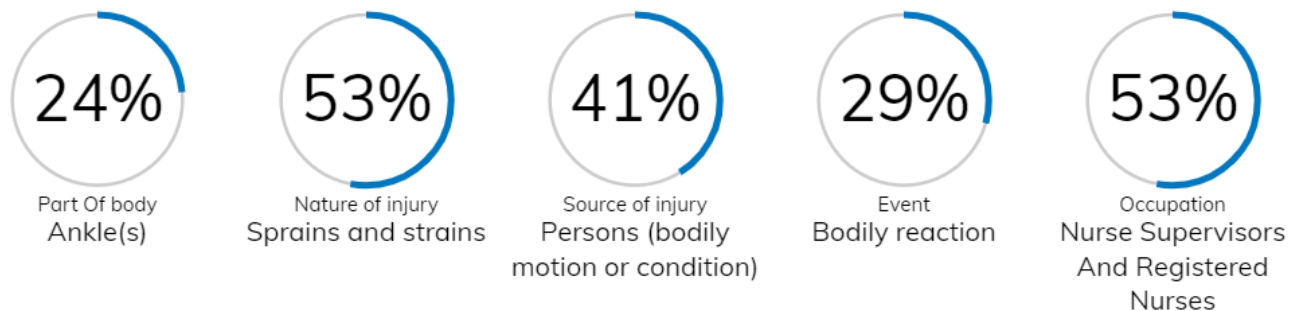
Examples of exposures include exposures to chemicals (e.g. fumes, smoke or hand sanitizer) and minor electrical shock.

Examples of the other category in 2022 include the potential for psychological harm and/or vicarious trauma.

In addition to employee reporting, MLHU receives incident reports from and/or about visitors, clients, contractors, unpaid students, and volunteers. These 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 2022, there were 30 non-employee reported incidents related to client incidents or injuries and 26 employee reports that occurred outside of work hours, were not work-related or were near miss (13) reports.

Workplace Safety and Insurance Board (WSIB) Reporting and Claims Analysis

According to the WSIB publicly accessible Safety Check tool (Figure 3), 53% of the MLHU’s lost time injuries between 2018-2023 were sprains and strains (MSD Other) and 53% of WSIB-reported injuries were sustained by nurses.



WSIB generated report for MIDDLESEX-LONDON HEALTH UNIT
 Data source: Workplace Safety and Insurance Board
 Data maturity: As of January 31, 2023
 This data is licensed to you under the Government of Ontario's Open Data License <https://www.ontario.ca/page/ontarios-open-data-directive#section-8> and subject to the provisions described therein.
 Data downloaded from WSIB Safety Check tool.
 Report downloaded on 2023-01-01 13:22:48

Figure 3: WSIB Safety Check - Leading Types of Lost Time Injuries 2018-2023

The following statistics (Figure 4 and Table 4) are accessible from the Workplace Safety and Insurance Board (WSIB) e-services Compass portal tool 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.

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There have been 65 allowed claims over the course of 2016-2022 which includes both lost and no lost time claims. Of all lost time claims, zero percent of claims have continued to receive loss of earnings benefits one year post injury.

