

**AGENDA  
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, March 17, 2022, 7:00 p.m.  
Microsoft Teams

**MISSION - MIDDLESEX-LONDON HEALTH UNIT**

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

**MEMBERS OF THE BOARD OF HEALTH**

Ms. Maureen Cassidy  
Ms. Aina DeViet  
Mr. John Brennan  
Ms. Kelly Elliott  
Ms. Mariam Hamou  
Mr. Matt Reid  
Mr. Mike Steele  
Ms. Tino Kasi  
Mr. Selomon Menghsha  
Dr. Alexander Summers (Medical Officer of Health, ex-officio member)  
Ms. Emily Williams (Chief Executive Officer, ex-officio member)

**SECRETARY**

Ms. Emily Williams

**TREASURER**

Ms. Emily Williams

**DISCLOSURE OF CONFLICTS OF INTEREST**

**APPROVAL OF AGENDA**

**MINUTES**

Approve: February 16, 2022 – Special Meeting of the Board of Health  
February 17, 2022 – Board of Health meeting  
March 3, 2022 – Special Meeting of the Board of Health  
March 7, 2022 – Special Meeting of the Board of Health

Receive: February 17, 2022 – Governance Committee meeting  
March 3, 2022 – Finance and Facilities Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
<b>Reports and Agenda Items</b>						
1	X	X	X	Finance and Facilities Committee Meeting Summary from March 3, 2022  (Report No. 11-22)	<a href="#">March 3, 2022 Agenda</a>	To provide an update on reports reviewed at the March 3, 2022 Finance and Facilities Committee meeting.  Lead: Mr. Mike Steele, Chair, Finance and Facilities Committee
2			X	Implementation of the Intervention for Health Enhancement and Living (iHEAL)  (Report No. 12-22)		To provide an update on the iHEAL program.  Leads: Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer and Ms. Jennifer Proulx, Manager
3			X	Healthy Living Strategic Review  (Report No. 13-22)	Appendix A	To provide an outline of the Healthy Living Division strategic review.  Leads: Ms. Maureen MacCormick, Director, Healthy Living and Ms. Rhonda Brittan, Manager, Healthy Communities and Injury Prevention
4			X	Public Sector Salary Disclosure Act: 2021 Record of Employees' Salaries and Benefits  (Report No. 14-22)	Appendix A	To provide information on the public sector salary disclosure for the 2021 fiscal year.  Leads: Ms. Emily Williams, Chief Executive Officer and Mr. David Jansseune, Assistant Director, Finance
5		X	X	Health Unit General Insurance Policy Renewal  (Report No. 15-22)	Appendix A	To request approval to renew the Health Unit's General Insurance Policy.  Leads: Ms. Emily Williams, Chief Executive Officer and Mr. David Jansseune, Assistant Director, Finance

6		X	X	Diversity and Inclusion Assessment: MLHU Employment Systems Review Update  (Review No. 16-22)		To provide an update on the progress on implementing and prioritizing the recommendations from the Employment System Review.  Leads: Ms. Emily Williams, Chief Executive Officer, Ms. Cynthia Bos, Manager, Human Resources, and Ms. Janet Roukema, Human Resource Specialist, Diversity and Inclusion
7	X		X	Verbal COVID-19 Disease Spread and Vaccine Campaign Update		To provide an update on COVID-19 matters.  Lead: Dr. Alexander Summers, Medical Officer of Health
8			X	Acting Medical Officer of Health Activity Report for February  (Report No. 17-22)		To provide an update on external and internal meetings attended by the Acting Medical Officer of Health since the last Board of Health meeting.  Lead: Dr. Alexander Summers, Medical Officer of Health
9			X	Chief Executive Officer Activity Report for February  (Report No. 18-22)		To provide an update on external and internal meetings attended by the Chief Executive Officer since the last Board of Health meeting.  Lead: Ms. Emily Williams, Chief Executive Officer
<b>Correspondence</b>						
10		X	X	March 2022 Correspondence		To endorse item a).

## OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, April 14 at 7:00 p.m.

## **CONFIDENTIAL**

The Middlesex-London Board of Health will move into a confidential session to approve previous confidential Board of Health minutes, for the purpose of educating or training the members, and to discuss matters which pertain to one or more of the following, as per section 239(2) of the *Municipal Act, 2001, S.O. 2001, c. 25*:

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- (d) labour relations or employee negotiations;
- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
- (h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
- (i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- (j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
- (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.

## **ADJOURNMENT**



**PUBLIC SESSION – MINUTES**  
**SPECIAL MEETING OF THE**  
**MIDDLESEX-LONDON BOARD OF HEALTH**

Wednesday, February 16, 2022, 6:00 p.m.  
MLHU Board Room – CitiPlaza  
355 Wellington Street, London ON

---

**MEMBERS PRESENT:** Mr. Matt Reid (Chair)  
Ms. Kelly Elliott (Vice-Chair)  
Ms. Maureen Cassidy  
Ms. Mariam Hamou  
Ms. Tino Kasi  
Mr. Mike Steele  
Mr. Selomon Menghsha

**REGRETS:** Ms. Aina DeViet  
Mr. John Brennan

**OTHERS PRESENT:** Ms. Carolynne Gabriel, Executive Assistant to the Board of Health  
and Communications Coordinator (Recorder)  
Ms. Jodi Gallagher Healy

Chair Matt Reid called the meeting to order at **6:02 p.m.**

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Ms. Maureen Cassidy, seconded by Ms. Kelly Elliott**, *that the AGENDA for the February 16, 2022 Special Meeting of the Board of Health be approved.*

Carried

**CONFIDENTIAL**

At **6:04 p.m.**, it was moved by **Mr. Mike Steele, seconded by Ms. Mariam Hamou**, *that the Board of Health will move in-camera to consider matters regarding identifiable individuals, including municipal or local board employees and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.*

Carried

At **7:46 p.m.**, it was moved by **Mr. Selomon Menghsha, seconded by Ms. Cassidy**, *that the Board of Health return to public session from closed session.*

Carried

**ADJOURNMENT**

At **7:46 p.m.**, it was moved by **Mr. Menghsha**, seconded by **Ms. Cassidy**, *that the meeting be adjourned.*

Carried

---

**MATTHEW REID**  
Chair

---

**EMILY WILLIAMS**  
Secretary

DRAFT



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

Thursday, February 17, 2022, 7:00 p.m.  
Microsoft Teams

---

**MEMBERS PRESENT:** Mr. Matt Reid (Chair)  
Ms. Kelly Elliott (Vice-Chair)  
Mr. John Brennan  
Mr. Mike Steele  
Mr. Selomon Menghsha  
Ms. Mariam Hamou  
Ms. Maureen Cassidy  
Ms. Aina DeViet

**REGRETS:** Ms. Tino Kasi

**OTHERS PRESENT:** Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)  
Dr. Alexander Summers, Acting Medical Officer of Health  
Ms. Emily Williams, Chief Executive Officer/Director, Health Organization  
Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health/Associate Medical Officer of Health  
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease  
Ms. Maureen MacCormick, Director, Healthy Living  
Mr. Dan Flaherty, Communications Manager  
Ms. Shaya Dhinsa, Manager, Sexual Health  
Mr. Christian Daboud, Manager, Health Equity  
Ms. Isabel Resendes, Manager, Healthy Families Home Visiting  
Mr. Parthiv Panchal, Information Technology, End User Support Analyst

Chair Matt Reid called the meeting to order at **7:00 p.m.**

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Ms. Aina DeViet, seconded by Ms. Mariam Hamou**, *that the AGENDA for the February 17, 2022 Board of Health meeting be approved.*

Carried

**APPROVAL OF MINUTES**

It was moved by **Ms. Kelly Elliott, seconded by Ms. Maureen Cassidy**, *that the MINUTES of the January 20, 2022 Board of Health meeting be approved.*

Carried

It was moved by **Mr. Mike Steele, seconded by Ms. Elliott**, that the *MINUTES of the February 3, 2022 Finance & Facilities Committee meeting* be received.

Carried

## **REPORTS AND AGENDA ITEMS**

### **Finance & Facilities Committee Meeting Summary from February 3, 2022 (Report No. 06-22)**

Mr. Mike Steele, Chair, Finance and Facilities Committee provided a summary of the proceedings of the February 3, 2022 Finance and Facilities Committee meeting.

It was moved by **Mr. Steele, seconded by Ms. Cassidy**, that the Board of Health receive Report No. 01-22FFC re: “Finance & Facilities Committee –2022 Reporting Calendar” for information.

Carried

It was moved by **Mr. Steele, seconded by Ms. DeViet**, that the Board of Health approve the renewal of the group insurance rates administered by Canada Life as described in Report No. 02-22FFC re: “Canada Life Benefits – Renewal Rates”.

Carried

It was moved by **Mr. Steele, seconded by Mr. John Brennan**, that the Board of Health receive Report No. 03-22FFC: “Employee and Family Assistance Program (EFAP) Services Contract Extension” for information.

Carried

It was moved by **Mr. Steele, seconded by Ms. Cassidy**, that the Board of Health receive Report No. 04-22FFC re: “2022 Budget Process Update” for information.

Carried

### **Governance Committee Meeting Summary from February 17, 2022 (Verbal update)**

Ms. Aina DeViet, Chair, Governance Committee provided a summary of the proceedings of the February 17, 2022 Governance Committee meeting.

It was moved by **Ms. DeViet, seconded by Mr. Steele**, that the Board of Health approve the 2022 Governance Committee Report Calendar

Carried

It was moved by **Ms. DeViet, seconded by Ms. Elliott**, that the Board of Health:

- 1) Receive Report No. 02-22GC re: “Governance By-law and Policy Review” for information; and
- 2) Approve the governance policies as appended to this report.

Carried

It was moved by **Ms. DeViet, seconded by Ms. Cassidy**, that the Board of Health receive Report No. 03-22GC re: “Annual Privacy Program Update” for information.

Carried



It was moved by **Ms. DeViet, seconded by Mr. Brennan**, *that the Board of Health:*

- 1) *Receive Report No. 04-22GC re: "MLHU Risk Management Plan" for information; and*
- 2) *Approve the new Middlesex-London Health Unit Risk Management Plan and Risk Register.*

Carried

### **Presentation on Black History Month**

Dr. Alexander Summers, Acting Medical Officer of Health, acknowledged that February is Black History Month and that, under the leadership of Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer and Mr. Christian Daboud, Manager, Health Equity, MLHU has been internally celebrating. Dr. Summers then introduced Mr. Daboud who provided a slideshow presentation articulating how the Health Unit has internally been observing and celebrating Black History Month, including:

- Weekly emails sent to all staff to advise staff about a variety of options for how to engage in Black History Month, including upcoming events, videos, biographies of Black leaders and artists in the community, weekly educational topics, and music playlists highlighting Afrocentric music.
- Weekly presentations at the Health Unit staff townhall meetings.
- Weekly activities through "virtual coffee breaks" in collaboration with the Be Well Committee, for example "The Privilege Game."
- Two educational events titled "Black History is World History" presented by Shifting Perspectives, a local training organization.

It was moved by **Ms. Hamou, seconded by Ms. Elliott**, *to receive the verbal presentation on Black History Month for information.*

Carried

### **Update to MLHU Policy on Child Abuse and/or Neglect and Duty to Report (Report No. 07-22)**

Dr. Summers introduced this report and highlighted that this policy is a foundational component of the Health Unit's operations and that the Health Unit leadership team wants to ensure that the Board of Health is aware that the Health Unit is discharging its responsibilities with regards to child safety.

Dr. Summers introduced Ms. Isabel Resendes, Manager, Healthy Families Home Visiting who spoke to the report.

Discussion on this report included:

- Everyone including members of the public and Health Unit staff has the responsibility to report suspected child abuse and/or neglect.
- Prior to COVID-19 child abuse and/or neglect issues were seen as significant concerns in Canada.
- The evidence of the impact of the pandemic on child abuse and/or neglect is still being collected but it is clear that the risk factors such as financial insecurity, lack of informal supports, use of alcohol, and mental health concerns have increased.
- MLHU policy has been updated to reflect legislative responsibilities and to have clear processes in place.
- Policy now aligns with legislation, so all staff are aware that the age of protection has been raised from 16 to 18 years old.
- After submitting a verbal report to Children Ais Society (CAS), all staff must follow up with an approved print or electronic letter within two days to CAS. A copy will also be included in the client file and copied to Ms. Resendes.
- Oral Health Team's procedure for reporting potential dental neglect has been incorporated into the policy.
- It is not necessary that employees, or anyone, be certain that abuse and/or neglect is occurring to make a report. If there is any concern, staff should reach out to their manager.
- It is the preferred practice to notify the parent that a report has been made to CAS unless there is reason to believe that doing so might jeopardize an investigation or endanger a child or employee.

- Under Canadian law a fetus is not considered a legal person; therefore, employees are not permitted to refer a fetus to CAS unless there is express concern by the pregnant individual.
- Staff at MLHU often have access to information that give them the legal and ethical duty to report to CAS if there is reasonable ground to believe a child needs protection.

It was moved by **Ms. DeViet, seconded by Ms. Cassidy**, that the Board of Health receive Report No. 07-22 re: “Update to MLHU Policy on Child Abuse and/or Neglect and Duty to Report” for information.

Carried

### **Know Your Status – Increased HIV Testing in Emergency Departments (Report No. 08-22)**

This report was introduced by Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease, who introduced Ms. Shaya Dhinsa, Manager, Sexual Health.

Discussion on this report included:

- In 2016, there was an HIV crisis in Middlesex-London. The Health Unit observed that local rates were usually around 20-24 cases a year, but in 2016 it was over 60 cases and primarily among people who inject drugs (PWID) which was different than the rest of Ontario.
- The Health Unit focused on UNAIDS 90-90-90 campaign: 90% of individuals with HIV know their status, of those individuals, 90% are on treatment, and of those individuals, 90% have undetectable viral loads.
- Many initiatives have been implemented since 2017 including: the safe injection site, which has connections to services and education; increased access to harm reduction supplies; and 20 locations to access supplies and 24 safe needle disposal sites.
- The Outreach Team was another initiative implemented around the end of 2017 and they were instrumental in connecting individuals to care who are hard to reach. The Outreach Team’s case load started at 25 and is now 150 individuals.
- The Middlesex-London Health Unit was the first in Ontario to launch “Cook your wash” campaign to decrease bacteria and viruses in drug “cookers” through boiling them.
- Initiatives to increase HIV testing in emergency departments had not yet been implemented. Many who are very sick get tested in the emergency department and find out they have HIV or leave and cannot be reached afterwards.
- Funding was secured for this initiative: “Know Your Status” with the support of Regional HIV/AIDS Connection. This funding is temporary to at least December 31, 2022.
- The initiative’s first phase included promotional materials distributed in emergency departments, including materials to inform patients why they are being asked and other locations where they can get tested if they are not yet ready to be tested onsite. The second phase, starting February 28, 2022, is to have a nurse in the emergency department educating and promoting testing. There is an continuing education credit for nurses and physicians. The premise of the initiative is that emergency physicians already test for HIV; this initiative will increase the rate of testing through education and awareness. The Health Unit already has all the supports in place for individuals who test positive for HIV, but if physicians do not know this, they may be reluctant to test as much.
- Risk factors for HIV have changed locally with more cases in men who have sex with men (MSM) and as a result of a decrease in condom use, which has increased in 2021. Many people will not disclose their risk factors due to stigma. Increasing testing in a broader population of people has proven successful in Vancouver for early identification of people who have HIV. The sooner infection can be detected, the sooner individuals can get on treatment.
- Data from London Intercommunity Health, which has the My Cares program, and the HIV care program provided through St. Joseph’s, shows that engagement in care cannot be verified for 16% of the 242 clients. It is possible that these individuals have passed away or moved locations. That is a smaller number than it was years ago, but it is important to track this information to determine the importance and success of these initiatives.

It was moved by **Ms. Cassidy, seconded by Ms. Hamou**, that the Board of Health receive Report No. 08-22 re: *“Know Your Status - Increasing HIV Testing in Emergency Departments”* for information.

Carried

### **Verbal COVID-19 Disease Spread and Vaccine Campaign Update**

Dr. Summers provided an update on the COVID-19 disease spread and vaccine campaign in the Middlesex-London region and shared a slideshow presentation.

Discussion included:

- Updated provincial data from Feb 17, 2022, highlighting the number of people in hospital is 1342 and in the ICU is 356. Furthermore, the third dose coverage across the province is around 6.7 million people.
- Highlighting these numbers helps to interpret the models which came out of the Science Advisory Table at the beginning of February, which looked at hospital occupancy over time. The challenge with modelling this time was that there was decreased testing and so an accurate sense of the prevalence of COVID-19 in the community was lacking; however, it is possible to have a sense of the trends. Scenarios explored by the Scientific Advisory Table were low, moderate, and high severity following public health protections implemented in January. The Table also looked at vaccination coverage and the number of people who were infected at the beginning of the omicron wave. As restrictions ease, the probability exists that cases will increase in mid-February into March; however, so far the province seems to be in a better place than was projected with the low severity scenario.
- The current trajectory for ICU rates is favourable as a province.
- There has been increased thinking about COVID-19 into the future. Reaching a critical population immunity threshold to limit COVID-19 transmission is unlikely to occur, so instead, there is a need to manage COVID-19 in community through vaccination in order to avoid surges that overwhelm the healthcare system. It is likely that continued vaccination of the population at regular intervals will be needed to avoid the surges already seen with COVID-19.
- Operationally, the Health Unit continues to plan for case and outbreak management capacity for the remainder of 2022 and continues to plan the vaccination campaign as there is likely be a fourth dose push in 2022.
- The Province is easing public health protections as of today including: increasing social gathering limits, removing capacity limits in most settings where proof of vaccination is required, and raising capacity limits to 50% in large arenas. As of March 1, 2022, the Province is lifting capacity limits in all indoor settings and lifting proof of vaccination requirements. As a result of this, it is expected that COVID-19 cases will increase; however, it is unknown how it will affect hospitalizations. As restrictions are eased, the Health Unit will continue to track what it can track and respond to outbreaks in highest-risk settings as well as communicate the importance of mask use and vaccination.
- Booster dose coverage in the Middlesex-London region has slowed. The highest rates of booster doses are among the older age groups and decline as populations get younger. The Health Unit will continue to try to increase coverage through promotional campaigns and providing access through mobile clinics.
- The Health Unit is starting to see a plateau in vaccine uptake in children.
- Youth 12 to 17 years of age will become eligible for a booster dose starting tomorrow. Booster doses are critical against the Omicron variant for preventing symptoms, hospitalization, and death.
- The Health Unit is initiating new ways to increase vaccination coverage. This will include, for example, the celebration of Superhero Day on Family Day, February 21, with superheroes attending clinics and staff encouraged to dress up.
- Public health is continuing to learn how immunity wanes following the COVID-19 vaccination; however, what is important is completing a primary series of the vaccine and having a recent booster dose. Immunity will wane after six months which will result in increased vulnerability to

symptomatic illness; however, its affect on the risk of hospitalization and severe outcomes is still unknown.

- Motivating people to get vaccinated will continue to be the work of public health. Most people get vaccinated because they trust the science and want to protect themselves and their community. We see more uptake among older people because their individual risk is higher so their incentive to get vaccinated is higher. As there is a decrease in personal risk, there is a need to find the individual levers that motivate people. For example, getting sick may be enough of an incentive for some to get vaccinated, but for others, the inconvenience of getting vaccinated is enough to deter them.
- There has been a very small increase in the rate of pediatric hospitalizations during the Omicron wave compared to the other waves. Earlier this week there was a spike in pediatric cases, but it's beginning to decrease; time is needed to determine the trend.
- The backlog in surgeries both provincially and locally is significant. Plans are in place across the healthcare sector to reduce the backlog, but the major limitation remains health human resources.
- Youth now eligible to receive a booster dose can either walk into a clinic or book an appointment; however, the Health Unit is encouraging them to book in order to better manage volumes.

It was moved by **Ms. Elliott, seconded by Mr. Selomon Menghsha**, *that the Board of Health receive the "Verbal COVID-19 Disease Spread and Vaccine Campaign Update" for information.*

Carried

#### **Acting Medical Officer of Health Activity Report for January (Report No. 09-22)**

It was moved by **Ms. Cassidy, seconded by Mr. Steele**, *that the Board of Health receive Report No. 09-22 re: "Acting Medical Officer of Health Activity Report for January" for information.*

Carried

#### **Chief Executive Officer Activity Report for January (Report No. 10-22)**

It was moved by **Ms. Hamou, seconded by Ms. Elliott**, *that the Board of Health receive Report No. 10-22 re: "Chief Executive Officer Activity Report for January" for information.*

Carried

#### **CORRESPONDENCE**

No correspondence was received.

#### **OTHER BUSINESS**

The next meeting of the Middlesex-London Board of Health is Thursday, March 17 at 7:00 p.m.

#### **CONFIDENTIAL**

At **8:11 p.m.**, it was moved by **Ms. DeViet, seconded by Mr. Menghsha**, *that the Board of Health will move in-camera to consider matters regarding identifiable individuals, including Board employees and to approve previous confidential Board of Health minutes*

Carried

At **8:24 p.m.**, it was moved by **Ms. Hamou, seconded by Ms. Cassidy**, *that the Board of Health return to public session from closed session.*

Carried

**ADJOURNMENT**

At **8:25 p.m.**, it was moved by **Ms. Elliott**, seconded by **Ms. DeViet**, *that the meeting be adjourned.*

Carried

---

**MATT REID**  
Chair

---

**EMILY WILLIAMS**  
Secretary

DRAFT



**PUBLIC SESSION – MINUTES**  
**SPECIAL MEETING OF THE**  
**MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, March 3, 2022, 6:00 p.m.  
MLHU Board Room – CitiPlaza  
355 Wellington Street, London ON

---

**MEMBERS PRESENT:** Mr. Matt Reid (Chair)  
Ms. Kelly Elliott (Vice-Chair)  
Ms. Maureen Cassidy  
Ms. Mariam Hamou  
Ms. Aina DeViet (attended virtually)  
Mr. John Brennan  
Ms. Tino Kasi  
Mr. Mike Steele

**OTHERS PRESENT:** Ms. Carolynne Gabriel, Executive Assistant to the Board of Health  
and Communications Coordinator (Recorder)  
Mr. Dan Flaherty, Manager, Communications  
Ms. Jodi Gallagher Healy, Legal, Hicks Morley

**MEDIA:** Mr. Craig Needles, Blackburn Media  
Ms. Jennifer Bieman, London Free Press  
Mr. Andrew Graham, Global News  
Mr. James Chaarani, CBC News

Chair Matt Reid called the meeting to order at **6:05 p.m.**

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Ms. Maureen Cassidy, seconded by Ms. Mariam Hamou**, *that the AGENDA for the March 3, 2022 Special Meeting of the Board of Health be approved.*

Carried

**CONFIDENTIAL**

At **6:06 p.m.**, it was moved by **Mr. John Brennan, seconded by Ms. Tino Kasi**, *that the Board of Health will move in-camera to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees, labour relations or employee negotiations, litigation or potential litigation, including matters before tribunals, affecting the municipality or local board, and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.*

Carried

At **9:27 p.m.**, it was moved by **Ms. Cassidy**, seconded by **Mr. Michael Steele**, *that the Board of Health rise and return to public session.*

Carried

**ADJOURNMENT**

At **9:29 p.m.**, it was moved by **Ms. Kelly Elliott**, seconded by **Mr. Brennan**, *that the meeting be adjourned.*

Carried

---

**MATT REID**  
Chair

---

**EMILY WILLIAMS**  
Secretary

DRAFT



**PUBLIC SESSION – MINUTES**  
**SPECIAL MEETING OF THE**  
**MIDDLESEX-LONDON BOARD OF HEALTH**

Monday, March 7, 2022, 6:00 p.m.  
Microsoft Teams

---

**MEMBERS PRESENT:** Mr. Matt Reid (Chair)  
Ms. Kelly Elliott (Vice-Chair)  
Ms. Maureen Cassidy  
Ms. Mariam Hamou  
Ms. Aina DeViet  
Mr. John Brennan  
Ms. Tino Kasi  
Mr. Mike Steele  
Mr. Selomon Menghsha

**OTHERS PRESENT:** Ms. Carolynne Gabriel, Executive Assistant to the Board of Health  
and Communications Coordinator (Recorder)  
Ms. Emily Williams, Chief Executive Officer  
Dr. Alexander Summers, Acting Medical Officer of Health  
Mr. Dan Flaherty, Manager, Communications

Chair Matt Reid called the meeting to order at **6:00 p.m.**

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by **Ms. Maureen Cassidy, seconded by Ms. Kelly Elliott**, *that the AGENDA for the March 7, 2022 Special Meeting of the Board of Health be approved.*

Carried

**CONFIDENTIAL**

At **6:01 p.m.**, it was moved by **Ms. Tino Kasi, seconded by Mr. Michael Steele**, *that the Board of Health will move in-camera to consider matters regarding personal matters about an identifiable individual, including municipal or local board employees.*

Carried

At **6:40 p.m.**, it was moved by **Ms. Kasi, seconded by Mr. Steele**, *that the Middlesex-London Board of Health rise and return to public session.*

Carried



**ADJOURNMENT**

At **6:41 p.m.**, it was moved by **Ms. Cassidy**, seconded by **Ms. Kasi**, that the March 7, 2022 meeting of the Middlesex-London Board of Health be adjourned.

Carried

---

**MATT REID**  
Chair

---

**EMILY WILLIAMS**  
Secretary

DRAFT



**PUBLIC MINUTES  
GOVERNANCE COMMITTEE**

Microsoft Teams

Thursday, February 17, 2022 6:00 p.m.

---

**MEMBERS PRESENT:** Mr. Matt Reid  
Ms. Kelly Elliott  
Ms. Aina DeViet  
Mr. Mike Steele

**REGRETS** Ms. Tino Kasi

**OTHERS PRESENT:** Ms. Carolynne Gabriel, Executive Assistant to the Board of Health (Recorder)  
Dr. Alexander Summers, Acting Medical Officer of Health  
Ms. Emily Williams, Chief Executive Officer  
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Disease  
Ms. Kendra Ramer, Manager, Strategy, Risk and Privacy  
Ms. Mariam Hamou, Board of Health Member

At **6:00 p.m.**, Ms. Emily Williams, Secretary to the Board of Health / Chief Executive Officer called the meeting to order and opened the floor to nominations for Chair of the Governance Committee for 2022.

It was moved by **Mr. Matt Reid, seconded by Mr. Mike Steele, that Ms. Aina DeViet be nominated for Chair of the Governance Committee for 2022.**

Carried

Ms. DeViet accepted the nomination.

Ms. Williams called three times for further nominations. None were forthcoming.

It was moved by **Mr. Reid, seconded by Ms. Kelly Elliott, that Ms. DeViet be acclaimed as Chair of the Governance Committee for 2022.**

Carried

**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. Steele, seconded by Mr. Reid, that the *AGENDA* for the February 17, 2022 Governance Committee meeting be approved.**

Carried

**APPROVAL OF MINUTES**

It was moved by **Ms. Elliott, seconded by Mr. Reid, that the *MINUTES* of the November 18, 2021 Governance Committee meeting be approved.**

Carried

## NEW BUSINESS

### **2022 Governance Committee Reporting Calendar (Report No. 01-22GC)**

This report was introduced by Ms. Emily Williams, CEO. Two key points of this report are the addition of quarterly reports for risk and maintaining five meetings per year as was done last year, as opposed to the three meetings held previously. As there are still some policies requiring review and approval, five meetings is appropriate.

Mr. Matt Reid acknowledged that the Governance Committee did a lot of “heavy lifting” last year with regards to the number of policies they reviewed.

It was moved by **Ms. Elliott, seconded by Mr. Reid**, that the Governance Committee:

- 1) *Receive Report No. 01-22GC re: “Governance Committee Reporting Calendar & Meeting Schedule”;* and
- 2) *Recommend that the Board of Health approve the 2022 Governance Committee Reporting Calendar.*

Carried

### **Governance Policy By-law Review (Report No. 02-22GC)**

This report was introduced by Ms. Williams. Two policies are appended to the report: G-000 Bylaws, Policy and Procedures and G-100 Privacy and Freedom of Information. In terms of policy G-100, the main changes refer to the separation of the MOH and CEO roles. Also added to policy G-100 is the authority of the Chair of the Board of Health to decide if legal counsel is required to respond to access requests filed under MFIPPA or PHIPA. Policy G-000 solidifies the process for reviewing policies, and has an updated appendix.

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

- 1) *Receive Report No. 02-22GC re: “Governance By-law and Policy Review” for information;* and
- 2) *Approve the governance policies as appended to this report.*

Carried

### **Annual Privacy Program Update (Report No. 03-22GC)**

This report was introduced by Ms. Williams who introduced Ms. Kendra Ramer, Manager, Strategy, Risk, and Privacy. Ms. Ramer outlined that the Health Unit is required to submit annual statistical reporting to the Information and Privacy Commissioner of Ontario (IPC) as per PHIPA and MFIPPA as to the number of health information privacy breaches which occurred at the organization as well as the number of access requests made under PHIPA and MFIPPA. In 2021, the Health Unit had six privacy breaches, none of which met the threshold for notification to the IPC. Additionally, there were four access requests made under PHIPA and 11 under MFIPPA, 10 of which are closed and one which is being carried forward to be completed in the current reporting year. The Privacy Program will report the annual statistical reports to the IPC by the legislated deadline of March 31.

Mr. Reid inquired if six privacy breaches is typical or if the Health Unit is starting to see an upward trend. Ms. Ramer responded that the Health Unit’s rate of privacy breaches has been steady, with five privacy breaches reported in 2020 and six in 2021. She indicated that this demonstrates that the training which has been implemented is working given the recent increases in the use of digital technology, such as the COVax system.

Ms. DeViet commented that, given the volume of contacts the Health Unit has through the vaccine systems, it is an achievement to have such a small number of complaints and that training always helps.

It was moved by **Mr. Steele, seconded by Mr. Reid**, *that the Governance Committee recommend that the Board of Health receive Report No. 03-22GC re: "Annual Privacy Program Update" for information.*

Carried

### **MLHU Risk Management Plan (Report No. 04-22GC)**

Ms. Williams invited Ms. Ramer to speak to this report. Ms. Ramer outlined that the MLHU Risk Management plan now incorporates a new Risk Register. Since 2018, the Ministry of Health has required annual reporting which incorporates a risk management report. This report would have been seen at the Board of Health meeting held in December 2021, which reported only high risks and incorporated key mitigation strategies. A gap in reporting lies in not monitoring the effectiveness of the mitigation strategies on a quarterly basis as well as reporting only high risks and not low and medium risks. As a result of the identification of these gaps, MLHU has modified and improved its risk register in order to report to the Board of Health on a quarterly basis. The Risk Register, in its Excel spreadsheet format, now has additional columns to assess for the strength of controls in order to determine how successful the mitigations strategies are and to determine any residual risks. Reporting on a quarterly basis to the Board of Health, rather than on an annual basis, will assist in ensuring the Board is aware of ongoing risks to the organization as well as annual reporting to the Ministry of Health.

The next Governance Committee meeting in April will see the identified risks analyzed and assessed for the effectiveness of the mitigation strategies as well as the identification of any additional risks.

Ms. DeViet commented that she noticed that "cyber security" was not identified as a risk category in addition to the technology risk category. She inquired if MLHU has the ability to add additional categories to those provided by the Ministry, or if cyber security was captured in a different plan. Ms. Ramer responded that the technology risk category was identified in the Ontario Public Risk Management Framework, which MLHU adapted for its Risk Register; however, MLHU can add additional risk categories at any time if they are identified by management or the Board of Health. Ms. Williams added that the Health Unit has recently assessed cyber security as a medium risk and it will be added to the next reporting of the Risk Registry. The Health Unit has identified phishing as a risk and has performed an exercise to determine a baseline level of staff awareness of phishing and cybersecurity.

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

- 1) *Receive Report No. 04-22GC re: "MLHU Risk Management Plan" for information; and*
- 2) *Approve the new Middlesex-London Health Unit Risk Management Plan and Risk Register.*

Carried

### **OTHER BUSINESS**

The next meeting of the Governance Committee will be held on Thursday, April 14, 2022 at 6:00 p.m.

### **ADJOURNMENT**

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

Carried

---

**AINA DEVIET**  
Chair

---

**EMILY WILLIAMS**  
Secretary

DRAFT



**PUBLIC MINUTES**  
**FINANCE & FACILITIES COMMITTEE**  
Microsoft Teams  
Thursday, March 3, 2022 9:00 a.m.

---

**MEMBERS PRESENT:** Mr. Mike Steele (Chair)  
Mr. Matt Reid  
Ms. Kelly Elliott  
Mr. Selomon Menghsha

**REGRETS:** Ms. Maureen Cassidy

**OTHERS PRESENT:** Dr. Alexander Summers, Acting Medical Officer of Health  
Ms. Emily Williams, Chief Executive Officer  
Ms. Maureen MacCormick, Director, Healthy Living  
Ms. Mary Lou Albanese, Director, Environmental Health and Infectious Diseases  
Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer  
Mr. David Jansseune, Assistant Director, Finance  
Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health/Associate Medical Officer of Health (Recorder)  
Ms. Carolynne Gabriel, Communications Coordinator and Executive Assistant to the Board of Health (arrived at 9:11 a.m.)  
Ms. Mariam Hamou, Board Member

At **9:02 a.m.**, Chair Mike Steele called the meeting to order.

**DISCLOSURES OF CONFLICT OF INTEREST**

Chair Steele 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 March 3, 2022 Finance & Facilities Committee meeting be approved.

Carried

**APPROVAL OF MINUTES**

It was moved by **Mr. Reid**, seconded by **Ms. Elliott**, that the **MINUTES** of the February 3, 2022 Finance & Facilities Committee meeting be approved.

Carried

**NEW BUSINESS**

**2022 Middlesex-London Health Unit Budget (Report No. 05-22FFC)**

Ms. Emily Williams, Chief Executive Officer, introduced the 2022 Budget report. Ms. Williams noted that the budget process was expedited by 6 weeks this year to accommodate the provincial election in the spring. Further, the appearance of the budget ledger has changed to have split line items to improve transparency with funders and Board members, showing where funding sources are coming from. It was also noted that a 1% increase to funding from the Ministry of Health to the 2019 base budget was added as per Ministry direction, equating to approximately \$198,000.