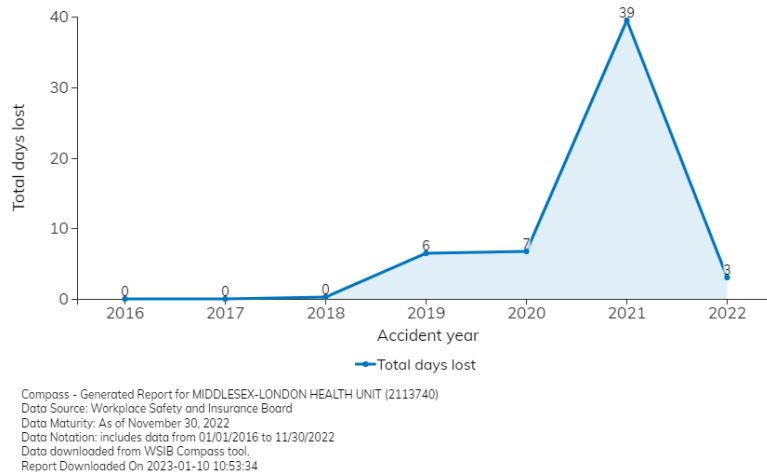


Figure 4: WSIB Summary of Lost Time (Days Lost) 2016-2022

Over the course of 2022, 17 reports were submitted to WSIB. Of those seventeen reports, 12 claims (up from eight) were approved by WSIB in 2022 compared to previous years as indicated in Table 3. Reports included Occupational Illness (COVID-19), Mental Disorder, Strain and Sprains, as discussed throughout this report.

Table 4: WSIB Business Profile Report - WSIB Compass Database

Category	2022	2021	2020
Employee Count ¹	561	814	392
Reported Workplace Incidents	84	77	34
Lost Time Injuries ²	3	1	2
No Lost Time Injuries	9	6	1
Recordable Injuries Total	12	7	2
Lost Time Injury Frequency	.31	.13	.40
No Lost Time Injury Frequency	1.10	.78	.20
Year-to-date Days Lost	3.00	39.41	6.78
Severity rate	N/A	6.51	1.74

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

²Lost time injuries as per approved WSIB claims.

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

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

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

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

Severity Rate is a year-to-date days lost regardless of the accident dates divided by the full-time equivalent worker multiplied by 100.

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. This may result in an increase in reporting to WSIB when employees seek medical attention or take time off in relation to an injury they have sustained.

Joint Occupational Health and Safety Committee

JOHSC Membership Updates

With the implementation and operation of COVID-19 vaccine clinics, the JOHSC expanded from nine members to 12, which allowed for more committee capacity for monthly worksite inspections. With the expansion, the JOHSC welcomed one new member each from the Ontario Nurses Association (ONA), the Canadian Union of Public Employees (CUPE), and from management.

The JOHSC welcomed three new members, Ginette Blake (CUPE), Dalia Salim (Management) and Sarah Webb (Management) to the committee. In 2022, the following one member left the committee; Kathryn Sadowski (CUPE).

Every Joint Health and Safety Committee (JHSC) must have at least two certified members: one representing workers, and one from management. 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. Those who completed the training after March 1, 2016, require refresher training every three years. As a result of receiving special training in workplace health and safety, certified members are given additional powers under the Act. For example, certified employer and worker representatives can, under specified circumstances, collectively order the employer or constructor to stop work that is dangerous to a worker [subsection 45(4)]. The MLHU's commitment to training allows for the JOHSC to act effectively when it comes to identifying workplace hazards. In 2022, two members received certification training and two members of the committee received refresher certification training. Of the 12 members, six hold JHSC Certification.

Safety and Health Week

Each May, the JOHSC celebrates Safety and Health Week. In 2022, Safety and Health Week activities included a self-directed Safety Scavenger Hunt, a guided Safety Tour, and virtual trivia focused on Occupational Health and Safety to educate staff on Health and Safety processes. The JOHSC will continue to provide both in person and virtual education for Safety and Health Week in 2023 in partnership with Emergency Management.

Workplace Inspections and Management Responses

The JOHSC conducts monthly inspections of all MLHU locations (includes offices and vaccination clinics) 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 2022, 51 inspections were conducted, and 110 items (including new and repeated findings) were identified. See Table 6 below for a summary of the results from the 2022 worksite inspections.

Contributing factors associated with incidents/injuries, identified hazards, and near misses are expected to be resolved satisfactorily by the employee's immediate leader, sometimes in consultation with Human Resources, Occupational Health and Safety, or Operations.

Employees are encouraged to raise concerns with their leader 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 to address them.