Ms. Williams introduced Mr. David Jansseune, Assistant Director, Finance to review the budget. The following was noted by Mr. Jansseune during his presentation:

- The budget process will change to a zero-based process for 2023.
- To enable programs to be delivered, we have: 2 companies (Jan-Dec and Mar-Apr), 6 divisions, and 61 departments for 47 programs.
- The departmental budget will need to be re-created into a program budget for the Ministry, known as the Annual Service Plan.
- Funding sources:
  - Ministry of Health and Long-Term Care (MOH) (80%)
  - Ministry of Children, Community & Social Services (MCCSS) (4%)
  - City of London (12%)
  - The County of Middlesex (2%)
  - Public Health Agency of Canada (PHAC) (0.5%)
  - Public Health Ontario (0.2%)
  - Miscellaneous Revenue through Client Services (1.3%)
- Salaries and wages include 1.7% inflation and 0.3% step increases for staff as required by Collective Agreements, PBMA incremental investments (1.4% and 4.5 FTE), the electronic medical records special project (1.0% and 2.0 FTE) and CLIF funding with no impact.
- Benefits with Canada Life: premiums for life, AD&D and LTD increased by 7.3% or \$101,685 with additional increases on the ASO policy covering EHC (health, drug, vision) by 5.3% and dental by 10.6%.
- General expenses include expenses other than salaries, wages and benefits. Increases going up 6.8% and are largely related to retiree benefits, increases in insurance costs and software licensing costs
- Extraordinary costs are funded by the Province for COVID-19 case and contact management, vaccine and recovery.
  - \$12,517,509 budgeted for vaccine.
  - \$13,981,346 budgeted for case and contact management.
  - \$1,570,039 budgeted for recovery work.
- There is a budgeted gap of \$1,613,768, which bridges the difference between expenses and funding/revenue to balance the budget. This challenge is met throughout the year through savings on the staffing line:
  - Budget at full complement
  - Delays in filling vacancies
  - New hires usually start at a lower pay band
  - Staff redeployed to COVID when programs are delayed with restarting.
- Total budget for 2022 - \$65,310,006.

It was noted that the City of London has approved the requested increase of \$609,506 and the County of Middlesex funding of \$121,949 is pending. Both funders have been made aware. It was further noted that the separation of companies (MLHU 1 and MLHU 2 on the budget) is based on funding and reporting to different provincial ministries.

It was moved by **Mr. Reid, seconded by Mr. Selomon Menghsha**, that the Finance & Facilities Committee make a recommendation to the Board of Health to:

- 1) Approve the 2022 Proposed Budget in the gross amount of \$65,310,006 as illustrated in the attached Appendix A – Budget Summary;
- 2) Forward Report No. 05-22FFC and Appendix A – Budget Summary to the City of London and the County of Middlesex for information; and
- 3) Direct staff to submit the 2022 Proposed Budget in the various formats required by the different funding agencies and stakeholders.

Carried

**OTHER BUSINESS**

The next meeting of the Finance and Facilities Committee will be held on Thursday, April 7, 2022 at 9 a.m.

**ADJOURNMENT**

At **9:34 a.m.**, it was moved by **Mr. Menghsha**, seconded by **Ms. Elliott**, *that the meeting be adjourned.*

Carried

---

**MICHAEL STEELE**  
Chair

---

**EMILY WILLIAMS**  
Secretary

DRAFT





MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 11-22

TO: Chair and Members of the Board of Health  
FROM: Emily Williams, Chief Executive Officer  
DATE: 2022 March 17

---

**FINANCE & FACILITIES COMMITTEE MEETING – March 3, 2022**

The Finance & Facilities Committee (FFC) met at 9 a.m. on Thursday, March 3, 2022.

Reports	Recommendations for Information and Board of Health Consideration
<p><b>2022 Middlesex-London Health Unit Budget</b></p> <p><b>(Report No. 05-22FFC)</b></p>	<p>It was moved by <b>Mr. Matt Reid, seconded by Mr. Selomon Menghsha</b>, that the Finance &amp; Facilities Committee make a recommendation to the Board of Health to:</p> <ol style="list-style-type: none"><li>1) Approve the 2022 Proposed Budget in the gross amount of \$65,310,006 as illustrated in the attached Appendix A – Budget Summary;</li><li>2) Forward Report No. 05-22FFC and Appendix A – Budget Summary to the City of London and the County of Middlesex for information; and</li><li>3) Direct staff to submit the 2022 Proposed Budget in the various formats required by the different funding agencies and stakeholders.</li></ol> <p style="text-align: right;">Carried</p>

This report was prepared by the Chief Executive Officer.

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

TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Medical Officer of Health; Emily Williams, CEO

DATE: 2022 March 17

---

## **IMPLEMENTATION OF THE INTERVENTION FOR HEALTH ENHANCEMENT AND LIVING (iHEAL)**

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 12-22 re: “Implementation of the Intervention for Health Enhancement and Living (iHEAL)” for information.*

### **Key Points**

- iHEAL is a promising intervention for women who are in the transition of separating from an abusive partner with the goal of promoting safety, health, and wellbeing.
- Implementation of the iHEAL intervention is underway at the Middlesex-London Health Unit with 13 women currently enrolled and participating.
- A second cohort of iHEAL education is planned for March/April of 2022 which will allow expansion of the iHEAL intervention in existing programs.

### **Background**

In 2020, the Board of Health (BOH) endorsed five priority areas of focus identified in MLHU’s recovery planning. One of these was domestic violence (child abuse and intimate partner violence), and implementation of the Intervention for Health Enhancement and Living (iHEAL) program was a recommendation within this priority area of focus. In the 2021 PBMA process, the BOH approved the 1.0 FTE investment of a public health nurse to enable MLHU to offer the iHEAL program. iHEAL is a promising intervention for women who are in the transition of separating from an abusive partner with the goal of promoting safety, health, and wellbeing. During their involvement in the program, women work with a public health nurse over 10 to 18 visits that take place in a community-based location over a 6-month period. The nurse provides personalized support to assist the woman in addressing concerns that she identifies as most important for her health and well-being.

Following positive outcomes of a randomized control trial, researchers are exploring broader integration of iHEAL into services. A dual implementation approach is being taken at MLHU, with one public health nurse delivering iHEAL as a standalone intervention and public health nurses from the Healthy Babies Healthy Children (HBHC) and Nurse-Family Partnership (NFP) Programs delivering iHEAL to qualifying individuals already participating in these visiting programs.

### **Implementation Update**

A phased implementation began in June of 2021 with the lead iHEAL public health nurse and identified iHEAL practice leads from HBHC and NFP, along with their respective managers. This group has explored how to tailor the intervention for expansion to the rest of the HBHC and NFP home visiting teams.

Community outreach initially focused on meeting with Violence Against Women (VAW) agencies in London and Middlesex County to strengthen existing relationships and explore opportunities to work together to support women in the London and Middlesex County communities. An iHEAL promotional poster and webpage were developed in collaboration with the Communications team, and steps were taken to reach out to primary care providers through MLHU's Health Care Provider Outreach team.

Several referral pathways for iHEAL have been established. Women can self-refer to the iHEAL program by calling the Health Unit or filling out a confidential online request-for-service form found on the MLHU iHEAL webpage. With consent, partner agencies and health care providers can also refer women by calling the Health Unit or faxing an iHEAL referral form.

Since the end of September 2021, 20 women have been referred to the iHEAL program. Of the 20 referrals, MLHU was unable to connect with five individuals due to a lack of response to attempts to follow up on the referral received. This proportion of unrealized referrals is consistent with findings in the randomized control trial. The majority of referrals have come from VAW organizations and MLHU's online request-for-service form. Referrals have also been received from primary care providers, internal MLHU programs (HBHC and NFP), a mental health agency, and Victim Services. Thirteen women were enrolled in the standalone intervention, one woman was enrolled in iHEAL within the HBHC Program, and one woman was enrolled in iHEAL within the NFP Program. There have been two discharges from the iHEAL program, with a total of 13 women currently enrolled and participating. One client was discharged after the iHEAL-educated NFP public health nurse moved to another position and MLHU was no longer able to offer the iHEAL intervention to the client. This client continued with the NFP program without iHEAL services. The second client was discharged from the standalone iHEAL intervention after contact was lost.

Sixty-nine significant client interactions have been completed. On average, visits have lasted 45 minutes. An important component of these visits is supporting women to access resources and services that align with their expectations and needs. Twenty-three referrals have been made, with the highest number of women being referred to a VAW organization and/or mental health services.

### Next Steps

A second cohort of iHEAL education will be offered in March/April of 2022 allowing for expanded delivery of the iHEAL intervention within HBHC and NFP. Ongoing community outreach and partnership is planned to develop and strengthen existing relationships. MLHU will continue to work with the iHEAL research team to evaluate implementation of the iHEAL intervention within a public health setting as a standalone intervention and as an intervention embedded within existing services.

This report was submitted by the Healthy Start Division.



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



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



TO: Chair and Members of the Board of Health

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

DATE: 2022 March 17

---

## HEALTHY LIVING STRATEGIC REVIEW

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 13-22 re: “Healthy Living Strategic Review” for information.*

### **Key Points**

- The Healthy Living Division delivers a large number of public health programs and services encompassing numerous public health standards and diverse health topic areas, limiting the ability to focus resources and efforts.
- The pause in much of the division’s program work resulting from the COVID-19 pandemic has created an opportunity to examine and identify divisional and team program priorities going forward to achieve greater population health impact.
- This strategic review may result in recommendations for: changes to programs; changes to the way programs are structured; shifting of resources within the division or across divisions; and the addition of positions with new and additional skills to the organization.

### **Background**

The Healthy Living Division delivers a large number of public health programs and services encompassing numerous public health standards, protocols and guidelines and diverse health topic areas with limited resources ([Appendix A](#)). Interventions range from direct client support to enforcement, health promotion, health communication, harm reduction, and influencing healthy public policy. Much of the work is accomplished through internal collaboration and community partnerships/coalitions, several where the Middlesex-London Health Unit (MLHU) plays a lead role.

While the programs and interventions that the Healthy Living Division has delivered reflect important work, the number of program areas has limited the division’s ability to focus resources and efforts to maximize health impact at the population level.

In March of 2020, the COVID-19 pandemic necessitated an unprecedented shift in public health’s focus, with the deployment of a significant number of Health Unit staff to the COVID-19 response. The Healthy Living Division was highly affected, with many programs stopping and others greatly reduced.

This pause in program work, although challenging, has created an opportunity to examine the division’s pre-COVID-19 programs and interventions, review existing and new evidence, and consider current community needs with an aim to identify divisional and team program priorities going forward to achieve greater impact.

## **Purpose of Strategic Review**

The purposes of this project are three-fold:

- To align and prioritize Healthy Living programs within the Ontario Public Health Standards (OPHS) and Middlesex-London Health Unit Strategic Priorities;
- To ensure the application of a comprehensive health promotion framework to program planning within the Healthy Living Division; and
- To determine if the division, and teams within the division, are structured and resourced in a way to enable the division to meet program outcomes efficiently and alter structure and resourcing where needed.

## **Guiding Principles**

The following guiding principles have been identified to ground the work of the review, as well as the ongoing work of the division:

- Prioritize program work that is upstream, considering social determinants of health and health equity;
- Use comprehensive health promotion frameworks for considering where to prioritize focus and how to implement public health interventions for greatest population level impact including: Ottawa Charter for Health Promotion; Socio-Ecological Model; and Frieden's 2010 Health Impact Pyramid;
- Utilize various forms of evidence. i.e., National Collaborating Centre for Methods and Tools (NCCMT) model for evidence-informed decision making in public health;
- Build, foster and leverage intersectoral partnerships; and
- Build and enhance internal collaboration.

## **Key components of the review**

Key steps to the strategic review process include:

- Mapping OPHS requirements and MLHU Strategic Priorities against Healthy Living Division programs to identify alignment and potential areas for program changes;
- Developing and utilizing a criteria tool incorporating guiding principles and frameworks to review existing programs and determine levels of program alignment, gaps and/or opportunities for enhancement;
- Conducting an environmental scan of select health units with strategic questions regarding structure and program resourcing, roles, and skill sets/competencies; and
- Completing targeted internal discussions regarding public health work across the organization to make recommendations for potential shifting and aligning work between divisions to enhance efficiencies and collaboration.

As a result of the strategic review, it is anticipated there will be changes to divisional and/or team structure, resource allocation, and the programs delivered within the division. An examination of core competencies will be completed with anticipation of identified opportunities for capacity building within the division, as well as the potential for diversifying the professional backgrounds of the workforce. As part of continuous quality improvement, ongoing assessment will occur and adjustments will be made as needed.

## **Communication**

Plans for the review were presented to and endorsed by the Senior Leadership Team. Information regarding the strategic review has been shared with CUPE and ONA bargaining units. A Health Living Division

meeting was held on March 2<sup>nd</sup> where information was shared with staff and opportunity was provided for questions to be answered. Ongoing communication will occur with division and union partners.

### Timelines

It is anticipated that by the end of May 2022, recommendations for changes to program areas and divisional and team structure will be completed. A report outlining recommendations regarding programs, structure, and resource allocation will be brought forward to the Senior Leadership Team (SLT) and Board of Health for discussion and approval. Upon approval, Healthy Living leadership will collaborate with division staff to refine program interventions and workplans throughout the summer and fall.

This report was prepared by the Healthy Living Division leadership team.



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



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

## Healthy Living Division – Ontario Public Health Standards, Protocols and Guidelines

### Ontario Public Health Standards (OPHS)

- Chronic Disease Prevention and Well-Being
- Substance Use and Injury Prevention
- School Health
- Safe Water
- Healthy Environments
- Foundational Standards

### OPHS Protocols

- Child Visual Health and Vision Screening Protocol, 2018
- Menu Labelling Protocol, 2020
- Oral Health Protocol, 2021
- Safe Drinking Water and Fluoride Monitoring Protocol, 2019
- Tanning Beds Protocol, 2019
- Tobacco, Vapour and Smoke Protocol, 2021

### OPHS Guidelines

- Chronic Disease Prevention Guideline, 2018
- Health Equity Guideline, 2018
- Healthy Environments and Climate Change Guideline, 2018
- Injury Prevention Guideline, 2018
- Mental Health Promotion Guideline, 2018
- Relationship with Indigenous Communities Guideline, 2018
- School Health Guideline, 2018
- Substance Use Prevention and Harm Reduction Guideline, 2018
- Tobacco, Vapour and Smoke Guideline, 2021

\* Note: Responsibility for components of several program standards, protocols and guidelines is shared across divisions.

## Healthy Living Division - Teams and Public Health Programs

Total FTEs – 75.5

Total Budget – \$9,657,690

<b>Child Health Team:</b>
Comprehensive School Health

<b>Chronic Disease Prevention and Tobacco Control Team</b>
Healthy Eating Behaviours
Ultraviolet Radiation and Sun Safety
Alcohol and Cannabis
Tobacco Control and Electronic Cigarettes

<b>Healthy Communities and Injury Prevention Team</b>
Physical Activity and Sedentary Behaviour
Childhood Injury Prevention
Fall Prevention and Health Aging
Road and Off-Road Safety
Alcohol and Cannabis
Mental Health Promotion
Violence Prevention
Opioids and Other Drugs

<b>Oral Health Team</b>
Oral Health - Prevention and Treatment
Oral Health - School-based Screening
Ontario Seniors Dental Care Program

<b>Southwest Tobacco Control Area Network Team</b>
Southwest Tobacco Control Area Network

<b>Young Adult Team</b>
Comprehensive School Health

\* Note: Programs and interventions are delivered through internal and external collaboration within and across teams, divisions and external partners.





# MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 14-22

**TO:** Chair and Members of the Board of Health

**FROM:** Emily Williams, Chief Executive Officer

**DATE:** 2022 March 17

---

## **PUBLIC SECTOR SALARY DISCLOSURE ACT 2021 RECORD OF EMPLOYEES' SALARIES AND BENEFITS**

### ***Recommendation***

*It is recommended that the Board of Health receive Report No. 14-22 re: "Public Sector Salary Disclosure Act – 2021 Record of Employees' Salaries and Benefits" for information.*

### **Key Points**

- The *Public Sector Salary Disclosure Act of 1996* requires the Health Unit to disclose names, positions, salaries and taxable benefits of employees who were paid \$100,000 or more in 2021.
- [Appendix A](#) contains the information that is required to be submitted to the Minister of Finance by the 5<sup>th</sup> business day of March (this year will be on or before March 7, 2022).

### **Background**

The *Public Sector Salary Disclosure Act, 1996* (the Act) makes Ontario's public sector more transparent and accountable to taxpayers. The Act requires organizations that receive public funding from the Province of Ontario to disclose annually the names, positions, salaries and total taxable benefits of employees paid \$100,000 or more in a calendar year.

The Act applies to organizations such as the Government of Ontario, Crown Agencies, Municipalities, Hospitals, Boards of Public Health, School Boards, Universities, Colleges, Hydro One, Ontario Power Generation, and other public sector employers who receive a significant level of funding from the provincial government.

### **Compliance**

The main requirement for organizations covered by the Act is to make their disclosure available to the public by March 31<sup>st</sup> each year. Organizations covered by the Act are also required to send their disclosure to their funding ministry or ministries by the fifth business day of March.

Attached as [Appendix A](#) is the record of employees' 2021 salaries and benefits for the Middlesex-London Health Unit which will be forwarded to the Minister of Finance on or before March 7, 2022.

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

A handwritten signature in black ink that reads 'EWilliams'.

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

## Public Sector Salary Disclosure Act - 2021 Record of Employees' Salaries and Taxable Benefits

Last Name	First Name	Position Title	Salary	Taxable Benefits
Adan	Kamila	Public Health Nurse	114,214.28	421.20
Aitchison	Aaron	Public Health Nurse	109,061.06	1,010.28
Albanese	Mary Lou	Program Manager	145,784.61	1,830.60
Baglieri	Jessica	Supervisor	130,117.48	421.20
Banninga	Jordan	Program Manager	153,427.87	1,847.80
Beaudry	Tammy	Supervisor	120,212.18	1,644.93
BeauSoleil Arneaud	Jillian	Public Health Inspector	118,568.39	421.20
Benedict	Tracy	Public Health Nurse	110,323.03	785.40
Biela	Anna	Dental Hygienist	103,599.12	421.20
Bos	Cynthia	Manager	139,986.00	1,785.18
Bowen	Katherine	Public Health Nurse	107,522.29	421.20
Boyd	Melissa	Human Resources Partner	100,455.97	1,661.98
Brittan	Rhonda	Program Manager	145,217.11	1,115.96
Brogno	Lisa	Public Health Nurse	113,622.37	1,402.92
Clark	Brooke	Supervisor	109,717.66	1,402.92
Cramp	Anita	Program Manager	140,725.90	853.20
DeCoste	Robyn	Public Health Nurse	100,091.23	694.38
Dhinsa	Shaya	Program Manager	130,134.36	1,442.06
Dow	M Joanne	Public Health Nurse	104,708.81	-
Dueck	Laura	Public Health Nurse	109,811.83	421.20
Eckert	Jacqueline	Public Health Nurse	102,631.88	421.20
Elms	Melanie	Public Health Nurse	109,338.50	1,402.92
Enders	Joanne	Public Health Nurse	119,210.11	122.85
Flaherty	Brendan	Manager	141,297.98	1,835.88
Frederick	Julie	Supervisor	114,119.79	421.20
Fulmer	Natalie	Public Health Nurse	102,025.12	1,402.92
Gairns	Jessica	Epidemiologist	110,843.59	81.12
Galbraith	Tammy	Public Health Nurse	106,216.67	421.20
Gbagba	Olabisi Aishat	Health Promoter	109,463.02	81.12
Gordon	Tracey	Manager	212,799.65	179.25
Goverde	Julie	Public Health Nurse	111,800.44	421.20
Haggith	Kelly	Dental Hygienist	123,282.82	421.20
Harvey	Amanda	Supervisor	111,627.50	701.77
Hattie-Butler	Sheila	Public Health Nurse	113,503.50	421.20
Hill	Sarah	Public Health Nurse	100,804.33	421.20
Hubbell	Elizabeth	Public Health Nurse	135,031.19	421.20
Jutzi	Darrell	Program Manager	135,330.41	853.20
Kim	Tae Ho	Supervisor	105,003.10	421.20
Knowler	Melissa	Public Health Nurse	115,419.09	519.38
Kong	Molyka	Public Health Nurse	114,771.77	421.20
Korpikoski	Anne-Maria	Public Health Inspector	115,279.72	421.20
Kosmack	Donna	Program Manager	146,717.48	1,609.68
Lalich	Jennifer	Public Health Nurse	114,360.97	122.85
Leffley	Alanna	Epidemiologist	110,059.88	-
Limburg	Jennifer	Public Health Nurse	103,970.13	421.20
Locker	Alison	Program Manager	162,562.61	1,750.92
Lokko	Heather	Director	150,111.29	1,043.64
Loupos	Kim	Public Health Dietitian	119,799.63	421.20
Maaten	Sarah	Program Manager	131,702.21	769.20

## Public Sector Salary Disclosure Act - 2021 Record of Employees' Salaries and Taxable Benefits

Last Name	First Name	Position Title	Salary	Taxable Benefits
MacCormick	Maureen	Director	208,451.58	2,025.36
MacDaniel	Tara	Public Health Nurse	151,768.04	1,206.60
Mackie	Christopher	Medical Officer of Health	468,874.19	2,046.48
Manning	Ronda	Program Manager	123,795.21	1,639.56
Marinko	Lilliana	Public Health Nurse	118,808.95	703.20
Marwa	Ibrahim	Supervisor	112,888.09	1,063.53
McKee	Stephanie	Supervisor	115,049.32	1,010.28
Melling	Meagan	Public Health Nurse	107,414.79	912.10
Milne	Elizabeth	Supervisor	105,277.12	1,557.00
Morris	Kelly	Public Health Nurse	118,381.74	421.20
Neil	Sarah	Public Health Nurse	108,731.46	1,141.15
Newheart	Susan	Public Health Nurse	113,663.99	421.20
Nguyen	Valerie	Supervisor	109,341.22	421.20
O'Brien	Samantha	Public Health Nurse	100,004.72	421.20
Paget	Jody	Program Manager	119,843.22	1,519.21
Patel	Mamta	Public Health Inspector	105,966.19	421.07
Pavletic	David	Program Manager	113,060.69	1,835.88
Pham	Mai	Epidemiologist	128,619.36	741.85
Powell	Andrew	Program Manager	133,671.87	774.92
Powell	Leanne	Public Health Nurse	124,304.38	421.20
Preete	Catherine	Public Health Inspector	111,825.61	421.20
Proulx	Jennifer	Program Manager	123,940.97	1,835.88
Rahbari	Saritha	Public Health Nurse	109,544.27	421.20
Ramer	Kendra	Manager	108,820.68	1,805.31
Rees	Laurie	Public Health Nurse	100,554.03	421.20
Resendes	Isabel	Program Manager	148,657.19	1,835.88
Richardson	Sandra	Public Health Nurse	108,537.60	552.10
Salgado	Fatima	Public Health Nurse	113,050.86	421.20
Seara	Jill	Supervisor	114,676.88	1,010.28
Shugar	Debbie	Program Manager	109,615.91	135.00
Silver	Nicole	Public Health Nurse	108,387.49	87.75
Small	Sharon	Public Health Nurse	101,598.12	421.20
Smith	Graham	Public Health Nurse	103,138.03	1,010.28
Stirling	Deanna	Public Health Nurse	114,490.48	421.20
Stobo	Linda	Program Manager	163,525.23	854.16
Streef	Berthe	Public Health Nurse	114,728.10	421.20
Summers	Alexander	Associate Medical Officer of Health	415,961.32	1,826.88
Szabo	Monika	Public Health Nurse	105,539.35	421.20
Thomas	Heather	Public Health Dietitian	102,754.71	421.20
Thompson	Melissa	Manager	161,276.50	617.56
Turner	Stephen	Director	151,421.05	770.04
Vandervoort	Suzanne	Program Manager	101,350.54	1,221.84
Williams	Emily	Director	187,609.11	1,981.80
Winspear	Catherine	Public Health Nurse	100,332.29	421.20
Wood	Erin	Public Health Nurse	103,660.51	77.49



TO: Chair and Members of the Board of Health  
FROM: Emily Williams, Chief Executive Officer  
DATE: 2022 March 17

---

## HEALTH UNIT GENERAL INSURANCE POLICY RENEWAL

### **Recommendation**

*It is recommended that the Board of Health approve the renewal of the Health Unit's General Insurance Policy as outlined in Report No. 15-22 re: "Health Unit General Insurance Policy Renewal".*

### **Key Points**

- The Board of Health is responsible for periodically reviewing the Health Unit's General Insurance Policy as part of its risk management practices.
- The existing General Insurance Policy is proposed to be extended by one year, given the lack of Health Unit staff capacity to complete robust market evaluation. The cost for general insurance has increased by 13.4% from \$92,310 to \$104,672, excluding Cyber Insurance.
- The Cyber Insurance policy renewal was not yet available at the time of writing this report but has been estimated to cost \$15,000 in 2022.
- Combined insurance is therefore estimated at \$119,672 against a budget of \$114,490. The budget was originally prepared with a 7% estimated increase for general insurance.

### **Background**

General insurance is provided to the Middlesex-London Health Unit through Intact Public Entities Incorporated, previously known as Frank Cowan Company. Intact Public Entities is a Canadian leader in providing specialized insurance programs, including risk management and claims services to municipal, public administration and community-based organizations across Canada. A comprehensive review of general insurance coverage was last completed in 2018 and a one-year extension of the existing policy is being proposed, given Health Unit staff lack capacity to undertake robust market evaluation.

### **Cost Analysis and Coverage**

The following cost analysis was prepared from page 12 of the current General Insurance Policy which is attached in full as [Appendix A](#). Full descriptions of coverage are also included in [Appendix A](#), beginning at page 21, and program options highlights of coverage begin at page 35.

	<u>2021</u>	<u>2022</u>	<u>% Incr</u>
<b>Casualty Insurance</b>			
General Liability	26,560	31,872	20.0%
Medical Malpractice Liability	34,895	36,641	5.0%
Errors & Omissions Liability	8,361	10,033	20.0%
Directors' & Officers' Liability	6,650	7,980	20.0%
Non-Owned Automobile Liability	200	210	5.0%
Environmental Liability	1,200	1,380	15.0%
Crime	1,418	1,489	5.0%
Board Members Accident	296	389	31.4%
Conflict of Interest	660	693	5.0%
Legal Expense	1,858	1,951	5.0%
<b>Property</b>			
Property	6,556	7,829	19.4%
<b>Excess</b>			
Follow Form	3,656	4,205	15.0%
<b>Premium</b>	<b>92,310</b>	<b>104,672</b>	<b>13.4%</b>

**Next Steps:**

This report is seeking Board approval for the General Insurance Policy only. The Cyber Insurance portion has been included above to illustrate the total estimated cost of insurance in 2022 and will be brought to the Board for approval once it is available.

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



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



## **2022 Health Unit Insurance Program**

### **MIDDLESEX-LONDON HEALTH UNIT**

Renewal Report for the Policy Term March 1, 2022, to March 1, 2023

Submitted by: Intact Public Entities Inc.  
Address: 278 Pinebush Rd., Suite 200  
Cambridge, ON N1T 1Z6

phone: 1-800-265-4000  
fax: 519-458-4366  
e-mail: [connectwithus@intactpublicentities.ca](mailto:connectwithus@intactpublicentities.ca)

Prepared by:  
Aran Myers  
Regional Manager

Ref 48700/kl      22 February 2022



## How to Report a Claim

In the event you need to report a claim, please call your insurance broker during regular business hours, or alternatively **call Intact Public Entities at 1-800-265-4000** where you will be given options based on the type of claim you are reporting. After hours claim reporting is available through that number. You can also email IPE during business hours: **[mail.claims@intactpublicentities.ca](mailto:mail.claims@intactpublicentities.ca)**



# About Intact Public Entities

Intact Public Entities is a Canadian leader in providing specialized insurance programs, including risk management and claims services to municipal, public administration and community-based organizations across Canada. Proven industry knowledge, gained through over nine decades of partnering with insurance companies and independent brokers, gives Intact Public Entities the ability to effectively manage the necessary risk, advisory and claims services for both standard and complex issues. Intact Public Entities is a wholly-owned subsidiary of Intact Financial Corporation with its head office located in Cambridge, Ontario. For additional information about Intact Public Entities visit [www.intactpublicentities.ca](http://www.intactpublicentities.ca).

Intact Public Entities is a Managing General Agent (MGA) with the authority to write and service business on behalf of strategic partners who share our commitment and dedication to protecting specialized organizations. Because our partners are long-term participants on our program, they understand the nature of fluctuating market conditions and complex claims and are prepared to stay the course.

## Canadian Owned Company With 90+ Years of Continuous Operation

### Market Leader

#### Municipal, Public Administration & Community Services

Municipal market share leader in Ontario with strong representation of municipal, public administration and community-based organizations across Canada.

### Innovative

#### New Products & Services

Cyber Risk Insurance  
Fraudulently Induced Transfer  
Road Reviews  
Fleet Management

### In-House

#### Claims & Risk Management

In-house claims management = faster turn around, single point of contact, specialized expertise in the municipal claims environment.



**Municipal Market Share Leader in Ontario**



**First Municipal Client The Village of Ayr, Ontario**



## The Advantage of a Managing General Agent

The MGA model is different than a traditional broker/insurer arrangement in that an MGA provides specialized expertise in a specific, niche area of business. As an MGA we also offer clients additional and helpful services in the area of risk management, claims and underwriting. And unlike the reciprocal model, a policy issued by an MGA is a full risk transfer vehicle not subject to retroactive assessments but rather a fixed term and premium.

We invite you to work with a partner who is focused on providing a complete insurance program specific to your organization that includes complimentary value-added services that help drive down the cost of claims and innovative first to market products and enhancements. You will receive personalized service and expertise from a full-service, local and in-house team of risk management, claims, marketing and underwriting professionals.

As a trusted business partner, we believe in participating in and advocating for the causes that affect our clients. For this reason, we affiliate with and support key provincial and national associations. In order for Intact Public Entities to be effective in serving you, we, as an MGA, believe in fully understanding your needs, concerns and direction. Our support is delivered through thought leadership, financial resources, advocacy, services, education and more.

## Risk Management Services

We are the leader in specialized risk management and place emphasis on helping your organization develop a solid plan to minimize exposure before potential incidents occur. Risk management is built into our offerings for all clients, fully integrated into every insurance program. Our risk management team is comprised of analysts, inspectors and engineers who use their expertise to help mitigate risk. We do everything we can to minimize your exposure before potential incidents occur. This includes providing education, road reviews, fleet reviews, contract analysis and property inspections.

## Claims Management Services

Our in-house team of experts has the depth of knowledge, experience and commitment to manage the complicated details of claims that your organization may experience. You deal with the public often in sensitive instances where serious accusations can be made. Your claims are often long-tail in nature and can take years to settle. Some claims aren't filed until years after the occurrence or accident. You want a team of professionals on your side that will vigorously defend your reputation. We understand your risks and your exposures and have maintained a long-term commitment to understanding the complex issues your organization may face so that we can better service your unique claims requirements.



\*Please note that the information contained in this document is proprietary and confidential and is to be used for the sole purpose of determining the successful proponent. Permission must be obtained from Intact Public Entities prior to the release of any information contained herein for any other purpose than evaluating this submission.

# Your Insurance Coverage

## Important Information

### General Information

The premium quoted is based on information provided at the date of this Report (the date is noted on the first page of this report/quotation). Additional changes to information are subject to satisfactory underwriting information and express approval by Intact Public Entities Inc. Changes in information and coverage may also result in premium changes.

### Wildfire and Flood Exposures

Due to the high risk of wildfires and active floods, Intact Public Entities Inc. is taking a very conservative approach to such exposures/natural disasters. We are currently reviewing all risks to determine if any part of a risk is within 50km of an active wildfire or 15km of an active flood event.

### Quoting and Binding Coverage Restrictions

The quote provided is only valid for 60 days. Should you require an extension beyond the 60 days from the date of this report, you must contact an underwriter at Intact Public Entities Inc. for written confirmation that the quotation is still valid.

Coverage quoted cannot be bound unless expressly agreed to in writing by an underwriter at Intact Public Entities. Intact Public Entities Inc. reserves the right to decline to bind coverage.

Your marketing representative can assist in co-ordinating your correspondence with the correct underwriter for the account should you wish a quotation extension or are requesting coverage be bound.

## Schedule of Coverage

(Coverage is provided for those item(s) indicated below)

### Casualty

Coverage Description	(\$) *Deductibles	(\$) Limit of Insurance
General Liability (Occurrence Form) <i>Broad Definition of Insured</i>	5,000	15,000,000 Per Claim No Aggregate
Forest Fire Expense		1,000,000 1,000,000 Aggregate
Medical Malpractice Liability (Claims Made Form) Retroactive Date January 1, 2003	5,000	15,000,000
Errors & Omissions Liability (Claims Made Form) Retroactive Date January 1, 2003	5,000	15,000,000 Aggregate
Directors' & Officers' Liability (Claims Made Form)	5,000	5,000,000 Aggregate
Additional Limit of Liability – Insuring Agreement A (Personal Insurance) only		1,000,000 Aggregate
Non-Owned Automobile Liability		15,000,000
Legal Liability for Damage to Hired Automobiles	500	50,000
Environmental Liability (Claims Made Form)	5,000	1,000,000 2,000,000 Aggregate

\*Your deductible may be a Deductible and Reimbursement Clause (including expenses) refer to Policy Wordings

### Follow Form – Excess Liability

Coverage Description	(\$) Limit of Insurance
Excess Limit	10,000,000

Underlying Policy	(\$) Underlying Limit
General Liability	15,000,000
Errors & Omissions Liability	15,000,000
Non-Owned Automobile	15,000,000
<b>Total Limit of Liability (\$)</b>	<b>25,000,000</b>

## Schedule of Coverage

(Coverage is provided for those item(s) indicated below)

### Crime

Coverage Description	(\$) Deductibles	(\$) Limit of Insurance
Employee Dishonesty –Form A (Commercial Blanket Bond)		100,000
Loss Inside the Premises (Broad Form Money & Securities)		10,000
Loss Outside the Premises (Broad Form Money & Securities)		10,000
Audit Expense		100,000
Money Orders and Counterfeit Paper Currency		100,000
Forgery or Alteration (Depositors Forgery)		100,000

### Accident

Coverage Description	(\$) Deductibles	(\$) Limit of Insurance
Board Members : Persons Insured Ten (10) Board Members		
Board Members Accidental Death & Dismemberment		100,000
Paralysis		200,000
Weekly Income – Total Disability		300
Weekly Income – Partial Disability		150
Accidental Death of a Spouse While Travelling on Business		Included

### Conflict of Interest

Coverage Description	(\$) Deductibles	(\$) Limit of Insurance
Legal Fees Expenses		100,000 Per claim No Aggregate

### Legal Expense (Claims Made)

Coverage Description	(\$) Deductibles	(\$) Limit of Insurance
Legal Defence Cost		100,000 250,000 Aggregate

## Schedule of Coverage

(Coverage is provided for those item(s) indicated below)

### Property

**Coverage is on an All Risk Basis unless otherwise specified.  
Basis of Settlement is Replacement Cost unless otherwise specified  
The Deductible is on a Per Occurrence Basis**