Management responses to identified hazards and risks associated with the facilities, equipment and furnishings were routinely and promptly provided in writing by the applicable leader. Most hazards or 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 2022, nine items were outstanding (one from 2020, one from 2021, repeated in 2022) with action plans for resolution and follow up with building management anticipated in early 2023. As indicated in Table 5, five items were resolved in early 2023.

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Table 5: Summary of Outstanding Items Identified During Worksite Inspections

Hazard Category	Description	Year	Status
Compliance	Updated list of designated first aid responders is required	2022	Pending
Musculoskeletal/Safety	Boxes stacked too high in the basement Citi Plaza storage room	2021, 2022	Pending
Musculoskeletal/Safety	Boxes stacked too high on top of each other in Citi Plaza second floor storage room	2022	Pending
Safety	Poor cord management in Mobile Clinic Storage	2022	Pending
Biological	Coffee cups and water bottles at workstations or tables within the clinic area at Western Fair Vaccination Clinic	2022	Resolved in 2023
Compliance	Recent Inspection reports not posted on Health and Safety board	2022	Resolved in 2023
Safety	Dishwasher not secured to countertop and tipping out when door is opened.	2022	Resolved in 2023
Safety	Worker concerns about open window space at reception desk at Citi Plaza	2022	Resolved in 2023
Safety	Concrete exposed on the floor throughout the hallways of the Strathroy office	2020	Resolved in 2023

Table 6: Summary of 2022 Worksite Inspections

2022 Workplace Inspections	Agriplex	Caradoc	Citi Plaza	Earl Nichols	Strathroy	Westmount	Western Fair	Total
Number of inspections	9	11	12	2	12	2	3	51
Types of items identified								
Biological	1	0	1	0	5	0	2	9
Chemical	0	0	1	0	0	0	0	1
Compliance	1	1	2	0	1	1	3	9
Musculoskeletal	2	1	3	0	1	0	1	8
Physical	2	0	0	0	0	0	0	2
Psychosocial	0	0	0	0	0	0	0	0
Safety	24	9	19	4	4	3	8	84
Total:	30	11	26	4	24	4	14	113

Biological – includes hazards that come from living organisms.

Chemical – includes hazards associated with chemicals / chemical use.

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

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

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

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.

Employees are encouraged to review the posted worksite inspection reports on the HUB or on the dedicated JOHSC bulletin board in each MLHU location. Occupational Health and Safety information will be migrated to the updated internal SharePoint site in 2023.

Quarterly Meetings

The JOHSC is required to meet at least once every three months under the OHSA; the MLHU JOHSC conducted five meetings over the course of 2022. The JOHSC regularly discusses incident reports and statistics, worksite inspections, and program/ policy updates at each scheduled meeting. Minutes of the JOHSC meetings are made available to all staff on the [JOHSC HUB page](#) and are also posted on the JOHSC bulletin boards at each MLHU location, including vaccine clinics.

As indicated by employee-reported incidents, 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 2022:

- 2023 Communication calendar
- Accessibility audit of Citi Plaza and Strathroy
- Citi Plaza safety concerns
- CPI verbal and nonviolent crisis prevention training
- Employee immunization program
- Ergonomics policy
- Fire drill analysis
- Infection Prevention and Control
- JOHSC on-site presence
- Loading dock safety
- Storage practices
- Strathroy safety and security concerns
- WHMIS training
- Workplace Transmission of COVID-19

Conclusion

The momentum of 2020 and 2021 continued into 2022 for Occupational Health, Safety and Wellness at the MLHU. Changes to the Employee Immunization policy resulted in an increase in uptake and compliance rates that have not been achieved in years past. Employees continue to report incidents in a timely manner, allowing for better understanding of the hazards MLHU employees face in their roles.

The MLHU continues to build its safety culture through continued conversation, regular communications, and education. Further dedication to employee wellness, policy review, employee education, infection control, workplace violence and improvements to the Workplace Hazardous Materials Information System (WHMIS) program are planned for 2023.