Coverage Description	(\$) Deductibles	Basis	(\$) Limit of Insurance
Property of Every Description - Blanket	5,000	RC	12,197,415
<b>Property Supplemental Coverage (Included in the Total Sum Insured unless otherwise specified in the wording)</b>			
Building By-laws	5,000		Included
Building Damage by theft	5,000		Included
Debris Removal	5,000		Included
<b>Electronic Computer Systems</b>			
Electronic Computer Hardware and Media	5,000		Included
Electronic Computer Systems Breakdown			Not Insured
Electronic Computer Systems – Extra Expense			Not Insured
Extra Expense Period of Restoration	5,000		90 Days
Expediting Expense	5,000		Included
Fire or Police Department Service Charges	5,000		Included
First Party Pollution Clean-up	5,000		1,000,000
Fungi and Spores	5,000		10,000
<b>Furs, Jewellery and Ceremonial Regalia</b>			
Ceremonial Regalia	5,000		Included
Furs and Jewellery	5,000		25,000
Inflation Adjustment	5,000		Included
Live Animals Birds or Fish	5,000		25,000
Newly Acquired Property	5,000		Included
Professional Fees	5,000		Included
Property and Unnamed Locations	5,000		Included
Property Temporarily Removed Including while on Exhibition and during Transit	5,000		Included
Recharge of Fire Protection Equipment Expense	5,000		Included
Sewer Backup and Overflow	5,000		Included

<b>Municipal &amp; Public Administration Extension Endorsement (In Addition to the Total Sum Insured unless specifically scheduled in the wording)</b>		
Accounts Receivable	5,000	250,000
Bridges and Culverts	5,000	50,000
Buildings Owned due to Non Payment of Municipal Taxes	5,000	Not Insured
Buildings in the Course of Construction Reporting Extension	5,000	1,000,000
By Laws – Governing Acts	5,000	25,000
Consequential Loss Caused by Interruption of Services		
On Premises	5,000	Included
Off Premises	5,000	50,000
Cost to Attract Volunteers Following a Loss	5,000	10,000
Docks, Wharves and Piers	5,000	25,000
Errors and Omissions	5,000	Included
Exterior Paved Surfaces	5,000	50,000
Extra Expense	5,000	250,000
Fine Arts		
At Insured's Own Premises	5,000	25,000
On Exhibition	5,000	25,000
Fundraising Expenses	5,000	10,000
Green Extension	5,000	50,000
Growing Plants		
Any One Item	5,000	1,000
Per Occurrence	5,000	100,000
Ingress and Egress	5,000	Included
Leasehold Interest	5,000	25,000
Master Key	5,000	25,000
Peak Season Increase	5,000	25,000
Personal Effects	5,000	25,000
Property of Others	5,000	25,000
Rewards: Arson, Burglary Robbery and Vandalism	5,000	25,000
Signs	5,000	Included
Vacant Property	5,000	250,000

Valuable Papers	5,000	250,000
-----------------	-------	---------

**Additional Endorsements**

Virus and Bacteria Exclusion	Not Applicable	Included
------------------------------	----------------	----------

**(\$) Total Amount of Insurance 13,442,415**

RC = Replacement Cost ACV = Actual Cash Value VAL = Valued

**Account Premium**

Prior Term	<i>Total Annual Premium (Excluding Taxes Payable)</i>	\$ 92,310	<b>Total Annual Premium (Excluding Taxes Payable)</b>	\$ 104,672
------------	---	-----------	---	------------

**Please refer to the insurance contract for all limits, terms, conditions and exclusions that apply. The premium Quoted is subject to a 15% minimum retained (unless otherwise stated).**

# Cost Analysis

	Expiring Program Term	Renewal Program Term
<b>Casualty</b>		
General Liability	\$ 26,560	\$ 31,872
Medical Malpractice Liability	34,895	36,641
Errors and Omissions Liability	8,361	10,033
Directors' and Officers' Liability	6,650	7,980
Non-Owned Automobile Liability	200	210
Environmental Liability	1,200	1,380
Crime	1,418	1,489
Board Members Accident	296	389
Conflict of Interest	660	693
Legal Expense	1,858	1,951
<b>Property</b>		
Property	6,556	7,829
<b>Excess</b>		
Follow Form	3,656	4,205
<b><u>Total Annual Premium</u></b>	<b>\$ 92,310</b>	<b>\$ 104,672</b>
(Excluding Taxes Payable)		



# Changes to Your Insurance Program

Please be advised of the following changes to your insurance program that now apply:

## Form GNGX413 – Statutory and Additional Conditions

As per regulations, should you have any of the policies:

Accident, Conflict of Interest, Crime, Environmental, Errors and Omissions, Liability, Excess Coverage, Claims Made Malpractice, Non Owned Automobile or Property.

This new form will be added to each of them.

## Legal Expense Market and Product Changes

- The Legal Expense wording has been updated and include changes to your policy. Coverage for Human Rights tribunals is now included under the Legal Defence coverage. The General Conditions have been updated and should be reviewed carefully.
- ARAG Group, a global leader in legal expenses insurance and currently active in 19 countries has acquired DAS Legal Protection Inc. in Canada earlier this year. The Legal Expense Insurance policies are underwritten by HDI Global Specialty SE which will now be shown as the subscribing company on your legal expense policy effective.

## Liability, Errors and Omissions and Not for Profit Directors' and Officers'

- We have made important changes please review the **Policy Changes First Party Pollution and Cyber Exclusions** document.
- We have included notification regarding the Errors and Omissions changes within this notification document. You may or may not have Errors and Omissions coverage on your policy, please refer to the Schedule of Coverage to determine whether your coverage has been affected.

## Property Policy

### First Party Pollution and Cyber Exclusions

We have made important changes please review the **Policy Changes First Party Pollution and Cyber Exclusions** document. This document outlines all coverage affected.

The First Party Pollution Limit has been amended from Included to \$1,000,000 at renewal.

### Earthquake, Flood

Due to changes in our rating structure, we are no longer including automatic coverage for Flood and Earthquake on "Other Property" for no additional cost.

### Building Values Increased

Building values have been increased in order to reflect inflationary trends.

### Licensed Automobile Physical Damage on the Property Policy

As an accommodation, we previously allowed you to insure physical damage for licensed automobiles under the property policy. We will be discontinuing this practice as an automobile policy more appropriately covers this exposure.

To support this change, form PNGX6028 Licensed Equipment and Vehicle Schedule Endorsement has been updated and renamed Licensed Equipment Schedule Endorsement. We will continue to provide coverage for licensed equipment using this form.



## Earthquake and Flood and Minor Property Wording Changes

### Please Read Your Policy Carefully

Economic losses from weather and climate related disasters have increased in the past few years and society has seen an increase in the number of natural catastrophes.

#### Earthquakes:

On average, the Geological Survey of Canada (GSC) records and locates over 4,000 earthquakes in Canada each year. That is about 11 per day! Of these 4,000, only about 50 (1/week) are generally felt.

#### Floods:

Worldwide, flooding is the leading cause of losses from natural hazards and is responsible for a greater number of damaging events than any other type of natural event. At least one third of all losses due to nature's forces can be attributed to flooding. Flood damage has been extremely severe in recent decades, and it is evident that both the frequency and intensity of floods are increasing.

- Floods produce frequent disasters in and by themselves, but they can also be a secondary impact of earthquake activity.

#### Changes

- Given the above information, we are making the following changes to responsibly manage our catastrophic exposures and to align ourselves more closely with the marketplace when providing catastrophic coverages.

#### Base Property Wording Changes – Form PWGX662:

Earthquake and Flood Coverage are still excluded under the base property wording as these coverages must be provided via an endorsement to the policy. An Earthquake Shock or a Flood can last for days. Previously we specified the number of hours we considered a flood or an earthquake in this form. We have moved the number of hours that we will consider one earthquake or flood occurrence to each of the respective endorsements.

Newly defined terms include:

- Fire Protective Equipment, Surface Water and Watermain.
- Other terms such as: Malicious Acts, Riot and Leakage from Fire Protective Equipment were described in the prior version but now have been formally defined.
- The term 'flood' always included 'surface water', we've simply formally defined the term.
- Watermain (while watermains remain excluded, the leakage from a watermain is covered under your base property wording)

#### Base Flood Endorsement Form PNGX6027 and Base Earthquake Endorsement Form PNGX6024 Change Overview

**One of the most important changes is that the deductibles will now apply to 'each premises' rather than to 'each occurrence'.**

The **Insuring Agreements** have been clarified and additional 'property types' that may be insured under the form have been added e.g., previously only buildings, other property and property of every description were included. We have now added 'scheduled items' and other insured perils that coverage. An example of other insured perils would be business interruption when coverage is provided under the policy.

The **Limits of Insurance** sections have been removed as coverage is applicable up to the insured value of the property.

**Deductible Section Changes:**

- You will still see deductible schedules within these endorsements showing the applicable deductible depending upon the location of your premises.
- Reference to the basis of settlement has been removed as the Schedules of Coverages determine the whether the basis of settlement is Actual Cash Value or Replacement Cost or another type of settlement.
- Earthquake may still be subject to a percentage and dollar amount deductible while Flood will have only a dollar amount. deductible.

**Perils Excluded** is a new section that clarifies when coverage would not be provided under these endorsements.

As per the Policy Wordings:

- **Flood Specifically Excludes:**

- Backing up or overflow within the area bounded by the bearing walls and foundations of buildings of water from within sewers, sumps, septic tanks or drains.
- Water below the surface of the ground including that which exerts pressure on or flows, seeps or leaks through sidewalks, driveways, foundations, walls, basement or other floors or through doors, windows or other openings in the foregoing.
- Fire, explosion, smoke, leakage from fire protective equipment, theft, riot, vandalism or malicious acts.
- Leakage from a watermain.

- **Earthquake Specifically Excludes:**

- Fire, explosion, smoke, leakage from fire protective equipment, theft, riot, vandalism or malicious acts.
- Flood.

**Additional Coverage:** New coverage for property insured is provided when caused by wind, hail, rain or snow entering a building through an opening under both the flood and earthquake forms.

The **Definition Section** is a new section, this is where:

- The number of hours that we consider to be either a 'flood' or an 'earthquake' occurrence is shown.
- Both endorsements now stipulate a time period of 168 hours. Previously the flood endorsement stipulated 72 hours. Example: we consider a 'flood occurrence' to be all flooding that occurs within 168 consecutive hours to be one 'flood'.

**Should you have any questions regarding any of these changes or wish to add flood or earthquake to your policy, please contact your broker or your Intact Public Entities Inc. marketing representative.**

# Policy Changes - First Party Pollution and Cyber Exclusions

Effective Date of Changes are:

- New Business: April 1, 2021
- Renewal Business: May 1, 2021

## First Party Pollution – Property Wording and Limit Changes

Under your property wording, we have amended the reporting condition for the First Party Pollution Supplemental coverage from 365 days to 180 days.

Limits for this coverage will also be changing. A specific limit of insurance will now be shown for this coverage.

## Cyber Exclusions under Our Wordings Update

With cyber risk exposure continuing to increase in both frequency and severity we have recently updated the cyber exclusions under our Property, Liability and Errors and Omissions wording to clarify our intent.

## Property – Cyber Incident Exclusion Endorsement

Please be advised that we have added a cyber incident exclusion endorsement to your property policy.

This exclusion applies to all property coverage including, business interruption coverage, builders risk coverage, miscellaneous or other property coverage form(s) and any extensions, clauses or additions of coverage including exceptions to exclusions and to all locations.

This new exclusion emphasizes our policies do not insure against loss or damage caused by a cyber incident as defined within the exclusion.

If, however, a cyber incident directly results in fire or explosion, coverage for loss or damage due to such resulting fire or explosion would apply.

The above is only an overview of the changes. Please read your new cyber incident exclusion endorsement carefully.

## Liability – Personal Injury and Cyber and Data Limitation

Please be advised that we have added a new cyber and data limitation endorsement to your liability policy.

Following industry standard we have added two exclusions under Personal Injury (including advertising injury) for any claims arising out of:

- electronic interactive websites including but not limited to: chatrooms, interactive forums, platforms or bulletin boards, that the insured either hosts or owns, or over which the Named Insured exercises control; and
- any other access or disclosure of personal or confidential information. This includes all personal and non-public information. Examples would include patents, trade secrets, financial lists and credit card lists etc.

This Endorsement clarifies our intent under Bodily Injury and Property Damage replacing the current electronic data exclusion. We continue to exclude any personal injury, bodily injury or property damage liability (including fines and penalties) in relation to a cyber incident or cyber act.

We have retained coverage for bodily injury or property damage liability (except for fines and penalties) if it is caused by any error or omission involving access to, processing of, use of or operation of any computer system.

It's important to remember that bodily injury does not include mental injury, mental anguish or mental disease.

The new endorsement now specifies liability relating to the Personal Information Protection and Electronic Documents Act, the Canada Anti-Spam Legislation, the Privacy Act, or any similar federal, provincial or territorial statute or regulation is not covered.

## Errors and Omissions Liability - Cyber and Data Limitation

Please be advised that we have added a new cyber and data limitation endorsement to your errors and omissions policy.

This exclusion replaces our current exclusion for computer viruses and unauthorized access.

We specify that coverage does not apply to any loss, damage, liability, claim, fines, penalties, cost or expense caused by, contributed to by, resulting from, arising out of or in connection with any cyber act, cyber incident or data breach.

Coverage does not respond to:

1. notification costs, crisis consultancy costs, credit monitoring expenses, replacement of actual credit or payment cards, forensic expenses, public relations expenses or legal advice and services arising out of or in connection with a data breach; or
2. any liability to restore, recover or replace computer systems or electronic data due to a cyber act or cyber incident.

**The above is only an overview of the changes. Please read your policy carefully.**

# Program Options

## Crime Coverage – Other Optional Coverages

Other Optional Coverages are also available. See attached Crime Cover Options page for further details.

Quote is available on request (completed application is required).

## Crime Coverage – Fraudulently Induced Transfer Coverage

Fraudulently Induced Transfer Coverage is now available. Covers a loss when an Insured under the policy has been intentionally misled by someone claiming to be a vendor, client or another employee of the company and the Insured has transferred, paid or delivered money or securities to this third party.

For Coverage information and available options refer to the Fraudulently Induced Transfer Endorsement Coverage Highlights Sheet.

## Property Coverage – Income Replacement

Income can change from year to year, so it is important to annually review your Business Interruption needs.

Higher limits or Optional Coverages to protect your income are available.

All income producing facilities need to be considered (e.g. arenas, pools, libraries, community halls etc.)

## Property Coverage – Earthquake and Flood

Earthquake coverage is available for an additional annual premium of \$ 1,220 subject to a deductible of 3% or Minimum \$ 100,000. Note: The deductible is applicable per 'premises'

Flood coverage is available for an additional annual premium of \$ 1,220 subject to a deductible of \$ 25,000. Note: The deductible is applicable per 'premises'

### **Please note:**

Earthquake and Flood Coverage do not apply to:

- Property Insured with a Demolition and Debris Basis of Settlement.
- Vacant Buildings.
- Any Property specifically excluded under the property policy.

Earthquake and Flood Aggregate would apply.

## Equipment Breakdown

- Property policies typically exclude losses that Equipment Breakdown Insurance is designed to cover.
- Equipment Breakdown Coverage insures against losses (property damage and business interruption) resulting from 'accidents' (as defined in the wording) to various types of equipment such as pressure, mechanical, electrical and pressure equipment (called "objects" in the policy). Coverage also extends to

electronic equipment for 'electronic circuitry impairment'. Coverage typically extends to production machinery unless specifically excluded.

- For product information refer to Equipment Breakdown TechAdvantage Highlights Sheet.
- A quote is available upon request.

## Remotely Piloted Aircraft Systems (UAV) Coverage

Property and/or Liability Cover may be available for Remotely Piloted Aircrafts (UAV).

Application required to quote.

For Coverage information refer to the Remotely Piloted Aircraft (UAV) Highlight Sheet.





## Description of Coverage

Intact Public Entities offers a Comprehensive Insurance Program to meet your needs.

"Your Insurance Coverage" provides a schedule of proposed coverages, limits and deductibles included in this proposal.

Highlights of coverage follow providing a summary of coverage. Highlight pages may include description of optional coverages.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Health Care Liability Insurance Highlights

## Overview

Insures against liability imposed by law for damages because of bodily injury or death to any person resulting from the operations of the Insured and for damages to or destruction of property of others caused by an occurrence.

## Features

- Occurrence based coverage.
- Worldwide coverage territory.
- 90 day cancellation for any reason other than non-payment.
- Broad Bodily Injury coverage – Coverage is automatically provided for shock, mental anguish, mental injury and assault and battery.
- Broad Personal Injury coverage – Coverage is automatically extended to cover humiliation and discrimination.
- Cross Liability
- No General Aggregate
- Products and Completed Operations are not subject to an Aggregate Limit.
- Optional Endorsement: Nil deductible applicable to third party damage claims – must be purchased separately.

## No Exclusions for:

- Employers Liability
- Advertising Liability
- Property damage to the Insured's work arising out of the products-completed operations hazard.
- Property damage to Impaired property (faulty workmanship).
- Recall expenses.
- Explosion, Collapse or Underpinning (XCU)
- Sexual, physical or mental abuse applies to the entity (unless otherwise indicated).

## Exclusions Specifically for:

- Liability of a trustee, board member, director, executive officer, employee or volunteer worker if they are in violation of the law (criminal act), or while under the influence of hypnotics, intoxicants or narcotics.
- Employment Practices wrongful act.
- Abuse Exclusion may apply.

## Additional Information:

One Limit of Insurance for all Insuring Agreements including:

- Bodily Injury
- Personal Injury
- Malpractice Liability
- Property Damage
- Tenants Legal Liability

Other Extensions

- Medical Payments
- Child Abduction Liability for expenses incurred as a result of an abduction of a child 10 years of age or less.
- Abuse Limitation may apply.
- Voluntary Compensation for Volunteers

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Malpractice Liability – Claims Made Coverage Highlights

## Features

---

- Comprehensive Coverage for Professional Exposure.
- Defence costs in addition to the Limits of Insurance.
- Includes coverage for a 'Good Samaritan Act' as defined in the policy.
- Retroactive Coverage Available.

## Limits of Insurance

---

- Competitive Limits Available.
- Coverage is subject to a 'Per Claim' and 'Aggregate' Limit.

## Prior Knowledge of Claims

---

- Claims considered first reported only when written notice is received.

## Types of Crisis

---

- Automatic Extended Reporting Period at 90 days.
- Optional Extended Reporting Period for 1 year.

## Exclusions

---

### Exclusions that have been added

- Obligations of the Insured under workers compensation, disability benefits, employment or similar law is now incorporated.
- Any Insured who participated in, directed or knowingly allowed the malpractice (as defined) to occur.

## Broad Definitions

---

<b>Abuse</b>	Clarification of coverage intent has been enhanced with a clear definition of abuse, including specific definitions for sexual and physical abuse.
<b>Claims Expanded</b>	Arbitration, mediation or alternative dispute resolution proceedings.
<b>Compensatory Damages</b>	Damages for economic loss (excluding punitive or exemplary damages).
<b>Malpractice</b>	Coverage is provided for bodily injury, sickness, disease, mental anguish, mental suffering, mental injury shock, disability including death arising out of the rendering of or failure to render any professional treatment or services in connection with the Insured's business activities.
<b>Worldwide</b>	Insured must reside in Canada and suits determined on merit by Canadian courts.
<b>Insured Persons</b>	Trustees, Board Members, Directors, Executive Officers created by the Named Insured's charter, constitution, bylaws or other similar governing document, Employees and Volunteers.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & ©2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Professional Errors and Omissions Liability Coverage Highlights

## Defence Costs in Addition to Policy Limits and Settlement Provision

---

### Expanded Defence Costs Coverage

- Coverage for Defence Costs is provided in addition to the Limit of Liability.

## Enhanced Policy Conditions

---

<b>Bankruptcy</b>	Bankruptcy or insolvency will not relieve the Insurer of obligations under the policy.
<b>Coverage Territory</b>	Worldwide coverage.
<b>Duties in event of a Claim</b>	Notice required as soon as practicable no later than 30 Days after termination date of the policy period.
<b>Termination of Policy</b>	Written notice of termination in the event of non-payment of premiums is 15 days by registered letter, or 90 days by registered letter for any other reason.

## Limits of Insurance

---

### Aggregate Limit of Liability excluding Defence Expenses.

- Extended Reporting Period does not reinstate Limit of Insurance.

## Standard Exclusions

---

### Standard exclusions included, found in most liability policies:

- Pollution, Data, Fungi, Asbestos, Terrorism, Nuclear and War exclusions are now incorporated.

## Bilateral Election of Discovery Period Now Available

---

1 year at 100% of the annual premium available if either Insured or Insurer cancels or non-renews the policy.

## Broad Definitions

---

<b>Claim Expanded</b>	Civil proceedings. Arbitration, mediation or alternative dispute resolution proceedings.
<b>Insured Persons Include</b>	Any present or former partner, executive officer, director, stockholder, employee, volunteer, or member of a duly constituted committee.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Not for Profit Entity, Directors' and Officers' Liability Coverage Highlights

## Overview

---

Not for Profit Directors' and Officers' Liability Insurance is more crucial than ever as more Non Profits make headlines in the media. There is increased scrutiny from the general public regarding the finances and management of organizations. This coupled with increased regulation along with the rising frequency and severity of legal actions leaves the Entity and Directors' and Officers' vulnerable as Directors' and Officers' can be held personally liable for their role in an Organization/Entity.

## Who Needs Coverage

---

- Any charitable or Not for Profit Entity.
- Not for Profit Directors and Officers.
- Members and Volunteers of these organizations.

## Why Coverage is Required

---

Being a member of the Board of Directors or an officer for a not-for-profit organization can expose an individual to unique risks. Directors and officers can be subject to allegations of breach of common law duties breach of duties owed to their stakeholders or members and statutory liabilities imposed by federal or provincial laws. They are required to act in good faith and in the best interest of the organization within the scope of the entities' by-laws and applicable regulations and statutes.

Many not-for-profit organizations have limited resources to indemnify directors and officers or respond to potential litigation, settlements or damage awards, putting the personal assets of directors and officers at risk, as well as the assets of the entity.

## Features

---

- Regulatory and Criminal Defence.
- Defence costs do not erode the Limit of Liability.
- Coverage extends to a spouse of an Insured Person.
- Additional Side A. Coverage: Coverage provides protection to the Insured Persons if the Entity is unable to indemnify (due to statute or insolvency).
- Provisions for Directors' and Officers' when they serve on other non-profit boards (with consent of the Insured Organization/Entity).
- Fiduciary Insurance (for Benefits Programs). Coverage is for allegations in administration of a Benefits program an Entity offers their employees.
- Derivative Demand Coverage: Provides coverage for Investigation Costs when members threaten to bring derivative actions on behalf of the Entity.
- Statutory Liabilities are explicitly covered.
- World-wide coverage.
- No Hammer Clause.
- 90 Day Reporting.
- Extended Reporting/Discovery Period is available and can be purchased when the policy is not being renewed.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Non-Owned Automobile Coverage Highlights

## Overview

---

Non-Owned and hired automobile liability insurance covers bodily injury and property damage caused by a vehicle not owned by the Insured (including rented or borrowed vehicles). Coverage is provided for Third Party Liability arising from the use or operation of any automobile not owned or licensed in the name of the Insured if it results in bodily injury (including death), property damage (if the property was not in possession of the Insured) to a third party.

## Features

---

### SEF No. 96 Contractual Liability:

- When renting a vehicle you engage in a contractual relationship with the rental company where you assume liability for the operation of the automobile. It is therefore important that contractual coverage is added to the policy by way of an endorsement known as SEF (Standard Endorsement Form) No. 96. Contractual Liability coverage is automatically provided for all written contractual agreements with our Non-Owned Automobile coverage.

### SEF No. 99 Long Term Lease Exclusion:

- When Contractual Liability is provided under the policy there is also an exclusion for Long Term Leased vehicles SEF No. 99. This excludes coverage for vehicles hired or leased for longer than a certain period such as 30 days.

### Territory:

- The Non-Owned Automobile policy provides coverage while in Canada and United States.

### Termination Clause:

- The standard termination clause has been amended in that the Insured may still provide notice of cancellation at any time, however, the Insurer must provide ninety days' notice of cancellation to the Insured rather than the standard 15 or 30 days.

### SEF No. 94 Legal Liability (Physical Damage) to a Hired/Rented Automobile:

- We automatically provide coverage for damage to a vehicle that you have hired or rented. Coverage is provided via endorsement SEF No. 94. We automatically provide 'All Perils' coverage. The limit of coverage will vary per client.

## Additional Information

---

Courts have repeatedly held that when an automobile is used on a person's behalf or under a person's direction, that person (or entity) has a responsibility for the operation of the automobile and may be held liable for damages in the event of an accident even though he or she is not the owner or driver of the vehicle. This common law principle has been supported by a number of court decisions making an employer responsible for the use and operation of an automobile when an employee is operating an automobile (not owned by the employer) while being used for the employer's business.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Environmental Coverage Highlights

## Overview

---

Pollution incidents are a significant risk that can result in serious harm to public health and safety as well as to the environment.

We provide pollution liability insurance for claims for third party bodily injury and property damage. Coverage is provided on a blanket basis resulting from pollution conditions on or migrating from premises owned, occupied, rented or leased by the insured that are discovered and are reported during the policy period. The policy responds to events that are gradual in nature as well as those that are sudden and accidental, causing third party damage whether pollutants are released on land, into the atmosphere or in the water.

## Features

---

### Defence Costs

- Our Defence costs are over and above the limit of insurance and will respond even if allegations are groundless or false.

### Storage Tanks

- Seepage or leakage from both above and below ground storage tanks are covered without being specifically listed on the policy.

### Territory

- Worldwide territory.

### Limits of Insurance

- Both a 'per incident' and an 'aggregate' limit is applicable.

## Additional Information

---

Environmental exposures pose an imminent and substantial threat to public health, safety or welfare or to the environment. Exposures could stem from: wastewater treatment plants, electric utility plants, construction sites, flood and rainwater runoff or retention basins, underground fuel storage tanks, herbicides, pesticides, and fertilizers, road salts and chemicals used to de-ice roads and bridges, contaminated waste from medical facilities or health clinics, marina's, fire-fighting chemicals or even contaminated swimming pools.

An environmental exposure arising from sewers is covered under our liability.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Crime Coverage Highlights

## Overview

Our crime coverage is one of the broadest and most flexible in the industry. An Insured may elect to purchase any or all of the Standard Crime Coverage we have available. In addition to the Standard crime coverage the Insured may elect to also purchase any of our Optional Coverages.

### Optional Crime Coverage Includes:

- Extortion Coverage (Threats to persons and property).
- Pension or Employment Benefit Plan coverage.
- Residential Trust Fund Coverage.
- Credit Card Coverage.
- Client Coverage (Third Party Bond).
- Fraudulently Induced Transfer Coverage (otherwise known as Social Engineering). *Separate Coverage Highlights Sheet for Fraudulently Induced Transfer Coverage is available.*

For more information on our Optional Coverage refer to our Crime Coverage Options Highlight Sheet.

## Features of Our Standard Crime Coverage

Below is a brief description of the Standard Crime Coverage an Insured may elect to purchase:

### Employee Dishonesty – Form A Commercial Blanket Bond

- This protects the employer from financial loss due to the fraudulent activities of an employee or group of employees. The loss can be the result of theft of money, securities or other property belonging to the employer.

### Loss Inside and Loss Outside the Premises (Broad Form Money and Securities)

- Covers loss by theft, disappearance, or destruction of the Insured's money and securities inside the Insured's premises (or Insured's bank's premises) as well as outside the Insured's premises while in the custody of a messenger.

### Money Orders and Counterfeit Paper Currency Covers Loss

- Due to acceptance of a money order that was issued (or is purported to have been issued) by a post office or express company; and
- From the acceptance of counterfeit paper currency of Canada or the United States.

### Forgery and Alteration

- Covers loss due to dishonesty from a forgery or alteration to a financial instrument (cheque, draft or promissory note).

### Audit Expense

- Coverage for the expenses that are incurred by the Insured for external auditors to review their books in order to establish the amount of a loss. This is a separate limit of insurance.  
Computer and Transfer Fraud (Including Voice Computer Toll Fraud)
- Loss caused when money, securities, or other property is transferred because of a fraudulent computer entry or change. The entry or change must be within a computer system that the Insured owns (and on their premises).
- Loss caused when money or securities are transferred, paid, or delivered from the Insured's account at a financial institution based on fraudulent instructions (at the financial institutions premises).
- Voice computer toll fraud covers the cost of long distance calls if caused by the fraudulent use of an account code or a system password.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.



# Board Members' (Including Councillors') Accidental Death and Dismemberment Coverage Highlights

D&D and Paralysis Limits	Option 1	Option 2
Accidental Death or Dismemberment (including loss of life and heart attack coverage)	\$100,000	\$250,000
Paralysis Coverage – 200% of Accidental Death and Dismemberment Limit		
Permanent Total Disability - Accidental Death and Dismemberment Limit		

Weekly Indemnity	Option 1	Option 2
Total Loss of Time	\$300	\$500
Partial Loss of Time	\$150	\$300

## Accident Reimbursement - \$15,000

Chiropractor	Crutches <sup>†</sup>
Podiatrist/Chiropodist	Splints <sup>†</sup>
Osteopath	Trusses <sup>†</sup>
Physiotherapist	Braces (excludes dental braces) <sup>†</sup>
Psychologist	Casts <sup>†</sup>
Registered or Practical Nurse	Oxygen Equipment – Iron Lung
Trained Attendant or Nursing Assistant <sup>‡</sup>	Rental of Wheelchair
Transportation to nearest hospital <sup>†</sup>	Rental of Hospital Bed
Prescription drugs or Pharmaceutical supplies <sup>‡</sup>	Blood or Blood Plasma <sup>‡</sup>
Services of Physician or Surgeon outside of the province	Semi Private or Private hospital room <sup>‡</sup>

<sup>†</sup>Maximum \$1,000 per accident. <sup>‡</sup>If prescribed by physician

## Dental Expenses

Dental Expenses	\$5,000
-----------------	---------

## Occupational Retraining – Rehabilitation

Retraining – Rehabilitation for the Named Insured	\$15,000
Spousal Occupational Training	\$15,000

## Repatriation

Repatriation Benefit (expenses to prepare and transport body home)	\$15,000
--	----------

## Dependent Children – Per Child

Dependent Children's Education (limit is per year- maximum 4 years)	\$10,000
Dependent Children's Daycare (limit is per year- maximum 4 years)	\$10,000

## Transportation/Accommodation (When Treatment Is Over 100km From Residence)

Transportation costs for the Insured when treatment is over 100km from home.	\$1,500
Transportation and accommodation costs when Insured is being treated over 100km from home.	\$15,000

## Home Alternation and Vehicle Modification

Expenses to modify the Insured's home and/or vehicle after an accident.	\$15,000
---	----------

## Seatbelt Dividend

10% of Principal Sum	\$25,000
----------------------	----------

## Funeral Expense

Benefit for loss of life	\$10,000
--------------------------	----------

**Identification Benefit**

Benefit for loss of life	\$5,000
--------------------------	---------

**Eyeglasses, Contact Lenses and Hearing Aids**

When Insured requires these items due to an accident.	\$3,000
---	---------

**Convalescence Benefit – Per Day**

Insured Coverage	\$100
One Family Member Coverage	\$50

**Workplace Modification Benefits**

Specialized equipment for the workplace.	\$5,000
--	---------

**Elective Benefits****Complete Fractures**

Skull	\$ 5,200	Foot & Toes	\$ 2,200
Lower Jaw	\$ 2,800	Two or More Ribs	\$ 1,900
Collar Bone	\$ 2,800	Colles' fracture	\$ 2,800
Shoulder Blade	\$ 3,500	Potts' fracture	\$ 3,400
Shoulder Blade complications	\$ 3,700	<b>Dislocation</b>	
Thigh	\$ 4,600	Shoulder	\$ 2,200
Thigh/hip joints	\$ 4,600	Elbow	\$ 2,200
Leg	\$ 3,500	Wrist	\$ 2,500
Kneecap	\$ 3,500	Hip	\$ 4,600
Knee/joint complications	\$ 4,000	Knee	\$ 3,500
Hand/Fingers	\$ 2,200	Bones of Foot or Toe	\$ 2,500
Arm (between shoulder & elbow)	\$ 4,600	Ankle	\$ 2,800
Forearm (between wrist & elbow)	\$ 2,800		

**Aggregate Limit**

Aggregate Limit only applicable when 2 or more board members are injured in same accident.	\$ 2,500,000
--	--------------

**Coverage Extensions**

- Standard coverage is applicable while the Insured is 'On Duty'. Coverage for Accidents that may occur 24/7 may be purchased.
- Accidental Death of a Spouse While Travelling on Business is automatically included when this coverage is purchased. This endorsement provides for Accidental Death of a spouse when the spouse is travelling with an Insured Person on business. Coverage applies while travelling to or from such an event and /or if the loss of life occurs within one year of the accident.
- When Board Members' Accidental Death and Dismemberment Coverage is purchased, the Insured also has the option to purchase Critical Illness Coverage.

**Additional Information**

- Loss of life payments up to 365 days from date of Accident or if permanently disabled up to 5 years.
- Weekly Indemnity coverage pays in addition to Elective Benefits.
- Weekly Indemnity payments take other income sources into consideration (e.g. automobile, CPP, group plans).
- Coverage is applicable to Insured 80 years of age or under.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Conflict of Interest Coverage Highlights

## Overview

Conflict of Interest can be described as a situation in which public servants have an actual or potential interest that may influence or appear to influence the conduct of their official duties or rather divided loyalties between private interests and public duties.

Conflict of Interest coverage provides protection for the cost of legal fees and disbursements in defending a charge under the Municipal Conflict of Interest Act (or other similar Provincial Legislation in the respective province of the Insured).

## Features

Coverage is offered as a standalone coverage providing the client a separate limit of insurance that is not combined with any other coverage such as legal expense coverage.

- Per Claim Limit only – No Annual Aggregate.
- Coverage provided on a Reimbursement Basis.

## Coverage Description

Coverage is provided for legal costs an Insured incurs in defending a charge under the Provincial Conflict of Interest Act if a court finds that:

- There was no breach by the Insured; or
- The contravention occurred because of true negligence or true error in judgment; or
- The interest was so remote or insignificant that it would not have had any influence in the matter.

## Additional Information

Coverage is provided for elected or appointed members of the Named Insured including any Member of its Boards, Commissions or Committees as defined in the 'Conflict of Interest Act' while performing duties related to the conduct of the Named Insured's business.

Conflict of Interest coverage is applicable to only those classes of businesses that are subject to the Municipal Conflict of Interest Act (or other similar Provincial legislation in the respective province of the Insured).

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Legal Expense Coverage Highlights

## Coverage Features

We offer comprehensive Legal Expense Coverage to protect an Insured against the cost of potential legal disputes arising out of your operations.

- Coverage will pay as costs are incurred.
- Broad Core Coverage.
- Optional Coverage.
- Coverage for Appeals for Legal Defence Costs and any Optional Coverage purchased.
- Unlimited Telephone Legal Advice and access to Specialized Legal Representation in event of legal disputes.
- Additional Optional Coverage available.
- Broad Definition of Insured including managers, employees and volunteers.

## Broad Core Coverage

The core coverage provides Legal Defence Costs for:

- Provincial statute or regulation (including human rights tribunals).
- Criminal Code Coverage when being investigated or prosecuted. Coverage is applicable whether pleading guilty or a verdict of guilt is declared.
- Civil action for failure to comply under privacy legislation.
- Civil action when an Insured is a trustee of a pension fund for the Named Insured's employees.

## Optional Coverage

In addition to the Core Coverage an Insured can mix and match any of the following Optional Coverage:

- Contract Disputes and Debt Recovery
- Statutory License Protection
- Property Protection
- Tax Protection

## Limits and Deductibles

- Coverage is subject to an Occurrence and an Aggregate Limit.
- The Core Coverage is typically written with no deductible however a deductible may be applied to Optional Coverage.

## Exclusions

- Each Insuring Agreement is subject to Specific Exclusions and Policy Exclusions.
- Municipal Conflict of Interest Act (or other similar provisions of other Provincial legislation) is excluded.  
\* Conflict of Interest Coverage may be provided under a separate policy for eligible classes of business.

## Telephone Legal Advice and Specialized Legal Representation

- General Advice (available from 8 am until 12 am local time, 7 days a week).
- Emergency access to a Lawyer 24 hours a day, 7 days a week.
- Services now automatically include the option of using an appointed representative from a panel of Lawyers with expertise in a variety of areas.

## Client Material and Wallet Card

- The 'Legal Expense Important Information' wording attached to each policy explains the steps that are to be taken in event of a claim.
- A wallet card is now attached to the policy which the Named Insured can copy & distribute to each Insured (e.g. managers, employees, etc.).

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Property Coverage Highlights

## Overview

---

Property insurance is about planning for the unexpected and protecting your physical assets in order to minimize your business disruption should a loss occur. It is important that your property insurance includes broad coverage to protect these assets (e.g. buildings and other property you own, lease or are legally liable for) from direct physical loss.

We will work closely with you to customize a property coverage solution. We cover a wide variety of property, including buildings, inventory and supplies, office furniture and fixtures, computers, electronics, equipment (including unlicensed mobile equipment, maintenance and emergency equipment) and other unique property.

The Intact Public Entities property wording is flexible and adaptable. Your policy will be comprised of a Base Property Wording and a Municipal & Public Administration Extension of Coverage Endorsement as well as any miscellaneous or specific endorsements to tailor coverage to meet your needs.

## Features and Benefits

---

Features and Benefits include:

- Coverage is typically written on an all-risk basis including replacement cost.
- Our standard practice is to write property on a Property of Every Description (POED) or blanket basis, however, coverage can be scheduled separately if required.
- No margins clause and no statement of values required.
- We have two Deductible Clauses: A standard Deductible Clause and a Dual Policy Deductible Clause. The Dual Policy Deductible clause states how a deductible will be applied when there is both an automobile policy and a property policy involved in the same loss (when both policies are written with Intact Public Entities)
- Worldwide Coverage
- Unlicensed Equipment (e.g. Contractors Equipment): Automatically includes Replacement Cost as the basis of settlement regardless of age. This can be amended to an Actual Cash Value (ACV) or Valued basis if required (applicable only if the Insured owns the unlicensed equipment)
- Flood and Earthquake coverage are available

## Supplemental Coverage Under the Base Property Wording

---

The Base Property Wording automatically includes numerous Supplemental Coverages such as:

- Building Bylaws
- Building Damage by Theft
- Debris Removal Expense
- Electronic Computer Systems
- Expediting Expense
- Fire or Police Department Service Charges
- First Party Pollution Clean-Up Coverage
- Fungi (covers the expense for any testing, evaluating or monitoring for fungi or spores required due to loss)
- Furs, Jewellery and Ceremonial Regalia
- Inflation Adjustment
- Live Animals, Birds or Fish
- Newly Acquired Property
- Professional Fees
- Property at Unnamed Locations
- Property Temporarily Removed including while on Exhibition and during Transit
- Recharge of Fire Protective Equipment
- Sewer Back Up and Overflow

**Note:** The Supplemental Coverage does not increase your Total Sum Insured in most cases.

## **Municipal & Public Administration Extensions of Coverage Endorsement**

Each Extension of Coverage has an individual Limit of Insurance and will be shown on the Summary of Coverage/Declarations Page.

The Limit of Insurance for each Extension of Coverage is over and above the Total Sum Insured (unless shown as 'included' on the declarations or otherwise stipulated within the wording).

- Accounts Receivable
- Bridges and Culverts
- Building Coverage Owned Due to the Non Payment of Municipal Taxes – *Named Perils Coverage applies.*
- Building(s) in the Course of Construction Reporting Extension
- By Laws – Governing Acts
- Consequential Loss caused by Interruption of Services
- Cost to Attract Volunteers Following a Loss
- Docks, Wharves and Piers
- Errors and Omissions
- Exterior Paved Surfaces
- Extra Expense
- Fine Arts at Own Premises and Exhibition Site
- Fundraising Expenses
- Green Extension
- Growing Plants
- Ingress and Egress
- Leasehold Interest
- Master Key
- Peak Season Increase
- Personal Effects
- Property of Others
- Rewards: Arson, Burglary, Robbery and Vandalism
- Signs
- Vacant Properties – *Named Perils Coverage applies on an Actual Cash Value basis.*
- Valuable Papers

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.



## Program Options Highlights of Coverage

Intact Public Entities offers a Comprehensive Insurance Program to meet your needs.

"Your Insurance Coverage" provides a schedule of proposed coverages, limits and deductibles included in this proposal.

Highlights of coverage follow providing a summary of coverage. Highlight pages may include description of optional coverages.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Crime Coverage Options

## **Extortion Coverage (Threats to Persons and Threats to Property)**

Coverage for both 'Threats to a Person' and 'Threats to Property' are sold together with a separate limit of insurance applying to each.

### **Threats to Person:**

- Coverage responds when a threat is communicated to the Insured to do bodily harm to a director, officer or partner of the Insured (or a relative) when these persons are being held captive and the captivity has taken place within Canada or the U.S.A.

### **Threats to Property:**

- Coverage responds when a threat is communicated to the Insured to do damage to the premises or to property of the Insured is located in Canada or the U.S.A.

## **Pension or Employee Benefit Plan Coverage**

Coverage is for loss resulting directly from a dishonest or fraudulent act committed by a fiduciary (a person who holds a position of trust) in administering a pension or employee benefit plan. Coverage is provided whether the fiduciary is acting alone or in collusion with others. Fiduciary relationships may be created by statute however; individuals may also be deemed fiduciaries under common law.

## **Residential Trust Fund Coverage (for Select Classes of Business Only)**

- Covers loss of property (money, securities or other property) belonging to a resident when it is held in trust by a residential facility. Coverage is for loss directly attributable to fraudulent act(s) committed by an employee of the facility whether the employee was acting alone or in collusion with others.
- A residential facility comprises a wide range of facilities and includes any residential facility operated for the purpose of supervisory, personal or nursing care for residents.
- Coverage stipulates that the 'resident' must be a person who is unable to care for themselves (this could be due to age, infirmity, mental or physical disability).
- When a resident is legally related to the operator of the residential facility, coverage is specifically excluded.

## **Credit Card Coverage**

Coverage is for loss from a third party altering or forging a written instruction in connection with a corporate credit card issued to an employee, officer or partner.

## **Client Coverage (Third Party Bond)**

Coverage is extended to provide for theft of a clients' property by an employee (or employees) of the Insured.

## **Fraudulently Induced Transfer Coverage**

Coverage is provided when an Insured under the policy has been intentionally misled by someone claiming to be a vendor, client or another employee of the company and the Insured has transferred, paid or delivered money or securities to this third party.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.



# Fraudulently Induced Transfer Endorsement Coverage Highlights (Social Engineering)

## Overview

Fraud today has become much more sophisticated and complex with Fraudulently Induced Transfer Crimes (otherwise known as Social Engineering) trending in today's marketplace. In response to this trend we now offer a Fraudulently Induced Transfer Endorsement as part of our suite of Crime Coverage.

These types of crimes are usually a targeted approach where criminals are after something definite from the target, either money (usually in the form of a wire transfer) or information (such as a list of vendors, routing numbers, etc.). Often times communications are sent to an employee (most often via email, telephone or a combination of the two), which are doctored to appear as if they are sent by a senior officer of the company or by one of its customers or vendors. Essentially criminals prey on human and procedural vulnerabilities. The standard crime coverage does not respond to these types of losses as an employee of the organization has voluntarily parted with the money or securities and would be considered an active participant in the loss.

**Example 1:** Instructions to an employee supposedly coming from a vendor or customer are often accomplished by informing the employee that they have changed banks and require the company to use the new banking information for future payments.

**Example 2:** Instructions to an employee supposedly coming from an internal source (e.g. senior staff) to bypass in-house safeguards and redundancies, criminals apply pressure by imposing a time constraint, demanding secrecy or simply flattering the ego of the target by including him or her "in" on an important business transaction.

Fraudulently Induced Transfer coverage is an optional endorsement that may be purchased. Coverage is subject to a satisfactory supplementary application being completed.

## Fraudulently Induced Transfer Losses, Cyber Losses and Current Crime Policies

Even though this fraud often involves emails and wire transfers, cyber policies are not designed to cover them:

- Cyber policies cover losses that result from unauthorized data breaches or system failures. Fraudulently Induced Transfer actually depends on these systems working correctly in order to communicate with an organization's employees and transfer information or funds.
- Crime policies cover losses that result from theft, fraud or deception. As the underlying cause of a loss is 'fraud', a company would claim a loss under its crime policy rather than its cyber policy. Without this endorsement, coverage would be denied under a crime policy due to the Voluntary Parting Exclusion.

## Fraudulently Induced Transfer Endorsement Features

- Coverage is provided when an Insured under the policy has been intentionally misled by someone claiming to be a vendor, client or another employee of the company and the Insured (employee) has transferred, paid or delivered money or securities to this third party.
- Fraudulently Induced Transfer is defined as: The intentional misleading of an employee, through misrepresentation of a material fact which is relied upon by an employee, believing it to be genuine to voluntarily transfer funds or valuable information to an unintended third party.

## Limits and Deductible

The Fraudulently Induced Transfer Endorsement is subject to:

- Separate Limits of Insurance (both an Occurrence and Aggregate);
- A separate deductible;
- Limits ranging from \$10,000 - \$100,000.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Remotely Piloted Aircraft Systems (UAV) Coverage Highlights

## Overview

---

- Transport Canada is responsible for regulating UAV's. Their terminology for UAV's (Unmanned Aerial Vehicles) has changed and these are now considered to be Remotely Piloted Aircraft Systems (RPAS) rather than UAV's (Unmanned Aerial Vehicles). Regulations regarding operator licensing has also changed.
- Liability or property policies can be enhanced with endorsements to cover Remotely Piloted Aircraft Systems (RPAS) or UAV's. Coverage may be available when operators are in compliance with current regulations. Coverage offered is intended to close the gap in liability and property insurance because of aviation exclusions.

## Property Coverage

---

- Property: (Optional Coverage).
- All Risk Coverage for the Remotely Piloted Aircraft Systems (RPAS) including all permanently attached equipment and Ground or Operating Equipment (including any detachable equipment such as cameras etc).
- Coverage includes electrical and mechanical breakdown.
- Basis of settlement options include: Replacement Cost, Valued Amount or Actual Cash Value.
- **In addition to the standard exclusions within the Property All Risk Wording, the following exclusions also apply:**
- Those used for military purposes, personal or recreational use.
- Those being rented to, leased to or lent to others.
- Mysterious disappearance after commencement of a flight unless Remotely Piloted Aircraft Systems - RPAS (UAV) remains unrecovered for 30 days.
- If they are not in compliance with the manufacturer's specifications (e.g. the weight payload) is exceeded, when operated in wind at a higher speed than recommended etc.).
- Remotely Piloted Aircraft Systems - RPAS (UAV's) must not exceed 500 meters in altitude or the range of 1km from the operator.
- Hijacking or unauthorized control of the Remotely Piloted Aircraft Systems -RPAS (UAV) or Equipment.
- Failure to comply with any statute, permit, rule, regulation or any requirement for qualification to operate the Remotely Piloted Aircraft Systems - RPAS (UAV) or the equipment.

## Liability Coverage

---

- While Transport Canada mandates a minimum amount of insurance (\$100,000), coverage will follow the liability limit up to \$15,000,000. Higher limits may be available.
- We will extend liability to Remotely Piloted Aircraft Systems (RPAS).
- Having a range of up to a maximum of 1km from the operator.
- With an altitude of 500 metres or less.
- Operators meeting all Transport Canada regulations.
- Not being used for military purposes, personal or recreational use.

## Important Information

---

While our endorsements are primarily designed to offer coverage for Remotely Piloted Aircraft Systems - RPAS (UAV's) 25kg or less, we may be able to offer coverage for those falling outside of these parameters through our general aviation market.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# Equipment Breakdown Techadvantage Highlights

## Overview

---

Property policies typically exclude losses that Equipment Breakdown Insurance is designed to cover.

Equipment Breakdown Coverage insures against losses (property damage and business interruption) resulting from 'accidents' (as defined in the wording) to various types of equipment such as pressure, mechanical, electrical and pressure equipment (called "objects" in the policy). Coverage also extends to electronic equipment for 'electronic circuitry impairment'. Coverage typically extends to production machinery unless specifically excluded.

## Features

---

Coverage is extended to pay for:

**Property Damage:** The cost to repair or replace damaged equipment or other covered property, including computers, due to a covered accident.

**Business Income:** The loss of business income due to an interruption caused by a covered accident from the date of loss until such equipment is repaired or replaced or could have been repaired or replaced plus additional time to allow your business to become fully operational.

**Extra Expense:** Additional costs (e.g., equipment rental) you incur after a covered loss to maintain normal operations.

**Expediting Expenses:** The cost of temporary repairs or to expedite permanent repairs to restore business operations.

**Service Interruption:** Business income and extra expense resulting from a breakdown of equipment owned by a supplier with whom the Insured has a contract to supply a service. If there is no contract, the equipment must be within 1000 metres of the location.

**Data Restoration:** The restoration of data that is lost or damaged due to a covered loss.

**Demolition:** Building demolition and rebuilding required by building laws.

**Ordinance or law:** The additional costs (other than demolition) to comply with building laws or codes.

**Other Coverage:** Spoilage, Hazardous Substances, Ammonia, Water damage, Professional Fees, Errors and Omissions, Newly Acquired Locations, Civil Authority or Denial of Access.

## Coverage Automatically Includes:

---

**Microelectronics Coverage:** Provides insurance when physical damage is not detectable or when firmware or software failure causes non-physical damage. Triggered when covered equipment suddenly stops functioning as it had been and that equipment or a part containing electronic circuitry must be replaced.

**Cloud Computing – Service Interruption:** Pays for business interruption and extra expense when your cloud computing service provider experiences an outage due to an equipment breakdown.

**Cloud Computing – Data Restoration:** Pays for data restoration for data lost when stored and managed by a cloud computing service provider that experiences an equipment breakdown.

**Off Premises Transportable Objects:** Extends coverage to transportable equipment anywhere in North America.

**Anchor Location:** (when business income coverage is purchased) expands Business Income coverage resulting from a covered accident at an anchor location that attracts customers to an insured location.

**Environmental Efficiency and Green Coverage:** Pays for upgrades to more energy efficient or environmentally friendly equipment.

## Other Benefits

---

**Public Relations Coverage:** (when business income coverage is purchased other than extra expense) pays for public relations assistance to help manage your reputation that may be damaged by business interruption or data loss.

**Contingent Business Interruption:** (when business income coverage is purchased other than extra expense) pays for Business Income resulting from a covered accident to property not owned, operated or controlled by the Insured.

## Optional Coverage

---

The coverage is included only if specified limits of insurance are shown on the Schedule of Coverage. A quote may be available (a completed application may be required).

**Data Compromise Coverage:** Up to \$50,000 (Annual Aggregate) for an Insured affected by a data breach. When a data breach occurs involving personal identifying information (information not typically available to the public) coverage includes expenses you incur for:

- Legal Counsel: to determine how you should best respond to the breach.
- Forensic Services: to help assess the nature and extent of the compromise.
- Regulatory Notification: to provide notification to the Office of the Privacy Commissioner of Canada.
- Notification and Services to Affected Individuals: a packet of customer support information, access to a helpline, fraud alert for the affected individuals, identity restoration case management for victims of identity theft caused by the breach.
- Public Relations Services: to assist in restoring your reputation.

**Identity Recovery Coverage:** Up to \$15,000 (Annual Aggregate) for an Insured affected by identity theft. Coverage applies to an Insured that is a sole proprietor, a partner if the Insured is a partnership, a chief executive in a corporation or a senior ministerial employee for religious institutions. Coverage is provided for various additional and unexpected expenses an individual will sustain due to an identity theft such as: costs for credit reports, lost wages, costs for the supervision of children, elderly or infirm dependents.

## Additional Information

---

BI&I automatically provide inspection services for boilers and pressure vessels to satisfy the provincial inspection requirements on our behalf.

The information provided by Intact Public Entities Inc. is intended to provide general information only. For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings. While coverage may be quoted, once a policy is issued coverage is only applicable if shown on Declaration Page or Schedule of Coverage. Intact Design® is a registered trademark of Intact Financial Corporation. All other trademarks are properties of their respective owners. TM & © 2022 Intact Public Entities Inc and/or its affiliates. All Rights Reserved.

# EXHIBIT “A”

Estimate of Values

---

**The information contained herein is confidential, commercial, financial, scientific and/or technical information that is proprietary to Intact Public Entities and cannot be disclosed to others. Any such disclosure could reasonably be expected to result in significant prejudice to the competitive position of Intact Public Entities, significant interference with its competitive position and/or cause it undue loss.**

---



TO: Chair and Members of the Board of Health

FROM: Emily Williams, CEO

DATE: 2022 March 17

---

**DIVERSITY AND INCLUSION ASSESSMENT: MLHU EMPLOYMENT SYSTEMS REVIEW UPDATE**

***Recommendation***

*It is recommended that the Board of Health:*

- 1) *Receive Report No. 16-22 re: “Diversity and Inclusion Assessment: MLHU Employment Systems Review Update” for information; and*
- 2) *Endorse the prioritization of recommendations within the Employment Systems Review for implementation at the Middlesex-London Health Unit.*

**Key Points**

- The 88 recommendations in the Employment System Review have been grouped, scored, and prioritized.
- The results of the scoring indicated that recommendations around Accessibility for Ontarians with Disabilities Act (AODA) and Accommodation should be prioritized. AODA work is underway and Accommodation work will commence this spring.
- A project planning process to address the 42 recommendations regarding Recruitment and Selection will be in place by September 2022 or earlier.

**Background**

Turner Consulting Group Inc. delivered the Employment System Review (ESR) as part of the Diversity and Inclusion Assessment in March 2021. The assessment reviewed Middlesex-London Health Unit (MLHU) policies, practices and documents, recruitment competition files and included a variety of consultations with MLHU employees. The final report included 88 recommendations for MLHU to consider in three key priority areas:

- Diversify the workforce at all levels
- Strengthen Human Resources Policies and Practices
- Create a more inclusive and respectful organizational culture

In May 2021 the Board of Health committed to the systemic, coordinated, comprehensive and sustained implementation of the ESR. At that time, it was recommended that 88 recommendations be prioritized and that a plan for implementation would be led by the Health Equity And Reconciliation Team (HEART) in close collaboration with the Human Resources (HR) Team, and that the Senior Leadership Team (SLT) would ensure appropriate resourcing and prioritization of the implementation of approved recommendations.

## Progress on ESR Recommendation Implementation and Prioritization

Over the course of the last eight months, 12 of the recommendations have been implemented. Any policies or procedures that were in the process of, or due for, review adopted recommendations made by the ESR and staff continue to refer to the ESR recommendations as other policies come due for review.

In November 2021, a Human Resources Specialist (HRS), Diversity and Inclusion, was hired to advance equity, diversity and inclusion within MLHUs employment system. At least 42 of the recommendations are directly related to recruitment and selection policies, practices, and processes. The others require input from HR as well as consultation with the HEART team and other stakeholders in the organization.

The HRS, HR Manager and HEART Manager began the process of scoring the recommendations using a scoring system adapted from the MLHU Project Request Form and the PBMA criteria. This process considered both the inputs required for, and impacts anticipated from, implementation of each recommendation. Recommendations with logical linkages were grouped together to ensure an integrated implementation approach could be utilized.

Using this approach, it was determined that recommendations related to AODA and accommodation should be prioritized first because of the high scoring legislative requirements. The next high scoring priorities were the recommendations for an Employment Equity policy and the many recommendations around recruitment and selection.

### Next Steps

Work has already begun on ensuring AODA compliance and staff expect it to be completed this quarter. Work will then commence on the Accommodation recommendations. With assistance from the Project Management Office, staff expect to have a comprehensive work plan in place for the Recruitment project by September 2022.

While the work of the Diversity and Inclusion Advisory Committee has been largely paused since the release of the ESR report, the HRS will look for opportunities to re-engage them as work progresses. A progress update on the prioritization work and next steps has been provided to MLHU Leadership, Union partners, and all MLHU employees.

Ongoing commitment from the Board of Health, MLHU's Leadership Team, and all MLHU employees to the implementation of the recommendations will support the creation of an equity-oriented and inclusive workplace.

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



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



TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Medical Officer of Health

DATE: 2022 March 17

---

## ACTING MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR FEBRUARY

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 17-22 re: “Acting Medical Officer of Health Activity Report for February” for information.*

---

The following report presents activities of the Acting Medical Officer of Health (A-MOH) for the period of February 4 to March 3, 2022.

The A-MOH participates in external and internal pandemic-related meetings with municipal and provincial stakeholders, along with liaising with community partners during the pandemic. The A-MOH and Mayor Ed Holder hold bi-weekly COVID-19 virtual media briefings (Monday and Thursday), with the Warden of Middlesex County and a representative from London Health Sciences Centre attending once each week.

The Acting Medical Officer of Health, along with other team members, continues to host a weekly Middlesex-London Health Unit (MLHU) Staff Town Hall (Friday) and presents on many topics, including COVID-19. The A-MOH also hosts weekly (Tuesday) healthcare provider outreach and community stakeholder webinars with information regarding COVID-19.

The Acting Medical Officer of Health also attended the following meetings:

**Client and Community Impact** – *These meeting(s) reflect the A-MOH’s representation of the Health Unit in the community and media:*

- February 4** Participated in Ministry of Health COVID-19 Operations and Planning call
- February 7** Participated in Ministry of Health COVID-19 Operations and Planning call  
Worked at evening Sexually Transmitted Infection (STI) clinic at CitiPlaza
- February 8** Participated in Ministry of Health COVID-19 Public Health Coordination call  
Attended City of London IMS/Policy Group meeting  
Biweekly meeting with Local Health Integration Network (LHIN), Long Term Care and hospice leadership
- February 9** Attended weekly London Middlesex Primary Care Association (LMPCA) meeting  
Attended Council of Medical Officers of Health (COMOH) Weekly Forum
- February 10** Attended City of London IMS/Policy Group meeting  
Participated in West Region IMS meeting
- February 11** Interview with Jen Bieman (London Free Press) on MLHU’s staff vaccination policy



- February 14** Participated in Middlesex County IMS meeting  
Participated in Ministry of Health COVID-19 Operations and Planning call  
Participated in Southwest Medical Officer of Health monthly meeting (hosted by Lambton Public Health)
- February 15** Participated in Ministry of Health COVID-19 Public Health Coordination call  
Meeting with Western University leaders on reopening plans
- February 16** Attended Council of Medical Officers of Health (COMOH) Weekly Forum
- February 17** Attended City of London IMS/Policy Group meeting  
Participated in West Region IMS meeting  
Hosted a Instagram Live session on pediatric vaccination with LHSC Dr. Michelle Barton-Forbes
- February 18** Participated in Ministry of Health COVID-19 Operations and Planning call  
Interview with Jen Bieman (London Free Press) on Paxlovid
- February 21** Visited vaccination clinics for Superhero Day on Family Day
- February 23** Meeting with Fanshawe College leaders on reopening plans  
Attended weekly London Middlesex Primary Care Association (LMPCA) meeting  
Interview with Brent Lale (CTV London) and Mike Stubbs (Global News Radio) on March 1 provincial public health measures being relaxed
- February 24** Attended City of London IMS/Policy Group meeting
- March 1** Participated in Ministry of Health COVID-19 Public Health Coordination call  
Attended City of London IMS/Policy Group meeting  
Biweekly meeting with Local Health Integration Network (LHIN), Long Term Care and hospice leadership
- March 3** Attended Council of Medical Officers of Health (COMOH) Weekly Forum

**Employee Engagement and Learning** – *These meeting(s) reflect on how the A-MOH influences the Health Unit’s organizational capacity, climate and culture and the contributions made to enable engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning:*

- February 16** Led biweekly Office of the Medical Officer of Health (OMOH) management meeting
- February 22** Attended Black History Today – Shifting Perspectives seminar
- February 24** Attended iHEAL program webinar
- February 25** Attended Association of Local Public Health Agencies (alpha)’s Winter Symposium and COMOH section meeting
- March 2** Attended Healthy Living division meeting

**Governance** – *This meeting(s) reflect on how the A-MOH influences the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU's mission and vision. This also reflects on the A-MOH's responsibility for actions, decision and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health:*

- February 17** Attended Governance Committee Meeting  
Attended Board of Health meeting
- February 24** Participated in Western Ontario Health's Coordinating Council
- March 3** Attended the Finance and Facilities Committee meeting

This report was prepared by the Medical Officer of Health.

A handwritten signature in black ink, reading "Alexander T. Summers". The signature is written in a cursive style with a long horizontal stroke at the end.

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



TO: Chair and Members of the Board of Health  
FROM: Emily Williams, Chief Executive Officer  
DATE: 2022 March 17

---

## CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR FEBRUARY

### ***Recommendation***

***It is recommended that the Board of Health receive Report No. 18-22 re: “Chief Executive Officer Activity Report for February” for information.***

---

The following report highlights activities of the Chief Executive Officer for the period of February 4 – March 3, 2022.

Standing meetings include weekly Healthy Organization leadership team meetings, City of London Operations, SLT (Senior Leadership Team), Logistics and R3 (Repatriation, Redeployment and Recruitment), Virtual Staff Town Hall meetings, VOC (Vaccine Operations Committee), and C3 (COVID Collaborative Committee) meetings.

The Chief Executive Officer also attended the following meetings:

**Client and Community Impact** – *These meeting(s) reflect the CEO’s representation of the Health Unit in the community:*

- February 11** The CEO met with Cindy Howard from the Middlesex County to review MLHU finance matters.
- February 28** The CEO met with Anna Lisa Barbon and Kyle James Murray from the City of London to discuss the MLHU Budget.
- March 2** The CEO met with Cindy Howard from the Middlesex Country to discuss the MLHU Budget.

**Employee Engagement and Learning** – *These meeting(s) reflect on how the CEO influences the Health Unit’s organizational capacity, climate and culture and the contributions made to enable engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning:*

- February 4** The CEO met with Gallagher to review the ongoing market analysis related to the non-union compensation.
- February 8** The CEO attended and chaired the MLT (MLHU Leadership Team) meeting.
- February 10** The CEO met with Gallagher to review preliminary market analysis results related to the non-union compensation.

**February 11** As part of MLHU's new leadership On-Call system, the CEO attended and chaired the Pre-Implementation meeting with the On-Call Working Group.

**February 28** The CEO attended and chaired the On-Call Working Group Pre-Launch Meeting.

**Personal Development** – *These meeting(s) reflect on how the CEO develops their leadership, skills and growth to define their vision and goals for the Health Unit.*

**February 10** As part of the CEO's McCormick Care Board membership, the CEO attended the McCormick Care Executive Committee Meeting.

**February 14** The CEO participated in Day One of the Queen's University "Managing Unionized Environments" professional development program.

**February 15** The CEO participated in Day Two of the Queen's University "Managing Unionized Environments" professional development program.

**February 16** As part of the CEO's McCormick Care Board membership and Chair of the Quality committee, the CEO chaired the McCormick Care Quality Committee meeting.

The CEO participated in Day Three of the Queen's University "Managing Unionized Environments" professional development program.

**February 17** The CEO participated in Day Four of the Queen's University "Managing Unionized Environments" professional development program.

**Governance** – *This meeting(s) reflect on how the CEO influences the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU's mission and vision. This also reflects on the CEO's responsibility for actions, decision and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health:*

**February 7** The CEO attended the February Board of Health Agenda review meeting to discuss the agenda.

The CEO attended the MLHU Board of Health Executive meeting to meet with the Board Chair and Vice-Chair.

**February 10** The CEO met with Board Chair as part of their monthly update.

**February 14** The CEO attended a confidential provincial call led by the Chief Medical Officer of Health of Ontario.

**February 15** The CEO met with Brent Feeney from the Ministry of Health to discuss the MLHU Budget.

**February 17** The CEO attended the Governance Committee Meeting.

The CEO attended the Board of Health Meeting.

**February 23** The CEO met with the Board Chair to discuss the MLHU Budget.

The CEO attended the Ministry of Health 2022 Annual Service Plan and Budget Submission meeting led by Brent Feeney.

The CEO met with Brent Feeney from the Ministry of Health to discuss the MLHU Budget.

**February 28** The CEO met with the Chair of the Finance and Facilities Committee to review the MLHU Budget and the Finance and Facilities Committee agenda.

**March 1** The CEO met with Board Chair as part of their monthly update.

**March 3** The CEO attended the Finance and Facilities Committee meeting.

This report was prepared by the Chief Executive Officer.

A handwritten signature in cursive script that reads "E. Williams". The signature is written in black ink on a light-colored, slightly textured background.

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

## **CORRESPONDENCE – March 2022**

- a) Date: February 23, 2022  
Topic: Health and Racial Equity: Denouncing Acts and Symbols of Hate  
From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer, Sudbury and District Public Health  
To: Dr. Paul Roumeliotis, President, Association of Local Public Health Agencies (alPHA)

### ***Background:***

On February 23, 2022, Dr. Penny Sutcliffe wrote to Dr. Paul Roumeliotis to notify alPHA that the Sudbury and District Board of Health passed a motion at their February 17, 2022 Board of Health meeting to denounce hateful acts, symbols of hate and discrimination in public health. Health equity and the social determinants of health have been highlighted during the COVID-19 pandemic, and it is vital to emphasize that public health continues to conduct this important work.

### ***Recommendation: Endorse.***



**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

February 23, 2022

VIA ELECTRONIC MAIL

Dr. Paul Roumeliotis  
President  
Association of Local Public Health Agencies  
480 University Avenue, Suite 300  
Toronto, ON M5G 1V2

Dear Dr. Roumeliotis:

**Re: Health and Racial Equity: Denouncing Acts and Symbols of Hate**

At its meeting on February 17, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #08-22:

*WHEREAS the reduction of health inequities is a goal of Ontario's public health programs and services as set out in the Ontario Public Health Standards (OPHS), health equity is a Foundational Standard of the OPHS, and programs and services must be implemented in accordance with the Health Equity Guideline which includes the requirement to apply anti racist, anti-oppressive, and culturally safe approaches to public health practice; and*

*WHEREAS the Vision of the Board of Health for Public Health Sudbury & Districts, Healthier communities for all, is further guided by its Mission and Strategic Plan, both of which prioritize action in support of health equity; and*

*WHEREAS the Board of Health for Public Health Sudbury & Districts is a leader among Ontario local public health agencies in their longstanding commitment to health and racial equity, including notably, the September 2019 endorsement of the Racial Equity Action Framework for Improved Health Equity; and*

*WHEREAS recent events in Ontario have included public displays of racism, anti-Semitism and discrimination, all detrimental to optimal health for all and prompting the Ontario Public Health Association (OPHA) on January 31, 2022, to issue the following statement:*

*While the right to protest is a fundamental element of our democracy, OPHA is disturbed by the hate filled racist and white supremacist symbols and messages flowing from the demonstrations in Ottawa. We denounce all forms of hate, bigotry, racism, antisemitism, and discrimination. Acts and*

**Sudbury**

1300 rue Paris Street  
Sudbury ON P3E 3A3  
t: 705.522.9200  
f: 705.522.5182

**Elm Place**

10 rue Elm Street  
Unit / Unité 130  
Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

**Sudbury East / Sudbury-Est**

1 rue King Street  
Box / Boîte 58  
St.-Charles ON POM 2W0  
t: 705.222.9201  
f: 705.867.0474

**Espanola**

800 rue Centre Street  
Unit / Unité 100 C  
Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

**Île Manitoulin Island**

6163 Highway / Route 542  
Box / Boîte 87  
Mindemoya ON P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

**Chapleau**

34 rue Birch Street  
Box / Boîte 485  
Chapleau ON POM 1K0  
t: 705.860.9200  
f: 705.864.0820

**toll-free / sans frais**

1.866.522.9200

[phsd.ca](http://phsd.ca)



*symbols of hate are unwelcome and should not be tolerated. Silence is not acceptable. We urge political leaders from all levels & parties to speak out against such hate and racism, and to promote the importance of vaccines and other public health measures that are protecting all of us, especially the most vulnerable, against illness, hospitalization, & death. Change can only happen when we stand up and speak out. Let's work together to build a society that values diversity, inclusion, and optimal health for all.*

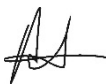
*THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the January 31, 2022, statement of the OPHA; and*

*FURTHER THAT the Board of Health encourage other Ontario boards of health and the Association of Local Public Health Agencies to do the same; and*

*FURTHER THAT that this resolution be shared with all boards of health, the Association of Local Public Health Agencies, area Honorable Members of Parliament and Provincial Parliament, the Ontario Public Health Association, the Association Municipalities of Ontario (AMO), among other stakeholders.*

A reduction of health inequities is a goal of Ontario's public health programs and services as set out in the OPHS. Both ALPHA and local Boards of Health have a long-standing history of supporting various health equity measures (e.g., food security, Truth and Reconciliation Commission calls to action, living wage, low-income dental, use of a health equity lens, national pharmacare, extending the Ontario Pregnancy and Breastfeeding Nutritional Allowance). Thanks to efforts like these, public health addresses the social determinants of health and promotes health equity. There is still work to be done. Recent events in Ontario have included public displays of racism, anti-Semitism and discrimination, all detrimental to optimal health for all. In supporting health for all, it is important that public health not remain silent and instead state that acts and symbols of hate are unwelcome and should not be tolerated. Thank you for your consideration of this important matter.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer

cc: All Ontario Boards of Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Pageen Walsh, Executive Director, Ontario Public Health Association  
Jamie McGarvey, President, Association of Municipalities Ontario  
Jamie West, Member of Provincial Parliament, Sudbury  
France G elinas, Member of Provincial Parliament, Nickel Belt  
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin  
Paul Lefebvre, Member of Parliament, Sudbury  
Marc Serr e, Member of Parliament, Nickel Belt  
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing